Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PARK PLACE NURSING FACILITY**
Prvdr ID: **00002164A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.93%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	9.02	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6749	1.4015
Quarterly Medicaid PDPM:	1.5791	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6107	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$17,104,364	$9,149,176	$0	$1,606,204	$803,051	$548,562	$3,474,595		$1,522,776	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($2,034,312)	($367,398)	$0	($18,223)	($11,626)	($11,019)	($1,538,610)		($87,436)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$533,345		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$82,055
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$15,685,452	$8,781,778	$0	$1,587,981	$791,425	$537,543	$1,935,985	$533,345	$1,435,340	$82,055
8	Total Nursing Facility Days As Filed Days = 57,294	FY23 Audited C/R Days	57,294									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,294	FY23 GL-PL Ins Rpt Days								57,294		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$273.78	$153.28	$0.00	$27.72	$23.20	*(with L&H)*	$33.79	$9.31	$25.05	$1.43
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6749**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$91.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.52	$0.00	$27.72	$23.20		$33.79	$9.31	$25.05	$1.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.77	$91.52	$0.00	$27.72	$23.20		$33.79	$9.31	13.80 *(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	$200.77	$91.52	$0.00	$27.72	$23.20	$0.00	$33.79	$9.31	$13.80	$1.43
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6107**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$147.41								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$256.66	$147.41	$0.00	$27.72	$23.20	$0.00	$33.79	$9.31	$13.80	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.69	$3.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	$28.22	$10.12	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$284.88**	**$157.53**	**$0.00**	**$27.94**	**$23.61**	**$0.00**	**$51.26**	**$9.31**	**$13.80**	**$1.43**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$200.84**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **NEWNAN HEALTH AND REHABILITATION**
Prvdr ID: **00040719A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.13%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.69	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3622	1.4015
Quarterly Medicaid PDPM:	1.2792	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3047	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,395,337	$2,858,237	$0	$607,255	$271,293	$403,643	$1,039,035		$215,874	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($40,123)	$17,445	$0	($7,105)	($960)	($1,937)	($34,068)		($13,498)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$54,080		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$14,288
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,423,582	$2,875,682	$0	$600,150	$270,333	$401,706	$1,004,967	$54,080	$202,376	$14,288
8	Total Nursing Facility Days As Filed Days = 20,154	FY23 Audited C/R Days	20,153									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,154	FY23 GL-PL Ins Rpt Days								20,153		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$269.12	$142.69	$0.00	$29.78	$33.35	*(with L&H)*	$49.87	$2.68	$10.04	$0.71
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3622**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$104.75								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$104.75	$0.00	$29.78	$33.35		$49.87	$2.68	$10.04	$0.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$227.77	$104.75	$0.00	$29.78	$33.35		$39.89	$2.68	16.61 *(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	$227.77	$104.75	$0.00	$29.78	$33.35	$0.00	$39.89	$2.68	$16.61	$0.71
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3047**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$136.67								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$259.69	$136.67	$0.00	$29.78	$33.35	$0.00	$39.89	$2.68	$16.61	$0.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$1.37	$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.83	$6.83								
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	$26.05	$8.73	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$285.74**	**$145.40**	**$0.00**	**$30.00**	**$33.35**	**$0.00**	**$56.99**	**$2.68**	**$16.61**	**$0.71**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$201.48**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **RIVERVIEW HEALTH & REHAB CTR**
Prvdr ID: **00040741A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.83%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.19	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3665	1.4015
Quarterly Medicaid PDPM:	1.5611	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5923	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$17,711,056	$9,837,840	$0	$1,644,207	$817,352	$787,350	$2,831,832		$1,792,475	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($751,065)	($122,144)	$0	$0	$0	$0	($535,642)		($93,279)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$631,294		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$113,139
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$17,704,424	$9,715,696	$0	$1,644,207	$817,352	$787,350	$2,296,190	$631,294	$1,699,196	$113,139
8	Total Nursing Facility Days As Filed Days = 58,964	FY23 Audited C/R Days	58,964									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,964	FY23 GL-PL Ins Rpt Days								58,964		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$300.25	$164.77	$0.00	$27.88	$27.21	*(with L&H)*	$38.94	$10.71	$28.82	$1.92
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3665**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$120.58								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$120.58	$0.00	$27.88	$27.21		$38.94	$10.71	$28.82	$1.92
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$261.11	$117.91	$0.00	$27.88	$27.21		$38.94	$10.71	36.54 *(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	$261.11	$117.91	$0.00	$27.88	$27.21	$0.00	$38.94	$10.71	$36.54	$1.92
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5923**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$187.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$330.95	$187.75	$0.00	$27.88	$27.21	$0.00	$38.94	$10.71	$36.54	$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)	$1.00	$0.00	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.76	$3.76								
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	$4.76	$3.76	$0.00	$0.22	$0.41	$0.00	$0.37	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$335.71**	**$191.51**	**$0.00**	**$28.10**	**$27.62**	**$0.00**	**$39.31**	**$10.71**	**$36.54**	**$1.92**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$251.78**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE WILLIAM BREMAN JEWISH HOME**
Prvdr ID: **00040752A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.47%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.69	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4257	1.4015
Quarterly Medicaid PDPM:	1.2632	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2885	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$12,546,946	$6,971,771	$0	$1,589,181	$825,440	$851,741	$1,369,380		$939,433	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($365,682)	($88,583)	$0	$0	$1,543	$11,994	($249,570)		($41,066)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$170,691		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$43,971
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$12,395,926	$6,883,188	$0	$1,589,181	$826,983	$863,735	$1,119,810	$170,691	$898,367	$43,971
8	Total Nursing Facility Days As Filed Days = 30,269	FY23 Audited C/R Days	30,269									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,269	FY23 GL-PL Ins Rpt Days								30,269		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$409.53	$227.40	$0.00	$52.50	$55.86	*(with L&H)*	$37.00	$5.64	$29.68	$1.45
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4257**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$159.50								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$159.50	$0.00	$52.50	$55.86		$37.00	$5.64	$29.68	$1.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$257.51	$117.91	$0.00	$31.48	$33.35		$37.00	$5.64	30.68 *(FRV)*	$1.45
	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	$257.51	$117.91	$0.00	$31.48	$33.35	$0.00	$37.00	$5.64	$30.68	$1.45
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2885**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$151.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$291.53	$151.93	$0.00	$31.48	$33.35	$0.00	$37.00	$5.64	$30.68	$1.45
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.37	$0.00	$0.00	$0.00	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.52	$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$23.55	$6.08	$0.00	$0.00	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$315.08**	**$158.01**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$54.47**	**$5.64**	**$30.68**	**$1.45**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$223.49**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BUCKHEAD CENTER FOR NURSING AND HEALING**
Prvdr ID: **00040763A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.01	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4358	1.4015
Quarterly Medicaid PDPM:	1.5643	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5956	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,042,592	$4,207,874	$0	$610,593	$397,781	$415,761	$1,203,018		$2,207,565	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($314,980)	($150,216)	$0	($5,925)	$3,912	$4,089	($76,308)		($90,532)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$141,642		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$91,423
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,960,677	$4,057,658	$0	$604,668	$401,693	$419,850	$1,126,710	$141,642	$2,117,033	$91,423
8	Total Nursing Facility Days As Filed Days = 30,147	FY23 Audited C/R Days	30,147									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,147	FY23 GL-PL Ins Rpt Days								30,147		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$297.23	$134.60	$0.00	$20.06	$27.25	*(with L&H)*	$37.37	$4.70	$70.22	$3.03
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4358**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$93.74								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.74	$0.00	$20.06	$27.25		$37.37	$4.70	$70.22	$3.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$199.46	$93.74	$0.00	$20.06	$27.25		$37.37	$4.70	13.31 *(FRV)*	$3.03
	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	$199.46	$93.74	$0.00	$20.06	$27.25	$0.00	$37.37	$4.70	$13.31	$3.03
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5956**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$149.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$255.29	$149.57	$0.00	$20.06	$27.25	$0.00	$37.37	$4.70	$13.31	$3.03
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.74	$3.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.48	$7.48								
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	$29.85	$11.75	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$285.14**	**$161.32**	**$0.00**	**$20.28**	**$27.66**	**$0.00**	**$54.84**	**$4.70**	**$13.31**	**$3.03**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$201.03**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MAGNOLIA MANOR METHODIST NSG C**
Prvdr ID: **00040785A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.77%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.97	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5555	1.4015
Quarterly Medicaid PDPM:	1.4760	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5055	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,562,770	$6,912,266	$0	$1,369,581	$697,140	$991,331	$2,458,097		$1,134,355	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($463,375)	($208,733)	$0	$0	($49,627)	$138,589	($185,092)		($158,512)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$330,479		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$150,865
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$13,580,739	$6,703,533	$0	$1,369,581	$647,513	$1,129,920	$2,273,005	$330,479	$975,843	$150,865
8	Total Nursing Facility Days As Filed Days = 43,096	FY23 Audited C/R Days	43,096									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,096	FY23 GL-PL Ins Rpt Days								43,096		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$315.12	$155.55	$0.00	$31.78	$41.24	*(with L&H)*	$52.74	$7.67	$22.64	$3.50
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5555**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$100.00								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.00	$0.00	$31.78	$41.24		$52.74	$7.67	$22.64	$3.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$252.89	$100.00	$0.00	$31.48	$33.35		$39.89	$7.67	37.00 *(FRV)*	$3.50
	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	$252.89	$100.00	$0.00	$31.48	$33.35	$0.00	$39.89	$7.67	$37.00	$3.50
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5055**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$150.55								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$303.44	$150.55	$0.00	$31.48	$33.35	$0.00	$39.89	$7.67	$37.00	$3.50
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.76	$3.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.02	$6.02								
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	$10.31	$10.31	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$313.75**	**$160.86**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$39.89**	**$7.67**	**$37.00**	**$3.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$235.31**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PINE VIEW NURSING AND REHAB CENTER**
Prvdr ID: **00040796A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.25%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.55	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5435	1.4015
Quarterly Medicaid PDPM:	1.5870	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6187	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,849,711	$3,607,565	$0	$593,501	$381,736	$213,315	$1,342,146		$711,448	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($1,258,400)	($231,883)	$0	($1,190)	($6,420)	($14,048)	($344,111)		($660,748)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$256,867		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$54,980
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,903,158	$3,375,682	$0	$592,311	$375,316	$199,267	$998,035	$256,867	$50,700	$54,980
8	Total Nursing Facility Days As Filed Days = 31,712	FY23 Audited C/R Days	31,706									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,712	FY23 GL-PL Ins Rpt Days								31,706		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$186.18	$106.47	$0.00	$18.68	$18.12	*(with L&H)*	$31.48	$8.10	$1.60	$1.73
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5435**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$68.98								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$68.98	$0.00	$18.68	$18.12		$31.48	$8.10	$1.60	$1.73
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$158.10	$68.98	$0.00	$18.68	$18.12		$31.48	$8.10	11.01 *(FRV)*	$1.73
	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	$158.10	$68.98	$0.00	$18.68	$18.12	$0.00	$31.48	$8.10	$11.01	$1.73
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6187**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$111.66								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$200.78	$111.66	$0.00	$18.68	$18.12	$0.00	$31.48	$8.10	$11.01	$1.73
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.79	$2.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.70	$6.70								
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	$28.12	$10.02	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$228.90**	**$121.68**	**$0.00**	**$18.90**	**$18.53**	**$0.00**	**$48.95**	**$8.10**	**$11.01**	**$1.73**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$158.85**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **TWIN VIEW HEALTH AND REHAB**
Prvdr ID: **00040807A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.31%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.49	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4005	1.4015
Quarterly Medicaid PDPM:	1.7131	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7473	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,740,285	$2,907,964	$0	$425,944	$300,056	$262,489	$1,176,131		$667,701	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($150,645)	($11,621)	$0	($4,087)	$0	$6,963	($97,581)		($44,319)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$53,181		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$44,319
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,687,140	$2,896,343	$0	$421,857	$300,056	$269,452	$1,078,550	$53,181	$623,382	$44,319
8	Total Nursing Facility Days As Filed Days = 27,414	FY23 Audited C/R Days	27,414									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,414	FY23 GL-PL Ins Rpt Days								27,414		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$207.45	$105.65	$0.00	$15.39	$20.77	*(with L&H)*	$39.34	$1.94	$22.74	$1.62
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4005**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$75.44								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.44	$0.00	$15.39	$20.77		$39.34	$1.94	$22.74	$1.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$165.90	$75.44	$0.00	$15.39	$20.77		$39.34	$1.94	11.40 *(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	$165.90	$75.44	$0.00	$15.39	$20.77	$0.00	$39.34	$1.94	$11.40	$1.62
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7473**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$131.82								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$222.28	$131.82	$0.00	$15.39	$20.77	$0.00	$39.34	$1.94	$11.40	$1.62
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.30	$3.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.95	$3.95								
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	$25.88	$7.78	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$248.16**	**$139.60**	**$0.00**	**$15.61**	**$21.18**	**$0.00**	**$56.81**	**$1.94**	**$11.40**	**$1.62**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$173.30**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **A.G. RHODES HOME WESLEY WOODS**
Prvdr ID: **00040818A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	49.41%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.52	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5166	1.4015
Quarterly Medicaid PDPM:	1.4812	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5108	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$14,573,414	$8,200,444	$0	$1,482,123	$690,165	$773,281	$2,957,772		$469,629	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($426,692)	$125,707	$0	$0	$0	($290)	($509,879)		($42,230)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$376,962		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$42,230
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$14,565,914	$8,326,151	$0	$1,482,123	$690,165	$772,991	$2,447,893	$376,962	$427,399	$42,230
8	Total Nursing Facility Days As Filed Days = 46,102	FY23 Audited C/R Days	46,102									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,102	FY23 GL-PL Ins Rpt Days								46,102		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$315.96	$180.60	$0.00	$32.15	$31.74	*(with L&H)*	$53.10	$8.18	$9.27	$0.92
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5166**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$119.08								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$119.08	$0.00	$32.15	$31.74		$53.10	$8.18	$9.27	$0.92
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$250.21	$117.91	$0.00	$31.48	$31.74		$39.89	$8.18	20.09 *(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	$250.21	$117.91	$0.00	$31.48	$31.74	$0.00	$39.89	$8.18	$20.09	$0.92
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5108**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$178.14								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$310.44	$178.14	$0.00	$31.48	$31.74	$0.00	$39.89	$8.18	$20.09	$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.41	$0.00	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$9.80	$9.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.91	$8.91								
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	$36.22	$18.71	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$346.66**	**$196.85**	**$0.00**	**$31.48**	**$32.15**	**$0.00**	**$56.99**	**$8.18**	**$20.09**	**$0.92**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$247.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - AUSTELL**
Prvdr ID: **00059276A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.32%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.63	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3659	1.4015
Quarterly Medicaid PDPM:	1.4013	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4293	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,392,565	$5,482,289	$0	$981,005	$440,118	$472,628	$1,591,686		$424,839	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($497,994)	($347,188)	$0	$0	$0	$0	($73,494)		($77,312)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$450,491		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$72,204
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,417,266	$5,135,101	$0	$981,005	$440,118	$472,628	$1,518,192	$450,491	$347,527	$72,204
8	Total Nursing Facility Days As Filed Days = 38,740	FY23 Audited C/R Days	38,740									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,740	FY23 GL-PL Ins Rpt Days								38,740		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$243.08	$132.55	$0.00	$25.32	$23.56	*(with L&H)*	$39.19	$11.63	$8.97	$1.86
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3659**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$97.04								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.04	$0.00	$25.32	$23.56		$39.19	$11.63	$8.97	$1.86
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$214.71	$97.04	$0.00	$25.32	$23.56		$39.19	$11.63	16.11 *(FRV)*	$1.86
	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	$214.71	$97.04	$0.00	$25.32	$23.56	$0.00	$39.19	$11.63	$16.11	$1.86
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4293**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$138.70								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$256.37	$138.70	$0.00	$25.32	$23.56	$0.00	$39.19	$11.63	$16.11	$1.86
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.39	$1.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.55	$5.55								
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	$25.57	$7.47	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$281.94**	**$146.17**	**$0.00**	**$25.54**	**$23.97**	**$0.00**	**$56.66**	**$11.63**	**$16.11**	**$1.86**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$198.63**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **NORTHRIDGE HEALTH AND REHABILITATION**
Prvdr ID: **00059331A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.18%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2614	1.4015
Quarterly Medicaid PDPM:	1.2379	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2627	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,690,332	$3,725,883	$0	$894,280	$478,489	$569,314	$885,025		$1,137,341	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	$562,095	($48)	$0	($3,770)	($22,989)	($889)	$610,902		($21,111)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$86,840		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$22,949
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,362,216	$3,725,835	$0	$890,510	$455,500	$568,425	$1,495,927	$86,840	$1,116,230	$22,949
8	Total Nursing Facility Days As Filed Days = 35,534	FY23 Audited C/R Days	35,533									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,534	FY23 GL-PL Ins Rpt Days								35,533		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$235.34	$104.86	$0.00	$25.06	$28.82	*(with L&H)*	$42.10	$2.44	$31.41	$0.65
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2614**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.13								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.13	$0.00	$25.06	$28.82		$42.10	$2.44	$31.41	$0.65
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$207.62	$83.13	$0.00	$25.06	$28.82		$39.89	$2.44	27.63 *(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	$207.62	$83.13	$0.00	$25.06	$28.82	$0.00	$39.89	$2.44	$27.63	$0.65
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2627**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$104.97								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$229.46	$104.97	$0.00	$25.06	$28.82	$0.00	$39.89	$2.44	$27.63	$0.65
	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 Srvs)	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 Srvcs)	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	$23.51	$5.78	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$252.97**	**$110.75**	**$0.00**	**$25.28**	**$29.23**	**$0.00**	**$56.99**	**$2.44**	**$27.63**	**$0.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.90**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE BELL MINOR HOME**
Prvdr ID: **00059397A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.80%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.85	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4725	1.4015
Quarterly Medicaid PDPM:	1.5311	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5617	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,985,363	$4,350,404	$0	$645,151	$266,525	$322,245	$1,338,442		$2,062,596	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($353,040)	($22,236)	$0	$0	$0	$0	($260,214)		($70,590)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$263,464		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$70,590
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,966,377	$4,328,168	$0	$645,151	$266,525	$322,245	$1,078,228	$263,464	$1,992,006	$70,590
8	Total Nursing Facility Days As Filed Days = 31,206	FY23 Audited C/R Days	31,206									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,206	FY23 GL-PL Ins Rpt Days								31,206		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$287.32	$138.70	$0.00	$20.67	$18.87	*(with L&H)*	$34.55	$8.44	$63.83	$2.26
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4725**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$94.19								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.19	$0.00	$20.67	$18.87		$34.55	$8.44	$63.83	$2.26
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.48	$94.19	$0.00	$20.67	$18.87		$34.55	$8.44	16.50 *(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	$195.48	$94.19	$0.00	$20.67	$18.87	$0.00	$34.55	$8.44	$16.50	$2.26
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5617**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$147.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$248.39	$147.10	$0.00	$20.67	$18.87	$0.00	$34.55	$8.44	$16.50	$2.26
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.68	$3.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.41	$4.41								
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	$26.72	$8.62	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$275.11**	**$155.72**	**$0.00**	**$20.89**	**$19.28**	**$0.00**	**$52.02**	**$8.44**	**$16.50**	**$2.26**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **AZALEA HEALTH CENTER BY HARBORVIEW**
Prvdr ID: **00059441A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.82%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.84	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4220	1.4015
Quarterly Medicaid PDPM:	1.9698	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.0092	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,711,158	$3,597,303	$0	$675,538	$349,787	$261,212	$1,213,793		$1,613,525	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($363,529)	($159,160)	$0	($1,292)	$0	$6,163	($154,624)		($54,616)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$154,935		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$54,616
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,557,180	$3,438,143	$0	$674,246	$349,787	$267,375	$1,059,169	$154,935	$1,558,909	$54,616
8	Total Nursing Facility Days As Filed Days = 29,999	FY23 Audited C/R Days	29,999									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,999	FY23 GL-PL Ins Rpt Days								29,999		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$251.92	$114.61	$0.00	$22.48	$20.57	*(with L&H)*	$35.31	$5.16	$51.97	$1.82
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4220**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.60								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.60	$0.00	$22.48	$20.57		$35.31	$5.16	$51.97	$1.82
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$182.75	$80.60	$0.00	$22.48	$20.57		$35.31	$5.16	16.81 *(FRV)*	$1.82
	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	$182.75	$80.60	$0.00	$22.48	$20.57	$0.00	$35.31	$5.16	$16.81	$1.82
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.0092**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$161.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$264.09	$161.94	$0.00	$22.48	$20.57	$0.00	$35.31	$5.16	$16.81	$1.82
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.62	$1.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.10	$8.10								
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	$28.35	$10.25	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$292.44**	**$172.19**	**$0.00**	**$22.70**	**$20.98**	**$0.00**	**$52.78**	**$5.16**	**$16.81**	**$1.82**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$206.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARBORVIEW DECATUR**
Prvdr ID: **00059452A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.43%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.10	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3892	1.4015
Quarterly Medicaid PDPM:	1.7946	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8305	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,244,172	$2,915,277	$0	$522,171	$281,036	$261,661	$1,054,267		$1,209,760	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($237,981)	($108,235)	$0	($484)	$0	$2,432	($67,239)		($64,455)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$114,245		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$64,455
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,184,891	$2,807,042	$0	$521,687	$281,036	$264,093	$987,028	$114,245	$1,145,305	$64,455
8	Total Nursing Facility Days As Filed Days = 24,301	FY23 Audited C/R Days	24,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,301	FY23 GL-PL Ins Rpt Days								24,301		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$254.51	$115.51	$0.00	$21.47	$22.43	*(with L&H)*	$40.62	$4.70	$47.13	$2.65
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3892**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.15								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.15	$0.00	$21.47	$22.43		$40.62	$4.70	$47.13	$2.65
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$187.19	$83.15	$0.00	$21.47	$22.43		$39.89	$4.70	12.90 *(FRV)*	$2.65
	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	$187.19	$83.15	$0.00	$21.47	$22.43	$0.00	$39.89	$4.70	$12.90	$2.65
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8305**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$152.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$256.25	$152.21	$0.00	$21.47	$22.43	$0.00	$39.89	$4.70	$12.90	$2.65
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.52	$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.61	$7.61								
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	$27.39	$9.66	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$283.64**	**$161.87**	**$0.00**	**$21.69**	**$22.84**	**$0.00**	**$56.99**	**$4.70**	**$12.90**	**$2.65**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$199.91**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - AUGUSTA**
Prvdr ID: **00059463A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.32%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.36	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3965	1.4015
Quarterly Medicaid PDPM:	1.5929	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6248	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,303,093	$3,905,029	$0	$766,181	$473,800	$490,459	$1,438,842		$228,782	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($386,985)	($115,999)	$0	$0	$0	($554)	($230,516)		($39,916)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$362,883		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$27,278
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,306,269	$3,789,030	$0	$766,181	$473,800	$489,905	$1,208,326	$362,883	$188,866	$27,278
8	Total Nursing Facility Days As Filed Days = 33,299	FY23 Audited C/R Days	33,299									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,299	FY23 GL-PL Ins Rpt Days								33,299		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$219.42	$113.79	$0.00	$23.01	$28.94	*(with L&H)*	$36.29	$10.90	$5.67	$0.82
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3965**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.48								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.48	$0.00	$23.01	$28.94		$36.29	$10.90	$5.67	$0.82
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.08	$81.48	$0.00	$23.01	$28.94		$36.29	$10.90	12.64 *(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	$194.08	$81.48	$0.00	$23.01	$28.94	$0.00	$36.29	$10.90	$12.64	$0.82
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6248**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$132.39								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$244.99	$132.39	$0.00	$23.01	$28.94	$0.00	$36.29	$10.90	$12.64	$0.82
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.32	$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.30	$5.30								
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	$25.25	$7.15	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$270.24**	**$139.54**	**$0.00**	**$23.23**	**$29.35**	**$0.00**	**$53.76**	**$10.90**	**$12.64**	**$0.82**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.86**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BOLINGREEN HEALTH AND REHABILITATION**
Prvdr ID: **00059485A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.42%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.48	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3377	1.4015
Quarterly Medicaid PDPM:	1.3285	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3550	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,618,330	$2,968,411	$0	$624,097	$302,390	$402,908	$1,217,112		$103,412	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($63,392)	$0	$0	$0	$0	$0	($51,644)		($11,748)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$62,920		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$11,748
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,629,606	$2,968,411	$0	$624,097	$302,390	$402,908	$1,165,468	$62,920	$91,664	$11,748
8	Total Nursing Facility Days As Filed Days = 21,715	FY23 Audited C/R Days	21,715									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,715	FY23 GL-PL Ins Rpt Days								21,715		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$259.25	$136.70	$0.00	$28.74	$32.48	*(with L&H)*	$53.67	$2.90	$4.22	$0.54
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3377**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$102.19								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$102.19	$0.00	$28.74	$32.48		$53.67	$2.90	$4.22	$0.54
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$222.20	$102.19	$0.00	$28.74	$32.48		$39.89	$2.90	15.46 *(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	$222.20	$102.19	$0.00	$28.74	$32.48	$0.00	$39.89	$2.90	$15.46	$0.54
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3550**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$138.47								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$258.48	$138.47	$0.00	$28.74	$32.48	$0.00	$39.89	$2.90	$15.46	$0.54
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.92	$6.92								
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	$26.56	$8.83	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$285.04**	**$147.30**	**$0.00**	**$28.96**	**$32.89**	**$0.00**	**$56.99**	**$2.90**	**$15.46**	**$0.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$200.96**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BROWN HEALTH AND REHABILITATION**
Prvdr ID: **00059562A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.48	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5160	1.4015
Quarterly Medicaid PDPM:	1.4999	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5299	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,546,564	$3,294,072	$0	$745,219	$407,405	$449,525	$1,332,287		$318,056	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($92,141)	$0	$0	$0	$0	$0	($67,687)		($24,454)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$53,664		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$24,454
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,532,541	$3,294,072	$0	$745,219	$407,405	$449,525	$1,264,600	$53,664	$293,602	$24,454
8	Total Nursing Facility Days As Filed Days = 27,114	FY23 Audited C/R Days	27,114									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,114	FY23 GL-PL Ins Rpt Days								27,114		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$240.92	$121.49	$0.00	$27.48	$31.60	*(with L&H)*	$46.64	$1.98	$10.83	$0.90
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5160**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.14								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.14	$0.00	$27.48	$31.60		$46.64	$1.98	$10.83	$0.90
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.87	$80.14	$0.00	$27.48	$31.60		$39.89	$1.98	22.88 *(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	$204.87	$80.14	$0.00	$27.48	$31.60	$0.00	$39.89	$1.98	$22.88	$0.90
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5299**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$122.61								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$247.34	$122.61	$0.00	$27.48	$31.60	$0.00	$39.89	$1.98	$22.88	$0.90
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.07	$3.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.36	$7.36								
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	$28.69	$10.96	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$276.03**	**$133.57**	**$0.00**	**$27.70**	**$32.01**	**$0.00**	**$56.99**	**$1.98**	**$22.88**	**$0.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$194.20**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CARROLLTON NURSING & REHAB CTR**
Prvdr ID: **00059661A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.67%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.23	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3398	1.4015
Quarterly Medicaid PDPM:	1.1583	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.1814	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,555,945	$3,967,373	$0	$724,548	$329,512	$399,415	$1,504,006		$1,631,091	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($257,072)	($214,902)	$0	($750)	($1,183)	$68	$48,778		($89,083)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$29,245		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$80,750
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,408,868	$3,752,471	$0	$723,798	$328,329	$399,483	$1,552,784	$29,245	$1,542,008	$80,750
8	Total Nursing Facility Days As Filed Days = 35,464	FY23 Audited C/R Days	35,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,464	FY23 GL-PL Ins Rpt Days								35,464		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$237.10	$105.81	$0.00	$20.41	$20.52	*(with L&H)*	$43.78	$0.82	$43.48	$2.28
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3398**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$78.98								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.98	$0.00	$20.41	$20.52		$43.78	$0.82	$43.48	$2.28
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$173.35	$78.98	$0.00	$20.41	$20.52		$39.89	$0.82	10.45 *(FRV)*	$2.28
	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	$173.35	$78.98	$0.00	$20.41	$20.52	$0.00	$39.89	$0.82	$10.45	$2.28
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.1814**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$93.31								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$187.68	$93.31	$0.00	$20.41	$20.52	$0.00	$39.89	$0.82	$10.45	$2.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$2.80	$2.80								
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	$21.99	$4.26	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$209.67**	**$97.57**	**$0.00**	**$20.63**	**$20.93**	**$0.00**	**$56.99**	**$0.82**	**$10.45**	**$2.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$144.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CHAPLINWOOD NURSING HOME**
Prvdr ID: **00059694A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.33%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.65	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3270	1.4015
Quarterly Medicaid PDPM:	1.3844	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4121	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,871,775	$3,288,383	$0	$671,256	$291,065	$464,669	$1,149,026		$1,007,376	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($97,788)	$0	$0	$0	$526	$841	($65,609)		($33,546)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$53,105		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$33,607
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,860,699	$3,288,383	$0	$671,256	$291,591	$465,510	$1,083,417	$53,105	$973,830	$33,607
8	Total Nursing Facility Days As Filed Days = 26,199	FY23 Audited C/R Days	26,199									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,199	FY23 GL-PL Ins Rpt Days								26,199		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$261.87	$125.52	$0.00	$25.62	$28.90	*(with L&H)*	$41.35	$2.03	$37.17	$1.28
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3270**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$94.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.59	$0.00	$25.62	$28.90		$41.35	$2.03	$37.17	$1.28
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$206.51	$94.59	$0.00	$25.62	$28.90		$39.89	$2.03	14.20 *(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	$206.51	$94.59	$0.00	$25.62	$28.90	$0.00	$39.89	$2.03	$14.20	$1.28
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4121**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$133.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$245.49	$133.57	$0.00	$25.62	$28.90	$0.00	$39.89	$2.03	$14.20	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.68	$6.68								
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	$24.94	$7.21	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$270.43**	**$140.78**	**$0.00**	**$25.84**	**$29.31**	**$0.00**	**$56.99**	**$2.03**	**$14.20**	**$1.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$190.00**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HAZELHURST COURT CARE AND REHABILITATION CENTER**
Prvdr ID: **00059705A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.14%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.59	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3514	1.4015
Quarterly Medicaid PDPM:	1.3549	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3820	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,010,943	$2,076,349	$0	$398,241	$198,483	$199,043	$686,946		$451,881	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($114,739)	($36,184)	$0	($800)	$0	$2,600	($61,871)		($18,484)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$59,309		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$18,484
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,973,997	$2,040,165	$0	$397,441	$198,483	$201,643	$625,075	$59,309	$433,397	$18,484
8	Total Nursing Facility Days As Filed Days = 22,022	FY23 Audited C/R Days	22,022									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,022	FY23 GL-PL Ins Rpt Days								22,022		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$180.45	$92.64	$0.00	$18.05	$18.17	*(with L&H)*	$28.38	$2.69	$19.68	$0.84
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3514**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$68.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$68.55	$0.00	$18.05	$18.17		$28.38	$2.69	$19.68	$0.84
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$145.67	$68.55	$0.00	$18.05	$18.17		$28.38	$2.69	8.99 *(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	$145.67	$68.55	$0.00	$18.05	$18.17	$0.00	$28.38	$2.69	$8.99	$0.84
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3820**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$94.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$171.86	$94.74	$0.00	$18.05	$18.17	$0.00	$28.38	$2.69	$8.99	$0.84
	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 Srvs)	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 Srvcs)	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	$21.47	$3.37	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$193.33**	**$98.11**	**$0.00**	**$18.27**	**$18.58**	**$0.00**	**$45.85**	**$2.69**	**$8.99**	**$0.84**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$132.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SOUTHWELL HEALTH AND REHABILITATION**
Prvdr ID: **00059826A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.38%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.06	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4087	1.4015
Quarterly Medicaid PDPM:	1.2458	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2707	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,735,003	$4,946,968	$0	$1,073,306	$286,866	$452,407	$728,696		$1,246,760	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($17,054)	$0	$0	$0	$0	$0	($9,532)		($7,522)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$9,532		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$7,522
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,735,003	$4,946,968	$0	$1,073,306	$286,866	$452,407	$719,164	$9,532	$1,239,238	$7,522
8	Total Nursing Facility Days As Filed Days = 32,569	FY23 Audited C/R Days	32,569									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,569	FY23 GL-PL Ins Rpt Days								32,569		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$268.19	$151.89	$0.00	$32.95	$22.70	*(with L&H)*	$22.08	$0.29	$38.05	$0.23
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4087**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$107.82								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$107.82	$0.00	$32.95	$22.70		$22.08	$0.29	$38.05	$0.23
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$216.62	$107.82	$0.00	$32.95	$22.70		$22.08	$0.29	30.55 *(FRV)*	$0.23
	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	$216.62	$107.82	$0.00	$32.95	$22.70	$0.00	$22.08	$0.29	$30.55	$0.23
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2707**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$245.81	$137.01	$0.00	$32.95	$22.70	$0.00	$22.08	$0.29	$30.55	$0.23
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.43	$3.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$26.17	$8.07	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$271.98**	**$145.08**	**$0.00**	**$33.17**	**$23.11**	**$0.00**	**$39.55**	**$0.29**	**$30.55**	**$0.23**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.16**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CORDELE HEALTH AND REHABILITATION**
Prvdr ID: **00059892A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.98%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.15	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.0045	1.4015
Quarterly Medicaid PDPM:	1.4619	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4911	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,914,772	$4,457,563	$0	$660,631	$312,563	$331,975	$1,514,784		$637,256	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($243,416)	($33,867)	$0	$0	$0	$0	($200,316)		($9,233)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$200,316		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$9,233
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,880,905	$4,423,696	$0	$660,631	$312,563	$331,975	$1,314,468	$200,316	$628,023	$9,233
8	Total Nursing Facility Days As Filed Days = 22,463	FY23 Audited C/R Days	22,463									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,463	FY23 GL-PL Ins Rpt Days								22,463		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$350.84	$196.93	$0.00	$29.41	$28.69	*(with L&H)*	$58.52	$8.92	$27.96	$0.41
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.0045**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$196.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$196.05	$0.00	$29.41	$28.69		$58.52	$8.92	$27.96	$0.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$236.90	$117.91	$0.00	$29.41	$28.69		$39.89	$8.92	11.67 *(FRV)*	$0.41
	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	$236.90	$117.91	$0.00	$29.41	$28.69	$0.00	$39.89	$8.92	$11.67	$0.41
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4911**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$175.82								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$294.81	$175.82	$0.00	$29.41	$28.69	$0.00	$39.89	$8.92	$11.67	$0.41
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$5.27	$5.27								
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	$23.00	$5.27	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$317.81**	**$181.09**	**$0.00**	**$29.63**	**$29.10**	**$0.00**	**$56.99**	**$8.92**	**$11.67**	**$0.41**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$225.53**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **DUBLINAIR HEALTH & REHAB**
Prvdr ID: **00059947A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.90%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.49	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4921	1.4015
Quarterly Medicaid PDPM:	1.7251	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7596	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,389,253	$3,220,177	$0	$735,687	$290,617	$332,684	$1,037,375		$772,713	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($122,766)	$0	$0	$0	$0	$0	($63,624)		($59,142)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$59,142
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,325,629	$3,220,177	$0	$735,687	$290,617	$332,684	$973,751	$0	$713,571	$59,142
8	Total Nursing Facility Days As Filed Days = 33,624	FY23 Audited C/R Days	33,624									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,624	FY23 GL-PL Ins Rpt Days								33,624		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$188.13	$95.77	$0.00	$21.88	$18.54	*(with L&H)*	$28.96	$0.00	$21.22	$1.76
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4921**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$64.19								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$64.19	$0.00	$21.88	$18.54		$28.96	$0.00	$21.22	$1.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$146.67	$64.19	$0.00	$21.88	$18.54		$28.96	$0.00	11.34 *(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	$146.67	$64.19	$0.00	$21.88	$18.54	$0.00	$28.96	$0.00	$11.34	$1.76
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7596**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$112.95								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$195.43	$112.95	$0.00	$21.88	$18.54	$0.00	$28.96	$0.00	$11.34	$1.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.82	$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.39	$3.39								
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	$24.84	$6.74	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$220.27**	**$119.69**	**$0.00**	**$22.10**	**$18.95**	**$0.00**	**$46.43**	**$0.00**	**$11.34**	**$1.76**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$152.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **RIVER TOWNE CENTER**
Prvdr ID: **00082684A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.17%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.74	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.8730	1.4015
Quarterly Medicaid PDPM:	2.1532	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.1962	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$12,701,117	$7,163,782	$0	$804,318	$343,509	$353,922	$2,028,303		$2,007,283	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($628,879)	($163,809)	$0	$0	$9,267	$9,548	($411,367)		($72,518)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$321,765		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$74,475
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$12,468,478	$6,999,973	$0	$804,318	$352,776	$363,470	$1,616,936	$321,765	$1,934,765	$74,475
8	Total Nursing Facility Days As Filed Days = 45,336	FY23 Audited C/R Days	45,336									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,336	FY23 GL-PL Ins Rpt Days								45,336		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$275.03	$154.40	$0.00	$17.74	$15.80	*(with L&H)*	$35.67	$7.10	$42.68	$1.64
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.8730**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$82.43								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.43	$0.00	$17.74	$15.80		$35.67	$7.10	$42.68	$1.64
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$170.46	$82.43	$0.00	$17.74	$15.80		$35.67	$7.10	10.08 *(FRV)*	$1.64
	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	$170.46	$82.43	$0.00	$17.74	$15.80	$0.00	$35.67	$7.10	$10.08	$1.64
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.1962**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$181.03								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$269.06	$181.03	$0.00	$17.74	$15.80	$0.00	$35.67	$7.10	$10.08	$1.64
	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 Srvs)	Ln 19 Col b x CPS Add-on	$4.53	$4.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.43	$5.43								
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	$28.59	$10.49	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$297.65**	**$191.52**	**$0.00**	**$17.96**	**$16.21**	**$0.00**	**$53.14**	**$7.10**	**$10.08**	**$1.64**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$210.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HEARDMONT HEALTH AND REHABILITATION**
Prvdr ID: **00082981A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	13.16%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.91	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2522	1.4015
Quarterly Medicaid PDPM:	1.7755	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8110	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,280,573	$1,737,002	$0	$359,464	$184,157	$209,642	$594,097		$196,211	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($53,912)	$0	$0	$0	$0	$0	($34,632)		($19,280)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$19,280
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,245,941	$1,737,002	$0	$359,464	$184,157	$209,642	$559,465	$0	$176,931	$19,280
8	Total Nursing Facility Days As Filed Days = 17,163	FY23 Audited C/R Days	17,163									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,163	FY23 GL-PL Ins Rpt Days								17,163		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$189.12	$101.21	$0.00	$20.94	$22.94	*(with L&H)*	$32.60	$0.00	$10.31	$1.12
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2522**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.83	$0.00	$20.94	$22.94		$32.60	$0.00	$10.31	$1.12
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$169.17	$80.83	$0.00	$20.94	$22.94		$32.60	$0.00	10.74 *(FRV)*	$1.12
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$169.17	$80.83	$0.00	$20.94	$22.94	$0.00	$32.60	$0.00	$10.74	$1.12
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8110**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$146.38								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$234.72	$146.38	$0.00	$20.94	$22.94	$0.00	$32.60	$0.00	$10.74	$1.12
	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 Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$256.28**	**$149.84**	**$0.00**	**$21.16**	**$23.35**	**$0.00**	**$50.07**	**$0.00**	**$10.74**	**$1.12**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.39**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **AUTUMN LANE HEALTH AND REHABILITATION**
Prvdr ID: **00082992A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	14.52%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2758	1.4015
Quarterly Medicaid PDPM:	1.4066	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4347	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,335,244	$3,459,477	$0	$751,887	$409,146	$372,331	$1,425,331		$1,917,072	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($222,141)	$0	$0	$0	$0	$0	($18,905)		($203,236)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$45,045		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$203,236
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,361,384	$3,459,477	$0	$751,887	$409,146	$372,331	$1,406,426	$45,045	$1,713,836	$203,236
8	Total Nursing Facility Days As Filed Days = 29,826	FY23 Audited C/R Days	29,826									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,826	FY23 GL-PL Ins Rpt Days								29,826		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$280.33	$115.99	$0.00	$25.21	$26.20	*(with L&H)*	$47.15	$1.51	$57.46	$6.81
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2758**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.92	$0.00	$25.21	$26.20		$47.15	$1.51	$57.46	$6.81
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$226.86	$90.92	$0.00	$25.21	$26.20		$39.89	$1.51	36.32 *(FRV)*	$6.81
	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	$226.86	$90.92	$0.00	$25.21	$26.20	$0.00	$39.89	$1.51	$36.32	$6.81
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4347**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$130.44								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$266.38	$130.44	$0.00	$25.21	$26.20	$0.00	$39.89	$1.51	$36.32	$6.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.52	$6.52								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$24.78	$7.05	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$291.16**	**$137.49**	**$0.00**	**$25.43**	**$26.61**	**$0.00**	**$56.99**	**$1.51**	**$36.32**	**$6.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$205.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **TOWER ROAD POST ACUTE, LLC**
Prvdr ID: **00083003A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.05%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.7265	1.4015
Quarterly Medicaid PDPM:	1.6163	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6487	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,259,774	$6,622,273	$0	$814,868	$357,370	$406,390	$2,210,197		$2,848,676	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($247,651)	($222,249)	$0	$0	$0	$0	$62,001		($87,403)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$53,107		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$87,403
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$13,152,633	$6,400,024	$0	$814,868	$357,370	$406,390	$2,272,198	$53,107	$2,761,273	$87,403
8	Total Nursing Facility Days As Filed Days = 38,758	FY23 Audited C/R Days	38,758									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,758	FY23 GL-PL Ins Rpt Days								38,758		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$339.36	$165.13	$0.00	$21.02	$19.71	*(with L&H)*	$58.63	$1.37	$71.24	$2.26
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.7265**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.65								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.65	$0.00	$21.02	$19.71		$58.63	$1.37	$71.24	$2.26
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$192.84	$95.65	$0.00	$21.02	$19.71		$39.89	$1.37	12.94 *(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	$192.84	$95.65	$0.00	$21.02	$19.71	$0.00	$39.89	$1.37	$12.94	$2.26
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6487**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$157.70								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.89	$157.70	$0.00	$21.02	$19.71	$0.00	$39.89	$1.37	$12.94	$2.26
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.58	$1.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.73	$4.73								
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	$24.57	$6.84	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$279.46**	**$164.54**	**$0.00**	**$21.24**	**$20.12**	**$0.00**	**$56.99**	**$1.37**	**$12.94**	**$2.26**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$196.77**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GREEN ACRES HEALTH AND REHABILITATION**
Prvdr ID: **00083014A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.11%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.43	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3468	1.4015
Quarterly Medicaid PDPM:	1.3286	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3552	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,943,335	$3,266,707	$0	$721,795	$328,359	$476,747	$1,218,799		$930,928	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($88,112)	$0	$0	$0	$0	$0	($56,909)		($31,203)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$51,805		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$31,203
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,938,231	$3,266,707	$0	$721,795	$328,359	$476,747	$1,161,890	$51,805	$899,725	$31,203
8	Total Nursing Facility Days As Filed Days = 26,181	FY23 Audited C/R Days	26,181									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,181	FY23 GL-PL Ins Rpt Days								26,181		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$265.01	$124.77	$0.00	$27.57	$30.75	*(with L&H)*	$44.38	$1.98	$34.37	$1.19
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3468**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$92.64								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.64	$0.00	$27.57	$30.75		$44.38	$1.98	$34.37	$1.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$207.75	$92.64	$0.00	$27.57	$30.75		$39.89	$1.98	13.73 *(FRV)*	$1.19
	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	$207.75	$92.64	$0.00	$27.57	$30.75	$0.00	$39.89	$1.98	$13.73	$1.19
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3552**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$125.55								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.66	$125.55	$0.00	$27.57	$30.75	$0.00	$39.89	$1.98	$13.73	$1.19
	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 Srvs)	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 Srvcs)	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	$25.80	$8.07	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$266.46**	**$133.62**	**$0.00**	**$27.79**	**$31.16**	**$0.00**	**$56.99**	**$1.98**	**$13.73**	**$1.19**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$187.02**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ABERCORN REHABILITATION CENTER**
Prvdr ID: **00083025A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.43%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.15	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3376	1.4015
Quarterly Medicaid PDPM:	1.3484	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3754	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,717,817	$3,890,558	$0	$633,917	$238,250	$325,125	$1,217,621		$1,412,346	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($334,529)	($37,424)	$0	$0	$0	$0	($204,829)		($92,276)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$242,253		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$92,276
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,717,817	$3,853,134	$0	$633,917	$238,250	$325,125	$1,012,792	$242,253	$1,320,070	$92,276
8	Total Nursing Facility Days As Filed Days = 33,432	FY23 Audited C/R Days	33,432									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,432	FY23 GL-PL Ins Rpt Days								33,432		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.85	$115.25	$0.00	$18.96	$16.85	*(with L&H)*	$30.29	$7.25	$39.49	$2.76
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3376**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$86.16								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.16	$0.00	$18.96	$16.85		$30.29	$7.25	$39.49	$2.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$175.26	$86.16	$0.00	$18.96	$16.85		$30.29	$7.25	12.99 *(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	$175.26	$86.16	$0.00	$18.96	$16.85	$0.00	$30.29	$7.25	$12.99	$2.76
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3754**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$118.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$207.60	$118.50	$0.00	$18.96	$16.85	$0.00	$30.29	$7.25	$12.99	$2.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$233.35**	**$126.15**	**$0.00**	**$19.18**	**$17.26**	**$0.00**	**$47.76**	**$7.25**	**$12.99**	**$2.76**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$162.19**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **LYNN HAVEN HEALTH AND REHABILITATION**
Prvdr ID: **00083036A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	44.90%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.31	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2874	1.4015
Quarterly Medicaid PDPM:	1.3088	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3350	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,711,503	$2,535,073	$0	$546,526	$338,215	$415,887	$1,029,895		$845,907	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($56,826)	$0	$0	$0	$0	$0	($19,545)		($37,281)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$40,755		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$37,281
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,732,713	$2,535,073	$0	$546,526	$338,215	$415,887	$1,010,350	$40,755	$808,626	$37,281
8	Total Nursing Facility Days As Filed Days = 21,191	FY23 Audited C/R Days	21,191									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,191	FY23 GL-PL Ins Rpt Days								21,191		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$270.53	$119.63	$0.00	$25.79	$35.59	*(with L&H)*	$47.68	$1.92	$38.16	$1.76
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2874**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$92.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.92	$0.00	$25.79	$35.59		$47.68	$1.92	$38.16	$1.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$212.08	$92.92	$0.00	$25.79	$33.35		$39.89	$1.92	16.45 *(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	$212.08	$92.92	$0.00	$25.79	$33.35	$0.00	$39.89	$1.92	$16.45	$1.76
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3350**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$124.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$243.21	$124.05	$0.00	$25.79	$33.35	$0.00	$39.89	$1.92	$16.45	$1.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$3.10	$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.20	$6.20								
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	$27.15	$9.83	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$270.36**	**$133.88**	**$0.00**	**$26.01**	**$33.35**	**$0.00**	**$56.99**	**$1.92**	**$16.45**	**$1.76**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.95**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - EAST**
Prvdr ID: **00083047A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.92%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.18	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5675	1.4015
Quarterly Medicaid PDPM:	1.3794	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4070	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,952,748	$5,335,634	$0	$1,073,427	$446,722	$475,467	$2,103,147		$518,351	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($464,323)	($12,202)	$0	$0	$0	$0	($382,706)		($69,415)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$394,908		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$69,415
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,952,748	$5,323,432	$0	$1,073,427	$446,722	$475,467	$1,720,441	$394,908	$448,936	$69,415
8	Total Nursing Facility Days As Filed Days = 35,601	FY23 Audited C/R Days	35,601									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,601	FY23 GL-PL Ins Rpt Days								35,601		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$279.56	$149.53	$0.00	$30.15	$25.90	*(with L&H)*	$48.33	$11.09	$12.61	$1.95
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5675**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.40								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.40	$0.00	$30.15	$25.90		$48.33	$11.09	$12.61	$1.95
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$217.62	$95.40	$0.00	$30.15	$25.90		$39.89	$11.09	13.24 *(FRV)*	$1.95
	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	$217.62	$95.40	$0.00	$30.15	$25.90	$0.00	$39.89	$11.09	$13.24	$1.95
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4070**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$134.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$256.45	$134.23	$0.00	$30.15	$25.90	$0.00	$39.89	$11.09	$13.24	$1.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	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	$22.29	$4.56	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$278.74**	**$138.79**	**$0.00**	**$30.37**	**$26.31**	**$0.00**	**$56.99**	**$11.09**	**$13.24**	**$1.95**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$196.23**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE CENTER FOR ADVANCED REHAB AT PARKSIDE**
Prvdr ID: **00083102A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.43%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	6.63	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.7712	1.4015
Quarterly Medicaid PDPM:	1.5715	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6030	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$14,094,871	$7,638,681	$0	$1,316,753	$620,333	$503,460	$2,366,828		$1,648,816	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($794,140)	($537,512)	$0	$0	($9,318)	($7,564)	($120,656)		($119,090)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$165,082		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$117,300
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$13,583,113	$7,101,169	$0	$1,316,753	$611,015	$495,896	$2,246,172	$165,082	$1,529,726	$117,300
8	Total Nursing Facility Days As Filed Days = 43,163	FY23 Audited C/R Days	43,163									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,163	FY23 GL-PL Ins Rpt Days								43,163		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$314.69	$164.52	$0.00	$30.51	$25.64	*(with L&H)*	$52.04	$3.82	$35.44	$2.72
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.7712**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$92.89								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.89	$0.00	$30.51	$25.64		$52.04	$3.82	$35.44	$2.72
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$220.67	$92.89	$0.00	$30.51	$25.64		$39.89	$3.82	25.20 *(FRV)*	$2.72
	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	$220.67	$92.89	$0.00	$30.51	$25.64	$0.00	$39.89	$3.82	$25.20	$2.72
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6030**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$148.90								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$276.68	$148.90	$0.00	$30.51	$25.64	$0.00	$39.89	$3.82	$25.20	$2.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$3.72	$3.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.45	$7.45								
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	$29.43	$11.70	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$306.11**	**$160.60**	**$0.00**	**$30.73**	**$26.05**	**$0.00**	**$56.99**	**$3.82**	**$25.20**	**$2.72**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$216.76**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST**
Prvdr ID: **00083124A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.17%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.38	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5336	1.4015
Quarterly Medicaid PDPM:	1.5216	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5520	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,526,226	$4,774,188	$0	$975,416	$339,688	$397,336	$1,584,732		$454,866	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($407,113)	($1,650)	$0	$0	$4,806	$5,621	($350,979)		($64,911)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$312,170		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$65,699
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,496,982	$4,772,538	$0	$975,416	$344,494	$402,957	$1,233,753	$312,170	$389,955	$65,699
8	Total Nursing Facility Days As Filed Days = 34,828	FY23 Audited C/R Days	34,828									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,828	FY23 GL-PL Ins Rpt Days								34,828		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$243.97	$137.03	$0.00	$28.01	$21.46	*(with L&H)*	$35.42	$8.96	$11.20	$1.89
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5336**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$89.35								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.35	$0.00	$28.01	$21.46		$35.42	$8.96	$11.20	$1.89
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$199.35	$89.35	$0.00	$28.01	$21.46		$35.42	$8.96	14.26 *(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	$199.35	$89.35	$0.00	$28.01	$21.46	$0.00	$35.42	$8.96	$14.26	$1.89
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5520**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$138.67								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$248.67	$138.67	$0.00	$28.01	$21.46	$0.00	$35.42	$8.96	$14.26	$1.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	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	$24.18	$6.08	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$272.85**	**$144.75**	**$0.00**	**$28.23**	**$21.87**	**$0.00**	**$52.89**	**$8.96**	**$14.26**	**$1.89**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.81**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **NHC HEALTHCARE ROSSVILLE**
Prvdr ID: **00083146A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.23%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.97	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3048	1.4015
Quarterly Medicaid PDPM:	1.2687	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2941	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,523,202	$4,526,030	$0	$773,898	$377,575	$352,153	$1,193,813		$299,733	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($885,706)	($570,810)	$0	($75,827)	($47,644)	($18,260)	($122,385)		($50,780)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$1,104		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$42,782
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,681,382	$3,955,220	$0	$698,071	$329,931	$333,893	$1,071,428	$1,104	$248,953	$42,782
8	Total Nursing Facility Days As Filed Days = 33,305	FY23 Audited C/R Days	33,296									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,305	FY23 GL-PL Ins Rpt Days								33,296		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$200.67	$118.79	$0.00	$20.97	$19.94	*(with L&H)*	$32.18	$0.03	$7.48	$1.28
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3048**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$91.04								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.04	$0.00	$20.97	$19.94		$32.18	$0.03	$7.48	$1.28
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.20	$91.04	$0.00	$20.97	$19.94		$32.18	$0.03	12.76 *(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	$178.20	$91.04	$0.00	$20.97	$19.94	$0.00	$32.18	$0.03	$12.76	$1.28
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2941**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$117.81								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$204.97	$117.81	$0.00	$20.97	$19.94	$0.00	$32.18	$0.03	$12.76	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$227.13**	**$121.87**	**$0.00**	**$21.19**	**$20.35**	**$0.00**	**$49.65**	**$0.03**	**$12.76**	**$1.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$157.52**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SAVANNAH POST ACUTE LLC**
Prvdr ID: **00083157A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.88%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.68	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4621	1.4015
Quarterly Medicaid PDPM:	1.7583	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7934	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,852,158	$4,389,301	$0	$755,514	$272,377	$360,100	$2,810,213		$264,653	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($1,165,781)	($11,254)	$0	$0	$0	$2,470	($1,095,315)		($61,682)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$168,832		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$61,682
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,916,891	$4,378,047	$0	$755,514	$272,377	$362,570	$1,714,898	$168,832	$202,971	$61,682
8	Total Nursing Facility Days As Filed Days = 39,875	FY23 Audited C/R Days	39,875									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,875	FY23 GL-PL Ins Rpt Days								39,875		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$198.54	$109.79	$0.00	$18.95	$15.92	*(with L&H)*	$43.01	$4.23	$5.09	$1.55
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4621**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$75.09								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.09	$0.00	$18.95	$15.92		$43.01	$4.23	$5.09	$1.55
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$167.60	$75.09	$0.00	$18.95	$15.92		$39.89	$4.23	11.97 *(FRV)*	$1.55
	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	$167.60	$75.09	$0.00	$18.95	$15.92	$0.00	$39.89	$4.23	$11.97	$1.55
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7934**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$134.67								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.18	$134.67	$0.00	$18.95	$15.92	$0.00	$39.89	$4.23	$11.97	$1.55
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.35	$1.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	$25.00	$7.27	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$252.18**	**$141.94**	**$0.00**	**$19.17**	**$16.33**	**$0.00**	**$56.99**	**$4.23**	**$11.97**	**$1.55**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.31**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MUSCOGEE MANOR & REHABILITATION CTR**
Prvdr ID: **00083223A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.17%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.11	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5005	1.4015
Quarterly Medicaid PDPM:	1.3807	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4083	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$11,930,108	$7,222,517	$0	$1,216,302	$810,870	$713,157	$1,799,848		$167,414	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($339,360)	$0	$0	$0	$0	$0	($303,280)		($36,080)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$303,280		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$36,080
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$11,930,108	$7,222,517	$0	$1,216,302	$810,870	$713,157	$1,496,568	$303,280	$131,334	$36,080
8	Total Nursing Facility Days As Filed Days = 38,812	FY23 Audited C/R Days	38,812									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,812	FY23 GL-PL Ins Rpt Days								38,812		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$307.38	$186.09	$0.00	$31.34	$39.27	*(with L&H)*	$38.56	$7.81	$3.38	$0.93
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5005**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$124.02								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$124.02	$0.00	$31.34	$39.27		$38.56	$7.81	$3.38	$0.93
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$254.40	$117.91	$0.00	$31.34	$33.35		$38.56	$7.81	24.50 *(FRV)*	$0.93
	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	$254.40	$117.91	$0.00	$31.34	$33.35	$0.00	$38.56	$7.81	$24.50	$0.93
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4083**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$166.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$302.54	$166.05	$0.00	$31.34	$33.35	$0.00	$38.56	$7.81	$24.50	$0.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.48	$0.00	$0.00	$0.11	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.15	$4.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.64	$6.64								
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	$11.27	$10.79	$0.00	$0.11	$0.00	$0.00	$0.37	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$313.81**	**$176.84**	**$0.00**	**$31.45**	**$33.35**	**$0.00**	**$38.93**	**$7.81**	**$24.50**	**$0.93**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$235.36**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **TUCKER OPERATING COMPANY LLC**
Prvdr ID: **00083267A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	6.04	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4654	1.4015
Quarterly Medicaid PDPM:	1.5344	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5651	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,074,406	$4,050,129	$0	$777,102	$427,160	$437,891	$1,624,074		$758,050	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($253,855)	($11,320)	$0	$0	$0	($228)	($139,650)		($102,657)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$151,207		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$100,036
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,071,794	$4,038,809	$0	$777,102	$427,160	$437,663	$1,484,424	$151,207	$655,393	$100,036
8	Total Nursing Facility Days As Filed Days = 36,185	FY23 Audited C/R Days	36,185									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,185	FY23 GL-PL Ins Rpt Days								36,185		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$223.07	$111.62	$0.00	$21.48	$23.90	*(with L&H)*	$41.02	$4.18	$18.11	$2.76
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4654**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$76.17								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.17	$0.00	$21.48	$23.90		$41.02	$4.18	$18.11	$2.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$182.08	$76.17	$0.00	$21.48	$23.90		$39.89	$4.18	13.70 *(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	$182.08	$76.17	$0.00	$21.48	$23.90	$0.00	$39.89	$4.18	$13.70	$2.76
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5651**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$119.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$225.12	$119.21	$0.00	$21.48	$23.90	$0.00	$39.89	$4.18	$13.70	$2.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	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	$25.41	$7.68	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$250.53**	**$126.89**	**$0.00**	**$21.70**	**$24.31**	**$0.00**	**$56.99**	**$4.18**	**$13.70**	**$2.76**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.07**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MADISON HEALTH AND REHAB**
Prvdr ID: **00083278A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	62.71%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6871	1.4015
Quarterly Medicaid PDPM:	1.7995	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8355	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,378,260	$3,000,743	$0	$729,543	$276,538	$327,381	$988,160		$55,895	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($191,921)	($7,503)	$0	$0	$728	$862	($149,762)		($36,246)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$144,078		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$36,342
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,366,759	$2,993,240	$0	$729,543	$277,266	$328,243	$838,398	$144,078	$19,649	$36,342
8	Total Nursing Facility Days As Filed Days = 23,221	FY23 Audited C/R Days	23,221									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,221	FY23 GL-PL Ins Rpt Days								23,221		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$231.13	$128.90	$0.00	$31.42	$26.08	*(with L&H)*	$36.11	$6.20	$0.85	$1.57
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6871**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$76.40								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.40	$0.00	$31.42	$26.08		$36.11	$6.20	$0.85	$1.57
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.99	$76.40	$0.00	$31.42	$26.08		$36.11	$6.20	13.21 *(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	$190.99	$76.40	$0.00	$31.42	$26.08	$0.00	$36.11	$6.20	$13.21	$1.57
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8355**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$140.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.82	$140.23	$0.00	$31.42	$26.08	$0.00	$36.11	$6.20	$13.21	$1.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.35	$0.53	$0.00	$0.04	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.71	$7.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.41	$8.41								
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	$34.57	$16.65	$0.00	$0.04	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$289.39**	**$156.88**	**$0.00**	**$31.46**	**$26.49**	**$0.00**	**$53.58**	**$6.20**	**$13.21**	**$1.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.22**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **RIVERDALE CENTER FOR NURSING AND HEALING**
Prvdr ID: **00083289A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.09%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.74	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3608	1.4015
Quarterly Medicaid PDPM:	1.5081	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5383	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$11,817,609	$6,214,325	$0	$1,057,002	$366,841	$656,785	$1,867,253		$1,655,403	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($527,889)	($270,208)	$0	($7,505)	$4,793	$8,788	($187,554)		($76,203)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$288,877		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$77,199
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$11,655,796	$5,944,117	$0	$1,049,497	$371,634	$665,573	$1,679,699	$288,877	$1,579,200	$77,199
8	Total Nursing Facility Days As Filed Days = 51,094	FY23 Audited C/R Days	51,113									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,094	FY23 GL-PL Ins Rpt Days								51,113		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.03	$116.29	$0.00	$20.53	$20.29	*(with L&H)*	$32.86	$5.65	$30.90	$1.51
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3608**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$85.46								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.46	$0.00	$20.53	$20.29		$32.86	$5.65	$30.90	$1.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.23	$85.46	$0.00	$20.53	$20.29		$32.86	$5.65	11.93 *(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	$178.23	$85.46	$0.00	$20.53	$20.29	$0.00	$32.86	$5.65	$11.93	$1.51
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5383**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$131.46								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$224.23	$131.46	$0.00	$20.53	$20.29	$0.00	$32.86	$5.65	$11.93	$1.51
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.29	$3.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.57	$6.57								
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	$28.49	$10.39	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$252.72**	**$141.85**	**$0.00**	**$20.75**	**$20.70**	**$0.00**	**$50.33**	**$5.65**	**$11.93**	**$1.51**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.72**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARBORVIEW THOMASVILLE**
Prvdr ID: **00083311A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.57%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.08	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3416	1.4015
Quarterly Medicaid PDPM:	1.8780	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.9156	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,104,717	$2,224,034	$0	$438,866	$212,136	$264,157	$872,282		$1,093,242	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($234,435)	($106,723)	$0	$387	$1,326	$5,555	($103,967)		($31,013)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$106,420		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$31,207
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,007,909	$2,117,311	$0	$439,253	$213,462	$269,712	$768,315	$106,420	$1,062,229	$31,207
8	Total Nursing Facility Days As Filed Days = 23,264	FY23 Audited C/R Days	23,264									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,264	FY23 GL-PL Ins Rpt Days								23,264		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$215.26	$91.01	$0.00	$18.88	$20.77	*(with L&H)*	$33.03	$4.57	$45.66	$1.34
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3416**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$67.84								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$67.84	$0.00	$18.88	$20.77		$33.03	$4.57	$45.66	$1.34
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$159.73	$67.84	$0.00	$18.88	$20.77		$33.03	$4.57	13.30 *(FRV)*	$1.34
	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	$159.73	$67.84	$0.00	$18.88	$20.77	$0.00	$33.03	$4.57	$13.30	$1.34
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.9156**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$129.95								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$221.84	$129.95	$0.00	$18.88	$20.77	$0.00	$33.03	$4.57	$13.30	$1.34
	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 Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$248.27**	**$138.28**	**$0.00**	**$19.10**	**$21.18**	**$0.00**	**$50.50**	**$4.57**	**$13.30**	**$1.34**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$173.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE A.G. RHODES HOME, INC**
Prvdr ID: **00140005A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	45.65%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.59	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4349	1.4015
Quarterly Medicaid PDPM:	1.5677	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5991	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$12,519,484	$6,880,586	$0	$1,314,090	$617,834	$887,041	$2,507,980		$311,953	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($405,914)	($127,930)	$0	$0	$0	$0	($231,223)		($46,761)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$354,092		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$46,761
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$12,514,423	$6,752,656	$0	$1,314,090	$617,834	$887,041	$2,276,757	$354,092	$265,192	$46,761
8	Total Nursing Facility Days As Filed Days = 42,487	FY23 Audited C/R Days	42,487									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,487	FY23 GL-PL Ins Rpt Days								42,487		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$294.54	$158.93	$0.00	$30.93	$35.42	*(with L&H)*	$53.59	$8.33	$6.24	$1.10
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4349**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$110.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$110.76	$0.00	$30.93	$35.42		$53.59	$8.33	$6.24	$1.10
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$247.83	$110.76	$0.00	$30.93	$33.35		$39.89	$8.33	23.47 *(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	$247.83	$110.76	$0.00	$30.93	$33.35	$0.00	$39.89	$8.33	$23.47	$1.10
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5991**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$177.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$314.19	$177.12	$0.00	$30.93	$33.35	$0.00	$39.89	$8.33	$23.47	$1.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$9.74	$9.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.86	$8.86								
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	$36.45	$19.13	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$350.64**	**$196.25**	**$0.00**	**$31.15**	**$33.35**	**$0.00**	**$56.99**	**$8.33**	**$23.47**	**$1.10**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$250.16**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ALTAMAHA HEALTHCARE CENTER**
Prvdr ID: **00140027A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.77	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3961	1.4015
Quarterly Medicaid PDPM:	1.5840	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6157	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,714,845	$2,091,199	$0	$367,140	$179,885	$222,060	$658,844		$195,717	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($113,336)	($43,266)	$0	($1,479)	$0	$3,912	($42,330)		($30,173)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$55,113		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$30,173
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,686,795	$2,047,933	$0	$365,661	$179,885	$225,972	$616,514	$55,113	$165,544	$30,173
8	Total Nursing Facility Days As Filed Days = 19,995	FY23 Audited C/R Days	19,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,995	FY23 GL-PL Ins Rpt Days								19,995		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$184.39	$102.42	$0.00	$18.29	$20.30	*(with L&H)*	$30.83	$2.76	$8.28	$1.51
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3961**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$73.36								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$73.36	$0.00	$18.29	$20.30		$30.83	$2.76	$8.28	$1.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$157.85	$73.36	$0.00	$18.29	$20.30		$30.83	$2.76	10.80 *(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	$157.85	$73.36	$0.00	$18.29	$20.30	$0.00	$30.83	$2.76	$10.80	$1.51
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6157**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$118.53								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$203.02	$118.53	$0.00	$18.29	$20.30	$0.00	$30.83	$2.76	$10.80	$1.51
	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 = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.56	$3.56								
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	$23.38	$5.28	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$226.40**	**$123.81**	**$0.00**	**$18.51**	**$20.71**	**$0.00**	**$48.30**	**$2.76**	**$10.80**	**$1.51**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$156.98**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - GREENVILLE**
Prvdr ID: **00140038A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.71%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.45	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2603	1.4015
Quarterly Medicaid PDPM:	1.3484	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3753	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,427,567	$2,235,261	$0	$358,455	$154,588	$342,299	$1,122,088		$214,876	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($420,152)	($92,376)	$0	$0	$0	$0	($283,079)		($44,697)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$408,127		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$39,776
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,455,318	$2,142,885	$0	$358,455	$154,588	$342,299	$839,009	$408,127	$170,179	$39,776
8	Total Nursing Facility Days As Filed Days = 22,002	FY23 Audited C/R Days	22,002									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,002	FY23 GL-PL Ins Rpt Days								22,002		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$202.49	$97.40	$0.00	$16.29	$22.58	*(with L&H)*	$38.13	$18.55	$7.73	$1.81
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2603**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$77.28								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.28	$0.00	$16.29	$22.58		$38.13	$18.55	$7.73	$1.81
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$188.06	$77.28	$0.00	$16.29	$22.58		$38.13	$18.55	13.42 *(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	$188.06	$77.28	$0.00	$16.29	$22.58	$0.00	$38.13	$18.55	$13.42	$1.81
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3753**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$106.28								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$217.06	$106.28	$0.00	$16.29	$22.58	$0.00	$38.13	$18.55	$13.42	$1.81
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.66	$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.25	$4.25								
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	$25.54	$7.44	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$242.60**	**$113.72**	**$0.00**	**$16.51**	**$22.99**	**$0.00**	**$55.60**	**$18.55**	**$13.42**	**$1.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$169.13**									

Provider: **MGHP-BRENTWOOD LLC**
Prvdr ID: **00140071A**
H/B ?: No

PDPM Per Diem Rate Effective Date: **04/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	28.8%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.15	4.0%

Case Mix Index (CMI) Data	Facility Specific
Base Period Overall PDPM:	1.3853
Quarterly Medicaid PDPM:	1.9386
Qrtrly Mcaid PDPM w RUG Wght Options:	1.9774

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related
			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 **2022**	FY2022 C/R -FY 2021 GL-PL Rpt		2,226,248		469,487	515,004		824,644	80,340	535,772
	Inflation (July 2023) @ 4.70%			104,634		22,066	24,205		38,758		
	Patient Days	FY 2022 Cost Rpt		18,616		18,616	18,616		18,616		18,616
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 22 GL-PL Ins Rpt Days								18,616	
	Inflated NHC/ Patient Days			125.21		26.40	28.96		46.38	3.34	28.78
	Base Period Facility PDPM for all Residents			**1.3853**							
	Routine Services PDPM Adjusted Net Per Diem			$90.38							
	Net Per Diems After PDPM Adjustments		$225.86	$90.38		$26.40	$28.96		$46.38	$3.34	$28.78
	Per Diem Standards			$117.91		$39.92	$33.35		$39.89		
	Base Period PDPM Adjusted Allowed Per Diem		$204.76	$90.38		$26.40	$28.96		$39.89	$3.34	14.17
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*
	Growth Allowance 0.00%		$0.00	$0.00		$0.00	$0.00		$0.00		
	PDPMA Allowed Per Diem After Growth Allowance		$204.75	$90.38		$26.40	$28.96		$39.89	$3.34	$14.17
	Quarterly Facility PDPM for Medicaid Residents			**1.9774**							
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$178.72							
	Quarterly Medicaid PDPMA Allowed Per Diem		$293.09	$178.72		$26.40	$28.96		$39.89	$3.34	$14.17
	Quarterly Per Diem Add-On Amounts										
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.16	$0.53		$0.22	$0.41		$0.00		
	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)		$1.79	1.79							
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		$7.15	7.15							
	Nursing Home Provider Fee		$ 17.10						$ 17.10		
	Total Quarterly Per Diem Add-On Amounts		$27.20								
	Quarterly PDPM Based Per Diem Rate		**$320.29**	**$188.19**		**$26.62**	**$29.37**		**$56.99**	**$3.34**	**$14.17**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$227.39**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WESTMINSTER COMMONS**
Prvdr ID: **00140082A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.54%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.07	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1727	1.4015
Quarterly Medicaid PDPM:	1.4339	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4626	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,260,600	$3,339,092	$0	$391,099	$224,062	$419,368	$1,105,501		$781,478	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($327,637)	($6,493)	$0	$0	$0	$0	($229,678)		($91,466)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$228,199		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$91,466
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,252,628	$3,332,599	$0	$391,099	$224,062	$419,368	$875,823	$228,199	$690,012	$91,466
8	Total Nursing Facility Days As Filed Days = 25,290	FY23 Audited C/R Days	25,290									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,290	FY23 GL-PL Ins Rpt Days								25,290		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.23	$131.78	$0.00	$15.46	$25.44	*(with L&H)*	$34.63	$9.02	$27.28	$3.62
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1727**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$112.38								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$112.38	$0.00	$15.46	$25.44		$34.63	$9.02	$27.28	$3.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.75	$112.38	$0.00	$15.46	$25.44		$34.63	$9.02	10.20 *(FRV)*	$3.62
	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	$210.75	$112.38	$0.00	$15.46	$25.44	$0.00	$34.63	$9.02	$10.20	$3.62
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4626**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$164.37								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$262.74	$164.37	$0.00	$15.46	$25.44	$0.00	$34.63	$9.02	$10.20	$3.62
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.64	$1.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	$23.56	$5.46	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$286.30**	**$169.83**	**$0.00**	**$15.68**	**$25.85**	**$0.00**	**$52.10**	**$9.02**	**$10.20**	**$3.62**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$201.90**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **APPLING NURSING AND REHABILITATION PAVILION**
Prvdr ID: **00140093A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.14%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.70	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1896	1.4015
Quarterly Medicaid PDPM:	1.3095	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3356	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,245,819	$3,691,951	$0	$1,067,734	$372,036	$643,449	$1,770,285		$700,364	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($95,976)	$0	$0	$0	$0	$0	($92,436)		($3,540)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$92,436		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$3,540
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,245,819	$3,691,951	$0	$1,067,734	$372,036	$643,449	$1,677,849	$92,436	$696,824	$3,540
8	Total Nursing Facility Days As Filed Days = 28,888	FY23 Audited C/R Days	28,888									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,888	FY23 GL-PL Ins Rpt Days								28,888		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$285.43	$127.80	$0.00	$36.96	$35.15	*(with L&H)*	$58.08	$3.20	$24.12	$0.12
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1896**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$107.43								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$107.43	$0.00	$36.96	$35.15		$58.08	$3.20	$24.12	$0.12
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$256.57	$107.43	$0.00	$36.96	$33.35		$39.89	$3.20	35.62 *(FRV)*	$0.12
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$256.57	$107.43	$0.00	$36.96	$33.35	$0.00	$39.89	$3.20	$35.62	$0.12
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3356**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$143.48								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$292.62	$143.48	$0.00	$36.96	$33.35	$0.00	$39.89	$3.20	$35.62	$0.12
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.59	$3.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.74	$5.74								
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	$27.18	$9.86	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$319.80**	**$153.34**	**$0.00**	**$37.18**	**$33.35**	**$0.00**	**$56.99**	**$3.20**	**$35.62**	**$0.12**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$227.03**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - ASHBURN**
Prvdr ID: **00140104A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.20%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.06	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4215	1.4015
Quarterly Medicaid PDPM:	1.7027	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7368	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,896,308	$2,687,093	$0	$394,397	$197,075	$428,262	$908,786		$280,695	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($298,615)	($208,216)	$0	$0	$871	$1,893	($60,597)		($32,566)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$274,761		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$33,260
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,905,714	$2,478,877	$0	$394,397	$197,946	$430,155	$848,189	$274,761	$248,129	$33,260
8	Total Nursing Facility Days As Filed Days = 21,287	FY23 Audited C/R Days	21,287									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,287	FY23 GL-PL Ins Rpt Days								21,287		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.47	$116.45	$0.00	$18.53	$29.51	*(with L&H)*	$39.85	$12.91	$11.66	$1.56
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4215**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.92	$0.00	$18.53	$29.51		$39.85	$12.91	$11.66	$1.56
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$197.23	$81.92	$0.00	$18.53	$29.51		$39.85	$12.91	12.95 *(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	$197.23	$81.92	$0.00	$18.53	$29.51	$0.00	$39.85	$12.91	$12.95	$1.56
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7368**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$142.28								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$257.59	$142.28	$0.00	$18.53	$29.51	$0.00	$39.85	$12.91	$12.95	$1.56
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.19	$0.53	$0.00	$0.22	$0.41	$0.00	$0.03		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.56	$3.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.11	$7.11								
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	$28.96	$11.20	$0.00	$0.22	$0.41	$0.00	$17.13	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$286.55**	**$153.48**	**$0.00**	**$18.75**	**$29.92**	**$0.00**	**$56.98**	**$12.91**	**$12.95**	**$1.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.09**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - BROOKHAVEN**
Prvdr ID: **00140115A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.51%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4193	1.4015
Quarterly Medicaid PDPM:	1.6062	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6384	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,681,651	$6,012,829	$0	$883,385	$496,358	$628,000	$1,686,084		$974,995	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($414,111)	($161,521)	$0	$0	$0	$0	($179,944)		($72,646)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$570,581		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$71,561
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,909,682	$5,851,308	$0	$883,385	$496,358	$628,000	$1,506,140	$570,581	$902,349	$71,561
8	Total Nursing Facility Days As Filed Days = 44,396	FY23 Audited C/R Days	44,396									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,396	FY23 GL-PL Ins Rpt Days								44,396		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$245.75	$131.80	$0.00	$19.90	$25.33	*(with L&H)*	$33.93	$12.85	$20.33	$1.61
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4193**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$92.86								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.86	$0.00	$19.90	$25.33		$33.93	$12.85	$20.33	$1.61
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.13	$92.86	$0.00	$19.90	$25.33		$33.93	$12.85	13.65 *(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	$200.13	$92.86	$0.00	$19.90	$25.33	$0.00	$33.93	$12.85	$13.65	$1.61
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6384**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$152.14								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$259.41	$152.14	$0.00	$19.90	$25.33	$0.00	$33.93	$12.85	$13.65	$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 Srvs)	Ln 19 Col b x CPS Add-on	$1.52	$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.61	$7.61								
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	$27.76	$9.66	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$287.17**	**$161.80**	**$0.00**	**$20.12**	**$25.74**	**$0.00**	**$51.40**	**$12.85**	**$13.65**	**$1.61**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE OAKS - ATHENS SKILLED NURSING**
Prvdr ID: **00140126A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.58%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.78	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4671	1.4015
Quarterly Medicaid PDPM:	1.5561	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5872	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$12,687,220	$6,278,520	$0	$950,712	$628,100	$649,644	$1,841,772		$2,338,472	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($643,320)	($366,761)	$0	$0	$0	($1,084)	($88,707)		($186,768)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$537,725		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$188,574
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$12,770,199	$5,911,759	$0	$950,712	$628,100	$648,560	$1,753,065	$537,725	$2,151,704	$188,574
8	Total Nursing Facility Days As Filed Days = 38,644	FY23 Audited C/R Days	38,644									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,644	FY23 GL-PL Ins Rpt Days								38,644		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$330.45	$152.98	$0.00	$24.60	$33.04	*(with L&H)*	$45.36	$13.91	$55.68	$4.88
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4671**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$104.27								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$104.27	$0.00	$24.60	$33.04		$45.36	$13.91	$55.68	$4.88
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$252.86	$104.27	$0.00	$24.60	$33.04		$39.89	$13.91	32.27 *(FRV)*	$4.88
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$252.86	$104.27	$0.00	$24.60	$33.04	$0.00	$39.89	$13.91	$32.27	$4.88
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5872**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$165.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$314.09	$165.50	$0.00	$24.60	$33.04	$0.00	$39.89	$13.91	$32.27	$4.88
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.98	$0.53	$0.00	$0.22	$0.23	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$8.28	$8.28								
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	$26.36	$8.81	$0.00	$0.22	$0.23	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$340.45**	**$174.31**	**$0.00**	**$24.82**	**$33.27**	**$0.00**	**$56.99**	**$13.91**	**$32.27**	**$4.88**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$242.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE CROSSINGS AT EAST LAKE OF JOURNEY LLC**
Prvdr ID: **00140137A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.96%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.94	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5012	1.4015
Quarterly Medicaid PDPM:	2.1549	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.1980	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,037,878	$3,961,652	$0	$761,400	$629,438	$293,487	$1,127,584		$1,264,317	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($236,553)	($41,690)	$0	$0	$0	$0	($77,523)		($117,340)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$107,016		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$117,340
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,025,681	$3,919,962	$0	$761,400	$629,438	$293,487	$1,050,061	$107,016	$1,146,977	$117,340
8	Total Nursing Facility Days As Filed Days = 32,711	FY23 Audited C/R Days	32,711									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,711	FY23 GL-PL Ins Rpt Days								32,711		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$245.35	$119.84	$0.00	$23.28	$28.21	*(with L&H)*	$32.10	$3.27	$35.06	$3.59
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5012**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$79.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.83	$0.00	$23.28	$28.21		$32.10	$3.27	$35.06	$3.59
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$182.60	$79.83	$0.00	$23.28	$28.21		$32.10	$3.27	12.32 *(FRV)*	$3.59
	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	$182.60	$79.83	$0.00	$23.28	$28.21	$0.00	$32.10	$3.27	$12.32	$3.59
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.1980**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$175.47								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$278.24	$175.47	$0.00	$23.28	$28.21	$0.00	$32.10	$3.27	$12.32	$3.59
	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 Srvs)	Ln 19 Col b x CPS Add-on	$4.39	$4.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$28.28	$10.18	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$306.52**	**$185.65**	**$0.00**	**$23.50**	**$28.62**	**$0.00**	**$49.57**	**$3.27**	**$12.32**	**$3.59**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$217.07**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **AUTUMN BREEZE HEALTH AND REHAB**
Prvdr ID: **00140159A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.14%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.42	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6048	1.4015
Quarterly Medicaid PDPM:	1.6514	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6845	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,376,950	$3,590,523	$0	$643,389	$299,194	$419,797	$1,388,505		$1,035,542	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($294,003)	$0	$0	$0	$0	$0	($228,807)		($65,196)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$233,661		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$65,196
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,381,804	$3,590,523	$0	$643,389	$299,194	$419,797	$1,159,698	$233,661	$970,346	$65,196
8	Total Nursing Facility Days As Filed Days = 34,624	FY23 Audited C/R Days	34,624									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,624	FY23 GL-PL Ins Rpt Days								34,624		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$213.20	$103.70	$0.00	$18.58	$20.77	*(with L&H)*	$33.49	$6.75	$28.03	$1.88
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6048**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$64.62								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$64.62	$0.00	$18.58	$20.77		$33.49	$6.75	$28.03	$1.88
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$157.98	$64.62	$0.00	$18.58	$20.77		$33.49	$6.75	11.89 *(FRV)*	$1.88
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$157.98	$64.62	$0.00	$18.58	$20.77	$0.00	$33.49	$6.75	$11.89	$1.88
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6845**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$108.85								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$202.21	$108.85	$0.00	$18.58	$20.77	$0.00	$33.49	$6.75	$11.89	$1.88
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.09	$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.27	$3.27								
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	$22.99	$4.89	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$225.20**	**$113.74**	**$0.00**	**$18.80**	**$21.18**	**$0.00**	**$50.96**	**$6.75**	**$11.89**	**$1.88**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$156.08**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE OAKS - CARROLLTON SKILLED NURSING**
Prvdr ID: **00140181A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	7.14%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.60	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3868	1.4015
Quarterly Medicaid PDPM:	1.4729	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5023	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,741,716	$1,869,065	$0	$286,662	$195,831	$372,487	$723,041		$294,630	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($127,842)	($86,509)	$0	$0	$0	($126)	($7,524)		($33,683)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$152,448		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$19,454
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,785,776	$1,782,556	$0	$286,662	$195,831	$372,361	$715,517	$152,448	$260,947	$19,454
8	Total Nursing Facility Days As Filed Days = 12,775	FY23 Audited C/R Days	12,775									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,775	FY23 GL-PL Ins Rpt Days								12,775		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$296.34	$139.53	$0.00	$22.44	$44.48	*(with L&H)*	$56.01	$11.93	$20.43	$1.52
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3868**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$100.61								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.61	$0.00	$22.44	$44.48		$56.01	$11.93	$20.43	$1.52
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$235.46	$100.61	$0.00	$22.44	$33.35		$39.89	$11.93	25.72 *(FRV)*	$1.52
	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	$235.46	$100.61	$0.00	$22.44	$33.35	$0.00	$39.89	$11.93	$25.72	$1.52
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5023**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$151.15								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$286.00	$151.15	$0.00	$22.44	$33.35	$0.00	$39.89	$11.93	$25.72	$1.52
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$7.56	$7.56								
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	$25.41	$8.09	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$311.41**	**$159.24**	**$0.00**	**$22.66**	**$33.35**	**$0.00**	**$56.99**	**$11.93**	**$25.72**	**$1.52**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$220.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BAPTIST VILLAGE, INC.**
Prvdr ID: **00140203A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.43%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.85	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3810	1.4015
Quarterly Medicaid PDPM:	1.4253	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4538	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$20,702,773	$11,174,899	$0	$2,746,283	$949,959	$1,298,808	$3,838,418		$694,406	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($292,564)	$0	$0	$0	$0	$0	($193,164)		($99,400)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$193,164		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$99,400
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$20,702,773	$11,174,899	$0	$2,746,283	$949,959	$1,298,808	$3,645,254	$193,164	$595,006	$99,400
8	Total Nursing Facility Days As Filed Days = 65,959	FY23 Audited C/R Days	65,959									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,959	FY23 GL-PL Ins Rpt Days								65,959		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$313.88	$169.42	$0.00	$41.64	$34.09	*(with L&H)*	$55.27	$2.93	$9.02	$1.51
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3810**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$122.68								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$122.68	$0.00	$41.64	$34.09		$55.27	$2.93	$9.02	$1.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$248.29	$117.91	$0.00	$31.48	$33.35		$39.89	$2.93	21.22 *(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	$248.29	$117.91	$0.00	$31.48	$33.35	$0.00	$39.89	$2.93	$21.22	$1.51
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4538**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$171.42								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$301.80	$171.42	$0.00	$31.48	$33.35	$0.00	$39.89	$2.93	$21.22	$1.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$4.29	$4.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.14	$5.14								
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	$9.43	$9.43	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$311.23**	**$180.85**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$39.89**	**$2.93**	**$21.22**	**$1.51**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$233.42**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE OAKS - BETHANY SKILLED NURSING**
Prvdr ID: **00140258A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.77%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.37	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4288	1.4015
Quarterly Medicaid PDPM:	1.4906	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5204	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,370,777	$4,678,935	$0	$744,026	$448,533	$473,350	$1,484,326		$541,607	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($516,638)	($271,255)	$0	$0	$0	$0	($151,976)		($93,407)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$607,859		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$83,062
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,545,060	$4,407,680	$0	$744,026	$448,533	$473,350	$1,332,350	$607,859	$448,200	$83,062
8	Total Nursing Facility Days As Filed Days = 40,943	FY23 Audited C/R Days	40,943									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,943	FY23 GL-PL Ins Rpt Days								40,943		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$208.71	$107.65	$0.00	$18.17	$22.52	*(with L&H)*	$32.54	$14.85	$10.95	$2.03
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4288**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$75.34								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.34	$0.00	$18.17	$22.52		$32.54	$14.85	$10.95	$2.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$182.34	$75.34	$0.00	$18.17	$22.52		$32.54	$14.85	16.89 *(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	$182.34	$75.34	$0.00	$18.17	$22.52	$0.00	$32.54	$14.85	$16.89	$2.03
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5204**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$114.55								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$221.55	$114.55	$0.00	$18.17	$22.52	$0.00	$32.54	$14.85	$16.89	$2.03
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.86	$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$27.22	$9.12	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$248.77**	**$123.67**	**$0.00**	**$18.39**	**$22.93**	**$0.00**	**$50.01**	**$14.85**	**$16.89**	**$2.03**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$173.75**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - BETHANY**
Prvdr ID: **00140269A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.86%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.08	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4087	1.4015
Quarterly Medicaid PDPM:	1.5477	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5787	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,535,368	$2,964,557	$0	$522,077	$213,157	$352,469	$1,122,452		$360,656	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($392,920)	($282,819)	$0	$0	$0	$0	($45,439)		($64,662)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$362,715		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$51,536
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,556,699	$2,681,738	$0	$522,077	$213,157	$352,469	$1,077,013	$362,715	$295,994	$51,536
8	Total Nursing Facility Days As Filed Days = 28,461	FY23 Audited C/R Days	28,461									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,461	FY23 GL-PL Ins Rpt Days								28,461		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$195.23	$94.23	$0.00	$18.34	$19.87	*(with L&H)*	$37.84	$12.74	$10.40	$1.81
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4087**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$66.89								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$66.89	$0.00	$18.34	$19.87		$37.84	$12.74	$10.40	$1.81
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$174.57	$66.89	$0.00	$18.34	$19.87		$37.84	$12.74	17.08 *(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	$174.57	$66.89	$0.00	$18.34	$19.87	$0.00	$37.84	$12.74	$17.08	$1.81
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5787**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$105.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$213.28	$105.60	$0.00	$18.34	$19.87	$0.00	$37.84	$12.74	$17.08	$1.81
	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 = 2.5% (to Routine Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$238.77**	**$112.99**	**$0.00**	**$18.56**	**$20.28**	**$0.00**	**$55.31**	**$12.74**	**$17.08**	**$1.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$166.25**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CUMMING OPERATING COMPANY LLC**
Prvdr ID: **00140302A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.67%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.22	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5291	1.4015
Quarterly Medicaid PDPM:	1.5673	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5987	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,347,328	$4,976,124	$0	$1,206,875	$481,828	$473,189	$1,703,687		$505,625	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($1,102,124)	($255,685)	$0	$0	($8,343)	($12,142)	($418,390)		($407,564)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$145,586		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$42,254
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,433,044	$4,720,439	$0	$1,206,875	$473,485	$461,047	$1,285,297	$145,586	$98,061	$42,254
8	Total Nursing Facility Days As Filed Days = 22,984	FY23 Audited C/R Days	22,984									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,984	FY23 GL-PL Ins Rpt Days								22,984		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$366.91	$205.38	$0.00	$52.51	$40.66	*(with L&H)*	$55.92	$6.33	$4.27	$1.84
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5291**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$134.31								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$134.31	$0.00	$52.51	$40.66		$55.92	$6.33	$4.27	$1.84
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$244.93	$117.91	$0.00	$31.48	$33.35		$39.89	$6.33	14.13 *(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	$244.93	$117.91	$0.00	$31.48	$33.35	$0.00	$39.89	$6.33	$14.13	$1.84
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5987**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$188.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$315.52	$188.50	$0.00	$31.48	$33.35	$0.00	$39.89	$6.33	$14.13	$1.84
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$10.37	$10.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$33.13	$16.03	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$348.65**	**$204.53**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$56.99**	**$6.33**	**$14.13**	**$1.84**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$248.66**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **RIVERSIDE HEALTH CARE CENTER**
Prvdr ID: **00140324A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.62%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.51	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4211	1.4015
Quarterly Medicaid PDPM:	1.4974	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5274	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$11,931,134	$6,103,283	$0	$741,569	$412,299	$554,709	$1,777,196		$2,342,078	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($558,786)	($23,349)	$0	$0	$0	$0	($477,408)		($58,029)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$476,428		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$58,029
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$11,906,805	$6,079,934	$0	$741,569	$412,299	$554,709	$1,299,788	$476,428	$2,284,049	$58,029
8	Total Nursing Facility Days As Filed Days = 51,890	FY23 Audited C/R Days	51,890									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,890	FY23 GL-PL Ins Rpt Days								51,890		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$229.47	$117.17	$0.00	$14.29	$18.64	*(with L&H)*	$25.05	$9.18	$44.02	$1.12
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4211**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$82.45								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.45	$0.00	$14.29	$18.64		$25.05	$9.18	$44.02	$1.12
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$162.19	$82.45	$0.00	$14.29	$18.64		$25.05	$9.18	11.46 *(FRV)*	$1.12
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$162.19	$82.45	$0.00	$14.29	$18.64	$0.00	$25.05	$9.18	$11.46	$1.12
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5274**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$125.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$205.67	$125.93	$0.00	$14.29	$18.64	$0.00	$25.05	$9.18	$11.46	$1.12
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.15	$3.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.78	$3.78								
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	$25.56	$7.46	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$231.23**	**$133.39**	**$0.00**	**$14.51**	**$19.05**	**$0.00**	**$42.52**	**$9.18**	**$11.46**	**$1.12**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$160.60**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **RIVERSIDE HEALTH AND REHABILITATION**
Prvdr ID: **00140346A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.98%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.42	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2517	1.4015
Quarterly Medicaid PDPM:	1.2908	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3166	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,935,097	$2,529,047	$0	$678,679	$286,188	$267,163	$1,049,640		$124,380	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($141,975)	$0	$0	$0	$0	$0	($130,794)		($11,181)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$38,350		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$11,181
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,842,653	$2,529,047	$0	$678,679	$286,188	$267,163	$918,846	$38,350	$113,199	$11,181
8	Total Nursing Facility Days As Filed Days = 23,858	FY23 Audited C/R Days	23,858									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,858	FY23 GL-PL Ins Rpt Days								23,858		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$202.97	$106.00	$0.00	$28.45	$23.19	*(with L&H)*	$38.51	$1.61	$4.74	$0.47
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2517**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$84.68								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.68	$0.00	$28.45	$23.19		$38.51	$1.61	$4.74	$0.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.58	$84.68	$0.00	$28.45	$23.19		$38.51	$1.61	13.67 *(FRV)*	$0.47
	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	$190.58	$84.68	$0.00	$28.45	$23.19	$0.00	$38.51	$1.61	$13.67	$0.47
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3166**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$111.49								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$217.39	$111.49	$0.00	$28.45	$23.19	$0.00	$38.51	$1.61	$13.67	$0.47
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.79	$2.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$26.99	$8.89	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$244.38**	**$120.38**	**$0.00**	**$28.67**	**$23.60**	**$0.00**	**$55.98**	**$1.61**	**$13.67**	**$0.47**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$170.46**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BONTERRA TRANSITIONAL CARE & REHABILITATION**
Prvdr ID: **00140357A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.19%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.34	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3470	1.4015
Quarterly Medicaid PDPM:	1.5529	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5839	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,101,604	$4,197,218	$0	$659,655	$321,480	$420,100	$1,527,833		$1,975,318	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($404,708)	($20,952)	$0	$0	$0	$0	($300,562)		($83,194)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$299,830		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$83,194
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,079,920	$4,176,266	$0	$659,655	$321,480	$420,100	$1,227,271	$299,830	$1,892,124	$83,194
8	Total Nursing Facility Days As Filed Days = 39,496	FY23 Audited C/R Days	39,496									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,496	FY23 GL-PL Ins Rpt Days								39,496		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$229.90	$105.74	$0.00	$16.70	$18.78	*(with L&H)*	$31.07	$7.59	$47.91	$2.11
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3470**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$78.50								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.50	$0.00	$16.70	$18.78		$31.07	$7.59	$47.91	$2.11
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$166.64	$78.50	$0.00	$16.70	$18.78		$31.07	$7.59	11.89 *(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	$166.64	$78.50	$0.00	$16.70	$18.78	$0.00	$31.07	$7.59	$11.89	$2.11
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5839**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$124.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$212.48	$124.34	$0.00	$16.70	$18.78	$0.00	$31.07	$7.59	$11.89	$2.11
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.11	$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.49	$2.49								
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	$24.23	$6.13	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$236.71**	**$130.47**	**$0.00**	**$16.92**	**$19.19**	**$0.00**	**$48.54**	**$7.59**	**$11.89**	**$2.11**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$164.71**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ANDERSON MILL CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00140379A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.12%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.31	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4888	1.4015
Quarterly Medicaid PDPM:	1.4929	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5228	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,838,097	$6,079,893	$0	$844,082	$379,456	$396,751	$1,967,532		$1,170,383	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($493,175)	($193,871)	$0	($26,139)	$0	$1,218	($212,532)		($61,851)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$354,693		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$61,851
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,761,466	$5,886,022	$0	$817,943	$379,456	$397,969	$1,755,000	$354,693	$1,108,532	$61,851
8	Total Nursing Facility Days As Filed Days = 47,532	FY23 Audited C/R Days	47,532									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,532	FY23 GL-PL Ins Rpt Days								47,532		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$226.40	$123.83	$0.00	$17.21	$16.36	*(with L&H)*	$36.92	$7.46	$23.32	$1.30
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4888**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.17								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.17	$0.00	$17.21	$16.36		$36.92	$7.46	$23.32	$1.30
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$174.02	$83.17	$0.00	$17.21	$16.36		$36.92	$7.46	11.60 *(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	$174.02	$83.17	$0.00	$17.21	$16.36	$0.00	$36.92	$7.46	$11.60	$1.30
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5228**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$126.65								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$217.50	$126.65	$0.00	$17.21	$16.36	$0.00	$36.92	$7.46	$11.60	$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 = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$7.60	$7.60								
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	$26.23	$8.13	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$243.73**	**$134.78**	**$0.00**	**$17.43**	**$16.77**	**$0.00**	**$54.39**	**$7.46**	**$11.60**	**$1.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$169.97**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - VIRGINIA PARK**
Prvdr ID: **00140401A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.25%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4882	1.4015
Quarterly Medicaid PDPM:	1.5848	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6165	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,440,498	$6,452,350	$0	$956,429	$392,254	$509,245	$1,590,755		$539,465	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($557,687)	($254,021)	$0	$534	$2,349	$3,101	($324,595)		$14,945	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$464,471		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$64,140
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,411,422	$6,198,329	$0	$956,963	$394,603	$512,346	$1,266,160	$464,471	$554,410	$64,140
8	Total Nursing Facility Days As Filed Days = 42,022	FY23 Audited C/R Days	42,022									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,022	FY23 GL-PL Ins Rpt Days								42,022		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.75	$147.50	$0.00	$22.77	$21.58	*(with L&H)*	$30.13	$11.05	$13.19	$1.53
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4882**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$99.12								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.12	$0.00	$22.77	$21.58		$30.13	$11.05	$13.19	$1.53
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$202.83	$99.12	$0.00	$22.77	$21.58		$30.13	$11.05	16.65 *(FRV)*	$1.53
	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	$202.83	$99.12	$0.00	$22.77	$21.58	$0.00	$30.13	$11.05	$16.65	$1.53
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6165**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$160.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$263.94	$160.23	$0.00	$22.77	$21.58	$0.00	$30.13	$11.05	$16.65	$1.53
	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 Srvs)	Ln 19 Col b x CPS Add-on	$4.01	$4.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.01	$8.01								
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	$30.65	$12.55	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$294.59**	**$172.78**	**$0.00**	**$22.99**	**$21.99**	**$0.00**	**$47.60**	**$11.05**	**$16.65**	**$1.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$208.12**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BRIGHTMOOR NURSING CENTER, LLC**
Prvdr ID: **00140412A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.15	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3184	1.4015
Quarterly Medicaid PDPM:	1.7116	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7458	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,010,057	$5,242,427	$0	$1,171,458	$611,213	$599,489	$1,445,409		$940,061	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($206,606)	($53,074)	$0	$0	$202,399	$0	($241,081)		($114,850)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$63,389		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$134,050
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,000,890	$5,189,353	$0	$1,171,458	$813,612	$599,489	$1,204,328	$63,389	$825,211	$134,050
8	Total Nursing Facility Days As Filed Days = 44,110	FY23 Audited C/R Days	44,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,110	FY23 GL-PL Ins Rpt Days								44,110		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$226.74	$117.65	$0.00	$26.56	$32.04	*(with L&H)*	$27.30	$1.44	$18.71	$3.04
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3184**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$89.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.24	$0.00	$26.56	$32.04		$27.30	$1.44	$18.71	$3.04
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.46	$89.24	$0.00	$26.56	$32.04		$27.30	$1.44	20.84 *(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	$200.46	$89.24	$0.00	$26.56	$32.04	$0.00	$27.30	$1.44	$20.84	$3.04
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7458**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$155.80								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$267.02	$155.80	$0.00	$26.56	$32.04	$0.00	$27.30	$1.44	$20.84	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.90	$3.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.79	$7.79								
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	$30.32	$12.22	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$297.34**	**$168.02**	**$0.00**	**$26.78**	**$32.45**	**$0.00**	**$44.77**	**$1.44**	**$20.84**	**$3.04**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$210.18**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BROWN'S HEALTH & REHAB CENTER**
Prvdr ID: **00140434A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.67%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.02	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3739	1.4015
Quarterly Medicaid PDPM:	1.4289	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4575	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,219,241	$2,382,030	$0	$402,853	$181,783	$240,511	$685,150		$326,914	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($117,762)	($36,999)	$0	($1,598)	$0	$3,598	($54,374)		($28,389)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$56,108		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$28,389
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,185,976	$2,345,031	$0	$401,255	$181,783	$244,109	$630,776	$56,108	$298,525	$28,389
8	Total Nursing Facility Days As Filed Days = 21,305	FY23 Audited C/R Days	21,305									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,305	FY23 GL-PL Ins Rpt Days								21,305		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$196.47	$110.07	$0.00	$18.83	$19.99	*(with L&H)*	$29.61	$2.63	$14.01	$1.33
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3739**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.11								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.11	$0.00	$18.83	$19.99		$29.61	$2.63	$14.01	$1.33
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$167.33	$80.11	$0.00	$18.83	$19.99		$29.61	$2.63	14.83 *(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	$167.33	$80.11	$0.00	$18.83	$19.99	$0.00	$29.61	$2.63	$14.83	$1.33
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4575**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$116.76								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$203.98	$116.76	$0.00	$18.83	$19.99	$0.00	$29.61	$2.63	$14.83	$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.50	$3.50								
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	$22.13	$4.03	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$226.11**	**$120.79**	**$0.00**	**$19.05**	**$20.40**	**$0.00**	**$47.08**	**$2.63**	**$14.83**	**$1.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$156.76**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - LANIER**
Prvdr ID: **00140456A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.68%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5035	1.4015
Quarterly Medicaid PDPM:	1.6120	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6443	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,124,789	$3,423,512	$0	$464,966	$181,003	$488,449	$1,186,474		$380,385	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($468,870)	($136,350)	$0	$0	$317	$856	($265,582)		($68,111)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$423,536		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$64,760
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,144,215	$3,287,162	$0	$464,966	$181,320	$489,305	$920,892	$423,536	$312,274	$64,760
8	Total Nursing Facility Days As Filed Days = 23,784	FY23 Audited C/R Days	23,784									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,784	FY23 GL-PL Ins Rpt Days								23,784		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$258.34	$138.21	$0.00	$19.55	$28.20	*(with L&H)*	$38.72	$17.81	$13.13	$2.72
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5035**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$91.93								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.93	$0.00	$19.55	$28.20		$38.72	$17.81	$13.13	$2.72
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.02	$91.93	$0.00	$19.55	$28.20		$38.72	$17.81	11.09 *(FRV)*	$2.72
	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	$210.02	$91.93	$0.00	$19.55	$28.20	$0.00	$38.72	$17.81	$11.09	$2.72
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6443**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$151.16								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$269.25	$151.16	$0.00	$19.55	$28.20	$0.00	$38.72	$17.81	$11.09	$2.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$1.51	$1.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.56	$7.56								
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	$27.70	$9.60	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$296.95**	**$160.76**	**$0.00**	**$19.77**	**$28.61**	**$0.00**	**$56.19**	**$17.81**	**$11.09**	**$2.72**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$209.89**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CHURCH HOME REHABILITATION AND HEALTHCARE**
Prvdr ID: **00140467A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.50%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.75	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6008	1.4015
Quarterly Medicaid PDPM:	1.2828	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3085	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,009,302	$3,050,194	$0	$831,788	$331,267	$307,405	$970,385		$518,263	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($93,456)	($77,316)	$0	$0	($2,691)	($2,497)	$2,969		($13,921)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$64,807		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$13,808
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,994,461	$2,972,878	$0	$831,788	$328,576	$304,908	$973,354	$64,807	$504,342	$13,808
8	Total Nursing Facility Days As Filed Days = 25,516	FY23 Audited C/R Days	25,516									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,516	FY23 GL-PL Ins Rpt Days								25,516		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$234.94	$116.51	$0.00	$32.60	$24.83	*(with L&H)*	$38.15	$2.54	$19.77	$0.54
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6008**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$72.78								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.78	$0.00	$32.60	$24.83		$38.15	$2.54	$19.77	$0.54
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$202.53	$72.78	$0.00	$31.48	$24.83		$38.15	$2.54	32.21 *(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	$202.53	$72.78	$0.00	$31.48	$24.83	$0.00	$38.15	$2.54	$32.21	$0.54
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3085**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$95.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$224.98	$95.23	$0.00	$31.48	$24.83	$0.00	$38.15	$2.54	$32.21	$0.54
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.38	$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.81	$3.81								
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	$24.60	$6.72	$0.00	$0.00	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$249.58**	**$101.95**	**$0.00**	**$31.48**	**$25.24**	**$0.00**	**$55.62**	**$2.54**	**$32.21**	**$0.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$174.36**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CALHOUN NURSING HOME**
Prvdr ID: **00140478A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.27%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.57	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6653	1.4015
Quarterly Medicaid PDPM:	1.7071	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7412	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,507,448	$3,362,935	$0	$579,987	$280,970	$237,546	$669,084		$376,926	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($278,968)	$21,832	$0	$1,206	$48	($8,725)	($265,354)		($27,975)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$195,926		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$27,975
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,452,381	$3,384,767	$0	$581,193	$281,018	$228,821	$403,730	$195,926	$348,951	$27,975
8	Total Nursing Facility Days As Filed Days = 21,292	FY23 Audited C/R Days	21,292									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292	FY23 GL-PL Ins Rpt Days								21,292		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$256.08	$158.97	$0.00	$27.30	$23.95	*(with L&H)*	$18.96	$9.20	$16.39	$1.31
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6653**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.46								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.46	$0.00	$27.30	$23.95		$18.96	$9.20	$16.39	$1.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.45	$95.46	$0.00	$27.30	$23.95		$18.96	$9.20	18.27 *(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	$194.45	$95.46	$0.00	$27.30	$23.95	$0.00	$18.96	$9.20	$18.27	$1.31
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7412**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$166.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.20	$166.21	$0.00	$27.30	$23.95	$0.00	$18.96	$9.20	$18.27	$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$9.14	$9.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.99	$4.99								
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	$32.76	$14.66	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$297.96**	**$180.87**	**$0.00**	**$27.52**	**$24.36**	**$0.00**	**$36.43**	**$9.20**	**$18.27**	**$1.31**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$210.65**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CANTON CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00140511A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.51%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.49	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4095	1.4015
Quarterly Medicaid PDPM:	1.4433	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4722	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,160,952	$3,816,414	$0	$726,762	$358,284	$366,533	$1,328,725		$1,564,234	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($233,205)	($188,050)	$0	($5,249)	$0	$1,279	$942		($42,127)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$160,365		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$42,127
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,130,239	$3,628,364	$0	$721,513	$358,284	$367,812	$1,329,667	$160,365	$1,522,107	$42,127
8	Total Nursing Facility Days As Filed Days = 30,309	FY23 Audited C/R Days	30,309									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,309	FY23 GL-PL Ins Rpt Days								30,309		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$268.25	$119.71	$0.00	$23.81	$23.96	*(with L&H)*	$43.87	$5.29	$50.22	$1.39
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4095**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$84.93								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.93	$0.00	$23.81	$23.96		$43.87	$5.29	$50.22	$1.39
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.43	$84.93	$0.00	$23.81	$23.96		$39.89	$5.29	15.16 *(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	$194.43	$84.93	$0.00	$23.81	$23.96	$0.00	$39.89	$5.29	$15.16	$1.39
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4722**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$125.03								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$234.53	$125.03	$0.00	$23.81	$23.96	$0.00	$39.89	$5.29	$15.16	$1.39
	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 Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$256.54**	**$129.31**	**$0.00**	**$24.03**	**$24.37**	**$0.00**	**$56.99**	**$5.29**	**$15.16**	**$1.39**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **UNIVERSITY NURSING & REHAB CTR**
Prvdr ID: **00140533A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	12.70%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.14	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4135	1.4015
Quarterly Medicaid PDPM:	1.4252	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4537	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,619,359	$4,242,059	$0	$747,065	$347,545	$355,357	$1,515,930		$1,411,403	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($89,280)	($128,031)	$0	$0	$0	$1,392	$102,004		($64,645)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$24,635		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$64,645
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,619,359	$4,114,028	$0	$747,065	$347,545	$356,749	$1,617,934	$24,635	$1,346,758	$64,645
8	Total Nursing Facility Days As Filed Days = 36,721	FY23 Audited C/R Days	36,721									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,721	FY23 GL-PL Ins Rpt Days								36,721		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$234.72	$112.03	$0.00	$20.34	$19.18	*(with L&H)*	$44.06	$0.67	$36.68	$1.76
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4135**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$79.26								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.26	$0.00	$20.34	$19.18		$44.06	$0.67	$36.68	$1.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$170.63	$79.26	$0.00	$20.34	$19.18		$39.89	$0.67	9.53 *(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	$170.63	$79.26	$0.00	$20.34	$19.18	$0.00	$39.89	$0.67	$9.53	$1.76
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4537**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$115.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$206.59	$115.22	$0.00	$20.34	$19.18	$0.00	$39.89	$0.67	$9.53	$1.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.46	$3.46								
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	$21.72	$3.99	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$228.31**	**$119.21**	**$0.00**	**$20.56**	**$19.59**	**$0.00**	**$56.99**	**$0.67**	**$9.53**	**$1.76**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$158.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE COTTAGES AT ROCKMART**
Prvdr ID: **00140544A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.68%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	6.19	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3457	1.4015
Quarterly Medicaid PDPM:	1.2599	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2851	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,243,340	$3,927,030	$0	$348,153	$61,792	$404,003	$1,028,727		$2,473,635	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($700,633)	($304,528)	$0	$0	($664)	($5,578)	($70,543)		($319,320)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$169,656		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$207,019
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,919,382	$3,622,502	$0	$348,153	$61,128	$398,425	$958,184	$169,656	$2,154,315	$207,019
8	Total Nursing Facility Days As Filed Days = 21,007	FY23 Audited C/R Days	21,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,007	FY23 GL-PL Ins Rpt Days								21,007		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$376.98	$172.44	$0.00	$16.57	$21.88	*(with L&H)*	$45.61	$8.08	$102.55	$9.85
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3457**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$128.14								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$128.14	$0.00	$16.57	$21.88		$45.61	$8.08	$102.55	$9.85
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$264.14	$117.91	$0.00	$16.57	$21.88		$39.89	$8.08	49.96 *(FRV)*	$9.85
	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	$264.14	$117.91	$0.00	$16.57	$21.88	$0.00	$39.89	$8.08	$49.96	$9.85
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2851**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$151.53								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$297.76	$151.53	$0.00	$16.57	$21.88	$0.00	$39.89	$8.08	$49.96	$9.85
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.63	$0.00	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.52	$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$23.80	$6.07	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$321.56**	**$157.60**	**$0.00**	**$16.79**	**$22.29**	**$0.00**	**$56.99**	**$8.08**	**$49.96**	**$9.85**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$228.35**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CALHOUN CROSSING OF JOURNEY LLC**
Prvdr ID: **00140577A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.72%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.68	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5952	1.4015
Quarterly Medicaid PDPM:	1.9981	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.0381	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,458,239	$4,328,874	$0	$704,970	$601,575	$204,379	$945,601		$672,840	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($145,715)	($75,110)	$0	$0	$0	$0	($32,557)		($38,048)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$103,887		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$17,587
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,433,998	$4,253,764	$0	$704,970	$601,575	$204,379	$913,044	$103,887	$634,792	$17,587
8	Total Nursing Facility Days As Filed Days = 31,338	FY23 Audited C/R Days	31,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,338	FY23 GL-PL Ins Rpt Days								31,338		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$237.24	$135.74	$0.00	$22.50	$25.72	*(with L&H)*	$29.14	$3.32	$20.26	$0.56
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5952**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$85.09								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.09	$0.00	$22.50	$25.72		$29.14	$3.32	$20.26	$0.56
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$177.29	$85.09	$0.00	$22.50	$25.72		$29.14	$3.32	10.96 *(FRV)*	$0.56
	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	$177.29	$85.09	$0.00	$22.50	$25.72	$0.00	$29.14	$3.32	$10.96	$0.56
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.0381**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$173.42								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.62	$173.42	$0.00	$22.50	$25.72	$0.00	$29.14	$3.32	$10.96	$0.56
	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 Srvs)	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 Srvcs)	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	$23.83	$5.73	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$289.45**	**$179.15**	**$0.00**	**$22.72**	**$26.13**	**$0.00**	**$46.61**	**$3.32**	**$10.96**	**$0.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CAMELLIA HEALTH & REHABILITATION**
Prvdr ID: **00140588A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.64	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3518	1.4015
Quarterly Medicaid PDPM:	1.2910	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3168	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,268,897	$2,147,058	$0	$572,697	$223,659	$267,809	$839,827		$217,847	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($89,771)	$0	$0	$0	$0	$0	($65,688)		($24,083)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$65,688		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$24,083
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,268,897	$2,147,058	$0	$572,697	$223,659	$267,809	$774,139	$65,688	$193,764	$24,083
8	Total Nursing Facility Days As Filed Days = 17,644	FY23 Audited C/R Days	17,644									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,644	FY23 GL-PL Ins Rpt Days								17,644		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$241.94	$121.69	$0.00	$32.46	$27.85	*(with L&H)*	$43.88	$3.72	$10.98	$1.36
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3518**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.02								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.02	$0.00	$32.46	$27.85		$43.88	$3.72	$10.98	$1.36
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$206.39	$90.02	$0.00	$31.48	$27.85		$39.89	$3.72	12.07 *(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	$206.39	$90.02	$0.00	$31.48	$27.85	$0.00	$39.89	$3.72	$12.07	$1.36
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3168**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$118.54								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$234.91	$118.54	$0.00	$31.48	$27.85	$0.00	$39.89	$3.72	$12.07	$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)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$2.96	$2.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.11	$7.11								
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	$28.11	$10.60	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$263.02**	**$129.14**	**$0.00**	**$31.48**	**$28.26**	**$0.00**	**$56.99**	**$3.72**	**$12.07**	**$1.36**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.44**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FORT GAINES HEALTH AND REHAB**
Prvdr ID: **00140599A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.29%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5058	1.4015
Quarterly Medicaid PDPM:	1.5200	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5504	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,157,097	$1,921,232	$0	$420,385	$221,535	$272,113	$889,434		$432,398	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($119,831)	($28,649)	$0	($8,909)	$0	($2,232)	($31,226)		($48,815)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$24,530		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$48,815
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,110,611	$1,892,583	$0	$411,476	$221,535	$269,881	$858,208	$24,530	$383,583	$48,815
8	Total Nursing Facility Days As Filed Days = 19,090	FY23 Audited C/R Days	19,090									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,090	FY23 GL-PL Ins Rpt Days								19,090		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$215.32	$99.14	$0.00	$21.55	$25.74	*(with L&H)*	$44.96	$1.28	$20.09	$2.56
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5058**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$65.84								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$65.84	$0.00	$21.55	$25.74		$44.96	$1.28	$20.09	$2.56
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.53	$65.84	$0.00	$21.55	$25.74		$39.89	$1.28	28.67 *(FRV)*	$2.56
	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	$185.53	$65.84	$0.00	$21.55	$25.74	$0.00	$39.89	$1.28	$28.67	$2.56
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5504**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$102.08								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$221.77	$102.08	$0.00	$21.55	$25.74	$0.00	$39.89	$1.28	$28.67	$2.56
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.55	$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.08	$4.08								
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	$24.89	$7.16	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$246.66**	**$109.24**	**$0.00**	**$21.77**	**$26.15**	**$0.00**	**$56.99**	**$1.28**	**$28.67**	**$2.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$172.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARBORVIEW HEALTH SYSTEMS THOMASTON**
Prvdr ID: **00140621A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.33%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.92	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4143	1.4015
Quarterly Medicaid PDPM:	1.7942	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8301	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,730,808	$3,567,432	$0	$645,664	$385,534	$307,197	$1,336,448		$1,488,533	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($494,103)	($167,981)	$0	($3,595)	$0	$4,732	($237,245)		($90,014)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$168,908		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$90,014
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,495,627	$3,399,451	$0	$642,069	$385,534	$311,929	$1,099,203	$168,908	$1,398,519	$90,014
8	Total Nursing Facility Days As Filed Days = 38,818	FY23 Audited C/R Days	38,818									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,818	FY23 GL-PL Ins Rpt Days								38,818		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$193.10	$87.57	$0.00	$16.54	$17.97	*(with L&H)*	$28.32	$4.35	$36.03	$2.32
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4143**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$61.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.92	$0.00	$16.54	$17.97		$28.32	$4.35	$36.03	$2.32
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$142.13	$61.92	$0.00	$16.54	$17.97		$28.32	$4.35	10.71 *(FRV)*	$2.32
	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	$142.13	$61.92	$0.00	$16.54	$17.97	$0.00	$28.32	$4.35	$10.71	$2.32
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8301**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$113.32								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$193.53	$113.32	$0.00	$16.54	$17.97	$0.00	$28.32	$4.35	$10.71	$2.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$5.67	$5.67								
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	$24.30	$6.20	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$217.83**	**$119.52**	**$0.00**	**$16.76**	**$18.38**	**$0.00**	**$45.79**	**$4.35**	**$10.71**	**$2.32**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$150.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CHEROKEE CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00140643A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.75%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.47	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3745	1.4015
Quarterly Medicaid PDPM:	1.5425	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5734	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,268,498	$3,963,040	$0	$623,929	$298,835	$373,603	$1,383,717		$625,374	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($209,467)	($204,950)	$0	($3,037)	$624	$1,632	$17,878		($21,614)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$101,356		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$31,023
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,191,410	$3,758,090	$0	$620,892	$299,459	$375,235	$1,401,595	$101,356	$603,760	$31,023
8	Total Nursing Facility Days As Filed Days = 30,308	FY23 Audited C/R Days	30,308									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,308	FY23 GL-PL Ins Rpt Days								30,308		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$237.28	$124.00	$0.00	$20.49	$22.26	*(with L&H)*	$46.25	$3.34	$19.92	$1.02
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3745**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.21								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.21	$0.00	$20.49	$22.26		$46.25	$3.34	$19.92	$1.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.38	$90.21	$0.00	$20.49	$22.26		$39.89	$3.34	17.17 *(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	$194.38	$90.21	$0.00	$20.49	$22.26	$0.00	$39.89	$3.34	$17.17	$1.02
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5734**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$141.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$246.11	$141.94	$0.00	$20.49	$22.26	$0.00	$39.89	$3.34	$17.17	$1.02
	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 Srvs)	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 Srvcs)	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	$21.10	$3.37	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$267.21**	**$145.31**	**$0.00**	**$20.71**	**$22.67**	**$0.00**	**$56.99**	**$3.34**	**$17.17**	**$1.02**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$187.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **LIFE CARE CENTER**
Prvdr ID: **00140665A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.85	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2080	1.4015
Quarterly Medicaid PDPM:	1.2600	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2852	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,084,115	$4,166,373	$0	$529,100	$342,334	$418,905	$1,010,953		$616,450	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($408,118)	($230,176)	$0	($4,450)	$4,225	($534)	($64,282)		($112,901)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$102,510		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$98,473
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,876,980	$3,936,197	$0	$524,650	$346,559	$418,371	$946,671	$102,510	$503,549	$98,473
8	Total Nursing Facility Days As Filed Days = 30,889	FY23 Audited C/R Days	31,102									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,889	FY23 GL-PL Ins Rpt Days								31,102		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$221.12	$126.56	$0.00	$16.87	$24.59	*(with L&H)*	$30.44	$3.30	$16.19	$3.17
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2080**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$104.77								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$104.77	$0.00	$16.87	$24.59		$30.44	$3.30	$16.19	$3.17
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$201.46	$104.77	$0.00	$16.87	$24.59		$30.44	$3.30	18.32 *(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	$201.46	$104.77	$0.00	$16.87	$24.59	$0.00	$30.44	$3.30	$18.32	$3.17
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2852**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$134.65								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.34	$134.65	$0.00	$16.87	$24.59	$0.00	$30.44	$3.30	$18.32	$3.17
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.37	$3.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	$27.39	$9.29	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$258.73**	**$143.94**	**$0.00**	**$17.09**	**$25.00**	**$0.00**	**$47.91**	**$3.30**	**$18.32**	**$3.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.22**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - EASTSIDE**
Prvdr ID: **00140687A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.05%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.91	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4042	1.4015
Quarterly Medicaid PDPM:	1.4587	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4879	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,279,813	$2,810,573	$0	$485,862	$298,728	$328,284	$953,910		$402,456	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($344,698)	($214,248)	$0	$0	$0	($396)	($97,561)		($32,493)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$326,305		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$33,180
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,294,600	$2,596,325	$0	$485,862	$298,728	$327,888	$856,349	$326,305	$369,963	$33,180
8	Total Nursing Facility Days As Filed Days = 25,379	FY23 Audited C/R Days	25,379									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,379	FY23 GL-PL Ins Rpt Days								25,379		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$208.62	$102.30	$0.00	$19.14	$24.69	*(with L&H)*	$33.74	$12.86	$14.58	$1.31
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4042**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$72.85								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.85	$0.00	$19.14	$24.69		$33.74	$12.86	$14.58	$1.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$179.99	$72.85	$0.00	$19.14	$24.69		$33.74	$12.86	15.40 *(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	$179.99	$72.85	$0.00	$19.14	$24.69	$0.00	$33.74	$12.86	$15.40	$1.31
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4879**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$108.39								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$215.53	$108.39	$0.00	$19.14	$24.69	$0.00	$33.74	$12.86	$15.40	$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 = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$5.42	$5.42								
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	$25.13	$7.03	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$240.66**	**$115.42**	**$0.00**	**$19.36**	**$25.10**	**$0.00**	**$51.21**	**$12.86**	**$15.40**	**$1.31**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$167.67**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARBORVIEW ROME**
Prvdr ID: **00140753A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.25	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3926	1.4015
Quarterly Medicaid PDPM:	1.7063	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7404	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,120,420	$3,956,825	$0	$616,502	$296,527	$332,907	$1,287,445		$1,630,214	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($278,811)	($153,154)	$0	$503	$0	($412)	($67,778)		($57,970)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$156,500		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$57,970
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,056,079	$3,803,671	$0	$617,005	$296,527	$332,495	$1,219,667	$156,500	$1,572,244	$57,970
8	Total Nursing Facility Days As Filed Days = 32,548	FY23 Audited C/R Days	32,548									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,548	FY23 GL-PL Ins Rpt Days								32,548		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.52	$116.86	$0.00	$18.96	$19.33	*(with L&H)*	$37.47	$4.81	$48.31	$1.78
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3926**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.91								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.91	$0.00	$18.96	$19.33		$37.47	$4.81	$48.31	$1.78
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$181.38	$83.91	$0.00	$18.96	$19.33		$37.47	$4.81	15.12 *(FRV)*	$1.78
	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	$181.38	$83.91	$0.00	$18.96	$19.33	$0.00	$37.47	$4.81	$15.12	$1.78
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7404**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$146.04								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$243.51	$146.04	$0.00	$18.96	$19.33	$0.00	$37.47	$4.81	$15.12	$1.78
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.46	$1.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.76	$8.76								
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	$28.85	$10.75	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$272.36**	**$156.79**	**$0.00**	**$19.18**	**$19.74**	**$0.00**	**$54.94**	**$4.81**	**$15.12**	**$1.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.45**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - CRESTWOOD, LLC**
Prvdr ID: **00140764A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.55%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3550	1.4015
Quarterly Medicaid PDPM:	1.3226	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3490	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,382,400	$2,943,970	$0	$434,934	$271,615	$331,757	$961,866		$438,258	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($303,755)	($32,347)	$0	$0	$0	$0	($217,087)		($54,321)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$285,693		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$53,687
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,418,025	$2,911,623	$0	$434,934	$271,615	$331,757	$744,779	$285,693	$383,937	$53,687
8	Total Nursing Facility Days As Filed Days = 21,872	FY23 Audited C/R Days	21,872									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,872	FY23 GL-PL Ins Rpt Days								21,872		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.71	$133.12	$0.00	$19.89	$27.59	*(with L&H)*	$34.05	$13.06	$17.55	$2.45
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3550**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$98.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.24	$0.00	$19.89	$27.59		$34.05	$13.06	$17.55	$2.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$208.00	$98.24	$0.00	$19.89	$27.59		$34.05	$13.06	12.72 *(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	$208.00	$98.24	$0.00	$19.89	$27.59	$0.00	$34.05	$13.06	$12.72	$2.45
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3490**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$132.53								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$242.29	$132.53	$0.00	$19.89	$27.59	$0.00	$34.05	$13.06	$12.72	$2.45
	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 = 5.5% (to Routine Srvs)	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 Srvcs)	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	$32.55	$14.45	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$274.84**	**$146.98**	**$0.00**	**$20.11**	**$28.00**	**$0.00**	**$51.52**	**$13.06**	**$12.72**	**$2.45**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.31**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GATEWAY HEALTH AND REHAB**
Prvdr ID: **00140786A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.82%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.90	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3682	1.4015
Quarterly Medicaid PDPM:	1.3091	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3353	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,993,200	$2,155,771	$0	$454,162	$251,546	$221,895	$650,030		$259,796	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($48,945)	($56,445)	$0	($142)	$0	($4,980)	$29,620		($16,998)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$56,674		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$16,998
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,017,927	$2,099,326	$0	$454,020	$251,546	$216,915	$679,650	$56,674	$242,798	$16,998
8	Total Nursing Facility Days As Filed Days = 14,516	FY23 Audited C/R Days	14,516									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,516	FY23 GL-PL Ins Rpt Days								14,516		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$276.79	$144.62	$0.00	$31.28	$32.27	*(with L&H)*	$46.82	$3.90	$16.73	$1.17
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3682**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$105.70								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$105.70	$0.00	$31.28	$32.27		$46.82	$3.90	$16.73	$1.17
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$223.42	$105.70	$0.00	$31.28	$32.27		$39.89	$3.90	9.21 *(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	$223.42	$105.70	$0.00	$31.28	$32.27	$0.00	$39.89	$3.90	$9.21	$1.17
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3353**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$141.14								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$258.86	$141.14	$0.00	$31.28	$32.27	$0.00	$39.89	$3.90	$9.21	$1.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.09	$0.53	$0.00	$0.15	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	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	$25.95	$8.29	$0.00	$0.15	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$284.81**	**$149.43**	**$0.00**	**$31.43**	**$32.68**	**$0.00**	**$56.99**	**$3.90**	**$9.21**	**$1.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$200.78**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **DAWSON HEALTH AND REHABILITATION**
Prvdr ID: **00140808A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.85%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.48	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3680	1.4015
Quarterly Medicaid PDPM:	1.2696	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2950	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,629,079	$2,277,352	$0	$600,976	$309,031	$246,134	$908,364		$287,222	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($68,295)	$0	$0	$0	$0	$0	($38,480)		($29,815)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$38,480		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$29,815
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,629,079	$2,277,352	$0	$600,976	$309,031	$246,134	$869,884	$38,480	$257,407	$29,815
8	Total Nursing Facility Days As Filed Days = 17,477	FY23 Audited C/R Days	17,477									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,477	FY23 GL-PL Ins Rpt Days								17,477		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$264.88	$130.31	$0.00	$34.39	$31.77	*(with L&H)*	$49.77	$2.20	$14.73	$1.71
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3680**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.26								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.26	$0.00	$34.39	$31.77		$49.77	$2.20	$14.73	$1.71
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$217.68	$95.26	$0.00	$31.48	$31.77		$39.89	$2.20	15.37 *(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	$217.68	$95.26	$0.00	$31.48	$31.77	$0.00	$39.89	$2.20	$15.37	$1.71
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2950**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.36								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$245.78	$123.36	$0.00	$31.48	$31.77	$0.00	$39.89	$2.20	$15.37	$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)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$3.08	$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$27.29	$9.78	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$273.07**	**$133.14**	**$0.00**	**$31.48**	**$32.18**	**$0.00**	**$56.99**	**$2.20**	**$15.37**	**$1.71**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.98**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CARROLLTON MANOR, INCORPORATED**
Prvdr ID: **00140852A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.89%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.82	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4347	1.4015
Quarterly Medicaid PDPM:	1.2175	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2418	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,811,322	$4,210,443	$0	$825,174	$376,201	$209,076	$1,065,895		$124,533	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($208,031)	$23,221	$0	$0	$0	$0	($199,978)		($31,274)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$226,313		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$31,274
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,860,878	$4,233,664	$0	$825,174	$376,201	$209,076	$865,917	$226,313	$93,259	$31,274
8	Total Nursing Facility Days As Filed Days = 31,188	FY23 Audited C/R Days	31,188									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,188	FY23 GL-PL Ins Rpt Days								31,188		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$219.99	$135.75	$0.00	$26.46	$18.77	*(with L&H)*	$27.76	$7.26	$2.99	$1.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4347**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$94.62								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.62	$0.00	$26.46	$18.77		$27.76	$7.26	$2.99	$1.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.57	$94.62	$0.00	$26.46	$18.77		$27.76	$7.26	14.70 *(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	$190.57	$94.62	$0.00	$26.46	$18.77	$0.00	$27.76	$7.26	$14.70	$1.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2418**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$117.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$213.45	$117.50	$0.00	$26.46	$18.77	$0.00	$27.76	$7.26	$14.70	$1.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$6.46	$6.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$28.62	$10.52	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$242.07**	**$128.02**	**$0.00**	**$26.68**	**$19.18**	**$0.00**	**$45.23**	**$7.26**	**$14.70**	**$1.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **EARLY MEMORIAL NURSING FACILITY**
Prvdr ID: **00140874A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.73%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.40	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2850	1.4015
Quarterly Medicaid PDPM:	1.4732	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5026	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,881,851	$3,177,343	$0	$911,162	$129,014	$20,851	$383,955		$259,526	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($53,356)	$0	$0	$0	$8,856	$1,431	($63,643)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$57,027		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,885,522	$3,177,343	$0	$911,162	$137,870	$22,282	$320,312	$57,027	$259,526	$0
8	Total Nursing Facility Days As Filed Days = 32,478	FY23 Audited C/R Days	32,478									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,478	FY23 GL-PL Ins Rpt Days								32,478		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$150.42	$97.83	$0.00	$28.05	$4.93	*(with L&H)*	$9.86	$1.76	$7.99	$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2850**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$76.13								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.13	$0.00	$28.05	$4.93		$9.86	$1.76	$7.99	$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$133.67	$76.13	$0.00	$28.05	$4.93		$9.86	$1.76	12.94 *(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	$133.67	$76.13	$0.00	$28.05	$4.93	$0.00	$9.86	$1.76	$12.94	$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5026**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$114.39								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$171.93	$114.39	$0.00	$28.05	$4.93	$0.00	$9.86	$1.76	$12.94	$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)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$2.86	$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.29	$2.29								
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	$23.37	$5.68	$0.00	$0.22	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$195.30**	**$120.07**	**$0.00**	**$28.27**	**$4.93**	**$0.00**	**$27.33**	**$1.76**	**$12.94**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$133.65**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - LAKESIDE**
Prvdr ID: **00140885A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.23	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5096	1.4015
Quarterly Medicaid PDPM:	1.3989	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4269	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,883,006	$2,104,219	$0	$402,854	$268,430	$276,423	$752,839		$78,241	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($207,133)	$0	$0	$0	$0	$0	($158,885)		($48,248)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$158,885		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$48,248
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,883,006	$2,104,219	$0	$402,854	$268,430	$276,423	$593,954	$158,885	$29,993	$48,248
8	Total Nursing Facility Days As Filed Days = 19,576	FY23 Audited C/R Days	19,576									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,576	FY23 GL-PL Ins Rpt Days								19,576		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$198.35	$107.49	$0.00	$20.58	$27.83	*(with L&H)*	$30.34	$8.12	$1.53	$2.46
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5096**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$71.20								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$71.20	$0.00	$20.58	$27.83		$30.34	$8.12	$1.53	$2.46
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$171.34	$71.20	$0.00	$20.58	$27.83		$30.34	$8.12	10.81 *(FRV)*	$2.46
	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	$171.34	$71.20	$0.00	$20.58	$27.83	$0.00	$30.34	$8.12	$10.81	$2.46
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4269**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$101.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$201.74	$101.60	$0.00	$20.58	$27.83	$0.00	$30.34	$8.12	$10.81	$2.46
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.05	$3.05								
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	$22.70	$4.60	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$224.44**	**$106.20**	**$0.00**	**$20.80**	**$28.24**	**$0.00**	**$47.81**	**$8.12**	**$10.81**	**$2.46**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$155.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **EFFINGHAM CARE & REHABILITATION CENTER**
Prvdr ID: **00140907A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.44%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.80	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3285	1.4015
Quarterly Medicaid PDPM:	1.2748	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3003	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$11,271,776	$5,298,656	$0	$1,648,022	$374,525	$449,782	$3,058,553		$442,238	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($69,175)	$0	$0	$0	$0	$0	($43,815)		($25,360)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$43,815		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$25,360
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$11,271,776	$5,298,656	$0	$1,648,022	$374,525	$449,782	$3,014,738	$43,815	$416,878	$25,360
8	Total Nursing Facility Days As Filed Days = 30,376	FY23 Audited C/R Days	30,376									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,376	FY23 GL-PL Ins Rpt Days								30,376		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$371.07	$174.44	$0.00	$54.25	$27.14	*(with L&H)*	$99.25	$1.44	$13.72	$0.83
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3285**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$131.31								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$131.31	$0.00	$54.25	$27.14		$99.25	$1.44	$13.72	$0.83
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$241.66	$117.91	$0.00	$39.92	$27.14		$39.89	$1.44	14.53 *(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	$241.66	$117.91	$0.00	$39.92	$27.14	$0.00	$39.89	$1.44	$14.53	$0.83
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3003**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$153.32								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$277.07	$153.32	$0.00	$39.92	$27.14	$0.00	$39.89	$1.44	$14.53	$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)	$0.41	$0.00	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.83	$3.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.20	$9.20								
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	$30.54	$13.03	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$307.61**	**$166.35**	**$0.00**	**$39.92**	**$27.55**	**$0.00**	**$56.99**	**$1.44**	**$14.53**	**$0.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$217.88**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SOUTHERN PINES**
Prvdr ID: **00140918A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.50%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4746	1.4015
Quarterly Medicaid PDPM:	1.5906	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6224	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,078,253	$2,097,906	$0	$454,115	$302,230	$323,915	$735,466		$164,621	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($193,635)	$0	$0	$0	$0	$0	($122,196)		($71,439)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$113,485		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$71,439
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,069,542	$2,097,906	$0	$454,115	$302,230	$323,915	$613,270	$113,485	$93,182	$71,439
8	Total Nursing Facility Days As Filed Days = 18,256	FY23 Audited C/R Days	18,256									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,256	FY23 GL-PL Ins Rpt Days								18,256		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$222.91	$114.92	$0.00	$24.87	$34.30	*(with L&H)*	$33.59	$6.22	$5.10	$3.91
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4746**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$77.93								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.93	$0.00	$24.87	$34.30		$33.59	$6.22	$5.10	$3.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$221.03	$77.93	$0.00	$24.87	$33.35		$33.59	$6.22	41.16 *(FRV)*	$3.91
	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	$221.03	$77.93	$0.00	$24.87	$33.35	$0.00	$33.59	$6.22	$41.16	$3.91
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6224**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$126.43								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$269.53	$126.43	$0.00	$24.87	$33.35	$0.00	$33.59	$6.22	$41.16	$3.91
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.16	$3.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.79	$3.79								
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	$25.17	$7.48	$0.00	$0.22	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$294.70**	**$133.91**	**$0.00**	**$25.09**	**$33.35**	**$0.00**	**$51.06**	**$6.22**	**$41.16**	**$3.91**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$208.20**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **EMANUEL COUNTY NURSING HOME**
Prvdr ID: **00140929A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.83%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.71	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3680	1.4015
Quarterly Medicaid PDPM:	1.4950	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5249	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,218,158	$2,202,539	$0	$660,646	$334,561	$262,631	$657,564		$100,217	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($20,901)	$0	$0	$0	$0	$0	($20,901)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$20,901		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,218,158	$2,202,539	$0	$660,646	$334,561	$262,631	$636,663	$20,901	$100,217	$0
8	Total Nursing Facility Days As Filed Days = 16,103	FY23 Audited C/R Days	16,103									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,103	FY23 GL-PL Ins Rpt Days								16,103		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$261.96	$136.78	$0.00	$41.03	$37.09	*(with L&H)*	$39.54	$1.30	$6.22	$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3680**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$99.99								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.99	$0.00	$41.03	$37.09		$39.54	$1.30	$6.22	$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$233.39	$99.99	$0.00	$39.92	$33.35		$39.54	$1.30	19.29 *(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	$233.39	$99.99	$0.00	$39.92	$33.35	$0.00	$39.54	$1.30	$19.29	$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5249**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$152.47								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$285.87	$152.47	$0.00	$39.92	$33.35	$0.00	$39.54	$1.30	$19.29	$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)	$0.79	$0.53	$0.00	$0.00	$0.00	$0.00	$0.26		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.52	$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.57	$4.57								
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	$23.98	$6.62	$0.00	$0.00	$0.00	$0.00	$17.36	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$309.85**	**$159.09**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$56.90**	**$1.30**	**$19.29**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$219.56**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - BLUE RIDGE**
Prvdr ID: **00140973A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.13%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.67	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4435	1.4015
Quarterly Medicaid PDPM:	1.5301	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5607	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,506,438	$3,014,161	$0	$413,018	$254,842	$433,026	$1,109,648		$281,743	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($390,877)	($348,430)	$0	$0	$0	$0	($12,644)		($29,803)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$366,076		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$27,940
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,509,577	$2,665,731	$0	$413,018	$254,842	$433,026	$1,097,004	$366,076	$251,940	$27,940
8	Total Nursing Facility Days As Filed Days = 20,726	FY23 Audited C/R Days	20,726									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,726	FY23 GL-PL Ins Rpt Days								20,726		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$265.84	$128.62	$0.00	$19.93	$33.19	*(with L&H)*	$52.93	$17.66	$12.16	$1.35
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4435**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$89.10								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.10	$0.00	$19.93	$33.19		$52.93	$17.66	$12.16	$1.35
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$212.71	$89.10	$0.00	$19.93	$33.19		$39.89	$17.66	11.59 *(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	$212.71	$89.10	$0.00	$19.93	$33.19	$0.00	$39.89	$17.66	$11.59	$1.35
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5607**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$139.06								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$262.67	$139.06	$0.00	$19.93	$33.19	$0.00	$39.89	$17.66	$11.59	$1.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.87	$0.53	$0.00	$0.22	$0.12	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.39	$1.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.95	$6.95								
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	$26.31	$8.87	$0.00	$0.22	$0.12	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$288.98**	**$147.93**	**$0.00**	**$20.15**	**$33.31**	**$0.00**	**$56.99**	**$17.66**	**$11.59**	**$1.35**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.91**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FIFTH AVENUE HEALTH CARE**
Prvdr ID: **00140984A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.58%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.42	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3176	1.4015
Quarterly Medicaid PDPM:	1.3609	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3881	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,848,849	$2,945,011	$0	$589,228	$442,685	$339,682	$953,678		$578,565	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($160,805)	$0	$0	$0	$2,947	$3,510	($133,071)		($34,191)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$127,435		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$38,821
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,854,300	$2,945,011	$0	$589,228	$445,632	$343,192	$820,607	$127,435	$544,374	$38,821
8	Total Nursing Facility Days As Filed Days = 19,452	FY23 Audited C/R Days	19,452									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,452	FY23 GL-PL Ins Rpt Days								19,452		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$300.97	$151.40	$0.00	$30.29	$40.55	*(with L&H)*	$42.19	$6.55	$27.99	$2.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3176**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$114.90								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$114.90	$0.00	$30.29	$40.55		$42.19	$6.55	$27.99	$2.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$240.99	$114.90	$0.00	$30.29	$33.35		$39.89	$6.55	14.01 *(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	$240.99	$114.90	$0.00	$30.29	$33.35	$0.00	$39.89	$6.55	$14.01	$2.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3881**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$159.49								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$285.58	$159.49	$0.00	$30.29	$33.35	$0.00	$39.89	$6.55	$14.01	$2.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.99	$3.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$26.62	$9.30	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$312.20**	**$168.79**	**$0.00**	**$30.51**	**$33.35**	**$0.00**	**$56.99**	**$6.55**	**$14.01**	**$2.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$221.33**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - FITZGERALD**
Prvdr ID: **00140995A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.77%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.27	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3677	1.4015
Quarterly Medicaid PDPM:	1.4940	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5239	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,904,504	$2,586,382	$0	$438,458	$289,487	$325,124	$943,022		$322,031	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($297,938)	($239,177)	$0	$0	$0	$0	($30,492)		($28,269)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$283,459		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$27,785
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,917,810	$2,347,205	$0	$438,458	$289,487	$325,124	$912,530	$283,459	$293,762	$27,785
8	Total Nursing Facility Days As Filed Days = 24,621	FY23 Audited C/R Days	24,621									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,621	FY23 GL-PL Ins Rpt Days								24,621		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$199.73	$95.33	$0.00	$17.81	$24.96	*(with L&H)*	$37.06	$11.51	$11.93	$1.13
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3677**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$69.70								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$69.70	$0.00	$17.81	$24.96		$37.06	$11.51	$11.93	$1.13
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$176.89	$69.70	$0.00	$17.81	$24.96		$37.06	$11.51	14.72 *(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	$176.89	$69.70	$0.00	$17.81	$24.96	$0.00	$37.06	$11.51	$14.72	$1.13
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5239**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$106.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$213.41	$106.22	$0.00	$17.81	$24.96	$0.00	$37.06	$11.51	$14.72	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.66	$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.37	$6.37								
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	$27.66	$9.56	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$241.07**	**$115.78**	**$0.00**	**$18.03**	**$25.37**	**$0.00**	**$54.53**	**$11.51**	**$14.72**	**$1.13**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$167.98**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FOLKSTON PARK CARE AND REHABILITATION CENTER**
Prvdr ID: **00141006A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	41.67%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.84	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2687	1.4015
Quarterly Medicaid PDPM:	1.2935	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3194	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,432,645	$3,018,559	$0	$571,366	$212,212	$282,061	$980,317		$368,130	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($429,532)	($81,058)	$0	($3,761)	($107)	$1,458	($314,171)		($31,893)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$67,978		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$26,730
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,097,821	$2,937,501	$0	$567,605	$212,105	$283,519	$666,146	$67,978	$336,237	$26,730
8	Total Nursing Facility Days As Filed Days = 27,161	FY23 Audited C/R Days	27,152									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,161	FY23 GL-PL Ins Rpt Days								27,152		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$187.73	$108.19	$0.00	$20.90	$18.25	*(with L&H)*	$24.53	$2.50	$12.38	$0.98
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2687**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$85.28								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.28	$0.00	$20.90	$18.25		$24.53	$2.50	$12.38	$0.98
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$163.57	$85.28	$0.00	$20.90	$18.25		$24.53	$2.50	11.13 *(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	$163.57	$85.28	$0.00	$20.90	$18.25	$0.00	$24.53	$2.50	$11.13	$0.98
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3194**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$112.52								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$190.81	$112.52	$0.00	$20.90	$18.25	$0.00	$24.53	$2.50	$11.13	$0.98
	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 = 2.5% (to Routine Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$214.50**	**$118.11**	**$0.00**	**$21.12**	**$18.66**	**$0.00**	**$42.00**	**$2.50**	**$11.13**	**$0.98**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$148.05**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - FORSYTH**
Prvdr ID: **00141017A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.82%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.01	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5578	1.4015
Quarterly Medicaid PDPM:	1.4582	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4874	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,126,887	$2,377,166	$0	$356,936	$173,996	$255,148	$837,574		$126,067	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($257,014)	($187,446)	$0	$0	$0	($870)	($40,361)		($28,337)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$260,109		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$25,356
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,155,338	$2,189,720	$0	$356,936	$173,996	$254,278	$797,213	$260,109	$97,730	$25,356
8	Total Nursing Facility Days As Filed Days = 19,431	FY23 Audited C/R Days	19,431									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,431	FY23 GL-PL Ins Rpt Days								19,431		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$213.85	$112.69	$0.00	$18.37	$22.04	*(with L&H)*	$41.03	$13.39	$5.03	$1.30
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5578**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$72.34								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.34	$0.00	$18.37	$22.04		$41.03	$13.39	$5.03	$1.30
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.46	$72.34	$0.00	$18.37	$22.04		$39.89	$13.39	11.13 *(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	$178.46	$72.34	$0.00	$18.37	$22.04	$0.00	$39.89	$13.39	$11.13	$1.30
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4874**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$107.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$213.72	$107.60	$0.00	$18.37	$22.04	$0.00	$39.89	$13.39	$11.13	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$5.38	$5.38								
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	$24.72	$6.99	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$238.44**	**$114.59**	**$0.00**	**$18.59**	**$22.45**	**$0.00**	**$56.99**	**$13.39**	**$11.13**	**$1.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$166.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FORT VALLEY HEALTH AND REHAB**
Prvdr ID: **00141028A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	12.90%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	5.10	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4581	1.4015
Quarterly Medicaid PDPM:	1.6190	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6514	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,019,701	$2,199,281	$0	$420,613	$189,068	$204,188	$1,329,906		$676,645	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($123,645)	($31,367)	$0	($1,147)	$0	$9,448	($57,807)		($42,772)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$42,966		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$42,772
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,981,794	$2,167,914	$0	$419,466	$189,068	$213,636	$1,272,099	$42,966	$633,873	$42,772
8	Total Nursing Facility Days As Filed Days = 18,148	FY23 Audited C/R Days	18,148									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,148	FY23 GL-PL Ins Rpt Days								18,148		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$274.52	$119.46	$0.00	$23.11	$22.19	*(with L&H)*	$70.10	$2.37	$34.93	$2.36
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4581**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.93								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.93	$0.00	$23.11	$22.19		$70.10	$2.37	$34.93	$2.36
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$183.77	$81.93	$0.00	$23.11	$22.19		$39.89	$2.37	11.92 *(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	$183.77	$81.93	$0.00	$23.11	$22.19	$0.00	$39.89	$2.37	$11.92	$2.36
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6514**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$135.30								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$237.14	$135.30	$0.00	$23.11	$22.19	$0.00	$39.89	$2.37	$11.92	$2.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$4.06	$4.06								
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	$22.32	$4.59	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$259.46**	**$139.89**	**$0.00**	**$23.33**	**$22.60**	**$0.00**	**$56.99**	**$2.37**	**$11.92**	**$2.36**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.77**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - FRANKLIN**
Prvdr ID: **00141039A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.37%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3557	1.4015
Quarterly Medicaid PDPM:	1.3344	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3611	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,603,511	$2,318,944	$0	$469,545	$191,509	$320,368	$868,661		$434,484	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($250,536)	($38,398)	$0	$0	$0	$0	($168,837)		($43,301)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$282,128		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$42,800
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,677,903	$2,280,546	$0	$469,545	$191,509	$320,368	$699,824	$282,128	$391,183	$42,800
8	Total Nursing Facility Days As Filed Days = 18,690	FY23 Audited C/R Days	18,690									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,690	FY23 GL-PL Ins Rpt Days								18,690		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$250.29	$122.02	$0.00	$25.12	$27.39	*(with L&H)*	$37.44	$15.10	$20.93	$2.29
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3557**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.00								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.00	$0.00	$25.12	$27.39		$37.44	$15.10	$20.93	$2.29
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.86	$90.00	$0.00	$25.12	$27.39		$37.44	$15.10	13.52 *(FRV)*	$2.29
	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	$210.86	$90.00	$0.00	$25.12	$27.39	$0.00	$37.44	$15.10	$13.52	$2.29
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3611**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$122.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$243.36	$122.50	$0.00	$25.12	$27.39	$0.00	$37.44	$15.10	$13.52	$2.29
	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 Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$269.35**	**$130.39**	**$0.00**	**$25.34**	**$27.80**	**$0.00**	**$54.91**	**$15.10**	**$13.52**	**$2.29**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.19**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **NEW HORIZONS LANIER PARK**
Prvdr ID: **00141072A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.83%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.91	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4961	1.4015
Quarterly Medicaid PDPM:	1.4402	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4690	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,058,241	$6,775,368	$0	$1,621,479	$666,878	$1,197,411	$1,519,342		$1,277,763	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($100,452)	($243,124)	$0	$0	($1,438)	($2,582)	$174,360		($27,668)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$33,972		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$12,991,761	$6,532,244	$0	$1,621,479	$665,440	$1,194,829	$1,693,702	$33,972	$1,250,095	$0
8	Total Nursing Facility Days As Filed Days = 37,090	FY23 Audited C/R Days	37,129									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,090	FY23 GL-PL Ins Rpt Days								37,129		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$349.90	$175.93	$0.00	$43.67	$50.10	*(with L&H)*	$45.62	$0.91	$33.67	$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4961**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$117.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$117.59	$0.00	$43.67	$50.10		$45.62	$0.91	$33.67	$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$255.65	$117.59	$0.00	$39.92	$33.35		$39.89	$0.91	23.99 *(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	$255.65	$117.59	$0.00	$39.92	$33.35	$0.00	$39.89	$0.91	$23.99	$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4690**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$172.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$310.80	$172.74	$0.00	$39.92	$33.35	$0.00	$39.89	$0.91	$23.99	$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)	$0.24	$0.24	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.73	$1.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.18	$5.18								
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	$7.15	$7.15	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$317.95**	**$179.89**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$39.89**	**$0.91**	**$23.99**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$238.46**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **DOUGLASVILLE NURSING AND REHABILITATION CENTER**
Prvdr ID: **00141083A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.81%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.72	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5870	1.4015
Quarterly Medicaid PDPM:	1.6095	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6417	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$17,517,995	$11,200,606	$0	$1,503,141	$694,787	$778,999	$2,586,909		$753,553	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($320,691)	($7,686)	$0	($11,572)	$0	$18,304	($170,795)		($148,942)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$116,757		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$148,942
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$17,463,003	$11,192,920	$0	$1,491,569	$694,787	$797,303	$2,416,114	$116,757	$604,611	$148,942
8	Total Nursing Facility Days As Filed Days = 70,587	FY23 Audited C/R Days	70,587									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 70,587	FY23 GL-PL Ins Rpt Days								70,587		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.40	$158.57	$0.00	$21.13	$21.14	*(with L&H)*	$34.23	$1.65	$8.57	$2.11
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5870**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$99.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.92	$0.00	$21.13	$21.14		$34.23	$1.65	$8.57	$2.11
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.86	$99.92	$0.00	$21.13	$21.14		$34.23	$1.65	16.68 *(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	$196.86	$99.92	$0.00	$21.13	$21.14	$0.00	$34.23	$1.65	$16.68	$2.11
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6417**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$164.04								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$260.98	$164.04	$0.00	$21.13	$21.14	$0.00	$34.23	$1.65	$16.68	$2.11
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.10	$4.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.28	$3.28								
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	$26.01	$7.91	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$286.99**	**$171.95**	**$0.00**	**$21.35**	**$21.55**	**$0.00**	**$51.70**	**$1.65**	**$16.68**	**$2.11**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.42**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GIBSON HEALTH OPCO LLC**
Prvdr ID: **00141116A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.29%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.36	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3353	1.4015
Quarterly Medicaid PDPM:	1.2971	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3231	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,834,941	$2,390,843	$0	$542,899	$209,392	$272,077	$976,096		$443,634	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($110,983)	($1,443)	$0	$0	$0	$1,443	($54,080)		($56,903)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$54,080		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$56,903
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,834,941	$2,389,400	$0	$542,899	$209,392	$273,520	$922,016	$54,080	$386,731	$56,903
8	Total Nursing Facility Days As Filed Days = 19,596	FY23 Audited C/R Days	19,596									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,596	FY23 GL-PL Ins Rpt Days								19,596		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$246.72	$121.93	$0.00	$27.70	$24.64	*(with L&H)*	$47.05	$2.76	$19.74	$2.90
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3353**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$91.31								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.31	$0.00	$27.70	$24.64		$47.05	$2.76	$19.74	$2.90
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$202.39	$91.31	$0.00	$27.70	$24.64		$39.89	$2.76	13.19 *(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	$202.39	$91.31	$0.00	$27.70	$24.64	$0.00	$39.89	$2.76	$13.19	$2.90
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3231**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$120.81								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.89	$120.81	$0.00	$27.70	$24.64	$0.00	$39.89	$2.76	$13.19	$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 Srvs)	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 Srvcs)	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	$27.32	$9.59	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$259.21**	**$130.40**	**$0.00**	**$27.92**	**$25.05**	**$0.00**	**$56.99**	**$2.76**	**$13.19**	**$2.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PARKSIDE CENTER FOR NURSING AND REHAB AT ELLIJAY**
Prvdr ID: **00141127A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	14.63%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	5.77	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.8046	1.4015
Quarterly Medicaid PDPM:	1.5593	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5905	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,780,766	$5,208,628	$0	$874,945	$395,921	$626,887	$2,631,736		$1,042,649	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($1,364,856)	($684,891)	$0	($13,570)	$5,212	$5,602	($653,417)		($23,792)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$107,233		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$27,109
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,550,252	$4,523,737	$0	$861,375	$401,133	$632,489	$1,978,319	$107,233	$1,018,857	$27,109
8	Total Nursing Facility Days As Filed Days = 33,690	FY23 Audited C/R Days	33,703									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,690	FY23 GL-PL Ins Rpt Days								33,703		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$283.36	$134.22	$0.00	$25.56	$30.67	*(with L&H)*	$58.70	$3.18	$30.23	$0.80
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.8046**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$74.38								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$74.38	$0.00	$25.56	$30.67		$58.70	$3.18	$30.23	$0.80
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.92	$74.38	$0.00	$25.56	$30.67		$39.89	$3.18	21.44 *(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	$195.92	$74.38	$0.00	$25.56	$30.67	$0.00	$39.89	$3.18	$21.44	$0.80
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5905**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$118.30								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$239.84	$118.30	$0.00	$25.56	$30.67	$0.00	$39.89	$3.18	$21.44	$0.80
	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 = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$5.92	$5.92								
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	$24.18	$6.45	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$264.02**	**$124.75**	**$0.00**	**$25.78**	**$31.08**	**$0.00**	**$56.99**	**$3.18**	**$21.44**	**$0.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$185.19**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **COMFORT CREEK NURSING AND REHABILITATION CENTER**
Prvdr ID: **00141138A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.67%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.70	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2952	1.4015
Quarterly Medicaid PDPM:	1.3231	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3496	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,863,170	$3,177,403	$0	$439,986	$280,073	$256,458	$927,444		$781,806	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($285,955)	($48,635)	$0	($895)	$0	$3,638	($190,044)		($50,019)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$84,324		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$50,019
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,711,558	$3,128,768	$0	$439,091	$280,073	$260,096	$737,400	$84,324	$731,787	$50,019
8	Total Nursing Facility Days As Filed Days = 31,819	FY23 Audited C/R Days	31,819									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,819	FY23 GL-PL Ins Rpt Days								31,819		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$179.50	$98.33	$0.00	$13.80	$16.98	*(with L&H)*	$23.17	$2.65	$23.00	$1.57
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2952**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$75.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.92	$0.00	$13.80	$16.98		$23.17	$2.65	$23.00	$1.57
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$145.17	$75.92	$0.00	$13.80	$16.98		$23.17	$2.65	11.08 *(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	$145.17	$75.92	$0.00	$13.80	$16.98	$0.00	$23.17	$2.65	$11.08	$1.57
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3496**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$102.46								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$171.71	$102.46	$0.00	$13.80	$16.98	$0.00	$23.17	$2.65	$11.08	$1.57
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.07	$3.07								
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	$21.70	$3.60	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$193.41**	**$106.06**	**$0.00**	**$14.02**	**$17.39**	**$0.00**	**$40.64**	**$2.65**	**$11.08**	**$1.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$132.23**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ARCHBOLD LIVING THOMASVILLE**
Prvdr ID: **00141149A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.74%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.40	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3569	1.4015
Quarterly Medicaid PDPM:	1.3036	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3297	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,043,653	$3,679,691	$0	$488,957	$438,015	$406,205	$1,431,625		$599,160	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($57,407)	$0	$0	$0	($7,116)	($6,599)	($34,415)		($9,277)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$34,415		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$9,127
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,029,788	$3,679,691	$0	$488,957	$430,899	$399,606	$1,397,210	$34,415	$589,883	$9,127
8	Total Nursing Facility Days As Filed Days = 18,787	FY23 Audited C/R Days	18,787									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,787	FY23 GL-PL Ins Rpt Days								18,787		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$374.19	$195.86	$0.00	$26.03	$44.21	*(with L&H)*	$74.37	$1.83	$31.40	$0.49
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3569**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$144.34								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$144.34	$0.00	$26.03	$44.21		$74.37	$1.83	$31.40	$0.49
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$232.12	$117.91	$0.00	$26.03	$33.35		$39.89	$1.83	12.62 *(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	$232.12	$117.91	$0.00	$26.03	$33.35	$0.00	$39.89	$1.83	$12.62	$0.49
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3297**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$156.78								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$270.99	$156.78	$0.00	$26.03	$33.35	$0.00	$39.89	$1.83	$12.62	$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)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.92	$3.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.14	$3.14								
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	$24.38	$7.06	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$295.37**	**$163.84**	**$0.00**	**$26.25**	**$33.35**	**$0.00**	**$56.99**	**$1.83**	**$12.62**	**$0.49**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$208.70**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GLENVUE HEALTH & REHAB**
Prvdr ID: **00141171A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.61%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.26	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3930	1.4015
Quarterly Medicaid PDPM:	1.4980	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5280	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,292,373	$3,204,032	$0	$748,291	$314,887	$313,277	$1,216,728		$495,158	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($255,738)	($29,028)	$0	$0	$0	$0	($143,688)		($83,022)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$179,299		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$83,022
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,298,956	$3,175,004	$0	$748,291	$314,887	$313,277	$1,073,040	$179,299	$412,136	$83,022
8	Total Nursing Facility Days As Filed Days = 29,760	FY23 Audited C/R Days	29,760									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,760	FY23 GL-PL Ins Rpt Days								29,760		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$211.66	$106.69	$0.00	$25.14	$21.11	*(with L&H)*	$36.06	$6.02	$13.85	$2.79
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3930**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$76.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.59	$0.00	$25.14	$21.11		$36.06	$6.02	$13.85	$2.79
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$179.78	$76.59	$0.00	$25.14	$21.11		$36.06	$6.02	12.07 *(FRV)*	$2.79
	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	$179.78	$76.59	$0.00	$25.14	$21.11	$0.00	$36.06	$6.02	$12.07	$2.79
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5280**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$117.03								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$220.22	$117.03	$0.00	$25.14	$21.11	$0.00	$36.06	$6.02	$12.07	$2.79
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.51	$3.51								
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	$22.14	$4.04	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$242.36**	**$121.07**	**$0.00**	**$25.36**	**$21.52**	**$0.00**	**$53.53**	**$6.02**	**$12.07**	**$2.79**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.95**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GRACEMORE NURSING AND REHAB**
Prvdr ID: **00141182A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.46	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3850	1.4015
Quarterly Medicaid PDPM:	1.3920	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4198	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,951,666	$2,175,642	$0	$476,413	$271,575	$271,925	$686,553		$69,558	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($96,839)	($975)	$0	$0	$0	($5)	($70,143)		($25,716)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$64,003		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$25,716
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,944,546	$2,174,667	$0	$476,413	$271,575	$271,920	$616,410	$64,003	$43,842	$25,716
8	Total Nursing Facility Days As Filed Days = 14,431	FY23 Audited C/R Days	14,431									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,431	FY23 GL-PL Ins Rpt Days								14,431		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$273.33	$150.69	$0.00	$33.01	$37.66	*(with L&H)*	$42.71	$4.44	$3.04	$1.78
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3850**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$108.80								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$108.80	$0.00	$33.01	$37.66		$42.71	$4.44	$3.04	$1.78
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$229.82	$108.80	$0.00	$31.48	$33.35		$39.89	$4.44	10.08 *(FRV)*	$1.78
	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	$229.82	$108.80	$0.00	$31.48	$33.35	$0.00	$39.89	$4.44	$10.08	$1.78
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4198**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$154.47								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$275.49	$154.47	$0.00	$31.48	$33.35	$0.00	$39.89	$4.44	$10.08	$1.78
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.86	$3.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.72	$7.72								
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	$29.21	$12.11	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$304.70**	**$166.58**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$56.99**	**$4.44**	**$10.08**	**$1.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$215.70**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - GRANDVIEW**
Prvdr ID: **00141215A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.03	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4631	1.4015
Quarterly Medicaid PDPM:	1.5112	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5414	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,092,974	$2,626,947	$0	$541,246	$249,120	$379,146	$948,513		$348,002	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($254,647)	$10,244	$0	$0	$0	$0	($204,850)		($60,041)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$260,748		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$59,506
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,158,581	$2,637,191	$0	$541,246	$249,120	$379,146	$743,663	$260,748	$287,961	$59,506
8	Total Nursing Facility Days As Filed Days = 21,594	FY23 Audited C/R Days	21,594									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,594	FY23 GL-PL Ins Rpt Days								21,594		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$238.90	$122.13	$0.00	$25.06	$29.09	*(with L&H)*	$34.44	$12.08	$13.34	$2.76
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4631**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.47								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.47	$0.00	$25.06	$29.09		$34.44	$12.08	$13.34	$2.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.73	$83.47	$0.00	$25.06	$29.09		$34.44	$12.08	13.83 *(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	$200.73	$83.47	$0.00	$25.06	$29.09	$0.00	$34.44	$12.08	$13.83	$2.76
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5414**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$128.66								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$245.92	$128.66	$0.00	$25.06	$29.09	$0.00	$34.44	$12.08	$13.83	$2.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.22	$3.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.43	$6.43								
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	$28.28	$10.18	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$274.20**	**$138.84**	**$0.00**	**$25.28**	**$29.50**	**$0.00**	**$51.91**	**$12.08**	**$13.83**	**$2.76**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.83**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **JASPER POINT OF JOURNEY LLC**
Prvdr ID: **00141226A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.64%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.59	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5227	1.4015
Quarterly Medicaid PDPM:	1.7905	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8263	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,453,515	$3,334,338	$0	$495,865	$385,177	$146,278	$707,764		$1,384,093	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($114,479)	($166,816)	$0	$233	$20,574	$7,416	$87,486		($63,372)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$62,594		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$54,745
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,456,375	$3,167,522	$0	$496,098	$405,751	$153,694	$795,250	$62,594	$1,320,721	$54,745
8	Total Nursing Facility Days As Filed Days = 19,185	FY23 Audited C/R Days	19,185									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,185	FY23 GL-PL Ins Rpt Days								19,185		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$336.52	$165.10	$0.00	$25.86	$29.16	*(with L&H)*	$41.45	$3.26	$68.84	$2.85
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5227**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$108.42								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$108.42	$0.00	$25.86	$29.16		$41.45	$3.26	$68.84	$2.85
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$224.17	$108.42	$0.00	$25.86	$29.16		$39.89	$3.26	14.73 *(FRV)*	$2.85
	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	$224.17	$108.42	$0.00	$25.86	$29.16	$0.00	$39.89	$3.26	$14.73	$2.85
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8263**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$198.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$313.76	$198.01	$0.00	$25.86	$29.16	$0.00	$39.89	$3.26	$14.73	$2.85
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.98	$1.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.96	$3.96								
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	$24.20	$6.47	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$337.96**	**$204.48**	**$0.00**	**$26.08**	**$29.57**	**$0.00**	**$56.99**	**$3.26**	**$14.73**	**$2.85**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$240.65**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **AZALEALAND NURSING HOME**
Prvdr ID: **00141237A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	41.46%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.23	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5397	1.4015
Quarterly Medicaid PDPM:	1.4876	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5173	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,849,850	$3,729,927	$0	$1,078,677	$375,717	$353,342	$1,372,371		$939,816	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($220,653)	$0	$0	($3,625)	$0	$3,625	($118,233)		($102,420)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$143,391		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$102,420
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,875,008	$3,729,927	$0	$1,075,052	$375,717	$356,967	$1,254,138	$143,391	$837,396	$102,420
8	Total Nursing Facility Days As Filed Days = 28,828	FY23 Audited C/R Days	28,828									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,828	FY23 GL-PL Ins Rpt Days								28,828		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$273.17	$129.39	$0.00	$37.29	$25.42	*(with L&H)*	$43.50	$4.97	$29.05	$3.55
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5397**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$84.03								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.03	$0.00	$37.29	$25.42		$43.50	$4.97	$29.05	$3.55
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.02	$84.03	$0.00	$31.48	$25.42		$39.89	$4.97	20.68 *(FRV)*	$3.55
	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	$210.02	$84.03	$0.00	$31.48	$25.42	$0.00	$39.89	$4.97	$20.68	$3.55
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5173**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$253.49	$127.50	$0.00	$31.48	$25.42	$0.00	$39.89	$4.97	$20.68	$3.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.38	$6.38								
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	$27.61	$10.10	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$281.10**	**$137.60**	**$0.00**	**$31.48**	**$25.83**	**$0.00**	**$56.99**	**$4.97**	**$20.68**	**$3.55**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$198.00**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ROSWELL NURSING & REHAB CENTER**
Prvdr ID: **00141248A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.19%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.53	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4377	1.4015
Quarterly Medicaid PDPM:	1.5228	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5533	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$18,707,951	$10,067,149	$0	$1,408,283	$651,214	$867,078	$2,696,264		$3,017,963	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($268,416)	($223,631)	$0	$0	$0	$0	$143,169		($187,954)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$54,116		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$187,954
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$18,681,605	$9,843,518	$0	$1,408,283	$651,214	$867,078	$2,839,433	$54,116	$2,830,009	$187,954
8	Total Nursing Facility Days As Filed Days = 68,527	FY23 Audited C/R Days	68,527									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,527	FY23 GL-PL Ins Rpt Days								68,527		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$272.62	$143.64	$0.00	$20.55	$22.16	*(with L&H)*	$41.44	$0.79	$41.30	$2.74
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4377**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$99.91								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.91	$0.00	$20.55	$22.16		$41.44	$0.79	$41.30	$2.74
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$198.42	$99.91	$0.00	$20.55	$22.16		$39.89	$0.79	12.38 *(FRV)*	$2.74
	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	$198.42	$99.91	$0.00	$20.55	$22.16	$0.00	$39.89	$0.79	$12.38	$2.74
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5533**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$155.19								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$253.70	$155.19	$0.00	$20.55	$22.16	$0.00	$39.89	$0.79	$12.38	$2.74
	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 = 1.0% (to Routine Srvs)	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 Srvcs)	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	$24.47	$6.74	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$278.17**	**$161.93**	**$0.00**	**$20.77**	**$22.57**	**$0.00**	**$56.99**	**$0.79**	**$12.38**	**$2.74**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.80**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **DUBLIN TRAILS OF JOURNEY LLC**
Prvdr ID: **00141281A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	12.05%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.81	1.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4559	1.4015
Quarterly Medicaid PDPM:	1.5927	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6245	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,976,080	$3,061,986	$0	$658,734	$237,849	$227,275	$1,557,018		$1,233,218	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($275,803)	($23,834)	$0	($4,318)	($93)	($25,471)	($197,268)		($24,819)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$187,035		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$24,919
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,912,231	$3,038,152	$0	$654,416	$237,756	$201,804	$1,359,750	$187,035	$1,208,399	$24,919
8	Total Nursing Facility Days As Filed Days = 26,549	FY23 Audited C/R Days	26,549									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,549	FY23 GL-PL Ins Rpt Days								26,549		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$260.37	$114.44	$0.00	$24.65	$16.56	*(with L&H)*	$51.22	$7.04	$45.52	$0.94
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4559**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$78.60								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.60	$0.00	$24.65	$16.56		$51.22	$7.04	$45.52	$0.94
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.28	$78.60	$0.00	$24.65	$16.56		$39.89	$7.04	10.60 *(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	$178.28	$78.60	$0.00	$24.65	$16.56	$0.00	$39.89	$7.04	$10.60	$0.94
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6245**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.69								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.37	$127.69	$0.00	$24.65	$16.56	$0.00	$39.89	$7.04	$10.60	$0.94
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.00	$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.28	$1.28								
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	$19.54	$1.81	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$246.91**	**$129.50**	**$0.00**	**$24.87**	**$16.97**	**$0.00**	**$56.99**	**$7.04**	**$10.60**	**$0.94**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$172.36**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **NEW HORIZONS HABERSHAM**
Prvdr ID: **00141292A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.53%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2834	1.4015
Quarterly Medicaid PDPM:	1.2730	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2984	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,593,184	$3,809,640	$0	$1,435,869	$392,774	$439,584	$874,029		$641,288	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($178,748)	($247,433)	$0	$0	($4,159)	($4,654)	$156,314		($78,816)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$91,119		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$77,981
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,583,536	$3,562,207	$0	$1,435,869	$388,615	$434,930	$1,030,343	$91,119	$562,472	$77,981
8	Total Nursing Facility Days As Filed Days = 26,117	FY23 Audited C/R Days	26,117									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,117	FY23 GL-PL Ins Rpt Days								26,117		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$290.37	$136.39	$0.00	$54.98	$31.53	*(with L&H)*	$39.45	$3.49	$21.54	$2.99
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2834**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$106.27								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$106.27	$0.00	$54.98	$31.53		$39.45	$3.49	$21.54	$2.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$235.67	$106.27	$0.00	$39.92	$31.53		$39.45	$3.49	12.02 *(FRV)*	$2.99
	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	$235.67	$106.27	$0.00	$39.92	$31.53	$0.00	$39.45	$3.49	$12.02	$2.99
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2984**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.98								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$267.38	$137.98	$0.00	$39.92	$31.53	$0.00	$39.45	$3.49	$12.02	$2.99
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.27	$0.53	$0.00	$0.00	$0.41	$0.00	$0.33		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.38	$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.76	$2.76								
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	$22.51	$4.67	$0.00	$0.00	$0.41	$0.00	$17.43	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$289.89**	**$142.65**	**$0.00**	**$39.92**	**$31.94**	**$0.00**	**$56.88**	**$3.49**	**$12.02**	**$2.99**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.59**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WARNER ROBINS REHABILITATION CENTER**
Prvdr ID: **00141303A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.67%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.42	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3824	1.4015
Quarterly Medicaid PDPM:	1.4152	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4435	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,646,202	$4,277,258	$0	$613,110	$327,308	$294,135	$1,392,400		$741,991	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($441,652)	($54,439)	$0	($356)	$6,739	$6,857	($274,795)		($125,658)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$293,204		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$131,045
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,628,799	$4,222,819	$0	$612,754	$334,047	$300,992	$1,117,605	$293,204	$616,333	$131,045
8	Total Nursing Facility Days As Filed Days = 39,586	FY23 Audited C/R Days	39,586									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,586	FY23 GL-PL Ins Rpt Days								39,586		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$192.71	$106.67	$0.00	$15.48	$16.04	*(with L&H)*	$28.23	$7.41	$15.57	$3.31
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3824**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$77.16								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.16	$0.00	$15.48	$16.04		$28.23	$7.41	$15.57	$3.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$162.34	$77.16	$0.00	$15.48	$16.04		$28.23	$7.41	14.71 *(FRV)*	$3.31
	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	$162.34	$77.16	$0.00	$15.48	$16.04	$0.00	$28.23	$7.41	$14.71	$3.31
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4435**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$111.38								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$196.56	$111.38	$0.00	$15.48	$16.04	$0.00	$28.23	$7.41	$14.71	$3.31
	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 = 1.0% (to Routine Srvs)	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 Srvcs)	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	$25.31	$7.21	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$221.87**	**$118.59**	**$0.00**	**$15.70**	**$16.45**	**$0.00**	**$45.70**	**$7.41**	**$14.71**	**$3.31**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$153.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARALSON NSG & REHAB CENTER**
Prvdr ID: **00141325A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.64%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.38	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3411	1.4015
Quarterly Medicaid PDPM:	1.4815	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5111	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,446,398	$4,387,998	$0	$792,684	$348,049	$343,529	$1,323,555		$1,250,583	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($72,726)	($164,731)	$0	$0	$0	$1,005	$127,681		($36,681)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$24,231		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$36,681
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,434,584	$4,223,267	$0	$792,684	$348,049	$344,534	$1,451,236	$24,231	$1,213,902	$36,681
8	Total Nursing Facility Days As Filed Days = 37,515	FY23 Audited C/R Days	37,515									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,515	FY23 GL-PL Ins Rpt Days								37,515		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$224.84	$112.58	$0.00	$21.13	$18.46	*(with L&H)*	$38.68	$0.65	$32.36	$0.98
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3411**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.95								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.95	$0.00	$21.13	$18.46		$38.68	$0.65	$32.36	$0.98
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$175.21	$83.95	$0.00	$21.13	$18.46		$38.68	$0.65	11.36 *(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	$175.21	$83.95	$0.00	$21.13	$18.46	$0.00	$38.68	$0.65	$11.36	$0.98
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5111**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$126.86								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$218.12	$126.86	$0.00	$21.13	$18.46	$0.00	$38.68	$0.65	$11.36	$0.98
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.27	$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.54	$2.54								
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	$22.44	$4.34	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$240.56**	**$131.20**	**$0.00**	**$21.35**	**$18.87**	**$0.00**	**$56.15**	**$0.65**	**$11.36**	**$0.98**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$167.60**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **NANCY HART OPERATION LLC**
Prvdr ID: **00141336A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.33%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.85	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3180	1.4015
Quarterly Medicaid PDPM:	1.7310	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7656	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,590,777	$2,560,629	$0	$517,143	$214,831	$252,773	$804,738		$240,663	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($146,352)	($73,036)	$0	$0	$0	$1,965	($30,422)		($44,859)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$78,676		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$44,859
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,567,960	$2,487,593	$0	$517,143	$214,831	$254,738	$774,316	$78,676	$195,804	$44,859
8	Total Nursing Facility Days As Filed Days = 21,649	FY23 Audited C/R Days	21,649									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,649	FY23 GL-PL Ins Rpt Days								21,649		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$211.00	$114.91	$0.00	$23.89	$21.69	*(with L&H)*	$35.77	$3.63	$9.04	$2.07
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3180**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$87.18								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.18	$0.00	$23.89	$21.69		$35.77	$3.63	$9.04	$2.07
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$183.93	$87.18	$0.00	$23.89	$21.69		$35.77	$3.63	9.70 *(FRV)*	$2.07
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$183.93	$87.18	$0.00	$23.89	$21.69	$0.00	$35.77	$3.63	$9.70	$2.07
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7656**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$153.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$250.68	$153.93	$0.00	$23.89	$21.69	$0.00	$35.77	$3.63	$9.70	$2.07
	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 Srvs)	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 Srvcs)	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	$23.25	$5.15	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$273.93**	**$159.08**	**$0.00**	**$24.11**	**$22.10**	**$0.00**	**$53.24**	**$3.63**	**$9.70**	**$2.07**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.62**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HEART OF GEORGIA NURSING HOME**
Prvdr ID: **00141358A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.28%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.33	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6954	1.4015
Quarterly Medicaid PDPM:	1.5021	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5322	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,033,262	$3,954,425	$0	$687,226	$316,089	$237,253	$964,703		$1,873,566	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($79,032)	($91,172)	$0	$0	$0	$0	$32,906		($20,766)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$58,266		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$20,766
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,033,262	$3,863,253	$0	$687,226	$316,089	$237,253	$997,609	$58,266	$1,852,800	$20,766
8	Total Nursing Facility Days As Filed Days = 34,330	FY23 Audited C/R Days	34,330									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,330	FY23 GL-PL Ins Rpt Days								34,330		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$234.00	$112.53	$0.00	$20.02	$16.12	*(with L&H)*	$29.06	$1.70	$53.97	$0.60
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6954**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$66.38								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$66.38	$0.00	$20.02	$16.12		$29.06	$1.70	$53.97	$0.60
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$147.57	$66.38	$0.00	$20.02	$16.12		$29.06	$1.70	13.69 *(FRV)*	$0.60
	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	$147.57	$66.38	$0.00	$20.02	$16.12	$0.00	$29.06	$1.70	$13.69	$0.60
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5322**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$101.71								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$182.90	$101.71	$0.00	$20.02	$16.12	$0.00	$29.06	$1.70	$13.69	$0.60
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.02	$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	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	$25.75	$7.65	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$208.65**	**$109.36**	**$0.00**	**$20.24**	**$16.53**	**$0.00**	**$46.53**	**$1.70**	**$13.69**	**$0.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$143.66**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - VALDOSTA, LLC**
Prvdr ID: **00141369A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.17%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.17	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6138	1.4015
Quarterly Medicaid PDPM:	1.8230	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8595	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,899,048	$3,697,709	$0	$564,111	$404,303	$483,343	$1,240,959		$508,623	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($362,695)	($117,450)	$0	$0	$1,241	$1,486	($196,500)		($51,472)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$355,678		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$48,997
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,941,028	$3,580,259	$0	$564,111	$405,544	$484,829	$1,044,459	$355,678	$457,151	$48,997
8	Total Nursing Facility Days As Filed Days = 28,101	FY23 Audited C/R Days	28,101									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,101	FY23 GL-PL Ins Rpt Days								28,101		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.00	$127.41	$0.00	$20.07	$31.68	*(with L&H)*	$37.17	$12.66	$16.27	$1.74
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6138**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$78.95								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.95	$0.00	$20.07	$31.68		$37.17	$12.66	$16.27	$1.74
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.42	$78.95	$0.00	$20.07	$31.68		$37.17	$12.66	14.15 *(FRV)*	$1.74
	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	$196.42	$78.95	$0.00	$20.07	$31.68	$0.00	$37.17	$12.66	$14.15	$1.74
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8595**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$146.81								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$264.28	$146.81	$0.00	$20.07	$31.68	$0.00	$37.17	$12.66	$14.15	$1.74
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.47	$1.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.34	$7.34								
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	$27.44	$9.34	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$291.72**	**$156.15**	**$0.00**	**$20.29**	**$32.09**	**$0.00**	**$54.64**	**$12.66**	**$14.15**	**$1.74**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$205.97**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - ATHENS HERITAGE**
Prvdr ID: **00141391A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.92%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.51	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4617	1.4015
Quarterly Medicaid PDPM:	1.5870	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6187	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,839,707	$4,398,369	$0	$710,506	$466,375	$414,384	$1,436,772		$413,301	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($494,355)	($215,018)	$0	$0	$0	$0	($162,226)		($117,111)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$377,873		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$106,633
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,829,858	$4,183,351	$0	$710,506	$466,375	$414,384	$1,274,546	$377,873	$296,190	$106,633
8	Total Nursing Facility Days As Filed Days = 28,979	FY23 Audited C/R Days	28,979									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,979	FY23 GL-PL Ins Rpt Days								28,979		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$270.19	$144.36	$0.00	$24.52	$30.39	*(with L&H)*	$43.98	$13.04	$10.22	$3.68
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4617**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$98.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.76	$0.00	$24.52	$30.39		$43.98	$13.04	$10.22	$3.68
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$228.50	$98.76	$0.00	$24.52	$30.39		$39.89	$13.04	18.22 *(FRV)*	$3.68
	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	$228.50	$98.76	$0.00	$24.52	$30.39	$0.00	$39.89	$13.04	$18.22	$3.68
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6187**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$159.86								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$289.60	$159.86	$0.00	$24.52	$30.39	$0.00	$39.89	$13.04	$18.22	$3.68
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.60	$1.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	$26.25	$8.52	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$315.85**	**$168.38**	**$0.00**	**$24.74**	**$30.80**	**$0.00**	**$56.99**	**$13.04**	**$18.22**	**$3.68**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$224.06**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HERITAGE OAKS**
Prvdr ID: **00141402A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.86%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.75	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.8431	1.4015
Quarterly Medicaid PDPM:	1.2290	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2536	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,975,520	$2,527,264	$0	$556,621	$355,078	$394,242	$1,252,039		$890,276	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($317,715)	($6,520)	$0	$0	$0	$0	($197,798)		($113,397)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$204,318		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$113,397
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,975,520	$2,520,744	$0	$556,621	$355,078	$394,242	$1,054,241	$204,318	$776,879	$113,397
8	Total Nursing Facility Days As Filed Days = 18,992	FY23 Audited C/R Days	18,992									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,992	FY23 GL-PL Ins Rpt Days								18,992		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$314.64	$132.73	$0.00	$29.31	$39.45	*(with L&H)*	$55.51	$10.76	$40.91	$5.97
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.8431**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$72.01								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.01	$0.00	$29.31	$39.45		$55.51	$10.76	$40.91	$5.97
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.21	$72.01	$0.00	$29.31	$33.35		$39.89	$10.76	12.92 *(FRV)*	$5.97
	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	$204.21	$72.01	$0.00	$29.31	$33.35	$0.00	$39.89	$10.76	$12.92	$5.97
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2536**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$90.27								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$222.47	$90.27	$0.00	$29.31	$33.35	$0.00	$39.89	$10.76	$12.92	$5.97
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.26	$2.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.71	$2.71								
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	$22.82	$5.50	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$245.29**	**$95.77**	**$0.00**	**$29.53**	**$33.35**	**$0.00**	**$56.99**	**$10.76**	**$12.92**	**$5.97**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$171.14**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARTWELL HEALTH AND REHABILITATION**
Prvdr ID: **00141413A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.87%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3999	1.4015
Quarterly Medicaid PDPM:	1.3931	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4210	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,441,474	$2,777,590	$0	$715,535	$272,604	$260,278	$1,178,869		$236,598	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($111,115)	$0	$0	$0	$0	$0	($100,568)		($10,547)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$49,439		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$10,547
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,390,345	$2,777,590	$0	$715,535	$272,604	$260,278	$1,078,301	$49,439	$226,051	$10,547
8	Total Nursing Facility Days As Filed Days = 23,507	FY23 Audited C/R Days	23,507									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,507	FY23 GL-PL Ins Rpt Days								23,507		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$229.31	$118.16	$0.00	$30.44	$22.67	*(with L&H)*	$45.87	$2.10	$9.62	$0.45
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3999**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$84.41								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.41	$0.00	$30.44	$22.67		$45.87	$2.10	$9.62	$0.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$191.77	$84.41	$0.00	$30.44	$22.67		$39.89	$2.10	11.81 *(FRV)*	$0.45
	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	$191.77	$84.41	$0.00	$30.44	$22.67	$0.00	$39.89	$2.10	$11.81	$0.45
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4210**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$119.95								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.31	$119.95	$0.00	$30.44	$22.67	$0.00	$39.89	$2.10	$11.81	$0.45
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.20	$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$25.46	$7.73	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$252.77**	**$127.68**	**$0.00**	**$30.66**	**$23.08**	**$0.00**	**$56.99**	**$2.10**	**$11.81**	**$0.45**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.75**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - MONROE**
Prvdr ID: **00141468A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.75%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.45	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4126	1.4015
Quarterly Medicaid PDPM:	1.4000	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4280	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,439,184	$3,029,721	$0	$445,189	$323,780	$299,500	$1,013,777		$327,217	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($311,197)	($145,344)	$0	$0	$0	$0	($112,319)		($53,534)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$299,895		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$53,067
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,480,949	$2,884,377	$0	$445,189	$323,780	$299,500	$901,458	$299,895	$273,683	$53,067
8	Total Nursing Facility Days As Filed Days = 19,959	FY23 Audited C/R Days	19,959									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,959	FY23 GL-PL Ins Rpt Days								19,959		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$274.63	$144.52	$0.00	$22.31	$31.23	*(with L&H)*	$45.17	$15.03	$13.71	$2.66
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4126**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$102.31								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$102.31	$0.00	$22.31	$31.23		$45.17	$15.03	$13.71	$2.66
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$225.42	$102.31	$0.00	$22.31	$31.23		$39.89	$15.03	11.99 *(FRV)*	$2.66
	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	$225.42	$102.31	$0.00	$22.31	$31.23	$0.00	$39.89	$15.03	$11.99	$2.66
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4280**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$146.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$269.21	$146.10	$0.00	$22.31	$31.23	$0.00	$39.89	$15.03	$11.99	$2.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$7.31	$7.31								
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	$25.57	$7.84	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$294.78**	**$153.94**	**$0.00**	**$22.53**	**$31.64**	**$0.00**	**$56.99**	**$15.03**	**$11.99**	**$2.66**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$208.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - HOLLY HILL, LLC**
Prvdr ID: **00141479A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.47%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.35	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4915	1.4015
Quarterly Medicaid PDPM:	1.4079	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4360	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,518,740	$3,466,098	$0	$516,973	$371,083	$349,053	$1,186,575		$628,958	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($406,903)	($173,090)	$0	$0	$1,201	$1,129	($144,463)		($91,680)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$352,984		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$91,399
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,556,220	$3,293,008	$0	$516,973	$372,284	$350,182	$1,042,112	$352,984	$537,278	$91,399
8	Total Nursing Facility Days As Filed Days = 26,736	FY23 Audited C/R Days	26,736									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,736	FY23 GL-PL Ins Rpt Days								26,736		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$245.23	$123.17	$0.00	$19.34	$27.02	*(with L&H)*	$38.98	$13.20	$20.10	$3.42
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4915**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$82.58								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.58	$0.00	$19.34	$27.02		$38.98	$13.20	$20.10	$3.42
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$197.11	$82.58	$0.00	$19.34	$27.02		$38.98	$13.20	12.57 *(FRV)*	$3.42
	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	$197.11	$82.58	$0.00	$19.34	$27.02	$0.00	$38.98	$13.20	$12.57	$3.42
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4360**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$118.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$233.11	$118.58	$0.00	$19.34	$27.02	$0.00	$38.98	$13.20	$12.57	$3.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$4.74	$4.74								
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	$23.37	$5.27	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$256.48**	**$123.85**	**$0.00**	**$19.56**	**$27.43**	**$0.00**	**$56.45**	**$13.20**	**$12.57**	**$3.42**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.54**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WYNFIELD PARK HEALTH AND REHABILITATION**
Prvdr ID: **00141512A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.53%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.76	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3344	1.4015
Quarterly Medicaid PDPM:	1.3473	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3743	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,581,273	$5,249,803	$0	$1,207,656	$572,077	$788,923	$1,983,127		$779,687	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($233,929)	($1,812)	$0	$3,438	$185	($6,983)	($195,739)		($33,018)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$96,720		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$32,843
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,476,907	$5,247,991	$0	$1,211,094	$572,262	$781,940	$1,787,388	$96,720	$746,669	$32,843
8	Total Nursing Facility Days As Filed Days = 44,454	FY23 Audited C/R Days	44,453									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,454	FY23 GL-PL Ins Rpt Days								44,453		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$235.69	$118.06	$0.00	$27.24	$30.46	*(with L&H)*	$40.21	$2.18	$16.80	$0.74
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3344**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$88.47								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.47	$0.00	$27.24	$30.46		$40.21	$2.18	$16.80	$0.74
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$217.66	$88.47	$0.00	$27.24	$30.46		$39.89	$2.18	28.68 *(FRV)*	$0.74
	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	$217.66	$88.47	$0.00	$27.24	$30.46	$0.00	$39.89	$2.18	$28.68	$0.74
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3743**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$121.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$250.77	$121.58	$0.00	$27.24	$30.46	$0.00	$39.89	$2.18	$28.68	$0.74
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.22	$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.29	$7.29								
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	$26.77	$9.04	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$277.54**	**$130.62**	**$0.00**	**$27.46**	**$30.87**	**$0.00**	**$56.99**	**$2.18**	**$28.68**	**$0.74**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.33**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MACON REHABILITATION AND HEALTHCARE**
Prvdr ID: **00141523A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.22%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4589	1.4015
Quarterly Medicaid PDPM:	1.6126	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6449	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,597,259	$4,170,682	$0	$586,160	$319,095	$427,286	$1,430,613		$1,663,423	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($432,716)	($25,019)	$0	$0	$0	$0	($321,439)		($86,258)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$325,867		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$86,258
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,576,668	$4,145,663	$0	$586,160	$319,095	$427,286	$1,109,174	$325,867	$1,577,165	$86,258
8	Total Nursing Facility Days As Filed Days = 31,068	FY23 Audited C/R Days	31,068									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,068	FY23 GL-PL Ins Rpt Days								31,068		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$276.06	$133.44	$0.00	$18.87	$24.02	*(with L&H)*	$35.70	$10.49	$50.76	$2.78
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4589**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$91.47								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.47	$0.00	$18.87	$24.02		$35.70	$10.49	$50.76	$2.78
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.80	$91.47	$0.00	$18.87	$24.02		$35.70	$10.49	13.47 *(FRV)*	$2.78
	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	$196.80	$91.47	$0.00	$18.87	$24.02	$0.00	$35.70	$10.49	$13.47	$2.78
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6449**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$150.46								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$255.79	$150.46	$0.00	$18.87	$24.02	$0.00	$35.70	$10.49	$13.47	$2.78
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.50	$1.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.52	$7.52								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$27.65	$9.55	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$283.44**	**$160.01**	**$0.00**	**$19.09**	**$24.43**	**$0.00**	**$53.17**	**$10.49**	**$13.47**	**$2.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$199.76**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FRIENDSHIP HEALTH AND REHAB**
Prvdr ID: **00141567A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.58%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.20	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3359	1.4015
Quarterly Medicaid PDPM:	1.3882	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4160	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,114,544	$2,037,316	$0	$470,404	$252,316	$240,662	$730,651		$383,195	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($80,928)	($28,648)	$0	$2,410	$1,657	$70	($38,513)		($17,904)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$94,818		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$23,221
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,151,655	$2,008,668	$0	$472,814	$253,973	$240,732	$692,138	$94,818	$365,291	$23,221
8	Total Nursing Facility Days As Filed Days = 15,038	FY23 Audited C/R Days	15,038									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,038	FY23 GL-PL Ins Rpt Days								15,038		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$276.08	$133.57	$0.00	$31.44	$32.90	*(with L&H)*	$46.03	$6.31	$24.29	$1.54
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3359**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$99.99								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.99	$0.00	$31.44	$32.90		$46.03	$6.31	$24.29	$1.54
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$222.46	$99.99	$0.00	$31.44	$32.90		$39.89	$6.31	10.39 *(FRV)*	$1.54
	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	$222.46	$99.99	$0.00	$31.44	$32.90	$0.00	$39.89	$6.31	$10.39	$1.54
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4160**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$141.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$264.06	$141.59	$0.00	$31.44	$32.90	$0.00	$39.89	$6.31	$10.39	$1.54
	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	$0.03	$0.34	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.54	$3.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.25	$4.25								
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	$25.79	$8.32	$0.00	$0.03	$0.34	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$289.85**	**$149.91**	**$0.00**	**$31.47**	**$33.24**	**$0.00**	**$56.99**	**$6.31**	**$10.39**	**$1.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.56**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MIONA GERIATRIC & DEMENTIA CENTER**
Prvdr ID: **00141578A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.22%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3515	1.4015
Quarterly Medicaid PDPM:	1.5464	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5773	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,168,306	$3,013,698	$0	$577,364	$309,768	$311,096	$837,272		$119,108	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($134,260)	$0	$0	$0	$0	$0	($95,333)		($38,927)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$89,779		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$38,927
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,162,752	$3,013,698	$0	$577,364	$309,768	$311,096	$741,939	$89,779	$80,181	$38,927
8	Total Nursing Facility Days As Filed Days = 29,400	FY23 Audited C/R Days	29,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,400	FY23 GL-PL Ins Rpt Days								29,400		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$175.61	$102.51	$0.00	$19.64	$21.12	*(with L&H)*	$25.24	$3.05	$2.73	$1.32
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3515**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$75.85								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.85	$0.00	$19.64	$21.12		$25.24	$3.05	$2.73	$1.32
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$160.37	$75.85	$0.00	$19.64	$21.12		$25.24	$3.05	14.15 *(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	$160.37	$75.85	$0.00	$19.64	$21.12	$0.00	$25.24	$3.05	$14.15	$1.32
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5773**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$119.64								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$204.16	$119.64	$0.00	$19.64	$21.12	$0.00	$25.24	$3.05	$14.15	$1.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$6.58	$6.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.98	$5.98								
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	$31.19	$13.09	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$235.35**	**$132.73**	**$0.00**	**$19.86**	**$21.53**	**$0.00**	**$42.71**	**$3.05**	**$14.15**	**$1.32**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$163.69**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE PLACE AT DEANS BRIDGE**
Prvdr ID: **00141589A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.46%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.37	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2838	1.4015
Quarterly Medicaid PDPM:	1.0645	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.0858	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,017,453	$3,391,035	$0	$653,426	$271,504	$325,313	$1,050,902		$325,273	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($473,632)	$248	$0	$0	($3,735)	($13,737)	($395,293)		($61,115)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$377,018		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$59,727
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,980,566	$3,391,283	$0	$653,426	$267,769	$311,576	$655,609	$377,018	$264,158	$59,727
8	Total Nursing Facility Days As Filed Days = 29,472	FY23 Audited C/R Days	29,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,472	FY23 GL-PL Ins Rpt Days								29,472		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$202.93	$115.07	$0.00	$22.17	$19.66	*(with L&H)*	$22.25	$12.79	$8.96	$2.03
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2838**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$89.64								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.64	$0.00	$22.17	$19.66		$22.25	$12.79	$8.96	$2.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$180.90	$89.64	$0.00	$22.17	$19.66		$22.25	$12.79	12.36 *(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	$180.90	$89.64	$0.00	$22.17	$19.66	$0.00	$22.25	$12.79	$12.36	$2.03
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.0858**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$97.33								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$188.59	$97.33	$0.00	$22.17	$19.66	$0.00	$22.25	$12.79	$12.36	$2.03
	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 = 0.0% (to Routine Srvs)	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 Srvcs)	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	$21.55	$3.45	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$210.14**	**$100.78**	**$0.00**	**$22.39**	**$20.07**	**$0.00**	**$39.72**	**$12.79**	**$12.36**	**$2.03**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$144.78**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARBORVIEW HEALTH SYSTEMS JESUP**
Prvdr ID: **00141611A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	13.11%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.22	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3714	1.4015
Quarterly Medicaid PDPM:	1.9254	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.9639	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,138,064	$2,798,970	$0	$541,317	$249,560	$300,270	$1,097,061		$1,150,886	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($296,949)	($103,475)	$0	$298	$0	$3,761	($149,561)		($47,972)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$129,929		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$47,972
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,019,016	$2,695,495	$0	$541,615	$249,560	$304,031	$947,500	$129,929	$1,102,914	$47,972
8	Total Nursing Facility Days As Filed Days = 32,151	FY23 Audited C/R Days	32,151									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,151	FY23 GL-PL Ins Rpt Days								32,151		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$187.21	$83.84	$0.00	$16.85	$17.22	*(with L&H)*	$29.47	$4.04	$34.30	$1.49
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3714**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$61.13								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$61.13	$0.00	$16.85	$17.22		$29.47	$4.04	$34.30	$1.49
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$139.74	$61.13	$0.00	$16.85	$17.22		$29.47	$4.04	9.54 *(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	$139.74	$61.13	$0.00	$16.85	$17.22	$0.00	$29.47	$4.04	$9.54	$1.49
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.9639**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$120.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$198.66	$120.05	$0.00	$16.85	$17.22	$0.00	$29.47	$4.04	$9.54	$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 = 0.0% (to Routine Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$223.29**	**$126.58**	**$0.00**	**$17.07**	**$17.63**	**$0.00**	**$46.94**	**$4.04**	**$9.54**	**$1.49**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$154.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **JOE-ANNE BURGIN HEALTH AND REHABILITATION**
Prvdr ID: **00141633A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.57%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.64	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2808	1.4015
Quarterly Medicaid PDPM:	1.3222	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3487	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,032,869	$3,029,221	$0	$764,989	$345,923	$423,202	$1,184,784		$284,750	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($133,245)	$0	$0	$0	$0	$0	($122,115)		($11,130)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$42,742		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$11,130
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,953,496	$3,029,221	$0	$764,989	$345,923	$423,202	$1,062,669	$42,742	$273,620	$11,130
8	Total Nursing Facility Days As Filed Days = 27,008	FY23 Audited C/R Days	27,008									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,008	FY23 GL-PL Ins Rpt Days								27,008		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$220.43	$112.16	$0.00	$28.32	$28.48	*(with L&H)*	$39.35	$1.58	$10.13	$0.41
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2808**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$87.57								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.57	$0.00	$28.32	$28.48		$39.35	$1.58	$10.13	$0.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$209.45	$87.57	$0.00	$28.32	$28.48		$39.35	$1.58	23.74 *(FRV)*	$0.41
	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	$209.45	$87.57	$0.00	$28.32	$28.48	$0.00	$39.35	$1.58	$23.74	$0.41
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3487**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$118.11								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$239.99	$118.11	$0.00	$28.32	$28.48	$0.00	$39.35	$1.58	$23.74	$0.41
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.18	$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.09	$7.09								
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	$26.90	$8.80	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$266.89**	**$126.91**	**$0.00**	**$28.54**	**$28.89**	**$0.00**	**$56.82**	**$1.58**	**$23.74**	**$0.41**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$187.34**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SCOTT HEALTH & REHABILITATION**
Prvdr ID: **00141644A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.65%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3238	1.4015
Quarterly Medicaid PDPM:	1.2580	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2831	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,870,912	$2,093,965	$0	$468,952	$199,421	$231,947	$764,389		$112,238	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($58,147)	$0	$0	$0	$0	$0	($42,294)		($15,853)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$42,294		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$15,853
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,870,912	$2,093,965	$0	$468,952	$199,421	$231,947	$722,095	$42,294	$96,385	$15,853
8	Total Nursing Facility Days As Filed Days = 16,941	FY23 Audited C/R Days	16,941									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,941	FY23 GL-PL Ins Rpt Days								16,941		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.49	$123.60	$0.00	$27.68	$25.46	*(with L&H)*	$42.62	$2.50	$5.69	$0.94
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3238**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$93.37								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.37	$0.00	$27.68	$25.46		$42.62	$2.50	$5.69	$0.94
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$203.96	$93.37	$0.00	$27.68	$25.46		$39.89	$2.50	14.12 *(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	$203.96	$93.37	$0.00	$27.68	$25.46	$0.00	$39.89	$2.50	$14.12	$0.94
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2831**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$119.80								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$230.39	$119.80	$0.00	$27.68	$25.46	$0.00	$39.89	$2.50	$14.12	$0.94
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.00	$3.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.99	$5.99								
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	$27.25	$9.52	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$257.64**	**$129.32**	**$0.00**	**$27.90**	**$25.87**	**$0.00**	**$56.99**	**$2.50**	**$14.12**	**$0.94**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$180.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **KEYSVILLE NURSING HOME & REHAB**
Prvdr ID: **00141655A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.09%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.58	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4549	1.4015
Quarterly Medicaid PDPM:	1.5541	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5852	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,925,513	$2,532,126	$0	$633,466	$319,170	$304,258	$524,079		$612,414	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($132,814)	($15,681)	$0	$2,131	$871	($3,259)	($80,130)		($36,746)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$86,173		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$33,044
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,911,916	$2,516,445	$0	$635,597	$320,041	$300,999	$443,949	$86,173	$575,668	$33,044
8	Total Nursing Facility Days As Filed Days = 22,251	FY23 Audited C/R Days	22,251									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,251	FY23 GL-PL Ins Rpt Days								22,251		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$220.74	$113.09	$0.00	$28.56	$27.91	*(with L&H)*	$19.95	$3.87	$25.87	$1.49
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4549**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$77.73								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.73	$0.00	$28.56	$27.91		$19.95	$3.87	$25.87	$1.49
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$175.46	$77.73	$0.00	$28.56	$27.91		$19.95	$3.87	15.95 *(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	$175.46	$77.73	$0.00	$28.56	$27.91	$0.00	$19.95	$3.87	$15.95	$1.49
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5852**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$220.95	$123.22	$0.00	$28.56	$27.91	$0.00	$19.95	$3.87	$15.95	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.08	$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.16	$6.16								
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	$27.87	$9.77	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$248.82**	**$132.99**	**$0.00**	**$28.78**	**$28.32**	**$0.00**	**$37.42**	**$3.87**	**$15.95**	**$1.49**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$173.79**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **COUNTRYSIDE POST ACUTE**
Prvdr ID: **00141666A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	48.48%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2824	1.4015
Quarterly Medicaid PDPM:	1.2415	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2663	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,027,849	$2,347,160	$0	$364,303	$214,310	$200,165	$647,941		$253,970	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($90,602)	($39,787)	$0	($397)	$0	$3,054	($31,572)		($21,900)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$54,697		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$21,900
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,013,844	$2,307,373	$0	$363,906	$214,310	$203,219	$616,369	$54,697	$232,070	$21,900
8	Total Nursing Facility Days As Filed Days = 18,865	FY23 Audited C/R Days	18,865									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,865	FY23 GL-PL Ins Rpt Days								18,865		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$212.76	$122.31	$0.00	$19.29	$22.13	*(with L&H)*	$32.67	$2.90	$12.30	$1.16
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2824**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.38								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.38	$0.00	$19.29	$22.13		$32.67	$2.90	$12.30	$1.16
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$181.57	$95.38	$0.00	$19.29	$22.13		$32.67	$2.90	8.04 *(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	$181.57	$95.38	$0.00	$19.29	$22.13	$0.00	$32.67	$2.90	$8.04	$1.16
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2663**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$120.78								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$206.97	$120.78	$0.00	$19.29	$22.13	$0.00	$32.67	$2.90	$8.04	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$235.86**	**$131.57**	**$0.00**	**$19.51**	**$22.54**	**$0.00**	**$50.14**	**$2.90**	**$8.04**	**$1.16**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$164.07**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **LAKE CITY NURSING AND REHABILITATION CENTER LLC**
Prvdr ID: **00141699A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.28%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.15	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2881	1.4015
Quarterly Medicaid PDPM:	1.2885	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3143	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,978,654	$8,284,943	$0	$1,611,574	$552,660	$711,136	$1,912,744		$905,597	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($313,510)	$0	$0	($6,024)	$0	$6,024	($194,025)		($119,485)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$116,757		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$119,485
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$13,901,386	$8,284,943	$0	$1,605,550	$552,660	$717,160	$1,718,719	$116,757	$786,112	$119,485
8	Total Nursing Facility Days As Filed Days = 77,499	FY23 Audited C/R Days	77,499									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,499	FY23 GL-PL Ins Rpt Days								77,499		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$179.37	$106.90	$0.00	$20.72	$16.38	*(with L&H)*	$22.18	$1.51	$10.14	$1.54
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2881**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$82.99								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.99	$0.00	$20.72	$16.38		$22.18	$1.51	$10.14	$1.54
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$156.34	$82.99	$0.00	$20.72	$16.38		$22.18	$1.51	11.02 *(FRV)*	$1.54
	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	$156.34	$82.99	$0.00	$20.72	$16.38	$0.00	$22.18	$1.51	$11.02	$1.54
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3143**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$109.07								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$182.42	$109.07	$0.00	$20.72	$16.38	$0.00	$22.18	$1.51	$11.02	$1.54
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.73	$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.27	$3.27								
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	$24.63	$6.53	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$207.05**	**$115.60**	**$0.00**	**$20.94**	**$16.79**	**$0.00**	**$39.65**	**$1.51**	**$11.02**	**$1.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$142.46**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - LAKEHAVEN, LLC**
Prvdr ID: **00141721A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	11.59%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.95	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5042	1.4015
Quarterly Medicaid PDPM:	1.4243	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4528	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,827,360	$3,892,333	$0	$507,758	$308,957	$312,255	$1,027,912		$778,145	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($396,042)	($90,456)	$0	$0	$0	$0	($199,148)		($106,438)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$326,521		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$107,430
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,865,269	$3,801,877	$0	$507,758	$308,957	$312,255	$828,764	$326,521	$671,707	$107,430
8	Total Nursing Facility Days As Filed Days = 27,742	FY23 Audited C/R Days	27,742									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,742	FY23 GL-PL Ins Rpt Days								27,742		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.45	$137.04	$0.00	$18.30	$22.39	*(with L&H)*	$29.87	$11.77	$24.21	$3.87
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5042**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$91.11								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.11	$0.00	$18.30	$22.39		$29.87	$11.77	$24.21	$3.87
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$188.28	$91.11	$0.00	$18.30	$22.39		$29.87	$11.77	10.97 *(FRV)*	$3.87
	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	$188.28	$91.11	$0.00	$18.30	$22.39	$0.00	$29.87	$11.77	$10.97	$3.87
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4528**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$132.36								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$229.53	$132.36	$0.00	$18.30	$22.39	$0.00	$29.87	$11.77	$10.97	$3.87
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$5.29	$5.29								
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	$23.92	$5.82	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$253.45**	**$138.18**	**$0.00**	**$18.52**	**$22.80**	**$0.00**	**$47.34**	**$11.77**	**$10.97**	**$3.87**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SGMC HEALTH VILLA**
Prvdr ID: **00141732A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.46	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4259	1.4015
Quarterly Medicaid PDPM:	1.2456	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2705	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,309,706	$3,483,601	$0	$1,418,172	$388,903	$753,702	$850,084		$415,244	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($54,604)	$9,464	$0	$0	($546)	($20,852)	($22,838)		($19,832)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$31,135		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$19,814
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,306,051	$3,493,065	$0	$1,418,172	$388,357	$732,850	$827,246	$31,135	$395,412	$19,814
8	Total Nursing Facility Days As Filed Days = 22,196	FY23 Audited C/R Days	22,196									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,196	FY23 GL-PL Ins Rpt Days								22,196		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$329.14	$157.37	$0.00	$63.89	$50.51	*(with L&H)*	$37.27	$1.40	$17.81	$0.89
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4259**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$110.36								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$110.36	$0.00	$63.89	$50.51		$37.27	$1.40	$17.81	$0.89
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$258.42	$110.36	$0.00	$39.92	$33.35		$37.27	$1.40	35.23 *(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	$258.42	$110.36	$0.00	$39.92	$33.35	$0.00	$37.27	$1.40	$35.23	$0.89
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2705**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$140.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$288.27	$140.21	$0.00	$39.92	$33.35	$0.00	$37.27	$1.40	$35.23	$0.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$1.40	$1.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.80	$2.80								
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	$22.20	$4.73	$0.00	$0.00	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$310.47**	**$144.94**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$54.74**	**$1.40**	**$35.23**	**$0.89**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$220.03**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE OAKS - LIMESTONE**
Prvdr ID: **00141743A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.05%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.69	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3081	1.4015
Quarterly Medicaid PDPM:	1.6137	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6460	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,887,291	$4,315,959	$0	$865,349	$450,870	$624,485	$1,388,437		$1,242,191	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($563,129)	($384,526)	$0	$6,133	($17,524)	($51,147)	$13,124		($129,189)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$379,206		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$47,616
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,750,984	$3,931,433	$0	$871,482	$433,346	$573,338	$1,401,561	$379,206	$1,113,002	$47,616
8	Total Nursing Facility Days As Filed Days = 30,569	FY23 Audited C/R Days	30,569									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,569	FY23 GL-PL Ins Rpt Days								30,569		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$286.27	$128.61	$0.00	$28.51	$32.93	*(with L&H)*	$45.85	$12.40	$36.41	$1.56
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3081**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$98.32								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.32	$0.00	$28.51	$32.93		$45.85	$12.40	$36.41	$1.56
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$252.98	$98.32	$0.00	$28.51	$32.93		$39.89	$12.40	39.37 *(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	$252.98	$98.32	$0.00	$28.51	$32.93	$0.00	$39.89	$12.40	$39.37	$1.56
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6460**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$161.83								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$316.49	$161.83	$0.00	$28.51	$32.93	$0.00	$39.89	$12.40	$39.37	$1.56
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.07	$0.53	$0.00	$0.22	$0.32	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.62	$1.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.09	$8.09								
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	$27.88	$10.24	$0.00	$0.22	$0.32	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$344.37**	**$172.07**	**$0.00**	**$28.73**	**$33.25**	**$0.00**	**$56.99**	**$12.40**	**$39.37**	**$1.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$245.45**									

Provider: **SPALDING POST ACUTE LLC**
Prvdr ID: **00141754A**
H/B ?: No

Case Mix Per Diem Rate Effective Date: **04/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	45.3%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.21	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3673	1.4015
Quarterly Medicaid PDPM:	1.8741	1.4756
Qrtrly Mcaid PDPM w RUG Wght Options:	1.9116	1.5054

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			***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 **2022**	FY2022 C/R -FY 2021 GL-PL Rpt		5,576,783		715,940	660,524		1,214,020	207,900	1,365,229	139,189
	Inflation (July 2022) @ 4.70%			262,109		33,649	31,045		57,059			6,542
	Patient Days	FY 2022 Cost Rpt		38,324		38,324	38,324		38,324	38,324	38,324	38,324
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 22 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			152.36		19.56	18.05		33.17	6.09	35.62	3.80
	Base Period Facility PDPM for all Residents			**1.3673**								
	Routine Services PDPM Adjusted Net Per Diem			$111.43								
	Net Per Diems After PDPM Adjustments		$227.72	$111.43		$19.56	$18.05		$33.17	$6.09	$35.62	3.80
	Per Diem Standards			$117.91		$31.48	$33.35		$39.89			
	Base Period PDPM Adjusted Allowed Per Diem		$202.67	$111.43		$19.56	$18.05		$33.17	$6.09	10.57	3.80
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$202.68	$111.43		$19.56	$18.05		$33.17	$6.09	$10.57	$3.80
	Quarterly Facility PDPM for Medicaid Residents			**1.9116**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$213.01								
	Quarterly Medicaid PDPMA Allowed Per Diem		$304.26	$213.01		$19.56	$18.05		$33.17	$6.09	$10.57	$3.80
	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 = 5.5% (to Routine Srvs)		$11.72	11.72								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		$10.65	10.65								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$41.00									
	Quarterly PDPM Based Per Diem Rate		**$345.26**	**$235.91**		**$19.78**	**$18.46**		**$50.64**	**$6.09**	**$10.57**	**$3.80**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$246.12**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MAGNOLIA MANOR OF MARION COUNTY**
Prvdr ID: **00141809A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.10%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.15	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5711	1.4015
Quarterly Medicaid PDPM:	1.2629	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2881	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,625,168	$3,971,869	$0	$517,861	$327,584	$366,013	$1,034,551		$407,290	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($121,764)	($100,988)	$0	$0	$0	$0	$27,885		($48,661)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$73,103		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$48,661
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,625,168	$3,870,881	$0	$517,861	$327,584	$366,013	$1,062,436	$73,103	$358,629	$48,661
8	Total Nursing Facility Days As Filed Days = 22,786	FY23 Audited C/R Days	22,786									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,786	FY23 GL-PL Ins Rpt Days								22,786		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$290.77	$169.88	$0.00	$22.73	$30.44	*(with L&H)*	$46.63	$3.21	$15.74	$2.14
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5711**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$108.13								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$108.13	$0.00	$22.73	$30.44		$46.63	$3.21	$15.74	$2.14
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$238.12	$108.13	$0.00	$22.73	$30.44		$39.89	$3.21	31.58 *(FRV)*	$2.14
	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	$238.12	$108.13	$0.00	$22.73	$30.44	$0.00	$39.89	$3.21	$31.58	$2.14
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2881**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$139.28								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$269.27	$139.28	$0.00	$22.73	$30.44	$0.00	$39.89	$3.21	$31.58	$2.14
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.48	$3.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.96	$6.96								
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	$28.70	$10.97	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$297.97**	**$150.25**	**$0.00**	**$22.95**	**$30.85**	**$0.00**	**$56.99**	**$3.21**	**$31.58**	**$2.14**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$210.65**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **LEGACY TRANSITIONAL CARE & REHABILITATION**
Prvdr ID: **00141831A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.27%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.24	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2161	1.4015
Quarterly Medicaid PDPM:	1.5408	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5716	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$12,930,974	$5,994,451	$0	$1,138,633	$485,608	$750,347	$2,108,076		$2,453,859	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($655,253)	($25,655)	$0	$0	$0	$0	($472,432)		($157,166)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$472,653		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$157,166
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$12,905,540	$5,968,796	$0	$1,138,633	$485,608	$750,347	$1,635,644	$472,653	$2,296,693	$157,166
8	Total Nursing Facility Days As Filed Days = 61,514	FY23 Audited C/R Days	61,514									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,514	FY23 GL-PL Ins Rpt Days								61,514		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$209.79	$97.03	$0.00	$18.51	$20.09	*(with L&H)*	$26.59	$7.68	$37.34	$2.55
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2161**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$79.79								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.79	$0.00	$18.51	$20.09		$26.59	$7.68	$37.34	$2.55
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$168.08	$79.79	$0.00	$18.51	$20.09		$26.59	$7.68	12.87 *(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	$168.08	$79.79	$0.00	$18.51	$20.09	$0.00	$26.59	$7.68	$12.87	$2.55
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5716**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$125.40								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$213.69	$125.40	$0.00	$18.51	$20.09	$0.00	$26.59	$7.68	$12.87	$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 = 1.0% (to Routine Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$237.33**	**$130.94**	**$0.00**	**$18.73**	**$20.50**	**$0.00**	**$44.06**	**$7.68**	**$12.87**	**$2.55**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SADIE G. MAYS HEALTH & REHABILITATION CENTER**
Prvdr ID: **00141842A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.89%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.64	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4792	1.4015
Quarterly Medicaid PDPM:	1.4164	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4447	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$12,663,334	$6,656,342	$0	$1,227,327	$489,619	$658,602	$3,348,573		$282,871	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($981,190)	$24,080	$0	($38,050)	$0	$0	($966,953)		($267)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$704,044		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$504
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$12,386,692	$6,680,422	$0	$1,189,277	$489,619	$658,602	$2,381,620	$704,044	$282,604	$504
8	Total Nursing Facility Days As Filed Days = 53,253	FY23 Audited C/R Days	53,253									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,253	FY23 GL-PL Ins Rpt Days								53,253		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$232.60	$125.45	$0.00	$22.33	$21.56	*(with L&H)*	$44.72	$13.22	$5.31	$0.01
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4792**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$84.81								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.81	$0.00	$22.33	$21.56		$44.72	$13.22	$5.31	$0.01
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.09	$84.81	$0.00	$22.33	$21.56		$39.89	$13.22	14.27 *(FRV)*	$0.01
	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	$196.09	$84.81	$0.00	$22.33	$21.56	$0.00	$39.89	$13.22	$14.27	$0.01
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4447**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$122.53								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$233.81	$122.53	$0.00	$22.33	$21.56	$0.00	$39.89	$13.22	$14.27	$0.01
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.68	$3.68								
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	$7.90	$7.27	$0.00	$0.22	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$241.71**	**$129.80**	**$0.00**	**$22.55**	**$21.97**	**$0.00**	**$39.89**	**$13.22**	**$14.27**	**$0.01**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.28**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MCRAE MANOR NURSING HOME**
Prvdr ID: **00141853A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.88%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.56	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2760	1.4015
Quarterly Medicaid PDPM:	1.4829	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5126	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,147,759	$3,730,634	$0	$697,312	$388,011	$404,148	$1,368,714		$558,940	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($514,328)	($22,883)	$0	($11,808)	($897)	($935)	($409,527)		($68,278)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$439,670		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$68,120
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,141,221	$3,707,751	$0	$685,504	$387,114	$403,213	$959,187	$439,670	$490,662	$68,120
8	Total Nursing Facility Days As Filed Days = 30,506	FY23 Audited C/R Days	30,506									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,506	FY23 GL-PL Ins Rpt Days								30,506		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$234.08	$121.54	$0.00	$22.47	$25.91	*(with L&H)*	$31.44	$14.41	$16.08	$2.23
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2760**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.25								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.25	$0.00	$22.47	$25.91		$31.44	$14.41	$16.08	$2.23
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.05	$95.25	$0.00	$22.47	$25.91		$31.44	$14.41	13.34 *(FRV)*	$2.23
	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	$205.05	$95.25	$0.00	$22.47	$25.91	$0.00	$31.44	$14.41	$13.34	$2.23
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5126**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$144.08								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$253.88	$144.08	$0.00	$22.47	$25.91	$0.00	$31.44	$14.41	$13.34	$2.23
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.60	$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	$25.11	$7.01	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$278.99**	**$151.09**	**$0.00**	**$22.69**	**$26.32**	**$0.00**	**$48.91**	**$14.41**	**$13.34**	**$2.23**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$196.42**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MEADOWBROOK HEALTH AND REHAB**
Prvdr ID: **00141864A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.17%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.87	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6264	1.4015
Quarterly Medicaid PDPM:	1.6025	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6346	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,529,805	$4,975,642	$0	$723,054	$397,388	$453,816	$1,779,586		$2,200,319	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($420,888)	($129,516)	$0	($14,520)	$0	($80,922)	($14,905)		($181,025)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$137,369		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$181,025
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,427,311	$4,846,126	$0	$708,534	$397,388	$372,894	$1,764,681	$137,369	$2,019,294	$181,025
8	Total Nursing Facility Days As Filed Days = 36,669	FY23 Audited C/R Days	36,669									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,669	FY23 GL-PL Ins Rpt Days								36,669		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$284.37	$132.16	$0.00	$19.32	$21.01	*(with L&H)*	$48.12	$3.75	$55.07	$4.94
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6264**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.26								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.26	$0.00	$19.32	$21.01		$48.12	$3.75	$55.07	$4.94
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$188.78	$81.26	$0.00	$19.32	$21.01		$39.89	$3.75	18.61 *(FRV)*	$4.94
	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	$188.78	$81.26	$0.00	$19.32	$21.01	$0.00	$39.89	$3.75	$18.61	$4.94
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6346**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$132.83								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.35	$132.83	$0.00	$19.32	$21.01	$0.00	$39.89	$3.75	$18.61	$4.94
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.33	$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	$22.25	$4.52	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$262.60**	**$137.35**	**$0.00**	**$19.54**	**$21.42**	**$0.00**	**$56.99**	**$3.75**	**$18.61**	**$4.94**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.13**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **RIDGECREST REHAB & SKILLED NURSING CENTER**
Prvdr ID: **00141886A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.78%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.42	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6025	1.4015
Quarterly Medicaid PDPM:	1.1461	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.1690	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,744,991	$1,985,988	$0	$466,015	$178,742	$237,303	$724,114		$2,152,829	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($154,574)	$0	$0	$0	$0	$0	($129,976)		($24,598)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$129,976		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$24,598
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,744,991	$1,985,988	$0	$466,015	$178,742	$237,303	$594,138	$129,976	$2,128,231	$24,598
8	Total Nursing Facility Days As Filed Days = 8,722	FY23 Audited C/R Days	8,722									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 8,722	FY23 GL-PL Ins Rpt Days								8,722		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$658.68	$227.70	$0.00	$53.43	$47.70	*(with L&H)*	$68.12	$14.90	$244.01	$2.82
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6025**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$142.09								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$142.09	$0.00	$53.43	$47.70		$68.12	$14.90	$244.01	$2.82
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$287.77	$117.91	$0.00	$31.48	$33.35		$39.89	$14.90	47.42 *(FRV)*	$2.82
	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	$287.77	$117.91	$0.00	$31.48	$33.35	$0.00	$39.89	$14.90	$47.42	$2.82
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.1690**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.84								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$307.70	$137.84	$0.00	$31.48	$33.35	$0.00	$39.89	$14.90	$47.42	$2.82
	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 Srvs)	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 Srvcs)	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	$22.62	$5.52	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$330.32**	**$143.36**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$56.99**	**$14.90**	**$47.42**	**$2.82**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$234.92**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - MACON**
Prvdr ID: **00141908A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.06%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.68	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5365	1.4015
Quarterly Medicaid PDPM:	1.6626	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6959	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$11,133,462	$6,625,719	$0	$895,828	$384,040	$741,754	$1,907,233		$578,888	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($790,634)	($253,034)	$0	$0	($22,144)	($42,886)	($402,866)		($69,704)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$826,085		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$64,735
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$11,233,648	$6,372,685	$0	$895,828	$361,896	$698,868	$1,504,367	$826,085	$509,184	$64,735
8	Total Nursing Facility Days As Filed Days = 52,316	FY23 Audited C/R Days	49,553									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,316	FY23 GL-PL Ins Rpt Days								49,553		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$226.71	$128.60	$0.00	$18.08	$21.41	*(with L&H)*	$30.36	$16.67	$10.28	$1.31
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5365**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.70								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.70	$0.00	$18.08	$21.41		$30.36	$16.67	$10.28	$1.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$181.88	$83.70	$0.00	$18.08	$21.41		$30.36	$16.67	10.35 *(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	$181.88	$83.70	$0.00	$18.08	$21.41	$0.00	$30.36	$16.67	$10.35	$1.31
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6959**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$141.95								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.13	$141.95	$0.00	$18.08	$21.41	$0.00	$30.36	$16.67	$10.35	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.55	$3.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.68	$5.68								
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	$27.86	$9.76	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$267.99**	**$151.71**	**$0.00**	**$18.30**	**$21.82**	**$0.00**	**$47.83**	**$16.67**	**$10.35**	**$1.31**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$188.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MEMORIAL MANOR NURSING HOME**
Prvdr ID: **00141919A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.91%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	no data	0.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3439	1.4015
Quarterly Medicaid PDPM:	1.2970	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3230	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,052,102	$3,105,908	$0	$1,212,598	$371,107	$559,366	$589,607		$213,516	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($100,162)	($13,137)	$0	$0	$550	$829	($29,397)		($59,007)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$21,143		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$59,095
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,032,178	$3,092,771	$0	$1,212,598	$371,657	$560,195	$560,210	$21,143	$154,509	$59,095
8	Total Nursing Facility Days As Filed Days = 23,336	FY23 Audited C/R Days	23,336									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,336	FY23 GL-PL Ins Rpt Days								23,336		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$258.49	$132.53	$0.00	$51.96	$39.93	*(with L&H)*	$24.01	$0.91	$6.62	$2.53
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3439**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$98.62								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.62	$0.00	$51.96	$39.93		$24.01	$0.91	$6.62	$2.53
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$212.72	$98.62	$0.00	$39.92	$33.35		$24.01	$0.91	13.38 *(FRV)*	$2.53
	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	$212.72	$98.62	$0.00	$39.92	$33.35	$0.00	$24.01	$0.91	$13.38	$2.53
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3230**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$130.47								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$244.57	$130.47	$0.00	$39.92	$33.35	$0.00	$24.01	$0.91	$13.38	$2.53
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.26	$3.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	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	$21.26	$3.79	$0.00	$0.00	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$265.83**	**$134.26**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$41.48**	**$0.91**	**$13.38**	**$2.53**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$186.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MEDICAL MANAGEMENT HEALTH AND REHAB CENTER**
Prvdr ID: **00141941A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.19%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.99	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1558	1.4015
Quarterly Medicaid PDPM:	1.6850	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7187	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,022,020	$2,696,043	$0	$477,395	$309,023	$237,769	$840,508		$461,282	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($123,867)	$0	$0	$0	$0	$0	($70,786)		($53,081)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$53,081
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,951,234	$2,696,043	$0	$477,395	$309,023	$237,769	$769,722	$0	$408,201	$53,081
8	Total Nursing Facility Days As Filed Days = 29,290	FY23 Audited C/R Days	29,290									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,290	FY23 GL-PL Ins Rpt Days								29,290		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$169.05	$92.05	$0.00	$16.30	$18.67	*(with L&H)*	$26.28	$0.00	$13.94	$1.81
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1558**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$79.64								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.64	$0.00	$16.30	$18.67		$26.28	$0.00	$13.94	$1.81
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$152.95	$79.64	$0.00	$16.30	$18.67		$26.28	$0.00	10.25 *(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	$152.95	$79.64	$0.00	$16.30	$18.67	$0.00	$26.28	$0.00	$10.25	$1.81
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7187**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$136.88								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$210.19	$136.88	$0.00	$16.30	$18.67	$0.00	$26.28	$0.00	$10.25	$1.81
	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 = 0.0% (to Routine Srvs)	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 Srvcs)	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	$21.37	$3.27	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$231.56**	**$140.15**	**$0.00**	**$16.52**	**$19.08**	**$0.00**	**$43.75**	**$0.00**	**$10.25**	**$1.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$160.85**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WARM SPRINGS MEDICAL CENTER NURSING HOME**
Prvdr ID: **00141952A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.52%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.82	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3073	1.4015
Quarterly Medicaid PDPM:	1.2048	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2289	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,456,160	$3,855,645	$0	$701,410	$328,982	$376,778	$972,380		$220,965	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($49,787)	($2,663)	$0	$0	$2,720	$3,114	($44,458)		($8,500)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$47,121		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$8,570
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,462,064	$3,852,982	$0	$701,410	$331,702	$379,892	$927,922	$47,121	$212,465	$8,570
8	Total Nursing Facility Days As Filed Days = 25,304	FY23 Audited C/R Days	25,304									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,304	FY23 GL-PL Ins Rpt Days								25,304		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$255.38	$152.27	$0.00	$27.72	$28.12	*(with L&H)*	$36.67	$1.86	$8.40	$0.34
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3073**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$116.48								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$116.48	$0.00	$27.72	$28.12		$36.67	$1.86	$8.40	$0.34
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$226.46	$116.48	$0.00	$27.72	$28.12		$36.67	$1.86	15.27 *(FRV)*	$0.34
	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	$226.46	$116.48	$0.00	$27.72	$28.12	$0.00	$36.67	$1.86	$15.27	$0.34
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2289**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$143.14								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$253.12	$143.14	$0.00	$27.72	$28.12	$0.00	$36.67	$1.86	$15.27	$0.34
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$2.86	$2.86								
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	$21.49	$3.39	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$274.61**	**$146.53**	**$0.00**	**$27.94**	**$28.53**	**$0.00**	**$54.14**	**$1.86**	**$15.27**	**$0.34**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.13**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **AZALEA HEALTH AND REHABILITATION**
Prvdr ID: **00141963A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.90%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3388	1.4015
Quarterly Medicaid PDPM:	1.2855	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3112	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,444,862	$2,239,717	$0	$597,777	$236,328	$275,424	$848,161		$247,455	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($119,287)	$0	$0	$0	$0	$0	($69,461)		($49,826)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$69,461		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$49,826
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,444,862	$2,239,717	$0	$597,777	$236,328	$275,424	$778,700	$69,461	$197,629	$49,826
8	Total Nursing Facility Days As Filed Days = 17,380	FY23 Audited C/R Days	17,380									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,380	FY23 GL-PL Ins Rpt Days								17,380		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$255.74	$128.87	$0.00	$34.39	$29.44	*(with L&H)*	$44.80	$4.00	$11.37	$2.87
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3388**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$96.26								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$96.26	$0.00	$34.39	$29.44		$44.80	$4.00	$11.37	$2.87
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$217.51	$96.26	$0.00	$31.48	$29.44		$39.89	$4.00	13.57 *(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	$217.51	$96.26	$0.00	$31.48	$29.44	$0.00	$39.89	$4.00	$13.57	$2.87
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3112**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$126.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$247.47	$126.22	$0.00	$31.48	$29.44	$0.00	$39.89	$4.00	$13.57	$2.87
	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 = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.31	$6.31								
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	$25.61	$8.10	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$273.08**	**$134.32**	**$0.00**	**$31.48**	**$29.85**	**$0.00**	**$56.99**	**$4.00**	**$13.57**	**$2.87**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.99**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **EASTMAN HEALTHCARE & REHAB**
Prvdr ID: **00141974A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.92%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.18	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1335	1.4015
Quarterly Medicaid PDPM:	1.7025	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7366	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,927,197	$2,989,151	$0	$646,311	$336,120	$398,661	$1,189,118		$367,836	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($138,145)	$0	$0	$0	$0	$0	($125,336)		($12,809)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$125,336		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$12,809
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,927,197	$2,989,151	$0	$646,311	$336,120	$398,661	$1,063,782	$125,336	$355,027	$12,809
8	Total Nursing Facility Days As Filed Days = 33,637	FY23 Audited C/R Days	33,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,637	FY23 GL-PL Ins Rpt Days								33,637		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$176.20	$88.86	$0.00	$19.21	$21.84	*(with L&H)*	$31.63	$3.73	$10.55	$0.38
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1335**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$78.39								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.39	$0.00	$19.21	$21.84		$31.63	$3.73	$10.55	$0.38
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$165.63	$78.39	$0.00	$19.21	$21.84		$31.63	$3.73	10.45 *(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	$165.63	$78.39	$0.00	$19.21	$21.84	$0.00	$31.63	$3.73	$10.45	$0.38
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7366**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$136.13								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$223.37	$136.13	$0.00	$19.21	$21.84	$0.00	$31.63	$3.73	$10.45	$0.38
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.40	$3.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.08	$4.08								
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	$26.11	$8.01	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$249.48**	**$144.14**	**$0.00**	**$19.43**	**$22.25**	**$0.00**	**$49.10**	**$3.73**	**$10.45**	**$0.38**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$174.29**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MAGNOLIA MANOR OF MIDWAY**
Prvdr ID: **00141985A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.70%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.47	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3242	1.4015
Quarterly Medicaid PDPM:	1.3402	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3670	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,337,692	$4,533,601	$0	$669,679	$373,248	$371,785	$1,499,501		$889,878	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($415,294)	($109,136)	$0	$0	$0	$0	($157,078)		($149,080)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$266,214		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$149,080
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,337,692	$4,424,465	$0	$669,679	$373,248	$371,785	$1,342,423	$266,214	$740,798	$149,080
8	Total Nursing Facility Days As Filed Days = 26,486	FY23 Audited C/R Days	26,486									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,486	FY23 GL-PL Ins Rpt Days								26,486		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$314.79	$167.05	$0.00	$25.28	$28.13	*(with L&H)*	$50.68	$10.05	$27.97	$5.63
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3242**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$126.15								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$126.15	$0.00	$25.28	$28.13		$50.68	$10.05	$27.97	$5.63
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$244.67	$117.91	$0.00	$25.28	$28.13		$39.89	$10.05	17.78 *(FRV)*	$5.63
	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	$244.67	$117.91	$0.00	$25.28	$28.13	$0.00	$39.89	$10.05	$17.78	$5.63
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3670**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$161.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$287.94	$161.18	$0.00	$25.28	$28.13	$0.00	$39.89	$10.05	$17.78	$5.63
	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 Srvs)	Ln 19 Col b x CPS Add-on	$4.03	$4.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$26.60	$8.87	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$314.54**	**$170.05**	**$0.00**	**$25.50**	**$28.54**	**$0.00**	**$56.99**	**$10.05**	**$17.78**	**$5.63**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$223.08**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MILLER NURSING HOME**
Prvdr ID: **00141996A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	66.20%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.03	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	2.9630	1.4015
Quarterly Medicaid PDPM:	2.9069	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.9650	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,581,329	$4,082,823	$0	$1,147,026	$391,412	$524,334	$3,369,926		$1,065,808	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($152,427)	$0	$0	$0	$0	$0	($113,988)		($38,439)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$113,988		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$38,439
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,581,329	$4,082,823	$0	$1,147,026	$391,412	$524,334	$3,255,938	$113,988	$1,027,369	$38,439
8	Total Nursing Facility Days As Filed Days = 29,863	FY23 Audited C/R Days	29,863									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,863	FY23 GL-PL Ins Rpt Days								29,863		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$354.33	$136.72	$0.00	$38.41	$30.66	*(with L&H)*	$109.03	$3.82	$34.40	$1.29
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**2.9630**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$46.14								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$46.14	$0.00	$38.41	$30.66		$109.03	$3.82	$34.40	$1.29
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$187.21	$46.14	$0.00	$38.41	$30.66		$39.89	$3.82	27.00 *(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	$187.21	$46.14	$0.00	$38.41	$30.66	$0.00	$39.89	$3.82	$27.00	$1.29
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.9650**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$136.81								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$277.88	$136.81	$0.00	$38.41	$30.66	$0.00	$39.89	$3.82	$27.00	$1.29
	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 Srvs)	Ln 19 Col b x CPS Add-on	$7.52	$7.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.10	$4.10								
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	$29.88	$12.15	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$307.76**	**$148.96**	**$0.00**	**$38.63**	**$31.07**	**$0.00**	**$56.99**	**$3.82**	**$27.00**	**$1.29**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$218.00**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **NEW HORIZONS LIMESTONE**
Prvdr ID: **00142007A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.44%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.33	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4886	1.4015
Quarterly Medicaid PDPM:	1.3577	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3848	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,447,399	$5,892,555	$0	$1,383,158	$456,647	$963,094	$1,184,514		$567,431	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($46,865)	($147,969)	$0	$0	$245	$516	$106,506		($6,163)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$27,227		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,427,761	$5,744,586	$0	$1,383,158	$456,892	$963,610	$1,291,020	$27,227	$561,268	$0
8	Total Nursing Facility Days As Filed Days = 30,763	FY23 Audited C/R Days	30,763									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,763	FY23 GL-PL Ins Rpt Days								30,763		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$338.98	$186.74	$0.00	$44.96	$46.18	*(with L&H)*	$41.97	$0.89	$18.24	$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4886**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$125.45								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$125.45	$0.00	$44.96	$46.18		$41.97	$0.89	$18.24	$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$246.14	$117.91	$0.00	$39.92	$33.35		$39.89	$0.89	14.18 *(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	$246.14	$117.91	$0.00	$39.92	$33.35	$0.00	$39.89	$0.89	$14.18	$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3848**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$163.28								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$291.51	$163.28	$0.00	$39.92	$33.35	$0.00	$39.89	$0.89	$14.18	$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.63	$1.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.90	$4.90								
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	$23.63	$6.53	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$315.14**	**$169.81**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$56.99**	**$0.89**	**$14.18**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$223.53**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ARCHBOLD LIVING CAMILLA**
Prvdr ID: **00142018A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.95%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2926	1.4015
Quarterly Medicaid PDPM:	1.2392	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2640	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,515,943	$2,960,277	$0	$476,291	$389,350	$365,376	$1,073,453		$251,196	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($26,537)	$0	$0	$0	$0	$0	($20,084)		($6,453)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$20,084		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$6,453
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,515,943	$2,960,277	$0	$476,291	$389,350	$365,376	$1,053,369	$20,084	$244,743	$6,453
8	Total Nursing Facility Days As Filed Days = 15,657	FY23 Audited C/R Days	15,657									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,657	FY23 GL-PL Ins Rpt Days								15,657		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$352.29	$189.07	$0.00	$30.42	$48.20	*(with L&H)*	$67.28	$1.28	$15.63	$0.41
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2926**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$146.27								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$146.27	$0.00	$30.42	$48.20		$67.28	$1.28	$15.63	$0.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$238.27	$117.91	$0.00	$30.42	$33.35		$39.89	$1.28	15.01 *(FRV)*	$0.41
	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	$238.27	$117.91	$0.00	$30.42	$33.35	$0.00	$39.89	$1.28	$15.01	$0.41
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2640**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$149.04								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$269.40	$149.04	$0.00	$30.42	$33.35	$0.00	$39.89	$1.28	$15.01	$0.41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$4.47	$4.47								
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	$21.79	$4.47	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$291.19**	**$153.51**	**$0.00**	**$30.64**	**$33.35**	**$0.00**	**$56.99**	**$1.28**	**$15.01**	**$0.41**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$205.57**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MONTEZUMA HEALTH AND REHABILITATION**
Prvdr ID: **00142062A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	51.61%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.58	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3922	1.4015
Quarterly Medicaid PDPM:	1.4979	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5279	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,610,481	$2,365,530	$0	$502,388	$276,916	$329,590	$947,120		$188,937	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($70,519)	($1,005)	$0	$0	$0	$0	($58,841)		($10,673)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$52,650		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$10,673
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,603,285	$2,364,525	$0	$502,388	$276,916	$329,590	$888,279	$52,650	$178,264	$10,673
8	Total Nursing Facility Days As Filed Days = 18,816	FY23 Audited C/R Days	18,816									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,816	FY23 GL-PL Ins Rpt Days								18,816		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$244.65	$125.67	$0.00	$26.70	$32.23	*(with L&H)*	$47.21	$2.80	$9.47	$0.57
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3922**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.27								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.27	$0.00	$26.70	$32.23		$47.21	$2.80	$9.47	$0.57
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$208.22	$90.27	$0.00	$26.70	$32.23		$39.89	$2.80	15.76 *(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	$208.22	$90.27	$0.00	$26.70	$32.23	$0.00	$39.89	$2.80	$15.76	$0.57
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5279**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.92								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$255.87	$137.92	$0.00	$26.70	$32.23	$0.00	$39.89	$2.80	$15.76	$0.57
	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 Srvs)	Ln 19 Col b x CPS Add-on	$7.59	$7.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.28	$8.28								
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	$34.13	$16.40	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$290.00**	**$154.32**	**$0.00**	**$26.92**	**$32.64**	**$0.00**	**$56.99**	**$2.80**	**$15.76**	**$0.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.68**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **AVALON HEALTH AND REHABILITATION**
Prvdr ID: **00142084A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.25%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.60	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3193	1.4015
Quarterly Medicaid PDPM:	1.2091	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2332	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,897,617	$2,493,034	$0	$532,316	$251,224	$340,239	$956,859		$323,945	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($60,412)	$5,482	$0	($213)	($1,570)	($7,222)	($45,331)		($11,558)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$46,800		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$11,491
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,895,496	$2,498,516	$0	$532,103	$249,654	$333,017	$911,528	$46,800	$312,387	$11,491
8	Total Nursing Facility Days As Filed Days = 18,539	FY23 Audited C/R Days	18,539									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,539	FY23 GL-PL Ins Rpt Days								18,539		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$264.06	$134.77	$0.00	$28.70	$31.43	*(with L&H)*	$49.17	$2.52	$16.85	$0.62
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3193**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$102.15								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$102.15	$0.00	$28.70	$31.43		$49.17	$2.52	$16.85	$0.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$218.85	$102.15	$0.00	$28.70	$31.43		$39.89	$2.52	13.54 *(FRV)*	$0.62
	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	$218.85	$102.15	$0.00	$28.70	$31.43	$0.00	$39.89	$2.52	$13.54	$0.62
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2332**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$125.97								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$242.67	$125.97	$0.00	$28.70	$31.43	$0.00	$39.89	$2.52	$13.54	$0.62
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.15	$3.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.30	$6.30								
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	$27.71	$9.98	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$270.38**	**$135.95**	**$0.00**	**$28.92**	**$31.84**	**$0.00**	**$56.99**	**$2.52**	**$13.54**	**$0.62**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.96**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - MOULTRIE**
Prvdr ID: **00142095A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.53%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.24	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4658	1.4015
Quarterly Medicaid PDPM:	1.8668	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.9041	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,940,824	$2,504,392	$0	$423,377	$217,523	$272,041	$888,579		$634,912	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($249,422)	($74,970)	$0	$0	($582)	($730)	($131,027)		($42,113)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$247,073		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$41,404
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,979,879	$2,429,422	$0	$423,377	$216,941	$271,311	$757,552	$247,073	$592,799	$41,404
8	Total Nursing Facility Days As Filed Days = 22,941	FY23 Audited C/R Days	22,941									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,941	FY23 GL-PL Ins Rpt Days								22,941		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$217.07	$105.90	$0.00	$18.46	$21.28	*(with L&H)*	$33.02	$10.77	$25.84	$1.80
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4658**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$72.25								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.25	$0.00	$18.46	$21.28		$33.02	$10.77	$25.84	$1.80
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$177.89	$72.25	$0.00	$18.46	$21.28		$33.02	$10.77	20.31 *(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	$177.89	$72.25	$0.00	$18.46	$21.28	$0.00	$33.02	$10.77	$20.31	$1.80
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.9041**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$243.21	$137.57	$0.00	$18.46	$21.28	$0.00	$33.02	$10.77	$20.31	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	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	$26.89	$8.79	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$270.10**	**$146.36**	**$0.00**	**$18.68**	**$21.69**	**$0.00**	**$50.49**	**$10.77**	**$20.31**	**$1.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.75**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **RIVER BROOK HEALTHCARE CENTER**
Prvdr ID: **00142106A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.84%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.01	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2438	1.4015
Quarterly Medicaid PDPM:	1.3026	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3287	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,681,305	$2,770,330	$0	$462,814	$205,811	$234,454	$753,447		$254,449	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($197,226)	($48,002)	$0	($4,463)	$0	$7,209	($119,139)		($32,831)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$70,816		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$32,831
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,587,726	$2,722,328	$0	$458,351	$205,811	$241,663	$634,308	$70,816	$221,618	$32,831
8	Total Nursing Facility Days As Filed Days = 26,384	FY23 Audited C/R Days	26,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,384	FY23 GL-PL Ins Rpt Days								26,384		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$173.87	$103.18	$0.00	$17.37	$16.96	*(with L&H)*	$24.04	$2.68	$8.40	$1.24
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2438**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$82.96								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.96	$0.00	$17.37	$16.96		$24.04	$2.68	$8.40	$1.24
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$154.66	$82.96	$0.00	$17.37	$16.96		$24.04	$2.68	9.41 *(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	$154.66	$82.96	$0.00	$17.37	$16.96	$0.00	$24.04	$2.68	$9.41	$1.24
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3287**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$110.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$181.93	$110.23	$0.00	$17.37	$16.96	$0.00	$24.04	$2.68	$9.41	$1.24
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.76	$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$24.70	$6.60	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$206.63**	**$116.83**	**$0.00**	**$17.59**	**$17.37**	**$0.00**	**$41.51**	**$2.68**	**$9.41**	**$1.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$142.15**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ORCHARD VIEW REHABILITATION & SKILLED NURSING CTR**
Prvdr ID: **00142117A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.25%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.69	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4220	1.4015
Quarterly Medicaid PDPM:	1.3487	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3757	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$16,373,244	$9,041,748	$0	$1,488,993	$872,207	$775,764	$2,372,504		$1,822,028	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($441,059)	$266,961	$0	$0	$3,833	$3,432	($576,335)		($138,950)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$309,446		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$47,381
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$16,289,012	$9,308,709	$0	$1,488,993	$876,040	$779,196	$1,796,169	$309,446	$1,683,078	$47,381
8	Total Nursing Facility Days As Filed Days = 47,274	FY23 Audited C/R Days	47,280									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,274	FY23 GL-PL Ins Rpt Days								47,280		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$344.51	$196.88	$0.00	$31.49	$35.01	*(with L&H)*	$37.99	$6.54	$35.60	$1.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4220**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$138.45								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$138.45	$0.00	$31.49	$35.01		$37.99	$6.54	$35.60	$1.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$271.56	$117.91	$0.00	$31.48	$33.35		$37.99	$6.54	43.29 *(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	$271.56	$117.91	$0.00	$31.48	$33.35	$0.00	$37.99	$6.54	$43.29	$1.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3757**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$162.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$315.86	$162.21	$0.00	$31.48	$33.35	$0.00	$37.99	$6.54	$43.29	$1.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.37	$0.00	$0.00	$0.00	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.06	$4.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.49	$6.49								
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	$10.92	$10.55	$0.00	$0.00	$0.00	$0.00	$0.37	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$326.78**	**$172.76**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$38.36**	**$6.54**	**$43.29**	**$1.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$245.09**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SUMMERHILL ELDERLIVING HOME & CARE**
Prvdr ID: **00142139A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	45.45%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.64	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3385	1.4015
Quarterly Medicaid PDPM:	1.3043	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3304	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$15,078,472	$8,932,547	$0	$1,732,893	$798,471	$916,561	$2,348,868		$349,132	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($331,013)	$8,236	$0	$0	$0	$9	($223,940)		($115,318)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$244,672		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$115,318
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$15,107,449	$8,940,783	$0	$1,732,893	$798,471	$916,570	$2,124,928	$244,672	$233,814	$115,318
8	Total Nursing Facility Days As Filed Days = 52,991	FY23 Audited C/R Days	52,991									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,991	FY23 GL-PL Ins Rpt Days								52,991		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$285.09	$168.72	$0.00	$32.70	$32.36	*(with L&H)*	$40.10	$4.62	$4.41	$2.18
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3385**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$126.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$126.05	$0.00	$32.70	$32.36		$40.10	$4.62	$4.41	$2.18
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$248.22	$117.91	$0.00	$31.48	$32.36		$39.89	$4.62	19.78 *(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	$248.22	$117.91	$0.00	$31.48	$32.36	$0.00	$39.89	$4.62	$19.78	$2.18
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3304**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$156.87								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$287.18	$156.87	$0.00	$31.48	$32.36	$0.00	$39.89	$4.62	$19.78	$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)	$0.41	$0.00	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$8.63	$8.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.84	$7.84								
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	$33.98	$16.47	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$321.16**	**$173.34**	**$0.00**	**$31.48**	**$32.77**	**$0.00**	**$56.99**	**$4.62**	**$19.78**	**$2.18**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$228.05**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HERITAGE INN HEALTH AND REHABILITATION**
Prvdr ID: **00142161A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.58%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.13	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3209	1.4015
Quarterly Medicaid PDPM:	1.3121	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3383	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,922,617	$2,080,275	$0	$468,894	$219,465	$215,897	$771,122		$166,964	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($136,669)	$0	$0	$0	($4)	($4)	($94,726)		($41,935)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$47,840		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$41,934
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,875,722	$2,080,275	$0	$468,894	$219,461	$215,893	$676,396	$47,840	$125,029	$41,934
8	Total Nursing Facility Days As Filed Days = 18,131	FY23 Audited C/R Days	18,131									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,131	FY23 GL-PL Ins Rpt Days								18,131		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$213.77	$114.74	$0.00	$25.86	$24.01	*(with L&H)*	$37.31	$2.64	$6.90	$2.31
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3209**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$86.86								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$86.86	$0.00	$25.86	$24.01		$37.31	$2.64	$6.90	$2.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$188.81	$86.86	$0.00	$25.86	$24.01		$37.31	$2.64	9.82 *(FRV)*	$2.31
	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	$188.81	$86.86	$0.00	$25.86	$24.01	$0.00	$37.31	$2.64	$9.82	$2.31
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3383**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$116.24								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$218.19	$116.24	$0.00	$25.86	$24.01	$0.00	$37.31	$2.64	$9.82	$2.31
	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 = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$5.81	$5.81								
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	$25.60	$7.50	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$243.79**	**$123.74**	**$0.00**	**$26.08**	**$24.42**	**$0.00**	**$54.78**	**$2.64**	**$9.82**	**$2.31**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$170.02**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **NURSE CARE OF BUCKHEAD**
Prvdr ID: **00142183A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.07%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.04	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3588	1.4015
Quarterly Medicaid PDPM:	1.3294	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3560	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$18,393,418	$9,683,156	$0	$1,230,934	$586,441	$962,829	$2,859,818		$3,070,240	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($880,639)	($35,159)	$0	$0	$0	$0	($547,026)		($298,454)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$545,462		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$298,454
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$18,356,695	$9,647,997	$0	$1,230,934	$586,441	$962,829	$2,312,792	$545,462	$2,771,786	$298,454
8	Total Nursing Facility Days As Filed Days = 70,852	FY23 Audited C/R Days	70,852									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 70,852	FY23 GL-PL Ins Rpt Days								70,852		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$259.08	$136.17	$0.00	$17.37	$21.87	*(with L&H)*	$32.64	$7.70	$39.12	$4.21
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3588**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$100.21								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.21	$0.00	$17.37	$21.87		$32.64	$7.70	$39.12	$4.21
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$197.72	$100.21	$0.00	$17.37	$21.87		$32.64	$7.70	13.72 *(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	$197.72	$100.21	$0.00	$17.37	$21.87	$0.00	$32.64	$7.70	$13.72	$4.21
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3560**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$135.88								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$233.39	$135.88	$0.00	$17.37	$21.87	$0.00	$32.64	$7.70	$13.72	$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)	$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$2.72	$2.72								
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	$21.35	$3.25	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$254.74**	**$139.13**	**$0.00**	**$17.59**	**$22.28**	**$0.00**	**$50.11**	**$7.70**	**$13.72**	**$4.21**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$178.23**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PINEWOOD NURSING CENTER**
Prvdr ID: **00142205A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.95%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.36	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1789	1.4015
Quarterly Medicaid PDPM:	1.4115	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4397	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,721,025	$1,351,658	$0	$355,201	$193,222	$400,374	$881,169		$539,401	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($658,619)	($29,526)	$0	$0	($563)	($18,456)	($542,862)		($67,212)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$101,139		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$66,877
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,230,422	$1,322,132	$0	$355,201	$192,659	$381,918	$338,307	$101,139	$472,189	$66,877
8	Total Nursing Facility Days As Filed Days = 20,741	FY23 Audited C/R Days	20,741									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,741	FY23 GL-PL Ins Rpt Days								20,741		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$155.75	$63.74	$0.00	$17.13	$27.70	*(with L&H)*	$16.31	$4.88	$22.77	$3.22
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1789**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$54.07								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$54.07	$0.00	$17.13	$27.70		$16.31	$4.88	$22.77	$3.22
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$133.35	$54.07	$0.00	$17.13	$27.70		$16.31	$4.88	10.04 *(FRV)*	$3.22
	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	$133.35	$54.07	$0.00	$17.13	$27.70	$0.00	$16.31	$4.88	$10.04	$3.22
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4397**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$77.84								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$157.12	$77.84	$0.00	$17.13	$27.70	$0.00	$16.31	$4.88	$10.04	$3.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$0.78	$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.56	$1.56								
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	$20.97	$2.87	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$178.09**	**$80.71**	**$0.00**	**$17.35**	**$28.11**	**$0.00**	**$33.78**	**$4.88**	**$10.04**	**$3.22**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$120.74**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **OAKVIEW HEALTH AND REHABILITATION**
Prvdr ID: **00142238A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.88%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.57	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3173	1.4015
Quarterly Medicaid PDPM:	1.3576	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3848	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,173,649	$5,171,145	$0	$1,031,727	$487,662	$536,151	$1,778,142		$1,168,822	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($304,535)	$0	$0	$0	$0	$0	($258,337)		($46,198)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$79,755		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$46,198
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,995,067	$5,171,145	$0	$1,031,727	$487,662	$536,151	$1,519,805	$79,755	$1,122,624	$46,198
8	Total Nursing Facility Days As Filed Days = 44,842	FY23 Audited C/R Days	44,842									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,842	FY23 GL-PL Ins Rpt Days								44,842		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$222.90	$115.32	$0.00	$23.01	$22.83	*(with L&H)*	$33.89	$1.78	$25.04	$1.03
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3173**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$87.54								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.54	$0.00	$23.01	$22.83		$33.89	$1.78	$25.04	$1.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$188.48	$87.54	$0.00	$23.01	$22.83		$33.89	$1.78	18.40 *(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	$188.48	$87.54	$0.00	$23.01	$22.83	$0.00	$33.89	$1.78	$18.40	$1.03
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3848**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$121.23								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$222.17	$121.23	$0.00	$23.01	$22.83	$0.00	$33.89	$1.78	$18.40	$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 Srvs)	Ln 19 Col b x CPS Add-on	$1.21	$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$25.90	$7.80	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$248.07**	**$129.03**	**$0.00**	**$23.23**	**$23.24**	**$0.00**	**$51.36**	**$1.78**	**$18.40**	**$1.03**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$173.23**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **OAK VIEW HOME, INC**
Prvdr ID: **00142249A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.93%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.46	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2422	1.4015
Quarterly Medicaid PDPM:	1.2762	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3017	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,952,601	$3,108,936	$0	$626,755	$264,280	$450,787	$1,075,033		$426,810	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($87,287)	($23,765)	$0	$0	$0	($25,388)	($10,747)		($27,387)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$52,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$27,387
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,944,701	$3,085,171	$0	$626,755	$264,280	$425,399	$1,064,286	$52,000	$399,423	$27,387
8	Total Nursing Facility Days As Filed Days = 26,129	FY23 Audited C/R Days	26,203									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,129	FY23 GL-PL Ins Rpt Days								26,203		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$226.87	$117.74	$0.00	$23.92	$26.32	*(with L&H)*	$40.62	$1.98	$15.24	$1.05
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2422**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$94.78								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.78	$0.00	$23.92	$26.32		$40.62	$1.98	$15.24	$1.05
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$200.45	$94.78	$0.00	$23.92	$26.32		$39.89	$1.98	12.51 *(FRV)*	$1.05
	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	$200.45	$94.78	$0.00	$23.92	$26.32	$0.00	$39.89	$1.98	$12.51	$1.05
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3017**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.38								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$229.05	$123.38	$0.00	$23.92	$26.32	$0.00	$39.89	$1.98	$12.51	$1.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$3.08	$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$27.51	$9.78	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$256.56**	**$133.16**	**$0.00**	**$24.14**	**$26.73**	**$0.00**	**$56.99**	**$1.98**	**$12.51**	**$1.05**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.60**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE OAKS NURSING HOME, INC**
Prvdr ID: **00142271A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	52.63%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.74	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4306	1.4015
Quarterly Medicaid PDPM:	1.4671	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4964	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,453,957	$2,517,947	$0	$477,258	$290,940	$391,606	$735,928		$40,278	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($116,157)	($9,724)	$0	$615	$494	$2,206	($73,900)		($35,848)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$67,700		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$35,909
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,441,409	$2,508,223	$0	$477,873	$291,434	$393,812	$662,028	$67,700	$4,430	$35,909
8	Total Nursing Facility Days As Filed Days = 20,499	FY23 Audited C/R Days	20,499									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,499	FY23 GL-PL Ins Rpt Days								20,499		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$216.67	$122.36	$0.00	$23.31	$33.43	*(with L&H)*	$32.30	$3.30	$0.22	$1.75
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4306**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$85.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.53	$0.00	$23.31	$33.43		$32.30	$3.30	$0.22	$1.75
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$198.29	$85.53	$0.00	$23.31	$33.35		$32.30	$3.30	18.75 *(FRV)*	$1.75
	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	$198.29	$85.53	$0.00	$23.31	$33.35	$0.00	$32.30	$3.30	$18.75	$1.75
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4964**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.99								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.75	$127.99	$0.00	$23.31	$33.35	$0.00	$32.30	$3.30	$18.75	$1.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.04	$7.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.40	$6.40								
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	$31.66	$13.97	$0.00	$0.22	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$272.41**	**$141.96**	**$0.00**	**$23.53**	**$33.35**	**$0.00**	**$49.77**	**$3.30**	**$18.75**	**$1.75**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.48**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - OLD CAPITOL**
Prvdr ID: **00142304A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.89%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.40	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3006	1.4015
Quarterly Medicaid PDPM:	1.3505	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3775	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,013,387	$3,378,585	$0	$532,026	$267,897	$346,817	$1,216,238		$271,824	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($517,414)	($213,289)	$0	$0	$0	$0	($266,678)		($37,447)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$517,210		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$36,849
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,050,032	$3,165,296	$0	$532,026	$267,897	$346,817	$949,560	$517,210	$234,377	$36,849
8	Total Nursing Facility Days As Filed Days = 26,925	FY23 Audited C/R Days	26,925									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,925	FY23 GL-PL Ins Rpt Days								26,925		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$224.70	$117.56	$0.00	$19.76	$22.83	*(with L&H)*	$35.27	$19.21	$8.70	$1.37
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3006**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.39								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.39	$0.00	$19.76	$22.83		$35.27	$19.21	$8.70	$1.37
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$198.91	$90.39	$0.00	$19.76	$22.83		$35.27	$19.21	10.08 *(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	$198.91	$90.39	$0.00	$19.76	$22.83	$0.00	$35.27	$19.21	$10.08	$1.37
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3775**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$124.51								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$233.03	$124.51	$0.00	$19.76	$22.83	$0.00	$35.27	$19.21	$10.08	$1.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.11	$3.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.23	$6.23								
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	$27.97	$9.87	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$261.00**	**$134.38**	**$0.00**	**$19.98**	**$23.24**	**$0.00**	**$52.74**	**$19.21**	**$10.08**	**$1.37**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$182.93**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - OCILLA**
Prvdr ID: **00142315A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.51%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.83	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5770	1.4015
Quarterly Medicaid PDPM:	1.5068	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5369	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,247,055	$2,934,974	$0	$384,409	$345,789	$295,203	$914,601		$372,079	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($284,357)	($28,879)	$0	$0	($5,959)	($5,089)	($208,085)		($36,345)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$299,907		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$35,239
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,297,844	$2,906,095	$0	$384,409	$339,830	$290,114	$706,516	$299,907	$335,734	$35,239
8	Total Nursing Facility Days As Filed Days = 22,731	FY23 Audited C/R Days	22,731									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,731	FY23 GL-PL Ins Rpt Days								22,731		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$233.06	$127.85	$0.00	$16.91	$27.71	*(with L&H)*	$31.08	$13.19	$14.77	$1.55
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5770**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.07								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.07	$0.00	$16.91	$27.71		$31.08	$13.19	$14.77	$1.55
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$183.81	$81.07	$0.00	$16.91	$27.71		$31.08	$13.19	12.30 *(FRV)*	$1.55
	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	$183.81	$81.07	$0.00	$16.91	$27.71	$0.00	$31.08	$13.19	$12.30	$1.55
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5369**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$124.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.34	$124.60	$0.00	$16.91	$27.71	$0.00	$31.08	$13.19	$12.30	$1.55
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.12	$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.23	$6.23								
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	$27.98	$9.88	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$255.32**	**$134.48**	**$0.00**	**$17.13**	**$28.12**	**$0.00**	**$48.55**	**$13.19**	**$12.30**	**$1.55**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$178.67**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PALEMON GASKINS MEM NSG HOME**
Prvdr ID: **00142326A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.58%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.42	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2418	1.4015
Quarterly Medicaid PDPM:	1.1337	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.1564	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$2,453,723	$1,090,805	$0	$380,378	$65,659	$251,690	$567,370		$97,821	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($54,859)	$0	$0	$0	$0	$0	($52,095)		($2,764)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$52,095		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$2,764
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$2,453,723	$1,090,805	$0	$380,378	$65,659	$251,690	$515,275	$52,095	$95,057	$2,764
8	Total Nursing Facility Days As Filed Days = 9,005	FY23 Audited C/R Days	9,005									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 9,005	FY23 GL-PL Ins Rpt Days								9,005		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$272.49	$121.13	$0.00	$42.24	$35.24	*(with L&H)*	$57.22	$5.79	$10.56	$0.31
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2418**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$97.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.55	$0.00	$42.24	$35.24		$57.22	$5.79	$10.56	$0.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$235.67	$97.55	$0.00	$39.92	$33.35		$39.89	$5.79	18.86 *(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	$235.67	$97.55	$0.00	$39.92	$33.35	$0.00	$39.89	$5.79	$18.86	$0.31
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.1564**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$112.81								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$250.93	$112.81	$0.00	$39.92	$33.35	$0.00	$39.89	$5.79	$18.86	$0.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.82	$2.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	$22.71	$5.61	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$273.64**	**$118.42**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$56.99**	**$5.79**	**$18.86**	**$0.31**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - PALMYRA**
Prvdr ID: **00142337A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.43%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3474	1.4015
Quarterly Medicaid PDPM:	1.4597	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4889	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,889,234	$8,052,907	$0	$1,084,003	$919,892	$531,327	$2,336,684		$964,421	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($802,177)	($390,117)	$0	$0	$2,558	$1,477	($327,610)		($88,485)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$903,334		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$119,913
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$14,110,304	$7,662,790	$0	$1,084,003	$922,450	$532,804	$2,009,074	$903,334	$875,936	$119,913
8	Total Nursing Facility Days As Filed Days = 64,199	FY23 Audited C/R Days	64,199									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 64,199	FY23 GL-PL Ins Rpt Days								64,199		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$219.79	$119.36	$0.00	$16.89	$22.67	*(with L&H)*	$31.29	$14.07	$13.64	$1.87
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3474**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$88.58								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.58	$0.00	$16.89	$22.67		$31.29	$14.07	$13.64	$1.87
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$187.32	$88.58	$0.00	$16.89	$22.67		$31.29	$14.07	11.95 *(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	$187.32	$88.58	$0.00	$16.89	$22.67	$0.00	$31.29	$14.07	$11.95	$1.87
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4889**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$131.89								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$230.63	$131.89	$0.00	$16.89	$22.67	$0.00	$31.29	$14.07	$11.95	$1.87
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.30	$3.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$28.52	$10.42	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$259.15**	**$142.31**	**$0.00**	**$17.11**	**$23.08**	**$0.00**	**$48.76**	**$14.07**	**$11.95**	**$1.87**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.54**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BLUE RIDGE CARE CENTER LLC**
Prvdr ID: **00142359A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.27%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.64	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2989	1.4015
Quarterly Medicaid PDPM:	1.4476	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4766	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$29,494,617	$10,096,014	$0	$4,358,003	$2,047,376	$3,439,188	$4,416,113		$5,137,923	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($121,394)	$0	$0	$0	$0	$0	($119,975)		($1,419)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$119,975		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$1,419
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$29,494,617	$10,096,014	$0	$4,358,003	$2,047,376	$3,439,188	$4,296,138	$119,975	$5,136,504	$1,419
8	Total Nursing Facility Days As Filed Days = 50,405	FY23 Audited C/R Days	50,405									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,405	FY23 GL-PL Ins Rpt Days								50,405		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$585.15	$200.30	$0.00	$86.46	$108.85	*(with L&H)*	$85.23	$2.38	$101.90	$0.03
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2989**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$154.21								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$154.21	$0.00	$86.46	$108.85		$85.23	$2.38	$101.90	$0.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$245.96	$117.91	$0.00	$39.92	$33.35		$39.89	$2.38	12.48 *(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	$245.96	$117.91	$0.00	$39.92	$33.35	$0.00	$39.89	$2.38	$12.48	$0.03
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4766**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$174.11								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$302.16	$174.11	$0.00	$39.92	$33.35	$0.00	$39.89	$2.38	$12.48	$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)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$9.58	$9.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$31.90	$14.80	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$334.06**	**$188.91**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$56.99**	**$2.38**	**$12.48**	**$0.03**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$237.72**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE LODGE**
Prvdr ID: **00142381A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.31	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5400	1.4015
Quarterly Medicaid PDPM:	1.5544	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5855	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,057,795	$4,894,513	$0	$756,313	$432,822	$492,885	$1,396,518		$84,744	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($262,093)	($22,693)	$0	$740	$148	($11,580)	($192,751)		($35,957)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$182,264		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$6,835
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,984,801	$4,871,820	$0	$757,053	$432,970	$481,305	$1,203,767	$182,264	$48,787	$6,835
8	Total Nursing Facility Days As Filed Days = 29,892	FY23 Audited C/R Days	29,892									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,892	FY23 GL-PL Ins Rpt Days								29,892		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$267.13	$162.98	$0.00	$25.33	$30.59	*(with L&H)*	$40.27	$6.10	$1.63	$0.23
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5400**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$105.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$105.83	$0.00	$25.33	$30.59		$40.27	$6.10	$1.63	$0.23
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$247.95	$105.83	$0.00	$25.33	$30.59		$39.89	$6.10	39.98 *(FRV)*	$0.23
	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	$247.95	$105.83	$0.00	$25.33	$30.59	$0.00	$39.89	$6.10	$39.98	$0.23
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5855**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$167.79								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$309.91	$167.79	$0.00	$25.33	$30.59	$0.00	$39.89	$6.10	$39.98	$0.23
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.68	$1.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$24.97	$7.24	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$334.88**	**$175.03**	**$0.00**	**$25.55**	**$31.00**	**$0.00**	**$56.99**	**$6.10**	**$39.98**	**$0.23**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$238.34**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ARCHBOLD LIVING PELHAM**
Prvdr ID: **00142425A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.61%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.99	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2271	1.4015
Quarterly Medicaid PDPM:	1.2278	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2523	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,269,884	$5,770,708	$0	$892,247	$752,110	$797,794	$1,518,152		$538,873	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($57,861)	$0	$0	$0	$0	$0	($42,131)		($15,730)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$42,131		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$15,730
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,269,884	$5,770,708	$0	$892,247	$752,110	$797,794	$1,476,021	$42,131	$523,143	$15,730
8	Total Nursing Facility Days As Filed Days = 33,791	FY23 Audited C/R Days	33,791									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,791	FY23 GL-PL Ins Rpt Days								33,791		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$303.93	$170.78	$0.00	$26.40	$45.87	*(with L&H)*	$43.68	$1.25	$15.48	$0.47
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2271**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$139.18								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$139.18	$0.00	$26.40	$45.87		$43.68	$1.25	$15.48	$0.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$235.17	$117.91	$0.00	$26.40	$33.35		$39.89	$1.25	15.90 *(FRV)*	$0.47
	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	$235.17	$117.91	$0.00	$26.40	$33.35	$0.00	$39.89	$1.25	$15.90	$0.47
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2523**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$147.66								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$264.92	$147.66	$0.00	$26.40	$33.35	$0.00	$39.89	$1.25	$15.90	$0.47
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.48	$1.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.43	$4.43								
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	$23.23	$5.91	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$288.15**	**$153.57**	**$0.00**	**$26.62**	**$33.35**	**$0.00**	**$56.99**	**$1.25**	**$15.90**	**$0.47**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.29**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - JASPER**
Prvdr ID: **00142436A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	48.72%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4928	1.4015
Quarterly Medicaid PDPM:	1.5654	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5967	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,820,087	$2,606,276	$0	$503,092	$307,947	$301,438	$832,954		$268,380	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($238,270)	($109,306)	$0	$0	$0	($2,660)	($96,192)		($30,112)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$217,422		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$29,258
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,828,497	$2,496,970	$0	$503,092	$307,947	$298,778	$736,762	$217,422	$238,268	$29,258
8	Total Nursing Facility Days As Filed Days = 18,448	FY23 Audited C/R Days	18,448									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,448	FY23 GL-PL Ins Rpt Days								18,448		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$261.75	$135.35	$0.00	$27.27	$32.89	*(with L&H)*	$39.94	$11.79	$12.92	$1.59
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4928**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.67								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.67	$0.00	$27.27	$32.89		$39.94	$11.79	$12.92	$1.59
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$223.15	$90.67	$0.00	$27.27	$32.89		$39.89	$11.79	19.05 *(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	$223.15	$90.67	$0.00	$27.27	$32.89	$0.00	$39.89	$11.79	$19.05	$1.59
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5967**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$144.77								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$277.25	$144.77	$0.00	$27.27	$32.89	$0.00	$39.89	$11.79	$19.05	$1.59
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.10	$0.53	$0.00	$0.22	$0.35	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.96	$7.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.24	$7.24								
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	$33.40	$15.73	$0.00	$0.22	$0.35	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$310.65**	**$160.50**	**$0.00**	**$27.49**	**$33.24**	**$0.00**	**$56.99**	**$11.79**	**$19.05**	**$1.59**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$220.16**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARBORVIEW PIERCE COUNTY**
Prvdr ID: **00142447A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.78%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.85	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6482	1.4015
Quarterly Medicaid PDPM:	1.9528	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.9919	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,154,451	$3,445,889	$0	$627,559	$333,435	$364,105	$1,040,408		$1,343,055	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($261,893)	($83,228)	$0	($753)	$6	$1,573	($70,266)		($109,225)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$102,099		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$109,225
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,103,882	$3,362,661	$0	$626,806	$333,441	$365,678	$970,142	$102,099	$1,233,830	$109,225
8	Total Nursing Facility Days As Filed Days = 26,636	FY23 Audited C/R Days	26,636									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,636	FY23 GL-PL Ins Rpt Days								26,636		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$266.69	$126.24	$0.00	$23.53	$26.25	*(with L&H)*	$36.42	$3.83	$46.32	$4.10
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6482**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$76.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.59	$0.00	$23.53	$26.25		$36.42	$3.83	$46.32	$4.10
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.65	$76.59	$0.00	$23.53	$26.25		$36.42	$3.83	19.93 *(FRV)*	$4.10
	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	$190.65	$76.59	$0.00	$23.53	$26.25	$0.00	$36.42	$3.83	$19.93	$4.10
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.9919**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$152.56								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$266.62	$152.56	$0.00	$23.53	$26.25	$0.00	$36.42	$3.83	$19.93	$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)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$3.81	$3.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.63	$7.63								
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	$30.07	$11.97	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$296.69**	**$164.53**	**$0.00**	**$23.75**	**$26.66**	**$0.00**	**$53.89**	**$3.83**	**$19.93**	**$4.10**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$209.69**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PINE KNOLL NURSING & REHAB CTR**
Prvdr ID: **00142458A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.87%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.21	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4125	1.4015
Quarterly Medicaid PDPM:	1.5593	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5905	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,400,126	$5,091,369	$0	$797,135	$364,660	$347,747	$1,456,587		$1,342,628	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($84,077)	($171,578)	$0	$0	$0	$300	$135,103		($47,902)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$24,635		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$47,902
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,388,586	$4,919,791	$0	$797,135	$364,660	$348,047	$1,591,690	$24,635	$1,294,726	$47,902
8	Total Nursing Facility Days As Filed Days = 39,231	FY23 Audited C/R Days	39,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,231	FY23 GL-PL Ins Rpt Days								39,231		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$239.32	$125.41	$0.00	$20.32	$18.17	*(with L&H)*	$40.57	$0.63	$33.00	$1.22
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4125**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$88.79								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.79	$0.00	$20.32	$18.17		$40.57	$0.63	$33.00	$1.22
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$179.16	$88.79	$0.00	$20.32	$18.17		$39.89	$0.63	10.14 *(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	$179.16	$88.79	$0.00	$20.32	$18.17	$0.00	$39.89	$0.63	$10.14	$1.22
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5905**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$141.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.59	$141.22	$0.00	$20.32	$18.17	$0.00	$39.89	$0.63	$10.14	$1.22
	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 = 0.0% (to Routine Srvs)	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 Srvcs)	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	$22.50	$4.77	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$254.09**	**$145.99**	**$0.00**	**$20.54**	**$18.58**	**$0.00**	**$56.99**	**$0.63**	**$10.14**	**$1.22**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.74**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CROSSVIEW CARE CENTER**
Prvdr ID: **00142502A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.43%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.89	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2178	1.4015
Quarterly Medicaid PDPM:	1.1911	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2150	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,864,445	$3,353,269	$0	$492,776	$227,308	$281,663	$783,634		$725,795	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($155,476)	($48,115)	$0	$0	$0	$1,500	($52,652)		($56,209)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$68,037		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$56,209
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,833,215	$3,305,154	$0	$492,776	$227,308	$283,163	$730,982	$68,037	$669,586	$56,209
8	Total Nursing Facility Days As Filed Days = 27,145	FY23 Audited C/R Days	27,145									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,145	FY23 GL-PL Ins Rpt Days								27,145		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$214.90	$121.76	$0.00	$18.15	$18.81	*(with L&H)*	$26.93	$2.51	$24.67	$2.07
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2178**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$99.98								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.98	$0.00	$18.15	$18.81		$26.93	$2.51	$24.67	$2.07
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.82	$99.98	$0.00	$18.15	$18.81		$26.93	$2.51	10.37 *(FRV)*	$2.07
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$178.82	$99.98	$0.00	$18.15	$18.81	$0.00	$26.93	$2.51	$10.37	$2.07
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2150**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$121.48								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$200.32	$121.48	$0.00	$18.15	$18.81	$0.00	$26.93	$2.51	$10.37	$2.07
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.04	$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.43	$2.43								
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	$24.10	$6.00	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$224.42**	**$127.48**	**$0.00**	**$18.37**	**$19.22**	**$0.00**	**$44.40**	**$2.51**	**$10.37**	**$2.07**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$155.49**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PINEWOOD MANOR NURSING HOME & REHABILITATION CNTR**
Prvdr ID: **00142513A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.81%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.92	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3745	1.4015
Quarterly Medicaid PDPM:	1.2287	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2533	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,396,020	$2,428,015	$0	$592,488	$300,743	$341,544	$1,233,398		$499,832	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($78,476)	$36,478	$0	$0	$0	$0	($87,103)		($27,851)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$50,625		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$27,851
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,396,020	$2,464,493	$0	$592,488	$300,743	$341,544	$1,146,295	$50,625	$471,981	$27,851
8	Total Nursing Facility Days As Filed Days = 23,325	FY23 Audited C/R Days	23,325									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,325	FY23 GL-PL Ins Rpt Days								23,325		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$231.33	$105.66	$0.00	$25.40	$27.54	*(with L&H)*	$49.14	$2.17	$20.23	$1.19
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3745**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$76.87								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.87	$0.00	$25.40	$27.54		$49.14	$2.17	$20.23	$1.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.08	$76.87	$0.00	$25.40	$27.54		$39.89	$2.17	12.02 *(FRV)*	$1.19
	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	$185.08	$76.87	$0.00	$25.40	$27.54	$0.00	$39.89	$2.17	$12.02	$1.19
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2533**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$96.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$204.55	$96.34	$0.00	$25.40	$27.54	$0.00	$39.89	$2.17	$12.02	$1.19
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.30	$5.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.89	$2.89								
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	$26.45	$8.72	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$231.00**	**$105.06**	**$0.00**	**$25.62**	**$27.95**	**$0.00**	**$56.99**	**$2.17**	**$12.02**	**$1.19**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$160.43**									

FINAL

Provider: **LILLIAN CARTER HEALTH & REHABILITATION**
Prvdr ID: **00142524A**
H/B ?: No
Case Mix Per Diem Rate Effective Date: **04/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	60.0%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.07	4.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3994	1.4015
Quarterly Medicaid PDPM:	1.7274	1.4756
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7619	1.5054

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			***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 **2022**	FY2022 C/R -FY 2022 GL-PL Rpt		3,426,459		600,488	631,491		939,740	780,000	492,790	34,774
	Inflation (July 2022) @ 4.70%			161,044		28,223	29,680		44,168			1,634
	Patient Days	FY 2022 Cost Rpt		27,401		27,401	27,401		27,401	16,500	27,401	27,401
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 22 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			130.93		22.94	24.13		35.91	2.63	17.98	1.33
	Base Period Facility PDPM for all Residents			**1.3994**								
	Routine Services PDPM Adjusted Net Per Diem			$93.56								
	Net Per Diems After PDPM Adjustments		$198.48	$93.56		$22.94	$24.13		$35.91	$2.63	$17.98	1.33
	Per Diem Standards			$117.91		$31.48	$33.35		$39.89			
	Base Period PDPM Adjusted Allowed Per Diem		$193.55	$93.56		$22.94	$24.13		$35.91	$2.63	13.05	1.33
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$193.54	$93.56		$22.94	$24.13		$35.91	$2.63	$13.05	$1.33
	Quarterly Facility PDPM for Medicaid Residents			**1.7619**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$164.84								
	Quarterly Medicaid PDPMA Allowed Per Diem		$264.83	$164.84		$22.94	$24.13		$35.91	$2.63	$13.05	$1.33
	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 = 5.5% (to Routine Srvs)		$9.07	9.07								
	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		$6.59	6.59								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$34.29									
	Quarterly PDPM Based Per Diem Rate		**$299.12**	**$181.03**		**$23.16**	**$24.54**		**$53.38**	**$2.63**	**$13.05**	**$1.33**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$211.52**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE PLACE AT MARTINEZ**
Prvdr ID: **00142535A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	45.65%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.70	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1609	1.4015
Quarterly Medicaid PDPM:	1.3028	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3289	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,627,619	$3,498,829	$0	$701,259	$361,777	$304,770	$1,271,274		$489,710	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($501,659)	($3,646)	$0	$0	$0	$0	($394,172)		($103,841)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$371,552		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$103,841
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,601,353	$3,495,183	$0	$701,259	$361,777	$304,770	$877,102	$371,552	$385,869	$103,841
8	Total Nursing Facility Days As Filed Days = 29,144	FY23 Audited C/R Days	29,144									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,144	FY23 GL-PL Ins Rpt Days								29,144		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$226.51	$119.93	$0.00	$24.06	$22.87	*(with L&H)*	$30.10	$12.75	$13.24	$3.56
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1609**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$103.31								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$103.31	$0.00	$24.06	$22.87		$30.10	$12.75	$13.24	$3.56
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.27	$103.31	$0.00	$24.06	$22.87		$30.10	$12.75	13.62 *(FRV)*	$3.56
	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	$210.27	$103.31	$0.00	$24.06	$22.87	$0.00	$30.10	$12.75	$13.62	$3.56
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3289**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.29								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$244.25	$137.29	$0.00	$24.06	$22.87	$0.00	$30.10	$12.75	$13.62	$3.56
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.55	$7.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.12	$4.12								
23	Nursing Home Provider Fee	(Fixed Amount)	$17.10						$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	$30.30	$12.20	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$274.55**	**$149.49**	**$0.00**	**$24.28**	**$23.28**	**$0.00**	**$47.57**	**$12.75**	**$13.62**	**$3.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.09**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PLEASANT VIEW NURSING CENTER**
Prvdr ID: **00142546A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.05%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.97	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1695	1.4015
Quarterly Medicaid PDPM:	1.4310	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4596	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,457,842	$3,565,968	$0	$557,549	$359,331	$295,455	$1,118,695		$560,844	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($363,557)	($57,276)	$0	($2,410)	$0	$4,760	($255,669)		($52,962)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$105,776		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$52,962
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,253,023	$3,508,692	$0	$555,139	$359,331	$300,215	$863,026	$105,776	$507,882	$52,962
8	Total Nursing Facility Days As Filed Days = 36,639	FY23 Audited C/R Days	36,639									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,639	FY23 GL-PL Ins Rpt Days								36,639		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$170.66	$95.76	$0.00	$15.15	$18.00	*(with L&H)*	$23.55	$2.89	$13.86	$1.45
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1695**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.88								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.88	$0.00	$15.15	$18.00		$23.55	$2.89	$13.86	$1.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$155.02	$81.88	$0.00	$15.15	$18.00		$23.55	$2.89	12.10 *(FRV)*	$1.45
	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	$155.02	$81.88	$0.00	$15.15	$18.00	$0.00	$23.55	$2.89	$12.10	$1.45
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4596**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$119.51								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$192.65	$119.51	$0.00	$15.15	$18.00	$0.00	$23.55	$2.89	$12.10	$1.45
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.20	$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.39	$2.39								
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	$22.22	$4.12	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$214.87**	**$123.63**	**$0.00**	**$15.37**	**$18.41**	**$0.00**	**$41.02**	**$2.89**	**$12.10**	**$1.45**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$148.33**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CEDAR VALLEY NSG & REHAB CTR**
Prvdr ID: **00142557A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	9.76%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.38	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1946	1.4015
Quarterly Medicaid PDPM:	1.4849	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5146	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,227,000	$2,901,685	$0	$558,145	$233,427	$350,460	$1,060,127		$1,123,156	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($65,266)	($121,911)	$0	$0	$0	$300	$101,419		($45,074)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$20,192		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$45,074
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,227,000	$2,779,774	$0	$558,145	$233,427	$350,760	$1,161,546	$20,192	$1,078,082	$45,074
8	Total Nursing Facility Days As Filed Days = 25,149	FY23 Audited C/R Days	25,149									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,149	FY23 GL-PL Ins Rpt Days								25,149		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.60	$110.53	$0.00	$22.19	$23.23	*(with L&H)*	$46.19	$0.80	$42.87	$1.79
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1946**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$92.52								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.52	$0.00	$22.19	$23.23		$46.19	$0.80	$42.87	$1.79
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$192.43	$92.52	$0.00	$22.19	$23.23		$39.89	$0.80	12.01 *(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	$192.43	$92.52	$0.00	$22.19	$23.23	$0.00	$39.89	$0.80	$12.01	$1.79
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5146**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$140.13								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.04	$140.13	$0.00	$22.19	$23.23	$0.00	$39.89	$0.80	$12.01	$1.79
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$4.20	$4.20								
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	$22.46	$4.73	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$262.50**	**$144.86**	**$0.00**	**$22.41**	**$23.64**	**$0.00**	**$56.99**	**$0.80**	**$12.01**	**$1.79**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.05**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRESBYTERIAN HOME, QUITMAN, INC**
Prvdr ID: **00142579A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.15%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.09	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4422	1.4015
Quarterly Medicaid PDPM:	1.4549	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4840	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,861,331	$7,123,377	$0	$2,058,563	$883,781	$864,795	$2,084,255		$846,560	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	$103,477	($16,791)	$0	($57)	($24,544)	($30,395)	$207,758		($32,494)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$131,973		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$31,951
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$14,128,732	$7,106,586	$0	$2,058,506	$859,237	$834,400	$2,292,013	$131,973	$814,066	$31,951
8	Total Nursing Facility Days As Filed Days = 52,504	FY23 Audited C/R Days	52,590									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,504	FY23 GL-PL Ins Rpt Days								52,590		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$268.65	$135.13	$0.00	$39.14	$32.20	*(with L&H)*	$43.58	$2.51	$15.48	$0.61
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4422**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$93.70								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.70	$0.00	$39.14	$32.20		$43.58	$2.51	$15.48	$0.61
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$223.60	$93.70	$0.00	$31.48	$32.20		$39.89	$2.51	23.21 *(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	$223.60	$93.70	$0.00	$31.48	$32.20	$0.00	$39.89	$2.51	$23.21	$0.61
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4840**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$139.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$268.95	$139.05	$0.00	$31.48	$32.20	$0.00	$39.89	$2.51	$23.21	$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)	$0.94	$0.53	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.65	$7.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.17	$4.17								
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	$12.76	$12.35	$0.00	$0.00	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$281.71**	**$151.40**	**$0.00**	**$31.48**	**$32.61**	**$0.00**	**$39.89**	**$2.51**	**$23.21**	**$0.61**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$211.28**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BRYANT HEALTH AND REHABILITATION CENTER**
Prvdr ID: **00142601A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.69%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.51	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3547	1.4015
Quarterly Medicaid PDPM:	1.3163	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3427	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,599,881	$2,424,497	$0	$349,838	$204,548	$230,692	$649,517		$740,789	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($128,568)	($44,536)	$0	($728)	$0	$3,304	($45,283)		($41,325)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$73,936		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$41,325
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,586,574	$2,379,961	$0	$349,110	$204,548	$233,996	$604,234	$73,936	$699,464	$41,325
8	Total Nursing Facility Days As Filed Days = 21,705	FY23 Audited C/R Days	21,705									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,705	FY23 GL-PL Ins Rpt Days								21,705		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$211.31	$109.65	$0.00	$16.08	$20.20	*(with L&H)*	$27.84	$3.41	$32.23	$1.90
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3547**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.94								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.94	$0.00	$16.08	$20.20		$27.84	$3.41	$32.23	$1.90
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$162.05	$80.94	$0.00	$16.08	$20.20		$27.84	$3.41	11.68 *(FRV)*	$1.90
	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	$162.05	$80.94	$0.00	$16.08	$20.20	$0.00	$27.84	$3.41	$11.68	$1.90
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3427**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$108.68								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$189.79	$108.68	$0.00	$16.08	$20.20	$0.00	$27.84	$3.41	$11.68	$1.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.72	$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.17	$2.17								
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	$23.52	$5.42	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$213.31**	**$114.10**	**$0.00**	**$16.30**	**$20.61**	**$0.00**	**$45.31**	**$3.41**	**$11.68**	**$1.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$147.16**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PROVIDENCE HEALTHCARE**
Prvdr ID: **00142612A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	14.55%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.70	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4811	1.4015
Quarterly Medicaid PDPM:	1.4404	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4692	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,066,801	$3,219,006	$0	$432,894	$284,535	$329,432	$914,722		$886,212	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($242,533)	($78,335)	$0	($5,572)	$0	$6,997	($130,325)		($35,298)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$93,266		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$35,298
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,952,832	$3,140,671	$0	$427,322	$284,535	$336,429	$784,397	$93,266	$850,914	$35,298
8	Total Nursing Facility Days As Filed Days = 25,288	FY23 Audited C/R Days	25,288									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,288	FY23 GL-PL Ins Rpt Days								25,288		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$235.42	$124.20	$0.00	$16.90	$24.56	*(with L&H)*	$31.02	$3.69	$33.65	$1.40
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4811**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.86								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.86	$0.00	$16.90	$24.56		$31.02	$3.69	$33.65	$1.40
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$172.00	$83.86	$0.00	$16.90	$24.56		$31.02	$3.69	10.57 *(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	$172.00	$83.86	$0.00	$16.90	$24.56	$0.00	$31.02	$3.69	$10.57	$1.40
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4692**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$211.35	$123.21	$0.00	$16.90	$24.56	$0.00	$31.02	$3.69	$10.57	$1.40
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.70	$3.70								
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	$22.33	$4.23	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$233.68**	**$127.44**	**$0.00**	**$17.12**	**$24.97**	**$0.00**	**$48.49**	**$3.69**	**$10.57**	**$1.40**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$162.44**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PROVIDENCE OF SPARTA HEALTH AND REHAB**
Prvdr ID: **00142623A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.13%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3582	1.4015
Quarterly Medicaid PDPM:	1.5658	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5971	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,852,186	$1,866,960	$0	$415,709	$231,285	$244,916	$837,680		$255,636	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($106,345)	($819)	$0	($4,184)	$0	$5,303	($59,966)		($46,679)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$59,666		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$46,679
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,852,186	$1,866,141	$0	$411,525	$231,285	$250,219	$777,714	$59,666	$208,957	$46,679
8	Total Nursing Facility Days As Filed Days = 17,328	FY23 Audited C/R Days	17,328									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,328	FY23 GL-PL Ins Rpt Days								17,328		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$222.31	$107.70	$0.00	$23.75	$27.79	*(with L&H)*	$44.88	$3.44	$12.06	$2.69
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3582**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$79.30								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.30	$0.00	$23.75	$27.79		$44.88	$3.44	$12.06	$2.69
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$188.68	$79.30	$0.00	$23.75	$27.79		$39.89	$3.44	11.82 *(FRV)*	$2.69
	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	$188.68	$79.30	$0.00	$23.75	$27.79	$0.00	$39.89	$3.44	$11.82	$2.69
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5971**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$126.65								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$236.03	$126.65	$0.00	$23.75	$27.79	$0.00	$39.89	$3.44	$11.82	$2.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$2.53	$2.53								
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	$20.79	$3.06	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$256.82**	**$129.71**	**$0.00**	**$23.97**	**$28.20**	**$0.00**	**$56.99**	**$3.44**	**$11.82**	**$2.69**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.79**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GREENE POINT HEALTH AND REHABILITATION**
Prvdr ID: **00142634A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.52%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.20	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2482	1.4015
Quarterly Medicaid PDPM:	1.2754	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3009	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,707,317	$1,801,758	$0	$447,647	$228,565	$319,517	$764,858		$144,972	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($49,077)	$0	$0	$0	$0	$0	($23,604)		($25,473)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$26,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$25,473
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,709,713	$1,801,758	$0	$447,647	$228,565	$319,517	$741,254	$26,000	$119,499	$25,473
8	Total Nursing Facility Days As Filed Days = 14,041	FY23 Audited C/R Days	14,041									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,041	FY23 GL-PL Ins Rpt Days								14,041		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$264.19	$128.32	$0.00	$31.88	$39.03	*(with L&H)*	$52.79	$1.85	$8.51	$1.81
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2482**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$102.81								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$102.81	$0.00	$31.88	$39.03		$52.79	$1.85	$8.51	$1.81
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$223.58	$102.81	$0.00	$31.48	$33.35		$39.89	$1.85	12.39 *(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	$223.58	$102.81	$0.00	$31.48	$33.35	$0.00	$39.89	$1.85	$12.39	$1.81
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3009**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$133.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.52	$133.75	$0.00	$31.48	$33.35	$0.00	$39.89	$1.85	$12.39	$1.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.69	$6.69								
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	$24.32	$7.22	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$278.84**	**$140.97**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$56.99**	**$1.85**	**$12.39**	**$1.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$196.31**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WARRENTON HEALTH AND REHAB**
Prvdr ID: **00142645A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.95%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.60	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2276	1.4015
Quarterly Medicaid PDPM:	1.5388	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5696	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,098,447	$2,576,905	$0	$452,280	$278,893	$274,065	$1,191,568		$324,736	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($182,577)	($86)	$0	($6,156)	$329	$18,501	($147,440)		($47,725)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$136,734		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$47,782
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,100,386	$2,576,819	$0	$446,124	$279,222	$292,566	$1,044,128	$136,734	$277,011	$47,782
8	Total Nursing Facility Days As Filed Days = 19,346	FY23 Audited C/R Days	19,346									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,346	FY23 GL-PL Ins Rpt Days								19,346		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$263.65	$133.20	$0.00	$23.06	$29.56	*(with L&H)*	$53.97	$7.07	$14.32	$2.47
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2276**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$108.50								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$108.50	$0.00	$23.06	$29.56		$53.97	$7.07	$14.32	$2.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$221.21	$108.50	$0.00	$23.06	$29.56		$39.89	$7.07	10.66 *(FRV)*	$2.47
	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	$221.21	$108.50	$0.00	$23.06	$29.56	$0.00	$39.89	$7.07	$10.66	$2.47
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5696**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$170.30								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$283.01	$170.30	$0.00	$23.06	$29.56	$0.00	$39.89	$7.07	$10.66	$2.47
	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 Srvs)	Ln 19 Col b x CPS Add-on	$4.26	$4.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.11	$5.11								
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	$27.63	$9.90	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$310.64**	**$180.20**	**$0.00**	**$23.28**	**$29.97**	**$0.00**	**$56.99**	**$7.07**	**$10.66**	**$2.47**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$220.16**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ORCHARD HEALTH AND REHABILITATION**
Prvdr ID: **00142656A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.69%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.74	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2402	1.4015
Quarterly Medicaid PDPM:	1.3466	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3735	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,232,389	$2,822,007	$0	$640,877	$293,270	$265,296	$1,009,240		$201,699	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($89,608)	$0	$0	$0	$0	$0	($63,051)		($26,557)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$63,051		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$26,557
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,232,389	$2,822,007	$0	$640,877	$293,270	$265,296	$946,189	$63,051	$175,142	$26,557
8	Total Nursing Facility Days As Filed Days = 23,369	FY23 Audited C/R Days	23,369									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,369	FY23 GL-PL Ins Rpt Days								23,369		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$223.90	$120.76	$0.00	$27.42	$23.90	*(with L&H)*	$40.49	$2.70	$7.49	$1.14
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2402**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$97.37								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.37	$0.00	$27.42	$23.90		$40.49	$2.70	$7.49	$1.14
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$203.61	$97.37	$0.00	$27.42	$23.90		$39.89	$2.70	11.19 *(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	$203.61	$97.37	$0.00	$27.42	$23.90	$0.00	$39.89	$2.70	$11.19	$1.14
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3735**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$133.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$239.98	$133.74	$0.00	$27.42	$23.90	$0.00	$39.89	$2.70	$11.19	$1.14
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.34	$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.69	$6.69								
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	$26.29	$8.56	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$266.27**	**$142.30**	**$0.00**	**$27.64**	**$24.31**	**$0.00**	**$56.99**	**$2.70**	**$11.19**	**$1.14**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$186.88**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HERITAGE INN OF SANDERSVILLE HEALTH AND REHAB**
Prvdr ID: **00142678A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.92%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.42	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3284	1.4015
Quarterly Medicaid PDPM:	1.4329	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4616	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,871,945	$2,537,442	$0	$572,918	$253,578	$255,296	$919,206		$333,505	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($61,002)	$0	$0	$0	$0	$0	($31,200)		($29,802)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$31,200		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$29,802
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,871,945	$2,537,442	$0	$572,918	$253,578	$255,296	$888,006	$31,200	$303,703	$29,802
8	Total Nursing Facility Days As Filed Days = 21,186	FY23 Audited C/R Days	21,186									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,186	FY23 GL-PL Ins Rpt Days								21,186		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$229.96	$119.77	$0.00	$27.04	$24.02	*(with L&H)*	$41.91	$1.47	$14.34	$1.41
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3284**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.16								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.16	$0.00	$27.04	$24.02		$41.91	$1.47	$14.34	$1.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.52	$90.16	$0.00	$27.04	$24.02		$39.89	$1.47	12.53 *(FRV)*	$1.41
	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	$196.52	$90.16	$0.00	$27.04	$24.02	$0.00	$39.89	$1.47	$12.53	$1.41
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4616**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$131.78								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$238.14	$131.78	$0.00	$27.04	$24.02	$0.00	$39.89	$1.47	$12.53	$1.41
	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 Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$270.24**	**$146.15**	**$0.00**	**$27.26**	**$24.43**	**$0.00**	**$56.99**	**$1.47**	**$12.53**	**$1.41**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.86**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **JESUP HEALTH AND REHAB**
Prvdr ID: **00142689A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.50%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.39	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.7962	1.4015
Quarterly Medicaid PDPM:	1.7748	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8102	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,296,974	$2,079,642	$0	$401,188	$230,291	$235,182	$948,914		$401,757	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($88,780)	($80,076)	$0	$0	$0	($2,545)	$11,622		($17,781)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$29,634		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$17,781
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,255,609	$1,999,566	$0	$401,188	$230,291	$232,637	$960,536	$29,634	$383,976	$17,781
8	Total Nursing Facility Days As Filed Days = 18,855	FY23 Audited C/R Days	18,855									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,855	FY23 GL-PL Ins Rpt Days								18,855		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$225.69	$106.05	$0.00	$21.28	$24.55	*(with L&H)*	$50.94	$1.57	$20.36	$0.94
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.7962**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$59.04								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$59.04	$0.00	$21.28	$24.55		$50.94	$1.57	$20.36	$0.94
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$156.87	$59.04	$0.00	$21.28	$24.55		$39.89	$1.57	9.60 *(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	$156.87	$59.04	$0.00	$21.28	$24.55	$0.00	$39.89	$1.57	$9.60	$0.94
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8102**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$106.87								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$204.70	$106.87	$0.00	$21.28	$24.55	$0.00	$39.89	$1.57	$9.60	$0.94
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.67	$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	$25.20	$7.47	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$229.90**	**$114.34**	**$0.00**	**$21.50**	**$24.96**	**$0.00**	**$56.99**	**$1.57**	**$9.60**	**$0.94**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$159.60**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **COLQUITT REGIONAL SENIOR CARE & REHABILITATION**
Prvdr ID: **00142711A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.95%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.79	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5393	1.4015
Quarterly Medicaid PDPM:	1.3138	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3401	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,731,351	$1,929,884	$0	$425,123	$215,249	$356,332	$1,586,931		$217,832	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($393,016)	($274,735)	$0	$2,214	$2,790	$3,676	($126,961)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$6,471		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,344,806	$1,655,149	$0	$427,337	$218,039	$360,008	$1,459,970	$6,471	$217,832	$0
8	Total Nursing Facility Days As Filed Days = 11,078	FY23 Audited C/R Days	11,078									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,078	FY23 GL-PL Ins Rpt Days								11,078		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$392.20	$149.41	$0.00	$38.58	$52.18	*(with L&H)*	$131.79	$0.58	$19.66	$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5393**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$97.07								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.07	$0.00	$38.58	$52.18		$131.79	$0.58	$19.66	$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$230.92	$97.07	$0.00	$38.58	$33.35		$39.89	$0.58	21.45 *(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	$230.92	$97.07	$0.00	$38.58	$33.35	$0.00	$39.89	$0.58	$21.45	$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3401**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$130.08								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$263.93	$130.08	$0.00	$38.58	$33.35	$0.00	$39.89	$0.58	$21.45	$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)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.90	$3.90								
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	$21.75	$4.43	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$285.68**	**$134.51**	**$0.00**	**$38.80**	**$33.35**	**$0.00**	**$56.99**	**$0.58**	**$21.45**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$201.44**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BUCHANAN HEALTHCARE CENTER**
Prvdr ID: **00142722A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.67%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2741	1.4015
Quarterly Medicaid PDPM:	1.2697	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2951	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,571,497	$2,269,258	$0	$354,879	$131,228	$225,134	$1,138,924		$452,074	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($150,187)	($32,271)	$0	$1,333	$0	$0	($82,320)		($36,929)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$108,303		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$36,929
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,566,542	$2,236,987	$0	$356,212	$131,228	$225,134	$1,056,604	$108,303	$415,145	$36,929
8	Total Nursing Facility Days As Filed Days = 17,784	FY23 Audited C/R Days	17,784									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,784	FY23 GL-PL Ins Rpt Days								17,784		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$256.78	$125.79	$0.00	$20.03	$20.04	*(with L&H)*	$59.41	$6.09	$23.34	$2.08
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2741**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$98.73								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.73	$0.00	$20.03	$20.04		$59.41	$6.09	$23.34	$2.08
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$201.13	$98.73	$0.00	$20.03	$20.04		$39.89	$6.09	14.27 *(FRV)*	$2.08
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$201.13	$98.73	$0.00	$20.03	$20.04	$0.00	$39.89	$6.09	$14.27	$2.08
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2951**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.87								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$230.27	$127.87	$0.00	$20.03	$20.04	$0.00	$39.89	$6.09	$14.27	$2.08
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.84	$3.84								
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	$22.10	$4.37	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$252.37**	**$132.24**	**$0.00**	**$20.25**	**$20.45**	**$0.00**	**$56.99**	**$6.09**	**$14.27**	**$2.08**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.45**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE RETREAT**
Prvdr ID: **00142733A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.50%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.05	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3169	1.4015
Quarterly Medicaid PDPM:	1.2623	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2875	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,505,199	$2,319,773	$0	$868,834	$361,263	$310,930	$406,499		$237,900	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($76,270)	$24,171	$0	$0	$753	($1,272)	($50,181)		($49,741)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$43,654		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$22,440
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,495,023	$2,343,944	$0	$868,834	$362,016	$309,658	$356,318	$43,654	$188,159	$22,440
8	Total Nursing Facility Days As Filed Days = 14,561	FY23 Audited C/R Days	14,561									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,561	FY23 GL-PL Ins Rpt Days								14,561		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$308.70	$160.97	$0.00	$59.67	$46.13	*(with L&H)*	$24.47	$3.00	$12.92	$1.54
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3169**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$122.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$122.24	$0.00	$59.67	$46.13		$24.47	$3.00	$12.92	$1.54
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$232.72	$117.91	$0.00	$39.92	$33.35		$24.47	$3.00	12.53 *(FRV)*	$1.54
	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	$232.72	$117.91	$0.00	$39.92	$33.35	$0.00	$24.47	$3.00	$12.53	$1.54
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2875**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$151.81								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$266.62	$151.81	$0.00	$39.92	$33.35	$0.00	$24.47	$3.00	$12.53	$1.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.37	$0.00	$0.00	$0.00	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.52	$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$23.54	$6.07	$0.00	$0.00	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$290.16**	**$157.88**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$41.94**	**$3.00**	**$12.53**	**$1.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.80**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **RIDGEWOOD MANOR HEALTH AND REHABILITATION**
Prvdr ID: **00142744A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	43.94%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	6.14	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3687	1.4015
Quarterly Medicaid PDPM:	1.2606	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2858	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,983,431	$3,525,883	$0	$674,217	$348,036	$325,503	$1,767,890		$341,902	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($257,584)	$0	$0	$0	($5,430)	($5,079)	($233,213)		($13,862)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$233,213		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$13,646
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,972,706	$3,525,883	$0	$674,217	$342,606	$320,424	$1,534,677	$233,213	$328,040	$13,646
8	Total Nursing Facility Days As Filed Days = 27,205	FY23 Audited C/R Days	27,205									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,205	FY23 GL-PL Ins Rpt Days								27,205		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$256.29	$129.60	$0.00	$24.78	$24.37	*(with L&H)*	$56.41	$8.57	$12.06	$0.50
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3687**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$94.69								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.69	$0.00	$24.78	$24.37		$56.41	$8.57	$12.06	$0.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.53	$94.69	$0.00	$24.78	$24.37		$39.89	$8.57	11.73 *(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	$204.53	$94.69	$0.00	$24.78	$24.37	$0.00	$39.89	$8.57	$11.73	$0.50
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2858**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$121.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.59	$121.75	$0.00	$24.78	$24.37	$0.00	$39.89	$8.57	$11.73	$0.50
	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 Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$256.54**	**$128.97**	**$0.00**	**$25.00**	**$24.78**	**$0.00**	**$56.99**	**$8.57**	**$11.73**	**$0.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARBORVIEW SATILLA**
Prvdr ID: **00142755A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.57%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4570	1.4015
Quarterly Medicaid PDPM:	1.8887	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.9265	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,670,337	$3,053,425	$0	$570,936	$374,781	$280,310	$1,037,855		$1,353,030	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($313,392)	($163,056)	$0	($85)	$0	$2,312	($63,908)		($88,655)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$125,661		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$88,655
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,571,261	$2,890,369	$0	$570,851	$374,781	$282,622	$973,947	$125,661	$1,264,375	$88,655
8	Total Nursing Facility Days As Filed Days = 31,778	FY23 Audited C/R Days	31,778									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,778	FY23 GL-PL Ins Rpt Days								31,778		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$206.79	$90.96	$0.00	$17.96	$20.69	*(with L&H)*	$30.65	$3.95	$39.79	$2.79
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4570**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$62.43								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$62.43	$0.00	$17.96	$20.69		$30.65	$3.95	$39.79	$2.79
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$154.03	$62.43	$0.00	$17.96	$20.69		$30.65	$3.95	15.56 *(FRV)*	$2.79
	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	$154.03	$62.43	$0.00	$17.96	$20.69	$0.00	$30.65	$3.95	$15.56	$2.79
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.9265**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$120.27								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$211.87	$120.27	$0.00	$17.96	$20.69	$0.00	$30.65	$3.95	$15.56	$2.79
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$4.81	$4.81								
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	$24.64	$6.54	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$236.51**	**$126.81**	**$0.00**	**$18.18**	**$21.10**	**$0.00**	**$48.12**	**$3.95**	**$15.56**	**$2.79**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$164.56**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ETOWAH LANDING**
Prvdr ID: **00142766A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.88%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.49	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4644	1.4015
Quarterly Medicaid PDPM:	2.0109	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.0512	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,267,693	$3,886,663	$0	$627,801	$226,788	$235,634	$1,181,224		$1,109,583	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($271,670)	($242,753)	$0	$0	$0	$0	$12,890		($41,807)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$165,674		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$41,807
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,203,504	$3,643,910	$0	$627,801	$226,788	$235,634	$1,194,114	$165,674	$1,067,776	$41,807
8	Total Nursing Facility Days As Filed Days = 29,745	FY23 Audited C/R Days	29,745									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,745	FY23 GL-PL Ins Rpt Days								29,745		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$242.19	$122.50	$0.00	$21.11	$15.55	*(with L&H)*	$40.15	$5.57	$35.90	$1.41
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4644**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.65								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.65	$0.00	$21.11	$15.55		$40.15	$5.57	$35.90	$1.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.28	$83.65	$0.00	$21.11	$15.55		$39.89	$5.57	11.10 *(FRV)*	$1.41
	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	$178.28	$83.65	$0.00	$21.11	$15.55	$0.00	$39.89	$5.57	$11.10	$1.41
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.0512**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$171.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$266.21	$171.58	$0.00	$21.11	$15.55	$0.00	$39.89	$5.57	$11.10	$1.41
	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 Srvs)	Ln 19 Col b x CPS Add-on	$9.44	$9.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.15	$5.15								
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	$32.85	$15.12	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$299.06**	**$186.70**	**$0.00**	**$21.33**	**$15.96**	**$0.00**	**$56.99**	**$5.57**	**$11.10**	**$1.41**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$211.47**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ROBERTA HEALTH AND REHAB**
Prvdr ID: **00142777A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.37%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4333	1.4015
Quarterly Medicaid PDPM:	1.7118	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7461	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,716,087	$2,401,016	$0	$444,922	$238,060	$294,135	$1,531,742		$806,212	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($153,294)	($44,956)	$0	($260)	($1,142)	$2,796	($60,290)		($49,442)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$45,759		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$49,206
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,657,758	$2,356,060	$0	$444,662	$236,918	$296,931	$1,471,452	$45,759	$756,770	$49,206
8	Total Nursing Facility Days As Filed Days = 22,869	FY23 Audited C/R Days	22,869									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,869	FY23 GL-PL Ins Rpt Days								22,869		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.38	$103.02	$0.00	$19.44	$23.34	*(with L&H)*	$64.34	$2.00	$33.09	$2.15
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4333**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$71.88								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$71.88	$0.00	$19.44	$23.34		$64.34	$2.00	$33.09	$2.15
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$168.32	$71.88	$0.00	$19.44	$23.34		$39.89	$2.00	9.62 *(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	$168.32	$71.88	$0.00	$19.44	$23.34	$0.00	$39.89	$2.00	$9.62	$2.15
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7461**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$125.51								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$221.95	$125.51	$0.00	$19.44	$23.34	$0.00	$39.89	$2.00	$9.62	$2.15
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$6.90	$6.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$28.93	$11.20	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$250.88**	**$136.71**	**$0.00**	**$19.66**	**$23.75**	**$0.00**	**$56.99**	**$2.00**	**$9.62**	**$2.15**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.34**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GREEN ACRES CARE CENTER LLC**
Prvdr ID: **00142843A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.31	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1671	1.4015
Quarterly Medicaid PDPM:	1.2556	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2807	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,275,909	$6,408,306	$0	$1,034,219	$1,050,502	$1,082,033	$2,803,944		$896,905	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($79,034)	$0	$0	$0	$0	$0	($49,825)		($29,209)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$49,825		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$29,209
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$13,275,909	$6,408,306	$0	$1,034,219	$1,050,502	$1,082,033	$2,754,119	$49,825	$867,696	$29,209
8	Total Nursing Facility Days As Filed Days = 32,257	FY23 Audited C/R Days	32,257									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,257	FY23 GL-PL Ins Rpt Days								32,257		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$411.56	$198.66	$0.00	$32.06	$66.11	*(with L&H)*	$85.38	$1.54	$26.90	$0.91
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1671**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$170.22								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$170.22	$0.00	$32.06	$66.11		$85.38	$1.54	$26.90	$0.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$240.04	$117.91	$0.00	$32.06	$33.35		$39.89	$1.54	14.38 *(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	$240.04	$117.91	$0.00	$32.06	$33.35	$0.00	$39.89	$1.54	$14.38	$0.91
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2807**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$151.01								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$273.14	$151.01	$0.00	$32.06	$33.35	$0.00	$39.89	$1.54	$14.38	$0.91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	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	$23.36	$6.04	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$296.50**	**$157.05**	**$0.00**	**$32.28**	**$33.35**	**$0.00**	**$56.99**	**$1.54**	**$14.38**	**$0.91**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$209.55**									

Provider: **WINDER CENTER FOR NURSING AND HEALING**
Prvdr ID: **00142854A**
H/B ?: No

Case Mix Per Diem Rate Effective Date: **04/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	17.0%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.56	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4443	1.4015
Quarterly Medicaid PDPM:	1.5280	1.4756
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5586	1.5054

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			***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 **2022**	FY2022 C/R -FY 2021 GL-PL Rpt		3,892,699		1,234,450	906,265		704,489	68,630	199,000	84,716
	Inflation (July 2022) @ 4.70%			182,957		58,019	42,594		33,111			3,982
	Patient Days	FY 2022 Cost Rpt		38,207		38,207	38,207		38,207	38,207	38,207	38,207
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 22 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			106.67		33.83	24.83		19.31	3.39	5.21	2.32
	Base Period Facility PDPM for all Residents			**1.4443**								
	Routine Services PDPM Adjusted Net Per Diem			$73.86								
	Net Per Diems After PDPM Adjustments		$162.74	$73.86		$33.83	$24.83		$19.31	$3.39	$5.21	2.32
	Per Diem Standards			$117.91		$31.48	$33.35		$39.89			
	Base Period PDPM Adjusted Allowed Per Diem		$170.55	$73.86		$31.48	$24.83		$19.31	$3.39	15.36	2.32
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$170.55	$73.86		$31.48	$24.83		$19.31	$3.39	$15.36	$2.32
	Quarterly Facility PDPM for Medicaid Residents			**1.5586**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$115.12								
	Quarterly Medicaid PDPMA Allowed Per Diem		$211.81	$115.12		$31.48	$24.83		$19.31	$3.39	$15.36	$2.32
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.31	$0.53		$0.00	$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 = 5.0%		$5.76	5.76								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$24.17									
	Quarterly PDPM Based Per Diem Rate		**$235.98**	**$121.41**		**$31.48**	**$25.24**		**$36.78**	**$3.39**	**$15.36**	**$2.32**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$164.16**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **DADE HEALTH AND REHAB**
Prvdr ID: **00142865A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.67%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.07	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4337	1.4015
Quarterly Medicaid PDPM:	1.2323	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2570	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,413,436	$1,824,711	$0	$346,542	$173,366	$200,740	$565,609		$302,468	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($80,464)	$0	$0	$0	$0	$70	($69,592)		($10,942)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$65,875		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$15,317
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,414,164	$1,824,711	$0	$346,542	$173,366	$200,810	$496,017	$65,875	$291,526	$15,317
8	Total Nursing Facility Days As Filed Days = 13,142	FY23 Audited C/R Days	13,142									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,142	FY23 GL-PL Ins Rpt Days								13,142		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$259.79	$138.85	$0.00	$26.37	$28.47	*(with L&H)*	$37.74	$5.01	$22.18	$1.17
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4337**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$96.85								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$96.85	$0.00	$26.37	$28.47		$37.74	$5.01	$22.18	$1.17
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$207.39	$96.85	$0.00	$26.37	$28.47		$37.74	$5.01	11.78 *(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	$207.39	$96.85	$0.00	$26.37	$28.47	$0.00	$37.74	$5.01	$11.78	$1.17
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2570**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$121.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$232.28	$121.74	$0.00	$26.37	$28.47	$0.00	$37.74	$5.01	$11.78	$1.17
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$6.70	$6.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$28.98	$10.88	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$261.26**	**$132.62**	**$0.00**	**$26.59**	**$28.88**	**$0.00**	**$55.21**	**$5.01**	**$11.78**	**$1.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$183.12**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **TYBEE ISLAND CARE CENTER LLC**
Prvdr ID: **00142876A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	45.65%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.99	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.0520	1.4015
Quarterly Medicaid PDPM:	1.9791	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.0187	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$2,992,417	$1,668,905	$0	$254,673	$265,437	$177,954	$396,248		$229,200	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($106,055)	($23,730)	$0	($3,639)	$0	$0	($23,338)		($55,348)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$47,068		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$55,348
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$2,988,778	$1,645,175	$0	$251,034	$265,437	$177,954	$372,910	$47,068	$173,852	$55,348
8	Total Nursing Facility Days As Filed Days = 14,584	FY23 Audited C/R Days	14,584									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,584	FY23 GL-PL Ins Rpt Days								14,584		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$204.94	$112.81	$0.00	$17.21	$30.40	*(with L&H)*	$25.57	$3.23	$11.92	$3.80
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.0520**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$107.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$107.24	$0.00	$17.21	$30.40		$25.57	$3.23	$11.92	$3.80
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$201.68	$107.24	$0.00	$17.21	$30.40		$25.57	$3.23	14.23 *(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	$201.68	$107.24	$0.00	$17.21	$30.40	$0.00	$25.57	$3.23	$14.23	$3.80
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.0187**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$216.49								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$310.93	$216.49	$0.00	$17.21	$30.40	$0.00	$25.57	$3.23	$14.23	$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$11.91	$11.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.49	$6.49								
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	$37.03	$18.93	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$347.96**	**$235.42**	**$0.00**	**$17.43**	**$30.81**	**$0.00**	**$43.04**	**$3.23**	**$14.23**	**$3.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$248.15**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SEARS MANOR NURSING HOME**
Prvdr ID: **00142898A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.96%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4490	1.4015
Quarterly Medicaid PDPM:	1.3008	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3268	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,039,448	$3,241,530	$0	$755,444	$428,544	$331,806	$940,129		$341,995	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($236,981)	($18,064)	$0	$0	($1,570)	($394)	($158,952)		($58,001)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$93,164		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$52,387
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,948,018	$3,223,466	$0	$755,444	$426,974	$331,412	$781,177	$93,164	$283,994	$52,387
8	Total Nursing Facility Days As Filed Days = 20,569	FY23 Audited C/R Days	20,569									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,569	FY23 GL-PL Ins Rpt Days								20,569		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$289.18	$156.71	$0.00	$36.73	$36.87	*(with L&H)*	$37.98	$4.53	$13.81	$2.55
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4490**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$108.15								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$108.15	$0.00	$36.73	$36.87		$37.98	$4.53	$13.81	$2.55
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$231.29	$108.15	$0.00	$31.48	$33.35		$37.98	$4.53	13.25 *(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	$231.29	$108.15	$0.00	$31.48	$33.35	$0.00	$37.98	$4.53	$13.25	$2.55
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3268**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$143.49								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$266.63	$143.49	$0.00	$31.48	$33.35	$0.00	$37.98	$4.53	$13.25	$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)	$0.90	$0.53	$0.00	$0.00	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.59	$3.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.17	$7.17								
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	$28.76	$11.29	$0.00	$0.00	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$295.39**	**$154.78**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$55.45**	**$4.53**	**$13.25**	**$2.55**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$208.72**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SEMINOLE MANOR NURSING HOME**
Prvdr ID: **00142909A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.91%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.82	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2154	1.4015
Quarterly Medicaid PDPM:	1.2070	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2311	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,360,124	$2,920,983	$0	$914,938	$575,720	$474,910	$1,014,560		$459,013	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($17,892)	$0	$0	$0	$0	$0	($5,407)		($12,485)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$15,375		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$12,485
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,370,092	$2,920,983	$0	$914,938	$575,720	$474,910	$1,009,153	$15,375	$446,528	$12,485
8	Total Nursing Facility Days As Filed Days = 20,910	FY23 Audited C/R Days	20,910									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,910	FY23 GL-PL Ins Rpt Days								20,910		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$304.65	$139.69	$0.00	$43.76	$50.25	*(with L&H)*	$48.26	$0.74	$21.35	$0.60
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2154**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$114.93								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$114.93	$0.00	$43.76	$50.25		$48.26	$0.74	$21.35	$0.60
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$241.85	$114.93	$0.00	$39.92	$33.35		$39.89	$0.74	12.42 *(FRV)*	$0.60
	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	$241.85	$114.93	$0.00	$39.92	$33.35	$0.00	$39.89	$0.74	$12.42	$0.60
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2311**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$141.49								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$268.41	$141.49	$0.00	$39.92	$33.35	$0.00	$39.89	$0.74	$12.42	$0.60
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.41	$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$23.28	$6.18	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$291.69**	**$147.67**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$56.99**	**$0.74**	**$12.42**	**$0.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$205.94**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **VISTA PARK HEALTH AND REHABILITATION**
Prvdr ID: **00142931A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.02%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.48	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3518	1.4015
Quarterly Medicaid PDPM:	1.3255	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3520	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,349,442	$4,056,081	$0	$880,501	$341,583	$474,231	$1,468,890		$1,128,156	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($164,236)	$0	$0	$0	$0	$0	($100,097)		($64,139)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$88,595		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$64,139
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,337,940	$4,056,081	$0	$880,501	$341,583	$474,231	$1,368,793	$88,595	$1,064,017	$64,139
8	Total Nursing Facility Days As Filed Days = 33,320	FY23 Audited C/R Days	33,320									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,320	FY23 GL-PL Ins Rpt Days								33,320		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$250.23	$121.73	$0.00	$26.43	$24.48	*(with L&H)*	$41.08	$2.66	$31.93	$1.92
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3518**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.05	$0.00	$26.43	$24.48		$41.08	$2.66	$31.93	$1.92
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.59	$90.05	$0.00	$26.43	$24.48		$39.89	$2.66	25.16 *(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	$210.59	$90.05	$0.00	$26.43	$24.48	$0.00	$39.89	$2.66	$25.16	$1.92
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3520**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$121.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$242.29	$121.75	$0.00	$26.43	$24.48	$0.00	$39.89	$2.66	$25.16	$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)	$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 Srvs)	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 Srvcs)	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	$25.57	$7.84	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$267.86**	**$129.59**	**$0.00**	**$26.65**	**$24.89**	**$0.00**	**$56.99**	**$2.66**	**$25.16**	**$1.92**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$188.07**									

FINAL

Provider: **ROSS MEMORIAL HEALTH CARE CTR**
Prvdr ID: **00142942A**
H/B ?: No

Case Mix Per Diem Rate Effective Date: **04/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS	44.4%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.92	5.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3680	1.4015
Quarterly Medicaid PDPM:	1.6256	1.4756
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6581	1.5054

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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			***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 **2022**	FY2022 C/R -FY 2022 GL-PL Rpt		3,910,881		758,373	822,040		1,293,809	65,655	801,397	60,336
	Inflation (July 2022) @ 4.70%			183,811		35,644	38,636		60,809			2,836
	Patient Days	FY 2022 Cost Rpt		27,575		27,575	27,575		27,575	27,575	27,575	27,575
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 22 GL-PL Ins Rpt Days										
	Inflated NHC/ Patient Days			148.49		28.79	31.21		49.12	2.12	29.06	2.29
	Base Period Facility PDPM for all Residents			**1.3680**								
	Routine Services PDPM Adjusted Net Per Diem			$108.55								
	Net Per Diems After PDPM Adjustments		$251.16	$108.55		$28.79	$31.21		$49.12	$2.12	$29.06	2.29
	Per Diem Standards			$117.91		$31.48	$33.35		$39.89			
	Base Period PDPM Adjusted Allowed Per Diem		$233.37	$108.55		$28.79	$31.21		$39.89	$2.12	20.51	2.29
	Quarterly Per Diem Rate Prior to Add-Ons										*(FRV Rate)*	
	Growth Allowance 0.000%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem After Growth Allowance		$233.37	$108.55		$28.79	$31.21		$39.89	$2.12	$20.51	$2.29
	Quarterly Facility PDPM for Medicaid Residents			**1.6581**								
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$179.99								
	Quarterly Medicaid PDPMA Allowed Per Diem		$304.80	$179.99		$28.79	$31.21		$39.89	$2.12	$20.51	$2.29
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		$1.16	$0.53		$0.22	$0.41		$0.00			
	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		$4.50	4.50								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		$9.00	9.00								
	Nursing Home Provider Fee		$ 17.10						$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		$31.76									
	Quarterly PDPM Based Per Diem Rate		**$336.56**	**$194.02**		**$29.01**	**$31.62**		**$56.99**	**$2.12**	**$20.51**	**$2.29**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$239.60**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - SHEPHERD HILLS**
Prvdr ID: **00142964A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.78%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.48	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3610	1.4015
Quarterly Medicaid PDPM:	1.5023	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5323	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,510,095	$4,686,761	$0	$644,816	$361,733	$397,105	$1,201,701		$217,979	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($433,016)	($245,253)	$0	$0	$0	$0	($138,357)		($49,406)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$406,159		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$46,621
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,529,859	$4,441,508	$0	$644,816	$361,733	$397,105	$1,063,344	$406,159	$168,573	$46,621
8	Total Nursing Facility Days As Filed Days = 37,469	FY23 Audited C/R Days	37,469									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,469	FY23 GL-PL Ins Rpt Days								37,469		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$200.96	$118.54	$0.00	$17.21	$20.25	*(with L&H)*	$28.38	$10.84	$4.50	$1.24
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3610**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$87.10								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.10	$0.00	$17.21	$20.25		$28.38	$10.84	$4.50	$1.24
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$174.41	$87.10	$0.00	$17.21	$20.25		$28.38	$10.84	9.39 *(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	$174.41	$87.10	$0.00	$17.21	$20.25	$0.00	$28.38	$10.84	$9.39	$1.24
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5323**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$133.46								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$220.77	$133.46	$0.00	$17.21	$20.25	$0.00	$28.38	$10.84	$9.39	$1.24
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.33	$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.67	$6.67								
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	$26.63	$8.53	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$247.40**	**$141.99**	**$0.00**	**$17.43**	**$20.66**	**$0.00**	**$45.85**	**$10.84**	**$9.39**	**$1.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$172.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GOLD CITY HEALTH AND REHAB**
Prvdr ID: **00142975A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.71%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.13	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3395	1.4015
Quarterly Medicaid PDPM:	1.5948	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6267	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,114,346	$3,057,228	$0	$426,291	$239,141	$270,681	$958,105		$162,900	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($96,725)	($124)	$0	$0	$0	$0	($59,015)		($37,586)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$37,586
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,055,207	$3,057,104	$0	$426,291	$239,141	$270,681	$899,090	$0	$125,314	$37,586
8	Total Nursing Facility Days As Filed Days = 26,734	FY23 Audited C/R Days	26,734									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,734	FY23 GL-PL Ins Rpt Days								26,734		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$189.10	$114.35	$0.00	$15.95	$19.07	*(with L&H)*	$33.63	$0.00	$4.69	$1.41
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3395**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$85.37								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.37	$0.00	$15.95	$19.07		$33.63	$0.00	$4.69	$1.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$166.68	$85.37	$0.00	$15.95	$19.07		$33.63	$0.00	11.25 *(FRV)*	$1.41
	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	$166.68	$85.37	$0.00	$15.95	$19.07	$0.00	$33.63	$0.00	$11.25	$1.41
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6267**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$138.87								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$220.18	$138.87	$0.00	$15.95	$19.07	$0.00	$33.63	$0.00	$11.25	$1.41
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.47	$3.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.17	$4.17								
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	$26.27	$8.17	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$246.45**	**$147.04**	**$0.00**	**$16.17**	**$19.48**	**$0.00**	**$51.10**	**$0.00**	**$11.25**	**$1.41**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$172.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MARIETTA CENTER FOR NURSING AND HEALING**
Prvdr ID: **00142986A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.40%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.72	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4827	1.4015
Quarterly Medicaid PDPM:	1.6616	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6949	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,605,945	$4,351,451	$0	$667,252	$341,509	$314,935	$1,108,283		$1,822,515	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($213,707)	($168,891)	$0	($11,850)	$0	$0	$39,157		($72,123)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$121,901		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$72,123
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,586,262	$4,182,560	$0	$655,402	$341,509	$314,935	$1,147,440	$121,901	$1,750,392	$72,123
8	Total Nursing Facility Days As Filed Days = 32,840	FY23 Audited C/R Days	32,840									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,840	FY23 GL-PL Ins Rpt Days								32,840		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$261.46	$127.36	$0.00	$19.96	$19.99	*(with L&H)*	$34.94	$3.71	$53.30	$2.20
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4827**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$85.90								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.90	$0.00	$19.96	$19.99		$34.94	$3.71	$53.30	$2.20
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$184.93	$85.90	$0.00	$19.96	$19.99		$34.94	$3.71	18.23 *(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	$184.93	$85.90	$0.00	$19.96	$19.99	$0.00	$34.94	$3.71	$18.23	$2.20
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6949**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$145.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$244.62	$145.59	$0.00	$19.96	$19.99	$0.00	$34.94	$3.71	$18.23	$2.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.64	$3.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	$28.09	$9.99	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$272.71**	**$155.58**	**$0.00**	**$20.18**	**$20.40**	**$0.00**	**$52.41**	**$3.71**	**$18.23**	**$2.20**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.71**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - FAIRBURN**
Prvdr ID: **00142997A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	11.67%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.15	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4422	1.4015
Quarterly Medicaid PDPM:	1.4017	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4297	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,288,371	$3,502,349	$0	$504,455	$322,217	$435,321	$1,103,210		$420,819	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($343,983)	($229,515)	$0	$0	$0	$0	($52,487)		($61,981)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$298,224		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$61,080
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,303,692	$3,272,834	$0	$504,455	$322,217	$435,321	$1,050,723	$298,224	$358,838	$61,080
8	Total Nursing Facility Days As Filed Days = 23,192	FY23 Audited C/R Days	23,192									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,192	FY23 GL-PL Ins Rpt Days								23,192		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$271.80	$141.12	$0.00	$21.75	$32.66	*(with L&H)*	$45.31	$12.86	$15.47	$2.63
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4422**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$97.85								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.85	$0.00	$21.75	$32.66		$45.31	$12.86	$15.47	$2.63
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$223.78	$97.85	$0.00	$21.75	$32.66		$39.89	$12.86	16.14 *(FRV)*	$2.63
	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	$223.78	$97.85	$0.00	$21.75	$32.66	$0.00	$39.89	$12.86	$16.14	$2.63
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4297**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$139.90								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.83	$139.90	$0.00	$21.75	$32.66	$0.00	$39.89	$12.86	$16.14	$2.63
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$7.00	$7.00								
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	$25.26	$7.53	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$291.09**	**$147.43**	**$0.00**	**$21.97**	**$33.07**	**$0.00**	**$56.99**	**$12.86**	**$16.14**	**$2.63**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$205.49**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SMITH MEDICAL NURSING CARE CTR**
Prvdr ID: **00143008A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.11%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.34	0.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1980	1.4015
Quarterly Medicaid PDPM:	1.1596	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.1827	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$1,838,847	$943,587	$0	$212,067	$67,751	$188,536	$403,220		$23,686	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($85,054)	$0	$0	$0	$0	($8,404)	($58,984)		($17,666)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$65,415		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$17,666
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$1,836,874	$943,587	$0	$212,067	$67,751	$180,132	$344,236	$65,415	$6,020	$17,666
8	Total Nursing Facility Days As Filed Days = 11,914	FY23 Audited C/R Days	11,914									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,914	FY23 GL-PL Ins Rpt Days								11,914		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$154.18	$79.20	$0.00	$17.80	$20.81	*(with L&H)*	$28.89	$5.49	$0.51	$1.48
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1980**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$66.11								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$66.11	$0.00	$17.80	$20.81		$28.89	$5.49	$0.51	$1.48
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$154.44	$66.11	$0.00	$17.80	$20.81		$28.89	$5.49	13.86 *(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	$154.44	$66.11	$0.00	$17.80	$20.81	$0.00	$28.89	$5.49	$13.86	$1.48
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.1827**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$78.19								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$166.52	$78.19	$0.00	$17.80	$20.81	$0.00	$28.89	$5.49	$13.86	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.95	$1.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	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	$20.58	$2.48	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$187.10**	**$80.67**	**$0.00**	**$18.02**	**$21.22**	**$0.00**	**$46.36**	**$5.49**	**$13.86**	**$1.48**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$127.50**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SOCIAL CIRCLE NSG & REHAB CTR**
Prvdr ID: **00143041A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.73%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.25	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3418	1.4015
Quarterly Medicaid PDPM:	1.4827	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5124	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,441,870	$2,587,866	$0	$417,616	$192,405	$323,719	$1,197,933		$722,331	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($69,676)	($103,950)	$0	$0	$0	$0	$90,825		($56,551)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$13,125		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$56,551
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,441,870	$2,483,916	$0	$417,616	$192,405	$323,719	$1,288,758	$13,125	$665,780	$56,551
8	Total Nursing Facility Days As Filed Days = 20,296	FY23 Audited C/R Days	20,296									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,296	FY23 GL-PL Ins Rpt Days								20,296		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$268.13	$122.38	$0.00	$20.58	$25.43	*(with L&H)*	$63.50	$0.65	$32.80	$2.79
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3418**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$91.20								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.20	$0.00	$20.58	$25.43		$63.50	$0.65	$32.80	$2.79
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$193.46	$91.20	$0.00	$20.58	$25.43		$39.89	$0.65	12.92 *(FRV)*	$2.79
	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	$193.46	$91.20	$0.00	$20.58	$25.43	$0.00	$39.89	$0.65	$12.92	$2.79
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5124**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.19	$137.93	$0.00	$20.58	$25.43	$0.00	$39.89	$0.65	$12.92	$2.79
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.38	$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$2.76	$2.76								
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	$22.40	$4.67	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$262.59**	**$142.60**	**$0.00**	**$20.80**	**$25.84**	**$0.00**	**$56.99**	**$0.65**	**$12.92**	**$2.79**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.12**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - GRIFFIN**
Prvdr ID: **00143052A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.96%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.80	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4755	1.4015
Quarterly Medicaid PDPM:	1.5647	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5960	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,127,417	$2,202,819	$0	$341,801	$218,413	$297,086	$786,827		$280,471	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($211,870)	$8,519	$0	$0	$0	$0	($182,056)		($38,333)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$249,860		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$37,960
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,203,367	$2,211,338	$0	$341,801	$218,413	$297,086	$604,771	$249,860	$242,138	$37,960
8	Total Nursing Facility Days As Filed Days = 17,454	FY23 Audited C/R Days	17,454									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,454	FY23 GL-PL Ins Rpt Days								17,454		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$240.82	$126.70	$0.00	$19.58	$29.53	*(with L&H)*	$34.65	$14.32	$13.87	$2.17
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4755**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$85.87								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.87	$0.00	$19.58	$29.53		$34.65	$14.32	$13.87	$2.17
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$197.75	$85.87	$0.00	$19.58	$29.53		$34.65	$14.32	11.63 *(FRV)*	$2.17
	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	$197.75	$85.87	$0.00	$19.58	$29.53	$0.00	$34.65	$14.32	$11.63	$2.17
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5960**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$248.93	$137.05	$0.00	$19.58	$29.53	$0.00	$34.65	$14.32	$11.63	$2.17
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.43	$3.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.48	$5.48								
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	$27.54	$9.44	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$276.47**	**$146.49**	**$0.00**	**$19.80**	**$29.94**	**$0.00**	**$52.12**	**$14.32**	**$11.63**	**$2.17**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$194.53**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SPARTA HEALTH AND REHABILITATION**
Prvdr ID: **00143063A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.55	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2603	1.4015
Quarterly Medicaid PDPM:	1.2444	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2693	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,680,538	$1,956,478	$0	$458,005	$187,051	$230,836	$774,139		$74,029	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($57,136)	$0	$0	$0	$0	$0	($42,120)		($15,016)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$42,120		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$15,016
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,680,538	$1,956,478	$0	$458,005	$187,051	$230,836	$732,019	$42,120	$59,013	$15,016
8	Total Nursing Facility Days As Filed Days = 16,013	FY23 Audited C/R Days	16,013									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,013	FY23 GL-PL Ins Rpt Days								16,013		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$229.85	$122.18	$0.00	$28.60	$26.10	*(with L&H)*	$45.71	$2.63	$3.69	$0.94
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2603**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$96.94								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$96.94	$0.00	$28.60	$26.10		$45.71	$2.63	$3.69	$0.94
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$207.85	$96.94	$0.00	$28.60	$26.10		$39.89	$2.63	12.75 *(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	$207.85	$96.94	$0.00	$28.60	$26.10	$0.00	$39.89	$2.63	$12.75	$0.94
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2693**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$233.96	$123.05	$0.00	$28.60	$26.10	$0.00	$39.89	$2.63	$12.75	$0.94
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	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	$25.64	$7.91	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$259.60**	**$130.96**	**$0.00**	**$28.82**	**$26.51**	**$0.00**	**$56.99**	**$2.63**	**$12.75**	**$0.94**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.88**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FULTON CENTER FOR REHABILITATION LLC**
Prvdr ID: **00143074A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.43%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4743	1.4015
Quarterly Medicaid PDPM:	1.5408	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5716	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,939,543	$4,365,292	$0	$693,075	$302,848	$618,537	$1,585,694		$1,374,097	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($338,068)	($192,028)	$0	($3,481)	$52	$180	($67,626)		($75,165)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$210,112		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$75,165
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,886,752	$4,173,264	$0	$689,594	$302,900	$618,717	$1,518,068	$210,112	$1,298,932	$75,165
8	Total Nursing Facility Days As Filed Days = 35,911	FY23 Audited C/R Days	35,911									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,911	FY23 GL-PL Ins Rpt Days								35,911		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.45	$116.21	$0.00	$19.20	$25.66	*(with L&H)*	$42.27	$5.85	$36.17	$2.09
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4743**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$78.82								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.82	$0.00	$19.20	$25.66		$42.27	$5.85	$36.17	$2.09
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$182.11	$78.82	$0.00	$19.20	$25.66		$39.89	$5.85	10.60 *(FRV)*	$2.09
	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	$182.11	$78.82	$0.00	$19.20	$25.66	$0.00	$39.89	$5.85	$10.60	$2.09
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5716**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.87								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.16	$123.87	$0.00	$19.20	$25.66	$0.00	$39.89	$5.85	$10.60	$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)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$3.10	$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.19	$6.19								
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	$27.55	$9.82	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$254.71**	**$133.69**	**$0.00**	**$19.42**	**$26.07**	**$0.00**	**$56.99**	**$5.85**	**$10.60**	**$2.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$178.21**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CARTERSVILLE CENTER FOR NURSING AND HEALING**
Prvdr ID: **00143085A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.63%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.66	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4021	1.4015
Quarterly Medicaid PDPM:	1.5243	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5548	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,430,474	$4,929,721	$0	$875,176	$327,140	$537,509	$1,464,209		$1,296,719	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($425,426)	($191,923)	$0	($3,501)	$0	$1,921	($156,838)		($75,085)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$200,747		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$75,085
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,280,880	$4,737,798	$0	$871,675	$327,140	$539,430	$1,307,371	$200,747	$1,221,634	$75,085
8	Total Nursing Facility Days As Filed Days = 39,324	FY23 Audited C/R Days	39,324									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,324	FY23 GL-PL Ins Rpt Days								39,324		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$236.02	$120.48	$0.00	$22.17	$22.04	*(with L&H)*	$33.25	$5.10	$31.07	$1.91
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4021**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$85.93								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.93	$0.00	$22.17	$22.04		$33.25	$5.10	$31.07	$1.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$187.13	$85.93	$0.00	$22.17	$22.04		$33.25	$5.10	16.73 *(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	$187.13	$85.93	$0.00	$22.17	$22.04	$0.00	$33.25	$5.10	$16.73	$1.91
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5548**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$133.60								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$234.80	$133.60	$0.00	$22.17	$22.04	$0.00	$33.25	$5.10	$16.73	$1.91
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.34	$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.68	$6.68								
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	$26.65	$8.55	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$261.45**	**$142.15**	**$0.00**	**$22.39**	**$22.45**	**$0.00**	**$50.72**	**$5.10**	**$16.73**	**$1.91**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$183.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - SPRING VALLEY**
Prvdr ID: **00143096A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.71%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.27	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3210	1.4015
Quarterly Medicaid PDPM:	1.4360	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4647	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,617,695	$2,183,055	$0	$382,934	$183,422	$308,471	$824,021		$735,792	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($178,874)	$7,256	$0	$0	$0	$0	($168,759)		($17,371)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$217,184		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$16,984
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,672,989	$2,190,311	$0	$382,934	$183,422	$308,471	$655,262	$217,184	$718,421	$16,984
8	Total Nursing Facility Days As Filed Days = 16,458	FY23 Audited C/R Days	16,458									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,458	FY23 GL-PL Ins Rpt Days								16,458		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$283.93	$133.08	$0.00	$23.27	$29.89	*(with L&H)*	$39.81	$13.20	$43.65	$1.03
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3210**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$100.75								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.75	$0.00	$23.27	$29.89		$39.81	$13.20	$43.65	$1.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$220.21	$100.75	$0.00	$23.27	$29.89		$39.81	$13.20	12.26 *(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	$220.21	$100.75	$0.00	$23.27	$29.89	$0.00	$39.81	$13.20	$12.26	$1.03
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4647**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$147.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$267.03	$147.57	$0.00	$23.27	$29.89	$0.00	$39.81	$13.20	$12.26	$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)	$1.22	$0.53	$0.00	$0.22	$0.41	$0.00	$0.06		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	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	$29.39	$11.60	$0.00	$0.22	$0.41	$0.00	$17.16	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$296.42**	**$159.17**	**$0.00**	**$23.49**	**$30.30**	**$0.00**	**$56.97**	**$13.20**	**$12.26**	**$1.03**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$209.49**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WINTHROP HEALTH AND REHABILITATION**
Prvdr ID: **00143118A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.71%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.42	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3117	1.4015
Quarterly Medicaid PDPM:	1.2590	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2842	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,694,383	$2,194,698	$0	$529,609	$299,420	$356,359	$1,069,610		$244,687	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($9,236)	$0	$0	$0	($773)	($920)	$8,314		($15,857)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$52,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$15,816
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,752,963	$2,194,698	$0	$529,609	$298,647	$355,439	$1,077,924	$52,000	$228,830	$15,816
8	Total Nursing Facility Days As Filed Days = 15,770	FY23 Audited C/R Days	15,770									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,770	FY23 GL-PL Ins Rpt Days								15,770		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$301.39	$139.17	$0.00	$33.58	$41.48	*(with L&H)*	$68.35	$3.30	$14.51	$1.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3117**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$106.10								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$106.10	$0.00	$33.58	$41.48		$68.35	$3.30	$14.51	$1.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$236.77	$106.10	$0.00	$31.48	$33.35		$39.89	$3.30	21.65 *(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	$236.77	$106.10	$0.00	$31.48	$33.35	$0.00	$39.89	$3.30	$21.65	$1.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2842**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$136.25								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$266.92	$136.25	$0.00	$31.48	$33.35	$0.00	$39.89	$3.30	$21.65	$1.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.53	$0.53	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.36	$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.81	$6.81								
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	$25.80	$8.70	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$292.72**	**$144.95**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$56.99**	**$3.30**	**$21.65**	**$1.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$206.72**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SENIOR CARE CENTER - ST MARYS**
Prvdr ID: **00143129A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.18%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.15	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2800	1.4015
Quarterly Medicaid PDPM:	1.3848	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4125	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,062,585	$2,611,157	$0	$902,332	$596,232	$246,313	$1,459,185		$247,366	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($101,305)	$443,795	$0	$0	$0	$0	($531,453)		($13,647)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$87,658		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$13,647
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,062,585	$3,054,952	$0	$902,332	$596,232	$246,313	$927,732	$87,658	$233,719	$13,647
8	Total Nursing Facility Days As Filed Days = 19,865	FY23 Audited C/R Days	19,865									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,865	FY23 GL-PL Ins Rpt Days								19,865		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$305.19	$153.79	$0.00	$45.42	$42.41	*(with L&H)*	$46.70	$4.41	$11.77	$0.69
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2800**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$120.15								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$120.15	$0.00	$45.42	$42.41		$46.70	$4.41	$11.77	$0.69
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$241.70	$117.91	$0.00	$31.48	$33.35		$39.89	$4.41	13.97 *(FRV)*	$0.69
	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	$241.70	$117.91	$0.00	$31.48	$33.35	$0.00	$39.89	$4.41	$13.97	$0.69
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4125**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$166.55								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$290.34	$166.55	$0.00	$31.48	$33.35	$0.00	$39.89	$4.41	$13.97	$0.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	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 Srvcs)	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	$22.10	$5.00	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$312.44**	**$171.55**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$56.99**	**$4.41**	**$13.97**	**$0.69**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$221.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **EAGLE HEALTH & REHABILITATION**
Prvdr ID: **00143151A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.26%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.72	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3265	1.4015
Quarterly Medicaid PDPM:	1.2174	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2418	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,048,697	$1,978,082	$0	$440,565	$175,532	$345,876	$844,002		$264,640	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($117,119)	$0	$0	$0	$0	$0	($74,003)		($43,116)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$74,003		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$43,116
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,048,697	$1,978,082	$0	$440,565	$175,532	$345,876	$769,999	$74,003	$221,524	$43,116
8	Total Nursing Facility Days As Filed Days = 14,309	FY23 Audited C/R Days	14,309									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,309	FY23 GL-PL Ins Rpt Days								14,309		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$282.94	$138.24	$0.00	$30.79	$36.44	*(with L&H)*	$53.81	$5.17	$15.48	$3.01
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3265**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$104.21								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$104.21	$0.00	$30.79	$36.44		$53.81	$5.17	$15.48	$3.01
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$229.59	$104.21	$0.00	$30.79	$33.35		$39.89	$5.17	13.17 *(FRV)*	$3.01
	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	$229.59	$104.21	$0.00	$30.79	$33.35	$0.00	$39.89	$5.17	$13.17	$3.01
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2418**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$129.41								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.79	$129.41	$0.00	$30.79	$33.35	$0.00	$39.89	$5.17	$13.17	$3.01
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.29	$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.76	$7.76								
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	$26.90	$9.58	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$281.69**	**$138.99**	**$0.00**	**$31.01**	**$33.35**	**$0.00**	**$56.99**	**$5.17**	**$13.17**	**$3.01**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$198.44**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ARROWHEAD HEALTH AND REHAB**
Prvdr ID: **00143162A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	45.45%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.09	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6983	1.4015
Quarterly Medicaid PDPM:	1.6308	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6634	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,332,333	$3,099,684	$0	$564,157	$366,259	$359,375	$1,432,067		$1,510,791	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($222,702)	($50,900)	$0	($2,525)	$0	$8,662	($91,673)		($86,266)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$85,068		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$86,266
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,280,965	$3,048,784	$0	$561,632	$366,259	$368,037	$1,340,394	$85,068	$1,424,525	$86,266
8	Total Nursing Facility Days As Filed Days = 27,402	FY23 Audited C/R Days	27,402									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,402	FY23 GL-PL Ins Rpt Days								27,402		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$265.72	$111.26	$0.00	$20.50	$26.80	*(with L&H)*	$48.92	$3.10	$51.99	$3.15
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6983**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$65.51								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$65.51	$0.00	$20.50	$26.80		$48.92	$3.10	$51.99	$3.15
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$171.88	$65.51	$0.00	$20.50	$26.80		$39.89	$3.10	12.93 *(FRV)*	$3.15
	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	$171.88	$65.51	$0.00	$20.50	$26.80	$0.00	$39.89	$3.10	$12.93	$3.15
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6634**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$108.97								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$215.34	$108.97	$0.00	$20.50	$26.80	$0.00	$39.89	$3.10	$12.93	$3.15
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$5.99	$5.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.27	$3.27								
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	$27.52	$9.79	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$242.86**	**$118.76**	**$0.00**	**$20.72**	**$27.21**	**$0.00**	**$56.99**	**$3.10**	**$12.93**	**$3.15**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$169.32**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - SUNRISE**
Prvdr ID: **00143173A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.69%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.96	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4347	1.4015
Quarterly Medicaid PDPM:	1.5452	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5761	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,995,529	$2,245,859	$0	$337,201	$142,884	$292,516	$809,206		$167,863	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($220,595)	($58,960)	$0	$0	$0	$0	($131,279)		($30,356)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$216,726		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$28,494
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,020,154	$2,186,899	$0	$337,201	$142,884	$292,516	$677,927	$216,726	$137,507	$28,494
8	Total Nursing Facility Days As Filed Days = 18,961	FY23 Audited C/R Days	18,961									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,961	FY23 GL-PL Ins Rpt Days								18,961		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$212.01	$115.34	$0.00	$17.78	$22.96	*(with L&H)*	$35.75	$11.43	$7.25	$1.50
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4347**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.39								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.39	$0.00	$17.78	$22.96		$35.75	$11.43	$7.25	$1.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$184.20	$80.39	$0.00	$17.78	$22.96		$35.75	$11.43	14.39 *(FRV)*	$1.50
	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	$184.20	$80.39	$0.00	$17.78	$22.96	$0.00	$35.75	$11.43	$14.39	$1.50
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5761**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$126.70								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$230.51	$126.70	$0.00	$17.78	$22.96	$0.00	$35.75	$11.43	$14.39	$1.50
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.17	$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.34	$6.34								
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	$28.14	$10.04	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$258.65**	**$136.74**	**$0.00**	**$18.00**	**$23.37**	**$0.00**	**$53.22**	**$11.43**	**$14.39**	**$1.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.16**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MOUNTAIN VIEW HEALTH CARE**
Prvdr ID: **00143184A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.22	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3924	1.4015
Quarterly Medicaid PDPM:	1.8015	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8375	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,301,566	$2,912,567	$0	$631,238	$182,248	$299,529	$977,027		$298,957	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($115,905)	$0	$0	$0	$0	$0	($69,340)		($46,565)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$46,565
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,232,226	$2,912,567	$0	$631,238	$182,248	$299,529	$907,687	$0	$252,392	$46,565
8	Total Nursing Facility Days As Filed Days = 23,610	FY23 Audited C/R Days	23,610									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,610	FY23 GL-PL Ins Rpt Days								23,610		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$221.62	$123.36	$0.00	$26.74	$20.41	*(with L&H)*	$38.45	$0.00	$10.69	$1.97
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3924**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$88.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.59	$0.00	$26.74	$20.41		$38.45	$0.00	$10.69	$1.97
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.80	$88.59	$0.00	$26.74	$20.41		$38.45	$0.00	9.64 *(FRV)*	$1.97
	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	$185.80	$88.59	$0.00	$26.74	$20.41	$0.00	$38.45	$0.00	$9.64	$1.97
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8375**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$162.78								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$259.99	$162.78	$0.00	$26.74	$20.41	$0.00	$38.45	$0.00	$9.64	$1.97
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.63	$1.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$25.14	$7.04	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$285.13**	**$169.82**	**$0.00**	**$26.96**	**$20.82**	**$0.00**	**$55.92**	**$0.00**	**$9.64**	**$1.97**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$201.02**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - SWAINSBORO**
Prvdr ID: **00143195A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.86%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.11	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3117	1.4015
Quarterly Medicaid PDPM:	1.4987	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5287	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,248,481	$2,843,142	$0	$493,465	$293,451	$295,409	$1,001,465		$321,549	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($341,995)	($82,191)	$0	$0	$0	$0	($228,693)		($31,111)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$373,456		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$30,479
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,310,421	$2,760,951	$0	$493,465	$293,451	$295,409	$772,772	$373,456	$290,438	$30,479
8	Total Nursing Facility Days As Filed Days = 25,934	FY23 Audited C/R Days	25,934									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,934	FY23 GL-PL Ins Rpt Days								25,934		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$204.78	$106.46	$0.00	$19.03	$22.71	*(with L&H)*	$29.80	$14.40	$11.20	$1.18
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3117**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.16								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.16	$0.00	$19.03	$22.71		$29.80	$14.40	$11.20	$1.18
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$181.43	$81.16	$0.00	$19.03	$22.71		$29.80	$14.40	13.15 *(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	$181.43	$81.16	$0.00	$19.03	$22.71	$0.00	$29.80	$14.40	$13.15	$1.18
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5287**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$124.07								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$224.34	$124.07	$0.00	$19.03	$22.71	$0.00	$29.80	$14.40	$13.15	$1.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$3.10	$3.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.20	$6.20								
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	$27.93	$9.83	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$252.27**	**$133.90**	**$0.00**	**$19.25**	**$23.12**	**$0.00**	**$47.27**	**$14.40**	**$13.15**	**$1.18**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.38**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - SYLVESTER**
Prvdr ID: **00143206A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.53%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3265	1.4015
Quarterly Medicaid PDPM:	1.4311	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4597	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,676,329	$4,303,904	$0	$666,131	$455,850	$427,843	$1,383,639		$438,962	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($421,256)	($214,559)	$0	$0	$0	$0	($194,662)		($12,035)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$424,367		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$11,461
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,690,901	$4,089,345	$0	$666,131	$455,850	$427,843	$1,188,977	$424,367	$426,927	$11,461
8	Total Nursing Facility Days As Filed Days = 34,266	FY23 Audited C/R Days	34,266									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,266	FY23 GL-PL Ins Rpt Days								34,266		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$224.44	$119.34	$0.00	$19.44	$25.79	*(with L&H)*	$34.70	$12.38	$12.46	$0.33
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3265**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$89.97								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.97	$0.00	$19.44	$25.79		$34.70	$12.38	$12.46	$0.33
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$195.84	$89.97	$0.00	$19.44	$25.79		$34.70	$12.38	13.23 *(FRV)*	$0.33
	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	$195.84	$89.97	$0.00	$19.44	$25.79	$0.00	$34.70	$12.38	$13.23	$0.33
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4597**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$131.33								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$237.20	$131.33	$0.00	$19.44	$25.79	$0.00	$34.70	$12.38	$13.23	$0.33
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.31	$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.57	$6.57								
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	$26.51	$8.41	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$263.71**	**$139.74**	**$0.00**	**$19.66**	**$26.20**	**$0.00**	**$52.17**	**$12.38**	**$13.23**	**$0.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.96**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **TATTNALL HEALTHCARE CENTER**
Prvdr ID: **00143228A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.05	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2374	1.4015
Quarterly Medicaid PDPM:	1.6654	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6987	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,445,278	$2,489,151	$0	$460,674	$225,791	$206,951	$769,702		$293,009	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($141,765)	($49,282)	$0	($1,383)	$0	$4,358	($64,651)		($30,807)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$74,463		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$30,807
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,408,783	$2,439,869	$0	$459,291	$225,791	$211,309	$705,051	$74,463	$262,202	$30,807
8	Total Nursing Facility Days As Filed Days = 26,564	FY23 Audited C/R Days	26,564									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,564	FY23 GL-PL Ins Rpt Days								26,564		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$165.96	$91.85	$0.00	$17.29	$16.45	*(with L&H)*	$26.54	$2.80	$9.87	$1.16
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2374**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$74.23								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$74.23	$0.00	$17.29	$16.45		$26.54	$2.80	$9.87	$1.16
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$148.36	$74.23	$0.00	$17.29	$16.45		$26.54	$2.80	9.89 *(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	$148.36	$74.23	$0.00	$17.29	$16.45	$0.00	$26.54	$2.80	$9.89	$1.16
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6987**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$126.09								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$200.22	$126.09	$0.00	$17.29	$16.45	$0.00	$26.54	$2.80	$9.89	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.15	$3.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.78	$3.78								
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	$25.56	$7.46	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$225.78**	**$133.55**	**$0.00**	**$17.51**	**$16.86**	**$0.00**	**$44.01**	**$2.80**	**$9.89**	**$1.16**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$156.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THOMSON HEALTH AND REHABILITATION**
Prvdr ID: **00143261A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.96%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.39	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2892	1.4015
Quarterly Medicaid PDPM:	1.4488	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4778	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,025,854	$3,885,740	$0	$783,294	$414,541	$349,225	$909,866		$683,188	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($220,758)	($43,327)	$0	($2,261)	$0	$0	($100,169)		($75,001)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$143,976		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$75,001
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,024,073	$3,842,413	$0	$781,033	$414,541	$349,225	$809,697	$143,976	$608,187	$75,001
8	Total Nursing Facility Days As Filed Days = 36,954	FY23 Audited C/R Days	36,954									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,954	FY23 GL-PL Ins Rpt Days								36,954		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$190.09	$103.98	$0.00	$21.14	$20.67	*(with L&H)*	$21.91	$3.90	$16.46	$2.03
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2892**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.65								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.65	$0.00	$21.14	$20.67		$21.91	$3.90	$16.46	$2.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$161.63	$80.65	$0.00	$21.14	$20.67		$21.91	$3.90	11.33 *(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	$161.63	$80.65	$0.00	$21.14	$20.67	$0.00	$21.91	$3.90	$11.33	$2.03
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4778**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$119.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$200.16	$119.18	$0.00	$21.14	$20.67	$0.00	$21.91	$3.90	$11.33	$2.03
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.98	$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.58	$3.58								
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	$25.19	$7.09	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$225.35**	**$126.27**	**$0.00**	**$21.36**	**$21.08**	**$0.00**	**$39.38**	**$3.90**	**$11.33**	**$2.03**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$156.19**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **REHABILITATION CENTER OF SOUTH GEORGIA**
Prvdr ID: **00143283A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.39%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.61	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3856	1.4015
Quarterly Medicaid PDPM:	1.4170	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4453	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,701,239	$5,251,856	$0	$1,054,351	$774,807	$588,960	$1,393,379		$637,886	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($251,919)	($5,121)	$0	$0	$0	$2,444	($170,567)		($78,675)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$154,602		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$78,675
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,682,597	$5,246,735	$0	$1,054,351	$774,807	$591,404	$1,222,812	$154,602	$559,211	$78,675
8	Total Nursing Facility Days As Filed Days = 44,390	FY23 Audited C/R Days	44,390									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,390	FY23 GL-PL Ins Rpt Days								44,390		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$218.13	$118.20	$0.00	$23.75	$30.78	*(with L&H)*	$27.55	$3.48	$12.60	$1.77
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3856**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$85.31								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.31	$0.00	$23.75	$30.78		$27.55	$3.48	$12.60	$1.77
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$184.58	$85.31	$0.00	$23.75	$30.78		$27.55	$3.48	11.94 *(FRV)*	$1.77
	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	$184.58	$85.31	$0.00	$23.75	$30.78	$0.00	$27.55	$3.48	$11.94	$1.77
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4453**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.30								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$222.57	$123.30	$0.00	$23.75	$30.78	$0.00	$27.55	$3.48	$11.94	$1.77
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.08	$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$27.88	$9.78	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$250.45**	**$133.08**	**$0.00**	**$23.97**	**$31.19**	**$0.00**	**$45.02**	**$3.48**	**$11.94**	**$1.77**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARBORVIEW TIFTON**
Prvdr ID: **00143294A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.82%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.64	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4742	1.4015
Quarterly Medicaid PDPM:	1.8589	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8961	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,990,995	$3,084,137	$0	$537,018	$297,713	$265,273	$1,206,259		$1,600,595	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($383,129)	($126,928)	$0	($2,259)	$0	$4,690	($215,673)		($42,959)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$156,500		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$42,959
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,807,325	$2,957,209	$0	$534,759	$297,713	$269,963	$990,586	$156,500	$1,557,636	$42,959
8	Total Nursing Facility Days As Filed Days = 31,821	FY23 Audited C/R Days	31,821									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,821	FY23 GL-PL Ins Rpt Days								31,821		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$213.93	$92.93	$0.00	$16.81	$17.84	*(with L&H)*	$31.13	$4.92	$48.95	$1.35
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4742**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$63.04								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$63.04	$0.00	$16.81	$17.84		$31.13	$4.92	$48.95	$1.35
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$147.13	$63.04	$0.00	$16.81	$17.84		$31.13	$4.92	12.04 *(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	$147.13	$63.04	$0.00	$16.81	$17.84	$0.00	$31.13	$4.92	$12.04	$1.35
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8961**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$119.53								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$203.62	$119.53	$0.00	$16.81	$17.84	$0.00	$31.13	$4.92	$12.04	$1.35
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.20	$1.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.98	$5.98								
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	$25.81	$7.71	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$229.43**	**$127.24**	**$0.00**	**$17.03**	**$18.25**	**$0.00**	**$48.60**	**$4.92**	**$12.04**	**$1.35**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$159.25**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - TOCCOA**
Prvdr ID: **00143305A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.26%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.08	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3502	1.4015
Quarterly Medicaid PDPM:	1.5209	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5513	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,242,999	$4,757,377	$0	$839,831	$323,861	$517,837	$1,556,425		$247,668	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($601,382)	($394,925)	$0	$10,441	$16,102	$2,372	($197,583)		($37,789)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$654,781		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$43,312
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,339,710	$4,362,452	$0	$850,272	$339,963	$520,209	$1,358,842	$654,781	$209,879	$43,312
8	Total Nursing Facility Days As Filed Days = 36,031	FY23 Audited C/R Days	36,031									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,031	FY23 GL-PL Ins Rpt Days								36,031		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$231.44	$121.07	$0.00	$23.60	$23.87	*(with L&H)*	$37.71	$18.17	$5.82	$1.20
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3502**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$89.67								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.67	$0.00	$23.60	$23.87		$37.71	$18.17	$5.82	$1.20
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$202.57	$89.67	$0.00	$23.60	$23.87		$37.71	$18.17	8.35 *(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	$202.57	$89.67	$0.00	$23.60	$23.87	$0.00	$37.71	$18.17	$8.35	$1.20
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5513**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$139.11								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$252.01	$139.11	$0.00	$23.60	$23.87	$0.00	$37.71	$18.17	$8.35	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.39	$1.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.96	$6.96								
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	$26.98	$8.88	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$278.99**	**$147.99**	**$0.00**	**$23.82**	**$24.28**	**$0.00**	**$55.18**	**$18.17**	**$8.35**	**$1.20**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$196.42**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **OXLEY PARK HEALTH AND REHABILITATION**
Prvdr ID: **00143316A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	14.81%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.36	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3628	1.4015
Quarterly Medicaid PDPM:	1.2568	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2819	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,885,829	$3,028,713	$0	$780,986	$353,167	$300,523	$1,093,704		$328,736	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($88,885)	($283)	$0	$0	$1,797	($1,250)	($68,612)		($20,537)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$54,080		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$33,182
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,884,206	$3,028,430	$0	$780,986	$354,964	$299,273	$1,025,092	$54,080	$308,199	$33,182
8	Total Nursing Facility Days As Filed Days = 22,261	FY23 Audited C/R Days	22,320									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,261	FY23 GL-PL Ins Rpt Days								22,320		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$263.63	$135.68	$0.00	$34.99	$29.31	*(with L&H)*	$45.93	$2.42	$13.81	$1.49
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3628**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$99.56								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.56	$0.00	$34.99	$29.31		$45.93	$2.42	$13.81	$1.49
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$221.83	$99.56	$0.00	$31.48	$29.31		$39.89	$2.42	17.68 *(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	$221.83	$99.56	$0.00	$31.48	$29.31	$0.00	$39.89	$2.42	$17.68	$1.49
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2819**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.63								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$249.90	$127.63	$0.00	$31.48	$29.31	$0.00	$39.89	$2.42	$17.68	$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)	$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.38	$6.38								
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	$24.42	$6.91	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$274.32**	**$134.54**	**$0.00**	**$31.48**	**$29.72**	**$0.00**	**$56.99**	**$2.42**	**$17.68**	**$1.49**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.92**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - PEAKE**
Prvdr ID: **00143327A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.88%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.19	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4639	1.4015
Quarterly Medicaid PDPM:	1.6297	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6622	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,671,215	$5,091,078	$0	$708,415	$454,474	$517,246	$1,482,001		$418,001	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($517,851)	($222,132)	$0	$6,885	$1,011	$1,033	($221,824)		($82,824)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$443,062		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$47,242
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,643,668	$4,868,946	$0	$715,300	$455,485	$518,279	$1,260,177	$443,062	$335,177	$47,242
8	Total Nursing Facility Days As Filed Days = 42,020	FY23 Audited C/R Days	42,080									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,020	FY23 GL-PL Ins Rpt Days								42,080		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$205.42	$115.71	$0.00	$17.00	$23.14	*(with L&H)*	$29.95	$10.53	$7.97	$1.12
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4639**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$79.04								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.04	$0.00	$17.00	$23.14		$29.95	$10.53	$7.97	$1.12
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$177.32	$79.04	$0.00	$17.00	$23.14		$29.95	$10.53	16.54 *(FRV)*	$1.12
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$177.32	$79.04	$0.00	$17.00	$23.14	$0.00	$29.95	$10.53	$16.54	$1.12
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6622**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$131.38								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$229.66	$131.38	$0.00	$17.00	$23.14	$0.00	$29.95	$10.53	$16.54	$1.12
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.28	$3.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.57	$6.57								
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	$28.48	$10.38	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$258.14**	**$141.76**	**$0.00**	**$17.22**	**$23.55**	**$0.00**	**$47.42**	**$10.53**	**$16.54**	**$1.12**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$180.78**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CHATUGE REGIONAL NURSING HOME**
Prvdr ID: **00143338A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.70%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.98	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3408	1.4015
Quarterly Medicaid PDPM:	1.2061	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2302	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,190,667	$5,067,814	$0	$1,331,970	$437,332	$895,629	$965,207		$492,715	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($77,816)	($2,963)	$0	$0	($4,520)	($9,258)	($61,075)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,112,851	$5,064,851	$0	$1,331,970	$432,812	$886,371	$904,132	$0	$492,715	$0
8	Total Nursing Facility Days As Filed Days = 29,303	FY23 Audited C/R Days	29,303									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,303	FY23 GL-PL Ins Rpt Days								29,303		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$310.98	$172.84	$0.00	$45.46	$45.02	*(with L&H)*	$30.85	$0.00	$16.81	$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3408**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$128.91								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$128.91	$0.00	$45.46	$45.02		$30.85	$0.00	$16.81	$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$236.25	$117.91	$0.00	$39.92	$33.35		$30.85	$0.00	14.22 *(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	$236.25	$117.91	$0.00	$39.92	$33.35	$0.00	$30.85	$0.00	$14.22	$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2302**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$145.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$263.39	$145.05	$0.00	$39.92	$33.35	$0.00	$30.85	$0.00	$14.22	$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)	$0.37	$0.00	$0.00	$0.00	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.63	$3.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.35	$4.35								
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	$25.45	$7.98	$0.00	$0.00	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$288.84**	**$153.03**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$48.32**	**$0.00**	**$14.22**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.81**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **TREUTLEN COUNTY HEALTH AND REHABILITATION**
Prvdr ID: **00143349A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.05	7.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3945	1.4015
Quarterly Medicaid PDPM:	1.3758	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4033	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,036,533	$1,934,994	$0	$511,148	$205,850	$237,718	$870,441		$276,382	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($61,433)	$0	$0	$0	$0	$0	($53,150)		($8,283)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$26,780		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$8,283
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,010,163	$1,934,994	$0	$511,148	$205,850	$237,718	$817,291	$26,780	$268,099	$8,283
8	Total Nursing Facility Days As Filed Days = 16,837	FY23 Audited C/R Days	16,837									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,837	FY23 GL-PL Ins Rpt Days								16,837		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$238.17	$114.93	$0.00	$30.36	$26.34	*(with L&H)*	$48.54	$1.59	$15.92	$0.49
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3945**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$82.41								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.41	$0.00	$30.36	$26.34		$48.54	$1.59	$15.92	$0.49
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$199.55	$82.41	$0.00	$30.36	$26.34		$39.89	$1.59	18.47 *(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	$199.55	$82.41	$0.00	$30.36	$26.34	$0.00	$39.89	$1.59	$18.47	$0.49
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4033**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$115.65								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$232.79	$115.65	$0.00	$30.36	$26.34	$0.00	$39.89	$1.59	$18.47	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.89	$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.10	$8.10								
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	$29.25	$11.52	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$262.04**	**$127.17**	**$0.00**	**$30.58**	**$26.75**	**$0.00**	**$56.99**	**$1.59**	**$18.47**	**$0.49**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$183.71**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BERRIEN OAKS NURSING AND REHAB CENTER**
Prvdr ID: **00143382A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.18%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.09	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3738	1.4015
Quarterly Medicaid PDPM:	1.5795	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6111	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,282,887	$3,164,782	$0	$685,356	$315,027	$330,309	$1,049,789		$737,624	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($214,174)	($44,581)	$0	($2,550)	$0	$3,490	($138,360)		($32,173)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$168,536		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$45,638
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,282,887	$3,120,201	$0	$682,806	$315,027	$333,799	$911,429	$168,536	$705,451	$45,638
8	Total Nursing Facility Days As Filed Days = 28,190	FY23 Audited C/R Days	28,190									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,190	FY23 GL-PL Ins Rpt Days								28,190		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$222.87	$110.68	$0.00	$24.22	$23.02	*(with L&H)*	$32.33	$5.98	$25.02	$1.62
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3738**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.57								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.57	$0.00	$24.22	$23.02		$32.33	$5.98	$25.02	$1.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.53	$80.57	$0.00	$24.22	$23.02		$32.33	$5.98	17.79 *(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	$185.53	$80.57	$0.00	$24.22	$23.02	$0.00	$32.33	$5.98	$17.79	$1.62
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6111**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$129.81								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$234.77	$129.81	$0.00	$24.22	$23.02	$0.00	$32.33	$5.98	$17.79	$1.62
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.25	$3.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	$24.48	$6.38	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$259.25**	**$136.19**	**$0.00**	**$24.44**	**$23.43**	**$0.00**	**$49.80**	**$5.98**	**$17.79**	**$1.62**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.61**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **TWIN OAKS CONVALESCENT CENTER**
Prvdr ID: **00143393A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.70%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.60	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4909	1.4015
Quarterly Medicaid PDPM:	1.2885	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3143	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,179,677	$4,095,568	$0	$714,413	$518,854	$407,810	$1,937,184		$505,848	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($83,168)	$0	$0	$0	$3,343	$2,627	($96,670)		$7,532	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$71,579		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$17,130
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,185,218	$4,095,568	$0	$714,413	$522,197	$410,437	$1,840,514	$71,579	$513,380	$17,130
8	Total Nursing Facility Days As Filed Days = 25,616	FY23 Audited C/R Days	25,616									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,616	FY23 GL-PL Ins Rpt Days								25,616		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$319.53	$159.88	$0.00	$27.89	$36.41	*(with L&H)*	$71.85	$2.79	$20.04	$0.67
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4909**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$107.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$107.24	$0.00	$27.89	$36.41		$71.85	$2.79	$20.04	$0.67
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$233.87	$107.24	$0.00	$27.89	$33.35		$39.89	$2.79	22.04 *(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	$233.87	$107.24	$0.00	$27.89	$33.35	$0.00	$39.89	$2.79	$22.04	$0.67
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3143**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$140.95								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$267.58	$140.95	$0.00	$27.89	$33.35	$0.00	$39.89	$2.79	$22.04	$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)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	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	$23.49	$6.17	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$291.07**	**$147.12**	**$0.00**	**$28.11**	**$33.35**	**$0.00**	**$56.99**	**$2.79**	**$22.04**	**$0.67**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$205.48**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **UNION COUNTY NURSING HOME**
Prvdr ID: **00143415A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	48.05%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.10	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4273	1.4015
Quarterly Medicaid PDPM:	1.2630	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2882	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,379,139	$5,508,465	$0	$1,065,794	$733,230	$893,856	$1,627,634		$550,160	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($556,576)	($506,724)	$0	$0	($11,190)	($13,641)	$1,768		($26,789)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$48,701		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$26,380
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,897,644	$5,001,741	$0	$1,065,794	$722,040	$880,215	$1,629,402	$48,701	$523,371	$26,380
8	Total Nursing Facility Days As Filed Days = 33,486	FY23 Audited C/R Days	33,814									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,486	FY23 GL-PL Ins Rpt Days								33,814		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$292.71	$147.92	$0.00	$31.52	$47.38	*(with L&H)*	$48.19	$1.44	$15.48	$0.78
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4273**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$103.63								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$103.63	$0.00	$31.52	$47.38		$48.19	$1.44	$15.48	$0.78
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$224.66	$103.63	$0.00	$31.52	$33.35		$39.89	$1.44	14.05 *(FRV)*	$0.78
	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	$224.66	$103.63	$0.00	$31.52	$33.35	$0.00	$39.89	$1.44	$14.05	$0.78
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2882**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$133.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.53	$133.50	$0.00	$31.52	$33.35	$0.00	$39.89	$1.44	$14.05	$0.78
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.34	$7.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$29.20	$11.88	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$283.73**	**$145.38**	**$0.00**	**$31.74**	**$33.35**	**$0.00**	**$56.99**	**$1.44**	**$14.05**	**$0.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$199.97**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - RICHMOND, LLC**
Prvdr ID: **00143426A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.80	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3930	1.4015
Quarterly Medicaid PDPM:	1.6182	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6506	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,708,434	$4,664,336	$0	$607,793	$308,580	$395,538	$1,279,590		$452,597	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($509,538)	$98,275	$0	($11,049)	$0	$35,436	($624,513)		($7,687)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$293,015		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$7,687
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,499,598	$4,762,611	$0	$596,744	$308,580	$430,974	$655,077	$293,015	$444,910	$7,687
8	Total Nursing Facility Days As Filed Days = 24,570	FY23 Audited C/R Days	24,570									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,570	FY23 GL-PL Ins Rpt Days								24,570		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$305.24	$193.84	$0.00	$24.29	$30.10	*(with L&H)*	$26.66	$11.93	$18.11	$0.31
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3930**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$139.15								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$139.15	$0.00	$24.29	$30.10		$26.66	$11.93	$18.11	$0.31
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$233.87	$117.91	$0.00	$24.29	$30.10		$26.66	$11.93	22.67 *(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	$233.87	$117.91	$0.00	$24.29	$30.10	$0.00	$26.66	$11.93	$22.67	$0.31
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6506**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$194.62								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$310.58	$194.62	$0.00	$24.29	$30.10	$0.00	$26.66	$11.93	$22.67	$0.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.00	$0.00	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.87	$4.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.73	$9.73								
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	$32.70	$14.60	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$343.28**	**$209.22**	**$0.00**	**$24.51**	**$30.51**	**$0.00**	**$44.13**	**$11.93**	**$22.67**	**$0.31**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$244.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CHULIO HILLS HEALTH AND REHAB**
Prvdr ID: **00143437A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.50%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	1.97	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6531	1.4015
Quarterly Medicaid PDPM:	1.6416	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6745	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,408,306	$4,434,559	$0	$634,171	$261,875	$292,937	$1,109,437		$675,327	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($222,097)	($92,021)	$0	$0	$4,273	$4,780	($108,838)		($30,291)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$209,121		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$30,785
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,426,115	$4,342,538	$0	$634,171	$266,148	$297,717	$1,000,599	$209,121	$645,036	$30,785
8	Total Nursing Facility Days As Filed Days = 18,208	FY23 Audited C/R Days	17,835									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,208	FY23 GL-PL Ins Rpt Days								17,835		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$416.39	$243.48	$0.00	$35.56	$31.62	*(with L&H)*	$56.10	$11.73	$36.17	$1.73
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6531**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$147.29								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$147.29	$0.00	$35.56	$31.62		$56.10	$11.73	$36.17	$1.73
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$248.32	$117.91	$0.00	$31.48	$31.62		$39.89	$11.73	13.96 *(FRV)*	$1.73
	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	$248.32	$117.91	$0.00	$31.48	$31.62	$0.00	$39.89	$11.73	$13.96	$1.73
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6745**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$197.44								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$327.85	$197.44	$0.00	$31.48	$31.62	$0.00	$39.89	$11.73	$13.96	$1.73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$1.97	$1.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.95	$3.95								
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	$23.43	$5.92	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$351.28**	**$203.36**	**$0.00**	**$31.48**	**$32.03**	**$0.00**	**$56.99**	**$11.73**	**$13.96**	**$1.73**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$250.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WAYCROSS HEALTH AND REHABILITATION**
Prvdr ID: **00143459A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.21%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3176	1.4015
Quarterly Medicaid PDPM:	1.3952	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4231	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,777,916	$2,364,601	$0	$534,459	$248,938	$267,023	$984,362		$378,533	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($83,705)	$0	$0	$0	$0	$0	($47,840)		($35,865)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$47,840		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$35,865
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,777,916	$2,364,601	$0	$534,459	$248,938	$267,023	$936,522	$47,840	$342,668	$35,865
8	Total Nursing Facility Days As Filed Days = 18,750	FY23 Audited C/R Days	18,750									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,750	FY23 GL-PL Ins Rpt Days								18,750		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$254.82	$126.11	$0.00	$28.50	$27.52	*(with L&H)*	$49.95	$2.55	$18.28	$1.91
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3176**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.71								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.71	$0.00	$28.50	$27.52		$49.95	$2.55	$18.28	$1.91
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.99	$95.71	$0.00	$28.50	$27.52		$39.89	$2.55	9.91 *(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	$205.99	$95.71	$0.00	$28.50	$27.52	$0.00	$39.89	$2.55	$9.91	$1.91
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4231**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$136.20								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$246.48	$136.20	$0.00	$28.50	$27.52	$0.00	$39.89	$2.55	$9.91	$1.91
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.36	$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.81	$6.81								
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	$26.43	$8.70	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$272.91**	**$144.90**	**$0.00**	**$28.72**	**$27.93**	**$0.00**	**$56.99**	**$2.55**	**$9.91**	**$1.91**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.86**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WASHINGTON CO EXTENDED CARE FACILITY**
Prvdr ID: **00143481A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.91%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.94	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4803	1.4015
Quarterly Medicaid PDPM:	1.2904	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3162	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,284,363	$2,122,221	$0	$692,751	$195,397	$264,820	$879,294		$129,880	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($38,632)	$54,849	$0	$0	$0	$0	($79,563)		($13,918)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$16,837		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$13,918
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,276,486	$2,177,070	$0	$692,751	$195,397	$264,820	$799,731	$16,837	$115,962	$13,918
8	Total Nursing Facility Days As Filed Days = 17,355	FY23 Audited C/R Days	17,355									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,355	FY23 GL-PL Ins Rpt Days								17,355		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$246.41	$125.44	$0.00	$39.92	$26.52	*(with L&H)*	$46.08	$0.97	$6.68	$0.80
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4803**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$84.74								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.74	$0.00	$39.92	$26.52		$46.08	$0.97	$6.68	$0.80
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$208.26	$84.74	$0.00	$39.92	$26.52		$39.89	$0.97	15.42 *(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	$208.26	$84.74	$0.00	$39.92	$26.52	$0.00	$39.89	$0.97	$15.42	$0.80
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3162**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$111.53								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$235.05	$111.53	$0.00	$39.92	$26.52	$0.00	$39.89	$0.97	$15.42	$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$2.79	$2.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	$23.06	$5.55	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$258.11**	**$117.08**	**$0.00**	**$39.92**	**$26.93**	**$0.00**	**$56.99**	**$0.97**	**$15.42**	**$0.80**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$180.76**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WESTBURY CENTER OF CONYERS FOR NURSING AND HEALING**
Prvdr ID: **00143503A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.85%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.74	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4066	1.4015
Quarterly Medicaid PDPM:	1.4697	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4991	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,421,243	$6,415,329	$0	$1,015,743	$601,184	$566,433	$2,032,614		$2,789,940	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($564,572)	($120,456)	$0	($1,326)	$12	$1,326	($335,733)		($108,395)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$283,841		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$108,395
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$13,248,907	$6,294,873	$0	$1,014,417	$601,196	$567,759	$1,696,881	$283,841	$2,681,545	$108,395
8	Total Nursing Facility Days As Filed Days = 54,337	FY23 Audited C/R Days	54,337									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,337	FY23 GL-PL Ins Rpt Days								54,337		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$243.82	$115.85	$0.00	$18.67	$21.51	*(with L&H)*	$31.23	$5.22	$49.35	$1.99
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4066**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$82.36								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.36	$0.00	$18.67	$21.51		$31.23	$5.22	$49.35	$1.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$174.29	$82.36	$0.00	$18.67	$21.51		$31.23	$5.22	13.31 *(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	$174.29	$82.36	$0.00	$18.67	$21.51	$0.00	$31.23	$5.22	$13.31	$1.99
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4991**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.47								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$215.40	$123.47	$0.00	$18.67	$21.51	$0.00	$31.23	$5.22	$13.31	$1.99
	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 Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$241.43**	**$131.40**	**$0.00**	**$18.89**	**$21.92**	**$0.00**	**$48.70**	**$5.22**	**$13.31**	**$1.99**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.25**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WESTBURY CENTER OF JACKSON FOR NURSING AND HEALING**
Prvdr ID: **00143514A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.34%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.72	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4775	1.4015
Quarterly Medicaid PDPM:	1.6152	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6475	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$16,051,682	$8,358,987	$0	$1,099,821	$527,616	$497,384	$2,389,991		$3,177,883	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($700,432)	($335,330)	$0	$0	$0	$0	($286,595)		($78,507)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$299,272		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$78,507
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$15,729,029	$8,023,657	$0	$1,099,821	$527,616	$497,384	$2,103,396	$299,272	$3,099,376	$78,507
8	Total Nursing Facility Days As Filed Days = 66,670	FY23 Audited C/R Days	66,670									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,670	FY23 GL-PL Ins Rpt Days								66,670		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$235.93	$120.35	$0.00	$16.50	$15.37	*(with L&H)*	$31.55	$4.49	$46.49	$1.18
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4775**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.45								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.45	$0.00	$16.50	$15.37		$31.55	$4.49	$46.49	$1.18
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$164.31	$81.45	$0.00	$16.50	$15.37		$31.55	$4.49	13.77 *(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	$164.31	$81.45	$0.00	$16.50	$15.37	$0.00	$31.55	$4.49	$13.77	$1.18
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6475**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$134.19								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$217.05	$134.19	$0.00	$16.50	$15.37	$0.00	$31.55	$4.49	$13.77	$1.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$3.35	$3.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$28.69	$10.59	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$245.74**	**$144.78**	**$0.00**	**$16.72**	**$15.78**	**$0.00**	**$49.02**	**$4.49**	**$13.77**	**$1.18**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$171.48**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WESTBURY CENTER OF MCDONOUGH FOR NURSING & HEALING**
Prvdr ID: **00143525A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	45.37%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.75	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4209	1.4015
Quarterly Medicaid PDPM:	1.4593	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4884	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$12,915,680	$5,989,354	$0	$949,241	$554,752	$531,618	$1,977,101		$2,913,614	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($506,322)	($205,608)	$0	($1,277)	$0	$1,266	($223,754)		($76,949)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$315,614		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$76,949
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$12,801,921	$5,783,746	$0	$947,964	$554,752	$532,884	$1,753,347	$315,614	$2,836,665	$76,949
8	Total Nursing Facility Days As Filed Days = 50,104	FY23 Audited C/R Days	50,104									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,104	FY23 GL-PL Ins Rpt Days								50,104		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$255.51	$115.43	$0.00	$18.92	$21.71	*(with L&H)*	$34.99	$6.30	$56.62	$1.54
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4209**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.24								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.24	$0.00	$18.92	$21.71		$34.99	$6.30	$56.62	$1.54
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$177.06	$81.24	$0.00	$18.92	$21.71		$34.99	$6.30	12.36 *(FRV)*	$1.54
	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	$177.06	$81.24	$0.00	$18.92	$21.71	$0.00	$34.99	$6.30	$12.36	$1.54
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4884**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$120.92								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$216.74	$120.92	$0.00	$18.92	$21.71	$0.00	$34.99	$6.30	$12.36	$1.54
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$6.65	$6.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.05	$6.05								
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	$31.33	$13.23	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$248.07**	**$134.15**	**$0.00**	**$19.14**	**$22.12**	**$0.00**	**$52.46**	**$6.30**	**$12.36**	**$1.54**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$173.23**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - SEASIDE**
Prvdr ID: **00143536A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.50	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4813	1.4015
Quarterly Medicaid PDPM:	1.5112	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5414	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,374,209	$3,263,176	$0	$509,872	$202,596	$304,270	$1,103,744		$990,551	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($349,984)	($123,656)	$0	$0	$0	$0	($185,961)		($40,367)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$348,594		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$41,254
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,414,073	$3,139,520	$0	$509,872	$202,596	$304,270	$917,783	$348,594	$950,184	$41,254
8	Total Nursing Facility Days As Filed Days = 26,412	FY23 Audited C/R Days	26,412									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,412	FY23 GL-PL Ins Rpt Days								26,412		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$242.85	$118.87	$0.00	$19.30	$19.19	*(with L&H)*	$34.75	$13.20	$35.98	$1.56
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4813**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.25								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.25	$0.00	$19.30	$19.19		$34.75	$13.20	$35.98	$1.56
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$198.40	$80.25	$0.00	$19.30	$19.19		$34.75	$13.20	30.15 *(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	$198.40	$80.25	$0.00	$19.30	$19.19	$0.00	$34.75	$13.20	$30.15	$1.56
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5414**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.70								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$241.85	$123.70	$0.00	$19.30	$19.19	$0.00	$34.75	$13.20	$30.15	$1.56
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.09	$3.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.19	$6.19								
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	$27.91	$9.81	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$269.76**	**$133.51**	**$0.00**	**$19.52**	**$19.60**	**$0.00**	**$52.22**	**$13.20**	**$30.15**	**$1.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.50**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WILDWOOD HEALTH AND REHAB**
Prvdr ID: **00143547A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.57%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.85	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1507	1.4015
Quarterly Medicaid PDPM:	1.7771	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8127	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,071,526	$1,533,615	$0	$353,732	$122,031	$182,007	$579,807		$300,334	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($41,410)	$0	$0	$0	$0	$0	($23,431)		($17,979)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$17,979
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,048,095	$1,533,615	$0	$353,732	$122,031	$182,007	$556,376	$0	$282,355	$17,979
8	Total Nursing Facility Days As Filed Days = 14,487	FY23 Audited C/R Days	14,487									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,487	FY23 GL-PL Ins Rpt Days								14,487		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$210.41	$105.86	$0.00	$24.42	$20.99	*(with L&H)*	$38.41	$0.00	$19.49	$1.24
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1507**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$92.00								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.00	$0.00	$24.42	$20.99		$38.41	$0.00	$19.49	$1.24
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$189.91	$92.00	$0.00	$24.42	$20.99		$38.41	$0.00	12.85 *(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	$189.91	$92.00	$0.00	$24.42	$20.99	$0.00	$38.41	$0.00	$12.85	$1.24
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8127**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$166.77								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$264.68	$166.77	$0.00	$24.42	$20.99	$0.00	$38.41	$0.00	$12.85	$1.24
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.67	$1.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$25.30	$7.20	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$289.98**	**$173.97**	**$0.00**	**$24.64**	**$21.40**	**$0.00**	**$55.88**	**$0.00**	**$12.85**	**$1.24**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$204.66**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SOUTHLAND HEALTHCARE AND REHAB CENTER**
Prvdr ID: **00143558A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.36%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4953	1.4015
Quarterly Medicaid PDPM:	1.8180	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8544	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,647,957	$3,054,003	$0	$487,682	$270,441	$266,206	$882,804		$686,821	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($239,074)	($51,827)	$0	$0	$0	$1,050	($148,201)		($40,096)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$95,989		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$40,096
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,544,968	$3,002,176	$0	$487,682	$270,441	$267,256	$734,603	$95,989	$646,725	$40,096
8	Total Nursing Facility Days As Filed Days = 28,301	FY23 Audited C/R Days	28,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,301	FY23 GL-PL Ins Rpt Days								28,301		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$195.93	$106.08	$0.00	$17.23	$19.00	*(with L&H)*	$25.96	$3.39	$22.85	$1.42
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4953**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$70.94								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$70.94	$0.00	$17.23	$19.00		$25.96	$3.39	$22.85	$1.42
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$148.69	$70.94	$0.00	$17.23	$19.00		$25.96	$3.39	10.75 *(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	$148.69	$70.94	$0.00	$17.23	$19.00	$0.00	$25.96	$3.39	$10.75	$1.42
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8544**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$131.55								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$209.30	$131.55	$0.00	$17.23	$19.00	$0.00	$25.96	$3.39	$10.75	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$2.63	$2.63								
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	$21.26	$3.16	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$230.56**	**$134.71**	**$0.00**	**$17.45**	**$19.41**	**$0.00**	**$43.43**	**$3.39**	**$10.75**	**$1.42**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$160.10**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - WASHINGTON**
Prvdr ID: **00143569A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.39%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.29	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3550	1.4015
Quarterly Medicaid PDPM:	1.4622	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4914	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,264,568	$1,617,004	$0	$387,022	$174,985	$278,738	$707,227		$99,592	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($58,147)	$27,711	$0	$0	$0	$0	($56,618)		($29,240)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$170,054		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$28,916
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,405,391	$1,644,715	$0	$387,022	$174,985	$278,738	$650,609	$170,054	$70,352	$28,916
8	Total Nursing Facility Days As Filed Days = 16,167	FY23 Audited C/R Days	16,167									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,167	FY23 GL-PL Ins Rpt Days								16,167		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$210.63	$101.73	$0.00	$23.94	$28.06	*(with L&H)*	$40.24	$10.52	$4.35	$1.79
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3550**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$75.08								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.08	$0.00	$23.94	$28.06		$40.24	$10.52	$4.35	$1.79
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.65	$75.08	$0.00	$23.94	$28.06		$39.89	$10.52	11.37 *(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	$190.65	$75.08	$0.00	$23.94	$28.06	$0.00	$39.89	$10.52	$11.37	$1.79
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4914**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$111.97								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.54	$111.97	$0.00	$23.94	$28.06	$0.00	$39.89	$10.52	$11.37	$1.79
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.12	$1.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	$23.86	$6.13	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$251.40**	**$118.10**	**$0.00**	**$24.16**	**$28.47**	**$0.00**	**$56.99**	**$10.52**	**$11.37**	**$1.79**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WRIGHTSVILLE MANOR HEALTH AND REHAB**
Prvdr ID: **00143602A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.30%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.37	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3658	1.4015
Quarterly Medicaid PDPM:	1.6158	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6481	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,696,257	$2,949,482	$0	$685,592	$243,301	$305,401	$946,424		$566,057	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($141,030)	($68,303)	$0	($4,833)	($280)	$526	($20,577)		($47,563)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$88,880		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$47,508
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,691,615	$2,881,179	$0	$680,759	$243,021	$305,927	$925,847	$88,880	$518,494	$47,508
8	Total Nursing Facility Days As Filed Days = 29,721	FY23 Audited C/R Days	29,721									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,721	FY23 GL-PL Ins Rpt Days								29,721		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$191.50	$96.94	$0.00	$22.90	$18.47	*(with L&H)*	$31.15	$2.99	$17.45	$1.60
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3658**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$70.98								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$70.98	$0.00	$22.90	$18.47		$31.15	$2.99	$17.45	$1.60
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$163.43	$70.98	$0.00	$22.90	$18.47		$31.15	$2.99	15.34 *(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	$163.43	$70.98	$0.00	$22.90	$18.47	$0.00	$31.15	$2.99	$15.34	$1.60
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6481**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$116.98								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$209.43	$116.98	$0.00	$22.90	$18.47	$0.00	$31.15	$2.99	$15.34	$1.60
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.92	$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.51	$3.51								
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	$25.06	$6.96	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$234.49**	**$123.94**	**$0.00**	**$23.12**	**$18.88**	**$0.00**	**$48.62**	**$2.99**	**$15.34**	**$1.60**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$163.04**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HERITAGE INN OF BARNESVILLE HEALTH AND REHAB**
Prvdr ID: **00143613A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.32%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.03	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3184	1.4015
Quarterly Medicaid PDPM:	1.2693	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2947	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,758,735	$3,319,583	$0	$675,916	$394,414	$354,258	$1,225,205		$789,359	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($95,012)	$0	$0	$0	$742	$667	($60,840)		($35,581)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$60,840		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$35,648
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,760,211	$3,319,583	$0	$675,916	$395,156	$354,925	$1,164,365	$60,840	$753,778	$35,648
8	Total Nursing Facility Days As Filed Days = 27,850	FY23 Audited C/R Days	27,850									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,850	FY23 GL-PL Ins Rpt Days								27,850		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$242.74	$119.20	$0.00	$24.27	$26.93	*(with L&H)*	$41.81	$2.18	$27.07	$1.28
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3184**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.41								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.41	$0.00	$24.27	$26.93		$41.81	$2.18	$27.07	$1.28
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.93	$90.41	$0.00	$24.27	$26.93		$39.89	$2.18	9.97 *(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	$194.93	$90.41	$0.00	$24.27	$26.93	$0.00	$39.89	$2.18	$9.97	$1.28
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2947**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$117.05								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$221.57	$117.05	$0.00	$24.27	$26.93	$0.00	$39.89	$2.18	$9.97	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	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	$27.04	$9.31	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$248.61**	**$126.36**	**$0.00**	**$24.49**	**$27.34**	**$0.00**	**$56.99**	**$2.18**	**$9.97**	**$1.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$173.63**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **TRADITIONS HEALTH AND REHABILITATION**
Prvdr ID: **00143701A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.34%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.49	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4409	1.4015
Quarterly Medicaid PDPM:	1.3972	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4252	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,891,960	$4,571,050	$0	$889,752	$543,210	$827,476	$1,641,632		$418,840	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($342,921)	($2,655)	$0	($32)	$528	$804	($206,738)		($134,828)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$94,640		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$138,744
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,782,423	$4,568,395	$0	$889,720	$543,738	$828,280	$1,434,894	$94,640	$284,012	$138,744
8	Total Nursing Facility Days As Filed Days = 40,017	FY23 Audited C/R Days	40,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,017	FY23 GL-PL Ins Rpt Days								40,016		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$219.48	$114.16	$0.00	$22.23	$34.29	*(with L&H)*	$35.86	$2.37	$7.10	$3.47
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4409**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$79.23								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.23	$0.00	$22.23	$34.29		$35.86	$2.37	$7.10	$3.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$192.24	$79.23	$0.00	$22.23	$33.35		$35.86	$2.37	15.73 *(FRV)*	$3.47
	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	$192.24	$79.23	$0.00	$22.23	$33.35	$0.00	$35.86	$2.37	$15.73	$3.47
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4252**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$112.92								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$225.93	$112.92	$0.00	$22.23	$33.35	$0.00	$35.86	$2.37	$15.73	$3.47
	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 = 2.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$5.65	$5.65								
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	$26.69	$9.00	$0.00	$0.22	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$252.62**	**$121.92**	**$0.00**	**$22.45**	**$33.35**	**$0.00**	**$53.33**	**$2.37**	**$15.73**	**$3.47**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - LILBURN**
Prvdr ID: **00145527A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.26%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.28	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5428	1.4015
Quarterly Medicaid PDPM:	1.8101	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8463	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,970,251	$4,406,929	$0	$860,785	$501,336	$550,221	$1,374,212		$276,768	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($388,817)	($152,290)	$0	$0	$0	$0	($190,763)		($45,764)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$550,210		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$45,024
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,176,668	$4,254,639	$0	$860,785	$501,336	$550,221	$1,183,449	$550,210	$231,004	$45,024
8	Total Nursing Facility Days As Filed Days = 37,901	FY23 Audited C/R Days	37,901									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,901	FY23 GL-PL Ins Rpt Days								37,901		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$215.73	$112.26	$0.00	$22.71	$27.74	*(with L&H)*	$31.22	$14.52	$6.09	$1.19
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5428**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$72.76								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$72.76	$0.00	$22.71	$27.74		$31.22	$14.52	$6.09	$1.19
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$180.47	$72.76	$0.00	$22.71	$27.74		$31.22	$14.52	10.33 *(FRV)*	$1.19
	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	$180.47	$72.76	$0.00	$22.71	$27.74	$0.00	$31.22	$14.52	$10.33	$1.19
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8463**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$134.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$242.05	$134.34	$0.00	$22.71	$27.74	$0.00	$31.22	$14.52	$10.33	$1.19
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.34	$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.72	$6.72								
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	$26.69	$8.59	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$268.74**	**$142.93**	**$0.00**	**$22.93**	**$28.15**	**$0.00**	**$48.69**	**$14.52**	**$10.33**	**$1.19**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$188.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **QUINTON MEM HC & REHAB CENTER**
Prvdr ID: **00150279A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.05%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	7.57	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.1686	1.4015
Quarterly Medicaid PDPM:	1.2484	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2734	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,795,931	$3,874,961	$0	$714,446	$465,722	$371,223	$2,024,059		$345,520	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($295,923)	($86,497)	$0	$0	($3,200)	($2,551)	($187,870)		($15,805)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$274,367		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$15,697
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,790,072	$3,788,464	$0	$714,446	$462,522	$368,672	$1,836,189	$274,367	$329,715	$15,697
8	Total Nursing Facility Days As Filed Days = 27,465	FY23 Audited C/R Days	27,465									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,465	FY23 GL-PL Ins Rpt Days								27,465		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$283.63	$137.94	$0.00	$26.01	$30.26	*(with L&H)*	$66.86	$9.99	$12.00	$0.57
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.1686**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$118.04								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$118.04	$0.00	$26.01	$30.26		$66.86	$9.99	$12.00	$0.57
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$247.26	$117.91	$0.00	$26.01	$30.26		$39.89	$9.99	22.63 *(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	$247.26	$117.91	$0.00	$26.01	$30.26	$0.00	$39.89	$9.99	$22.63	$0.57
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2734**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$150.15								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$279.50	$150.15	$0.00	$26.01	$30.26	$0.00	$39.89	$9.99	$22.63	$0.57
	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 Srvs)	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 Srvcs)	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	$22.23	$4.50	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$301.73**	**$154.65**	**$0.00**	**$26.23**	**$30.67**	**$0.00**	**$56.99**	**$9.99**	**$22.63**	**$0.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$213.47**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CHRISTIAN CITY REHABILITATION CENTER**
Prvdr ID: **00158034A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	42.98%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.85	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3975	1.4015
Quarterly Medicaid PDPM:	1.5899	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6217	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$14,869,016	$8,550,584	$0	$1,640,783	$741,774	$473,001	$3,015,088		$447,786	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($676,159)	($436,214)	$0	$3,129	$6,865	$9,803	($207,860)		($51,882)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$725,612		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$30,883
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$14,949,352	$8,114,370	$0	$1,643,912	$748,639	$482,804	$2,807,228	$725,612	$395,904	$30,883
8	Total Nursing Facility Days As Filed Days = 65,476	FY23 Audited C/R Days	65,471									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,476	FY23 GL-PL Ins Rpt Days								65,471		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.34	$123.94	$0.00	$25.11	$18.81	*(with L&H)*	$42.88	$11.08	$6.05	$0.47
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3975**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$88.69								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.69	$0.00	$25.11	$18.81		$42.88	$11.08	$6.05	$0.47
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.20	$88.69	$0.00	$25.11	$18.81		$39.89	$11.08	20.15 *(FRV)*	$0.47
	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	$204.20	$88.69	$0.00	$25.11	$18.81	$0.00	$39.89	$11.08	$20.15	$0.47
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6217**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$143.83								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$259.34	$143.83	$0.00	$25.11	$18.81	$0.00	$39.89	$11.08	$20.15	$0.47
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.60	$3.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.19	$7.19								
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	$29.05	$11.32	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$288.39**	**$155.15**	**$0.00**	**$25.33**	**$19.22**	**$0.00**	**$56.99**	**$11.08**	**$20.15**	**$0.47**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.47**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **DECATUR CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00159266A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.87%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.43	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3682	1.4015
Quarterly Medicaid PDPM:	1.7149	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7492	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,065,991	$2,720,670	$0	$498,600	$250,884	$181,014	$816,294		$598,529	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($212,810)	($100,325)	$0	$0	($3,475)	($2,508)	($59,328)		($47,174)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$123,750		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$46,520
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,023,451	$2,620,345	$0	$498,600	$247,409	$178,506	$756,966	$123,750	$551,355	$46,520
8	Total Nursing Facility Days As Filed Days = 21,879	FY23 Audited C/R Days	21,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,879	FY23 GL-PL Ins Rpt Days								21,879		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$229.62	$119.77	$0.00	$22.79	$19.47	*(with L&H)*	$34.60	$5.66	$25.20	$2.13
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3682**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$87.54								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.54	$0.00	$22.79	$19.47		$34.60	$5.66	$25.20	$2.13
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$184.33	$87.54	$0.00	$22.79	$19.47		$34.60	$5.66	12.14 *(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	$184.33	$87.54	$0.00	$22.79	$19.47	$0.00	$34.60	$5.66	$12.14	$2.13
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7492**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$153.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$249.91	$153.12	$0.00	$22.79	$19.47	$0.00	$34.60	$5.66	$12.14	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.53	$1.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$24.75	$6.65	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$274.66**	**$159.77**	**$0.00**	**$23.01**	**$19.88**	**$0.00**	**$52.07**	**$5.66**	**$12.14**	**$2.13**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$193.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HART CARE CENTER**
Prvdr ID: **00167857A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.92%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.99	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3574	1.4015
Quarterly Medicaid PDPM:	1.3957	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4236	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,790,193	$3,019,496	$0	$608,084	$258,061	$272,080	$542,850		$89,622	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($100,888)	$0	$0	$0	$0	$0	($49,157)		($51,731)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$49,157		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$51,731
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,790,193	$3,019,496	$0	$608,084	$258,061	$272,080	$493,693	$49,157	$37,891	$51,731
8	Total Nursing Facility Days As Filed Days = 24,451	FY23 Audited C/R Days	24,451									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,451	FY23 GL-PL Ins Rpt Days								24,451		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$195.91	$123.49	$0.00	$24.87	$21.68	*(with L&H)*	$20.19	$2.01	$1.55	$2.12
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3574**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.97								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.97	$0.00	$24.87	$21.68		$20.19	$2.01	$1.55	$2.12
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$170.95	$90.97	$0.00	$24.87	$21.68		$20.19	$2.01	9.11 *(FRV)*	$2.12
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$170.95	$90.97	$0.00	$24.87	$21.68	$0.00	$20.19	$2.01	$9.11	$2.12
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4236**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$129.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$209.48	$129.50	$0.00	$24.87	$21.68	$0.00	$20.19	$2.01	$9.11	$2.12
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.89	$3.89								
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	$22.52	$4.42	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$232.00**	**$133.92**	**$0.00**	**$25.09**	**$22.09**	**$0.00**	**$37.66**	**$2.01**	**$9.11**	**$2.12**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$161.18**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PARKSIDE POST ACUTE AND REHABILITATION**
Prvdr ID: **00169199A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	37.07%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.64	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3964	1.4015
Quarterly Medicaid PDPM:	1.4551	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4842	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$14,090,336	$7,073,264	$0	$1,298,692	$677,520	$791,240	$2,458,399		$1,791,221	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($524,706)	($31,276)	$0	$215	$18,397	($8,975)	($396,971)		($106,096)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$364,610		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$108,678
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$14,038,918	$7,041,988	$0	$1,298,907	$695,917	$782,265	$2,061,428	$364,610	$1,685,125	$108,678
8	Total Nursing Facility Days As Filed Days = 51,878	FY23 Audited C/R Days	51,878									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,878	FY23 GL-PL Ins Rpt Days								51,878		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$270.61	$135.74	$0.00	$25.04	$28.49	*(with L&H)*	$39.74	$7.03	$32.48	$2.09
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3964**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$97.21								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$97.21	$0.00	$25.04	$28.49		$39.74	$7.03	$32.48	$2.09
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$214.18	$97.21	$0.00	$25.04	$28.49		$39.74	$7.03	14.58 *(FRV)*	$2.09
	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	$214.18	$97.21	$0.00	$25.04	$28.49	$0.00	$39.74	$7.03	$14.58	$2.09
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4842**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$144.28								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$261.25	$144.28	$0.00	$25.04	$28.49	$0.00	$39.74	$7.03	$14.58	$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)	$1.27	$0.53	$0.00	$0.22	$0.41	$0.00	$0.11		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.61	$3.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	$27.75	$9.91	$0.00	$0.22	$0.41	$0.00	$17.21	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$289.00**	**$154.19**	**$0.00**	**$25.26**	**$28.90**	**$0.00**	**$56.95**	**$7.03**	**$14.58**	**$2.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.93**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WOODSTOCK NURSING & REHAB CTR**
Prvdr ID: **00171212A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.05%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.68	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4089	1.4015
Quarterly Medicaid PDPM:	1.6275	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6601	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$12,561,186	$6,851,470	$0	$882,205	$438,015	$485,677	$2,100,918		$1,802,901	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($156,708)	($222,978)	$0	$0	$0	$0	$188,448		($122,178)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$34,530		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$122,178
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$12,561,186	$6,628,492	$0	$882,205	$438,015	$485,677	$2,289,366	$34,530	$1,680,723	$122,178
8	Total Nursing Facility Days As Filed Days = 43,209	FY23 Audited C/R Days	43,209									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,209	FY23 GL-PL Ins Rpt Days								43,209		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$290.72	$153.41	$0.00	$20.42	$21.38	*(with L&H)*	$52.98	$0.80	$38.90	$2.83
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4089**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$108.89								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$108.89	$0.00	$20.42	$21.38		$52.98	$0.80	$38.90	$2.83
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.87	$108.89	$0.00	$20.42	$21.38		$39.89	$0.80	11.66 *(FRV)*	$2.83
	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	$205.87	$108.89	$0.00	$20.42	$21.38	$0.00	$39.89	$0.80	$11.66	$2.83
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6601**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$180.77								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$277.75	$180.77	$0.00	$20.42	$21.38	$0.00	$39.89	$0.80	$11.66	$2.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	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	$26.40	$8.67	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$304.15**	**$189.44**	**$0.00**	**$20.64**	**$21.79**	**$0.00**	**$56.99**	**$0.80**	**$11.66**	**$2.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$215.29**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FAIRBURN HEIGHTS OF JOURNEY LLC**
Prvdr ID: **00173071A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.39%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.72	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4330	1.4015
Quarterly Medicaid PDPM:	1.9793	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.0189	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,233,044	$4,371,410	$0	$826,034	$692,923	$281,193	$1,216,237		$1,845,247	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($328,947)	($81,250)	$0	$0	($1,438)	($584)	($190,710)		($54,965)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$124,591		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$54,850
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,083,538	$4,290,160	$0	$826,034	$691,485	$280,609	$1,025,527	$124,591	$1,790,282	$54,850
8	Total Nursing Facility Days As Filed Days = 37,870	FY23 Audited C/R Days	37,870									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,870	FY23 GL-PL Ins Rpt Days								37,870		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$239.86	$113.29	$0.00	$21.81	$25.67	*(with L&H)*	$27.08	$3.29	$47.27	$1.45
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4330**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$79.06								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$79.06	$0.00	$21.81	$25.67		$27.08	$3.29	$47.27	$1.45
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$169.53	$79.06	$0.00	$21.81	$25.67		$27.08	$3.29	11.17 *(FRV)*	$1.45
	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	$169.53	$79.06	$0.00	$21.81	$25.67	$0.00	$27.08	$3.29	$11.17	$1.45
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.0189**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$159.61								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$250.08	$159.61	$0.00	$21.81	$25.67	$0.00	$27.08	$3.29	$11.17	$1.45
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.60	$1.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.19	$3.19								
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	$23.42	$5.32	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$273.50**	**$164.93**	**$0.00**	**$22.03**	**$26.08**	**$0.00**	**$44.55**	**$3.29**	**$11.17**	**$1.45**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.30**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE OAKS - SCENIC VIEW SKILLED NURSING**
Prvdr ID: **00178307A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.82%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.74	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4359	1.4015
Quarterly Medicaid PDPM:	1.5105	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5407	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,374,186	$4,883,151	$0	$635,402	$330,918	$515,597	$1,563,910		$445,208	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($606,880)	($191,065)	$0	$0	$0	$0	($328,986)		($86,829)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$536,561		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$80,633
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,384,500	$4,692,086	$0	$635,402	$330,918	$515,597	$1,234,924	$536,561	$358,379	$80,633
8	Total Nursing Facility Days As Filed Days = 36,535	FY23 Audited C/R Days	36,535									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,535	FY23 GL-PL Ins Rpt Days								36,535		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$229.50	$128.43	$0.00	$17.39	$23.17	*(with L&H)*	$33.80	$14.69	$9.81	$2.21
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4359**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$89.44								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.44	$0.00	$17.39	$23.17		$33.80	$14.69	$9.81	$2.21
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.77	$89.44	$0.00	$17.39	$23.17		$33.80	$14.69	10.07 *(FRV)*	$2.21
	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	$190.77	$89.44	$0.00	$17.39	$23.17	$0.00	$33.80	$14.69	$10.07	$2.21
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5407**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.80								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$239.13	$137.80	$0.00	$17.39	$23.17	$0.00	$33.80	$14.69	$10.07	$2.21
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.89	$6.89								
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	$26.90	$8.80	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$266.03**	**$146.60**	**$0.00**	**$17.61**	**$23.58**	**$0.00**	**$51.27**	**$14.69**	**$10.07**	**$2.21**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$186.70**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - MARIETTA**
Prvdr ID: **00202507A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.05	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3936	1.4015
Quarterly Medicaid PDPM:	1.5848	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6165	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,468,432	$3,892,711	$0	$623,183	$314,204	$363,347	$1,335,612		$939,375	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($482,074)	($151,213)	$0	$0	$0	$0	($256,288)		($74,573)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$431,678		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$73,620
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,491,656	$3,741,498	$0	$623,183	$314,204	$363,347	$1,079,324	$431,678	$864,802	$73,620
8	Total Nursing Facility Days As Filed Days = 33,408	FY23 Audited C/R Days	33,408									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,408	FY23 GL-PL Ins Rpt Days								33,408		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$224.24	$111.99	$0.00	$18.65	$20.28	*(with L&H)*	$32.31	$12.92	$25.89	$2.20
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3936**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.36								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.36	$0.00	$18.65	$20.28		$32.31	$12.92	$25.89	$2.20
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$183.61	$80.36	$0.00	$18.65	$20.28		$32.31	$12.92	16.89 *(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	$183.61	$80.36	$0.00	$18.65	$20.28	$0.00	$32.31	$12.92	$16.89	$2.20
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6165**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$129.90								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$233.15	$129.90	$0.00	$18.65	$20.28	$0.00	$32.31	$12.92	$16.89	$2.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.25	$3.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$28.38	$10.28	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$261.53**	**$140.18**	**$0.00**	**$18.87**	**$20.69**	**$0.00**	**$49.78**	**$12.92**	**$16.89**	**$2.20**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$183.32**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GORDON HEALTH AND REHABILITATION**
Prvdr ID: **00202848A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.83%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.39	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4325	1.4015
Quarterly Medicaid PDPM:	1.2728	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2982	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,326,634	$3,966,056	$0	$872,750	$351,690	$431,789	$1,541,116		$1,163,233	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($169,374)	$0	$0	$0	$0	$0	($132,661)		($36,713)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$62,010		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$36,713
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,255,983	$3,966,056	$0	$872,750	$351,690	$431,789	$1,408,455	$62,010	$1,126,520	$36,713
8	Total Nursing Facility Days As Filed Days = 35,179	FY23 Audited C/R Days	35,179									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,179	FY23 GL-PL Ins Rpt Days								35,179		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$234.68	$112.74	$0.00	$24.81	$22.27	*(with L&H)*	$40.04	$1.76	$32.02	$1.04
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4325**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$78.70								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$78.70	$0.00	$24.81	$22.27		$40.04	$1.76	$32.02	$1.04
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$182.48	$78.70	$0.00	$24.81	$22.27		$39.89	$1.76	14.01 *(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	$182.48	$78.70	$0.00	$24.81	$22.27	$0.00	$39.89	$1.76	$14.01	$1.04
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2982**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$102.17								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$205.95	$102.17	$0.00	$24.81	$22.27	$0.00	$39.89	$1.76	$14.01	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$5.11	$5.11								
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	$23.37	$5.64	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$229.32**	**$107.81**	**$0.00**	**$25.03**	**$22.68**	**$0.00**	**$56.99**	**$1.76**	**$14.01**	**$1.04**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$159.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PEACHTREE NURSING AND REHABILITATION LLC**
Prvdr ID: **00207083A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.78%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.45	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3080	1.4015
Quarterly Medicaid PDPM:	1.3043	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3303	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$20,148,025	$9,751,362	$0	$1,356,912	$1,510,729	$1,878,466	$4,080,237		$1,570,319	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($126,934)	$0	$0	$0	$0	$0	($73,717)		($53,217)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$73,717		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$53,217
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$20,148,025	$9,751,362	$0	$1,356,912	$1,510,729	$1,878,466	$4,006,520	$73,717	$1,517,102	$53,217
8	Total Nursing Facility Days As Filed Days = 39,109	FY23 Audited C/R Days	39,109									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,109	FY23 GL-PL Ins Rpt Days								39,109		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$515.17	$249.34	$0.00	$34.70	$86.66	*(with L&H)*	$102.44	$1.88	$38.79	$1.36
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3080**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$190.63								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$190.63	$0.00	$34.70	$86.66		$102.44	$1.88	$38.79	$1.36
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$249.12	$117.91	$0.00	$34.70	$33.35		$39.89	$1.88	20.03 *(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	$249.12	$117.91	$0.00	$34.70	$33.35	$0.00	$39.89	$1.88	$20.03	$1.36
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3303**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$156.86								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$288.07	$156.86	$0.00	$34.70	$33.35	$0.00	$39.89	$1.88	$20.03	$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)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.57	$1.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.71	$4.71								
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	$23.60	$6.28	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$311.67**	**$163.14**	**$0.00**	**$34.92**	**$33.35**	**$0.00**	**$56.99**	**$1.88**	**$20.03**	**$1.36**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$220.93**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MURRAY WOODS OF JOURNEY LLC**
Prvdr ID: **00209778A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.06	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6431	1.4015
Quarterly Medicaid PDPM:	2.1244	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.1669	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$11,963,268	$4,700,683	$0	$884,117	$807,562	$294,060	$996,094		$4,280,752	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($171,393)	($45,816)	$0	$0	$1,732	$630	($82,510)		($45,429)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$124,591		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$45,527
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$11,961,993	$4,654,867	$0	$884,117	$809,294	$294,690	$913,584	$124,591	$4,235,323	$45,527
8	Total Nursing Facility Days As Filed Days = 39,621	FY23 Audited C/R Days	39,621									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,621	FY23 GL-PL Ins Rpt Days								39,621		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$301.90	$117.48	$0.00	$22.31	$27.86	*(with L&H)*	$23.06	$3.14	$106.90	$1.15
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6431**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$71.50								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$71.50	$0.00	$22.31	$27.86		$23.06	$3.14	$106.90	$1.15
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$159.85	$71.50	$0.00	$22.31	$27.86		$23.06	$3.14	10.83 *(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	$159.85	$71.50	$0.00	$22.31	$27.86	$0.00	$23.06	$3.14	$10.83	$1.15
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.1669**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$154.93								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$243.28	$154.93	$0.00	$22.31	$27.86	$0.00	$23.06	$3.14	$10.83	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.87	$3.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$27.15	$9.05	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$270.43**	**$163.98**	**$0.00**	**$22.53**	**$28.27**	**$0.00**	**$40.53**	**$3.14**	**$10.83**	**$1.15**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$190.00**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HIGH SHOALS HEALTH AND REHABILITATION**
Prvdr ID: **00212814A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	45.59%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.15	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2639	1.4015
Quarterly Medicaid PDPM:	1.3165	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3428	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,991,173	$2,443,928	$0	$590,274	$168,633	$394,906	$1,128,827		$264,605	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($136,716)	$0	$0	$0	$0	$0	($113,765)		($22,951)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$57,100		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$22,951
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,934,508	$2,443,928	$0	$590,274	$168,633	$394,906	$1,015,062	$57,100	$241,654	$22,951
8	Total Nursing Facility Days As Filed Days = 23,274	FY23 Audited C/R Days	23,274									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,274	FY23 GL-PL Ins Rpt Days								23,274		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$212.01	$105.01	$0.00	$25.36	$24.21	*(with L&H)*	$43.61	$2.45	$10.38	$0.99
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2639**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.09								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.09	$0.00	$25.36	$24.21		$43.61	$2.45	$10.38	$0.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.11	$83.09	$0.00	$25.36	$24.21		$39.89	$2.45	20.12 *(FRV)*	$0.99
	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	$196.11	$83.09	$0.00	$25.36	$24.21	$0.00	$39.89	$2.45	$20.12	$0.99
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3428**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$111.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$224.59	$111.57	$0.00	$25.36	$24.21	$0.00	$39.89	$2.45	$20.12	$0.99
	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 Srvs)	Ln 19 Col b x CPS Add-on	$6.14	$6.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.58	$5.58								
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	$29.98	$12.25	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$254.57**	**$123.82**	**$0.00**	**$25.58**	**$24.62**	**$0.00**	**$56.99**	**$2.45**	**$20.12**	**$0.99**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$178.10**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - FORT OGLETHORPE**
Prvdr ID: **00214695A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.59%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.03	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3065	1.4015
Quarterly Medicaid PDPM:	1.2973	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3232	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,913,413	$4,109,772	$0	$677,651	$349,209	$374,821	$1,226,985		$174,975	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($426,071)	($295,623)	$0	$0	$0	($324)	($99,134)		($30,990)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$434,577		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$28,132
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,950,051	$3,814,149	$0	$677,651	$349,209	$374,497	$1,127,851	$434,577	$143,985	$28,132
8	Total Nursing Facility Days As Filed Days = 35,639	FY23 Audited C/R Days	35,639									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,639	FY23 GL-PL Ins Rpt Days								35,639		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$195.01	$107.02	$0.00	$19.01	$20.31	*(with L&H)*	$31.65	$12.19	$4.04	$0.79
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3065**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.92	$0.00	$19.01	$20.31		$31.65	$12.19	$4.04	$0.79
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$176.92	$81.92	$0.00	$19.01	$20.31		$31.65	$12.19	11.05 *(FRV)*	$0.79
	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	$176.92	$81.92	$0.00	$19.01	$20.31	$0.00	$31.65	$12.19	$11.05	$0.79
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3232**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$108.40								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$203.40	$108.40	$0.00	$19.01	$20.31	$0.00	$31.65	$12.19	$11.05	$0.79
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.71	$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.42	$5.42								
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	$26.76	$8.66	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$230.16**	**$117.06**	**$0.00**	**$19.23**	**$20.72**	**$0.00**	**$49.12**	**$12.19**	**$11.05**	**$0.79**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$159.80**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - EVANS, LLC**
Prvdr ID: **00219359A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.77%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.66	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3681	1.4015
Quarterly Medicaid PDPM:	1.4703	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4997	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$12,247,709	$7,482,510	$0	$1,148,304	$597,138	$516,902	$2,071,343		$431,512	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($1,155,475)	$0	$0	$0	$2,225	$1,925	($1,148,119)		($11,506)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$358,220		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$11,549
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$11,462,003	$7,482,510	$0	$1,148,304	$599,363	$518,827	$923,224	$358,220	$420,006	$11,549
8	Total Nursing Facility Days As Filed Days = 43,039	FY23 Audited C/R Days	43,039									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,039	FY23 GL-PL Ins Rpt Days								43,039		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$266.31	$173.85	$0.00	$26.68	$25.98	*(with L&H)*	$21.45	$8.32	$9.76	$0.27
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3681**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$127.08								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$127.08	$0.00	$26.68	$25.98		$21.45	$8.32	$9.76	$0.27
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$219.77	$117.91	$0.00	$26.68	$25.98		$21.45	$8.32	19.16 *(FRV)*	$0.27
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$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	$117.91	$0.00	$26.68	$25.98	$0.00	$21.45	$8.32	$19.16	$0.27
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4997**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$176.83								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$278.69	$176.83	$0.00	$26.68	$25.98	$0.00	$21.45	$8.32	$19.16	$0.27
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.77	$1.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.84	$8.84								
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	$28.71	$10.61	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$307.40**	**$187.44**	**$0.00**	**$26.90**	**$26.39**	**$0.00**	**$38.92**	**$8.32**	**$19.16**	**$0.27**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$217.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **COMER HEALTH AND REHABILITATION**
Prvdr ID: **00220448A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.37%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.67	7.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2802	1.4015
Quarterly Medicaid PDPM:	1.3076	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3338	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,369,870	$2,688,664	$0	$630,688	$267,317	$324,573	$1,215,893		$242,735	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($156,691)	$0	$0	$0	$0	($2)	($144,148)		($12,541)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$62,114		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$12,542
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,287,835	$2,688,664	$0	$630,688	$267,317	$324,571	$1,071,745	$62,114	$230,194	$12,542
8	Total Nursing Facility Days As Filed Days = 24,693	FY23 Audited C/R Days	24,693									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,693	FY23 GL-PL Ins Rpt Days								24,693		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$214.14	$108.88	$0.00	$25.54	$23.97	*(with L&H)*	$43.40	$2.52	$9.32	$0.51
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2802**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$85.05								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$85.05	$0.00	$25.54	$23.97		$43.40	$2.52	$9.32	$0.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$191.99	$85.05	$0.00	$25.54	$23.97		$39.89	$2.52	14.51 *(FRV)*	$0.51
	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	$191.99	$85.05	$0.00	$25.54	$23.97	$0.00	$39.89	$2.52	$14.51	$0.51
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3338**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$113.44								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$220.38	$113.44	$0.00	$25.54	$23.97	$0.00	$39.89	$2.52	$14.51	$0.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.84	$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.94	$7.94								
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	$29.04	$11.31	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$249.42**	**$124.75**	**$0.00**	**$25.76**	**$24.38**	**$0.00**	**$56.99**	**$2.52**	**$14.51**	**$0.51**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$174.24**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GLENWOOD HEALTH CENTER BY HARBORVIEW**
Prvdr ID: **00220514A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.71%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.67	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4066	1.4015
Quarterly Medicaid PDPM:	1.8224	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8589	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$16,109,309	$7,859,575	$0	$1,166,200	$604,417	$620,972	$2,239,257		$3,618,888	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($677,680)	($256,796)	$0	($1,597)	$0	$6,137	($316,910)		($108,514)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$352,125		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$108,514
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$15,892,268	$7,602,779	$0	$1,164,603	$604,417	$627,109	$1,922,347	$352,125	$3,510,374	$108,514
8	Total Nursing Facility Days As Filed Days = 72,816	FY23 Audited C/R Days	72,816									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 72,816	FY23 GL-PL Ins Rpt Days								72,816		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$218.25	$104.41	$0.00	$15.99	$16.91	*(with L&H)*	$26.40	$4.84	$48.21	$1.49
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4066**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$74.23								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$74.23	$0.00	$15.99	$16.91		$26.40	$4.84	$48.21	$1.49
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$148.54	$74.23	$0.00	$15.99	$16.91		$26.40	$4.84	8.68 *(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	$148.54	$74.23	$0.00	$15.99	$16.91	$0.00	$26.40	$4.84	$8.68	$1.49
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8589**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.99								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$212.30	$137.99	$0.00	$15.99	$16.91	$0.00	$26.40	$4.84	$8.68	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.45	$3.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.90	$6.90								
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	$28.98	$10.88	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$241.28**	**$148.87**	**$0.00**	**$16.21**	**$17.32**	**$0.00**	**$43.87**	**$4.84**	**$8.68**	**$1.49**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.14**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FOUNTAIN BLUE REHAB AND NURSING**
Prvdr ID: **00222582A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.82%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4543	1.4015
Quarterly Medicaid PDPM:	1.5575	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5886	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,129,300	$3,220,020	$0	$586,621	$305,664	$344,199	$1,070,190		$602,606	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($275,744)	($68,081)	$0	($6,014)	$0	$4,758	($152,178)		($54,229)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$186,565		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$54,229
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,094,350	$3,151,939	$0	$580,607	$305,664	$348,957	$918,012	$186,565	$548,377	$54,229
8	Total Nursing Facility Days As Filed Days = 27,000	FY23 Audited C/R Days	27,000									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,000	FY23 GL-PL Ins Rpt Days								27,000		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$225.72	$116.74	$0.00	$21.50	$24.25	*(with L&H)*	$34.00	$6.91	$20.31	$2.01
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4543**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.27								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.27	$0.00	$21.50	$24.25		$34.00	$6.91	$20.31	$2.01
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$180.04	$80.27	$0.00	$21.50	$24.25		$34.00	$6.91	11.10 *(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	$180.04	$80.27	$0.00	$21.50	$24.25	$0.00	$34.00	$6.91	$11.10	$2.01
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5886**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.52								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.29	$127.52	$0.00	$21.50	$24.25	$0.00	$34.00	$6.91	$11.10	$2.01
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.19	$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.83	$3.83								
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	$25.65	$7.55	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$252.94**	**$135.07**	**$0.00**	**$21.72**	**$24.66**	**$0.00**	**$51.47**	**$6.91**	**$11.10**	**$2.01**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$176.88**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **EATONTON HEALTH AND REHABILITATION**
Prvdr ID: **00223473A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.85%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.28	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2778	1.4015
Quarterly Medicaid PDPM:	1.1905	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2143	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,690,078	$2,347,343	$0	$484,255	$263,095	$351,519	$962,657		$281,209	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($87,927)	$0	$0	$0	$0	$0	($54,080)		($33,847)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$54,080		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$33,847
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,690,078	$2,347,343	$0	$484,255	$263,095	$351,519	$908,577	$54,080	$247,362	$33,847
8	Total Nursing Facility Days As Filed Days = 19,173	FY23 Audited C/R Days	19,173									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,173	FY23 GL-PL Ins Rpt Days								19,173		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$244.63	$122.43	$0.00	$25.26	$32.06	*(with L&H)*	$47.39	$2.82	$12.90	$1.77
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2778**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.81								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.81	$0.00	$25.26	$32.06		$47.39	$2.82	$12.90	$1.77
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$211.19	$95.81	$0.00	$25.26	$32.06		$39.89	$2.82	13.58 *(FRV)*	$1.77
	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	$211.19	$95.81	$0.00	$25.26	$32.06	$0.00	$39.89	$2.82	$13.58	$1.77
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2143**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$116.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.72	$116.34	$0.00	$25.26	$32.06	$0.00	$39.89	$2.82	$13.58	$1.77
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.91	$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$26.99	$9.26	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$258.71**	**$125.60**	**$0.00**	**$25.48**	**$32.47**	**$0.00**	**$56.99**	**$2.82**	**$13.58**	**$1.77**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$181.21**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CHESTNUT RIDGE NSG & REHAB CTR**
Prvdr ID: **00228049A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.18%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.97	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3732	1.4015
Quarterly Medicaid PDPM:	1.5242	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5547	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$11,904,823	$6,638,683	$0	$984,429	$436,377	$356,199	$1,852,871		$1,636,264	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($68,912)	($178,886)	$0	$0	$0	$0	$148,597		($38,623)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$30,289		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$38,623
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$11,904,823	$6,459,797	$0	$984,429	$436,377	$356,199	$2,001,468	$30,289	$1,597,641	$38,623
8	Total Nursing Facility Days As Filed Days = 46,784	FY23 Audited C/R Days	46,784									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,784	FY23 GL-PL Ins Rpt Days								46,784		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$254.47	$138.08	$0.00	$21.04	$16.94	*(with L&H)*	$42.78	$0.65	$34.15	$0.83
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3732**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$100.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$100.55	$0.00	$21.04	$16.94		$42.78	$0.65	$34.15	$0.83
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$190.47	$100.55	$0.00	$21.04	$16.94		$39.89	$0.65	10.57 *(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	$190.47	$100.55	$0.00	$21.04	$16.94	$0.00	$39.89	$0.65	$10.57	$0.83
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5547**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$156.33								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$246.25	$156.33	$0.00	$21.04	$16.94	$0.00	$39.89	$0.65	$10.57	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.13	$3.13								
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	$21.39	$3.66	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$267.64**	**$159.99**	**$0.00**	**$21.26**	**$17.35**	**$0.00**	**$56.99**	**$0.65**	**$10.57**	**$0.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$187.91**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **EAST COBB CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00236211A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	6.38%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4155	1.4015
Quarterly Medicaid PDPM:	1.4596	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4888	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,297,169	$2,966,378	$0	$452,429	$209,163	$195,610	$972,407		$501,182	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($168,127)	($106,381)	$0	$0	$0	$0	($28,902)		($32,844)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$123,750		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$32,844
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,285,636	$2,859,997	$0	$452,429	$209,163	$195,610	$943,505	$123,750	$468,338	$32,844
8	Total Nursing Facility Days As Filed Days = 19,311	FY23 Audited C/R Days	19,311									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,311	FY23 GL-PL Ins Rpt Days								19,311		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$273.71	$148.10	$0.00	$23.43	$20.96	*(with L&H)*	$48.86	$6.41	$24.25	$1.70
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4155**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$104.63								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$104.63	$0.00	$23.43	$20.96		$48.86	$6.41	$24.25	$1.70
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.80	$104.63	$0.00	$23.43	$20.96		$39.89	$6.41	13.78 *(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	$210.80	$104.63	$0.00	$23.43	$20.96	$0.00	$39.89	$6.41	$13.78	$1.70
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4888**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$155.77								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$261.94	$155.77	$0.00	$23.43	$20.96	$0.00	$39.89	$6.41	$13.78	$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 = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$7.79	$7.79								
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	$26.05	$8.32	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$287.99**	**$164.09**	**$0.00**	**$23.65**	**$21.37**	**$0.00**	**$56.99**	**$6.41**	**$13.78**	**$1.70**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$203.17**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - SAVANNAH**
Prvdr ID: **00238323A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.75%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.51	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4352	1.4015
Quarterly Medicaid PDPM:	1.4459	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4748	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,510,221	$5,615,477	$0	$819,232	$500,754	$521,609	$1,561,468		$1,491,681	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($494,850)	($203,738)	$0	$0	$1,734	($189)	($177,502)		($115,155)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$437,313		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$116,095
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,568,779	$5,411,739	$0	$819,232	$502,488	$521,420	$1,383,966	$437,313	$1,376,526	$116,095
8	Total Nursing Facility Days As Filed Days = 41,697	FY23 Audited C/R Days	41,697									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,697	FY23 GL-PL Ins Rpt Days								41,697		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$253.47	$129.79	$0.00	$19.65	$24.56	*(with L&H)*	$33.19	$10.49	$33.01	$2.78
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4352**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.43								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.43	$0.00	$19.65	$24.56		$33.19	$10.49	$33.01	$2.78
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$211.80	$90.43	$0.00	$19.65	$24.56		$33.19	$10.49	30.70 *(FRV)*	$2.78
	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	$211.80	$90.43	$0.00	$19.65	$24.56	$0.00	$33.19	$10.49	$30.70	$2.78
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4748**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$133.37								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.74	$133.37	$0.00	$19.65	$24.56	$0.00	$33.19	$10.49	$30.70	$2.78
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.33	$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.67	$6.67								
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	$26.63	$8.53	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$281.37**	**$141.90**	**$0.00**	**$19.87**	**$24.97**	**$0.00**	**$50.66**	**$10.49**	**$30.70**	**$2.78**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$198.20**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **RESORTS AT POOLER INC**
Prvdr ID: **00238741A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.92%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.21	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3874	1.4015
Quarterly Medicaid PDPM:	1.3530	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3801	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,345,639	$3,667,686	$0	$736,581	$249,897	$450,553	$1,659,386		$581,536	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($1,716,735)	($587,354)	$0	($89,934)	($82,141)	($65,425)	($818,696)		($73,185)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$238,849		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$73,519
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,941,272	$3,080,332	$0	$646,647	$167,756	$385,128	$840,690	$238,849	$508,351	$73,519
8	Total Nursing Facility Days As Filed Days = 26,829	FY23 Audited C/R Days	27,407									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,829	FY23 GL-PL Ins Rpt Days								27,407		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$216.76	$112.39	$0.00	$23.59	$20.17	*(with L&H)*	$30.67	$8.71	$18.55	$2.68
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3874**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.01								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.01	$0.00	$23.59	$20.17		$30.67	$8.71	$18.55	$2.68
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$176.54	$81.01	$0.00	$23.59	$20.17		$30.67	$8.71	9.71 *(FRV)*	$2.68
	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	$176.54	$81.01	$0.00	$23.59	$20.17	$0.00	$30.67	$8.71	$9.71	$2.68
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3801**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$111.80								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$207.33	$111.80	$0.00	$23.59	$20.17	$0.00	$30.67	$8.71	$9.71	$2.68
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.80	$2.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$24.78	$6.68	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$232.11**	**$118.48**	**$0.00**	**$23.81**	**$20.58**	**$0.00**	**$48.14**	**$8.71**	**$9.71**	**$2.68**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$161.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARBORVIEW HEALTH CENTER OF AUGUSTA**
Prvdr ID: **00241678A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.86%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.44	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4472	1.4015
Quarterly Medicaid PDPM:	1.8706	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.9080	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,431,522	$4,588,427	$0	$652,322	$289,222	$368,609	$1,381,423		$1,151,519	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($506,815)	($189,461)	$0	($1,176)	$0	$10,248	($269,262)		($57,164)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$187,800		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$57,164
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,169,671	$4,398,966	$0	$651,146	$289,222	$378,857	$1,112,161	$187,800	$1,094,355	$57,164
8	Total Nursing Facility Days As Filed Days = 37,963	FY23 Audited C/R Days	37,963									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,963	FY23 GL-PL Ins Rpt Days								37,963		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$215.22	$115.88	$0.00	$17.15	$17.60	*(with L&H)*	$29.30	$4.95	$28.83	$1.51
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4472**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.07								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.07	$0.00	$17.15	$17.60		$29.30	$4.95	$28.83	$1.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$163.18	$80.07	$0.00	$17.15	$17.60		$29.30	$4.95	12.60 *(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	$163.18	$80.07	$0.00	$17.15	$17.60	$0.00	$29.30	$4.95	$12.60	$1.51
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.9080**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$152.77								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$235.88	$152.77	$0.00	$17.15	$17.60	$0.00	$29.30	$4.95	$12.60	$1.51
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.82	$3.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.11	$6.11								
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	$28.56	$10.46	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$264.44**	**$163.23**	**$0.00**	**$17.37**	**$18.01**	**$0.00**	**$46.77**	**$4.95**	**$12.60**	**$1.51**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$185.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - AUGUSTA HILLS**
Prvdr ID: **00245055A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.23%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.51	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4475	1.4015
Quarterly Medicaid PDPM:	1.5051	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5352	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,949,324	$3,983,802	$0	$720,961	$384,686	$296,282	$1,281,130		$282,463	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($480,650)	($297,206)	$0	$0	$0	$0	($105,413)		($78,031)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$456,263		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$74,111
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,999,048	$3,686,596	$0	$720,961	$384,686	$296,282	$1,175,717	$456,263	$204,432	$74,111
8	Total Nursing Facility Days As Filed Days = 30,110	FY23 Audited C/R Days	30,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,110	FY23 GL-PL Ins Rpt Days								30,110		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$232.45	$122.44	$0.00	$23.94	$22.62	*(with L&H)*	$39.05	$15.15	$6.79	$2.46
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4475**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$84.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.59	$0.00	$23.94	$22.62		$39.05	$15.15	$6.79	$2.46
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$197.97	$84.59	$0.00	$23.94	$22.62		$39.05	$15.15	10.16 *(FRV)*	$2.46
	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	$197.97	$84.59	$0.00	$23.94	$22.62	$0.00	$39.05	$15.15	$10.16	$2.46
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5352**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$129.86								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$243.24	$129.86	$0.00	$23.94	$22.62	$0.00	$39.05	$15.15	$10.16	$2.46
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.49	$6.49								
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	$26.42	$8.32	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$269.66**	**$138.18**	**$0.00**	**$24.16**	**$23.03**	**$0.00**	**$56.52**	**$15.15**	**$10.16**	**$2.46**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.42**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - MAGNOLIA MANOR**
Prvdr ID: **00252007A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.97%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.29	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4063	1.4015
Quarterly Medicaid PDPM:	1.5412	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5720	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,411,249	$3,637,276	$0	$568,652	$364,289	$521,835	$1,286,175		$1,033,022	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($463,953)	($165,872)	$0	$0	$0	$0	($185,014)		($113,067)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$363,852		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$112,281
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,423,429	$3,471,404	$0	$568,652	$364,289	$521,835	$1,101,161	$363,852	$919,955	$112,281
8	Total Nursing Facility Days As Filed Days = 30,611	FY23 Audited C/R Days	30,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,611	FY23 GL-PL Ins Rpt Days								30,611		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$242.51	$113.40	$0.00	$18.58	$28.95	*(with L&H)*	$35.97	$11.89	$30.05	$3.67
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4063**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.64								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.64	$0.00	$18.58	$28.95		$35.97	$11.89	$30.05	$3.67
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$212.06	$80.64	$0.00	$18.58	$28.95		$35.97	$11.89	32.36 *(FRV)*	$3.67
	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	$212.06	$80.64	$0.00	$18.58	$28.95	$0.00	$35.97	$11.89	$32.36	$3.67
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5720**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$126.77								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$258.19	$126.77	$0.00	$18.58	$28.95	$0.00	$35.97	$11.89	$32.36	$3.67
	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 = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.34	$6.34								
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	$24.97	$6.87	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$283.16**	**$133.64**	**$0.00**	**$18.80**	**$29.36**	**$0.00**	**$53.44**	**$11.89**	**$32.36**	**$3.67**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$199.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - DECATUR**
Prvdr ID: **00252942A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	33.04%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.48	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4238	1.4015
Quarterly Medicaid PDPM:	1.5280	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5586	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,553,876	$5,794,230	$0	$818,967	$430,672	$552,120	$1,628,914		$1,328,973	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($613,714)	($173,546)	$0	$0	($2,938)	($3,767)	($293,887)		($139,576)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$529,166		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$137,012
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,606,340	$5,620,684	$0	$818,967	$427,734	$548,353	$1,335,027	$529,166	$1,189,397	$137,012
8	Total Nursing Facility Days As Filed Days = 41,549	FY23 Audited C/R Days	41,549									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,549	FY23 GL-PL Ins Rpt Days								41,549		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$255.28	$135.28	$0.00	$19.71	$23.49	*(with L&H)*	$32.13	$12.74	$28.63	$3.30
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4238**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.02								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.02	$0.00	$19.71	$23.49		$32.13	$12.74	$28.63	$3.30
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.19	$95.02	$0.00	$19.71	$23.49		$32.13	$12.74	17.80 *(FRV)*	$3.30
	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	$204.19	$95.02	$0.00	$19.71	$23.49	$0.00	$32.13	$12.74	$17.80	$3.30
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5586**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$148.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$257.27	$148.10	$0.00	$19.71	$23.49	$0.00	$32.13	$12.74	$17.80	$3.30
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.70	$3.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.41	$7.41								
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	$29.74	$11.64	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$287.01**	**$159.74**	**$0.00**	**$19.93**	**$23.90**	**$0.00**	**$49.60**	**$12.74**	**$17.80**	**$3.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - LAFAYETTE**
Prvdr ID: **00254394A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.34%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.41	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3318	1.4015
Quarterly Medicaid PDPM:	1.4164	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4447	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,774,101	$3,144,606	$0	$494,303	$244,610	$384,997	$999,918		$505,667	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($346,400)	($118,049)	$0	$0	$0	($167)	($179,038)		($49,146)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$362,148		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$48,926
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,838,775	$3,026,557	$0	$494,303	$244,610	$384,830	$820,880	$362,148	$456,521	$48,926
8	Total Nursing Facility Days As Filed Days = 27,571	FY23 Audited C/R Days	27,571									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,571	FY23 GL-PL Ins Rpt Days								27,571		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$211.77	$109.77	$0.00	$17.93	$22.83	*(with L&H)*	$29.77	$13.14	$16.56	$1.77
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3318**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$82.42								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.42	$0.00	$17.93	$22.83		$29.77	$13.14	$16.56	$1.77
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.64	$82.42	$0.00	$17.93	$22.83		$29.77	$13.14	10.78 *(FRV)*	$1.77
	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	$178.64	$82.42	$0.00	$17.93	$22.83	$0.00	$29.77	$13.14	$10.78	$1.77
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4447**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$119.07								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$215.29	$119.07	$0.00	$17.93	$22.83	$0.00	$29.77	$13.14	$10.78	$1.77
	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 Srvs)	Ln 19 Col b x CPS Add-on	$2.98	$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$27.56	$9.46	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$242.85**	**$128.53**	**$0.00**	**$18.15**	**$23.24**	**$0.00**	**$47.24**	**$13.14**	**$10.78**	**$1.77**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$169.31**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - WEST ATLANTA**
Prvdr ID: **00256088A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	11.58%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6022	1.4015
Quarterly Medicaid PDPM:	1.5035	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5335	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,728,234	$4,493,767	$0	$645,532	$394,262	$496,769	$1,309,232		$388,672	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($464,888)	($152,566)	$0	$0	$0	$0	($239,352)		($72,970)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$434,991		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$72,329
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,770,666	$4,341,201	$0	$645,532	$394,262	$496,769	$1,069,880	$434,991	$315,702	$72,329
8	Total Nursing Facility Days As Filed Days = 32,715	FY23 Audited C/R Days	32,715									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,715	FY23 GL-PL Ins Rpt Days								32,715		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$237.53	$132.70	$0.00	$19.73	$27.24	*(with L&H)*	$32.70	$13.30	$9.65	$2.21
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6022**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$82.83								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.83	$0.00	$19.73	$27.24		$32.70	$13.30	$9.65	$2.21
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$192.09	$82.83	$0.00	$19.73	$27.24		$32.70	$13.30	14.08 *(FRV)*	$2.21
	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	$192.09	$82.83	$0.00	$19.73	$27.24	$0.00	$32.70	$13.30	$14.08	$2.21
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5335**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.02								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$236.28	$127.02	$0.00	$19.73	$27.24	$0.00	$32.70	$13.30	$14.08	$2.21
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	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	$24.98	$6.88	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$261.26**	**$133.90**	**$0.00**	**$19.95**	**$27.65**	**$0.00**	**$50.17**	**$13.30**	**$14.08**	**$2.21**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$183.12**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BAINBRIDGE HEALTH AND REHAB**
Prvdr ID: **00258915A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.71%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.08	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5173	1.4015
Quarterly Medicaid PDPM:	1.6478	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6808	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,981,831	$2,758,625	$0	$515,456	$253,015	$266,780	$1,144,716		$1,043,239	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($118,058)	($55,680)	$0	($67)	$0	$9,774	($40,378)		($31,707)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$25,918		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$31,707
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,921,398	$2,702,945	$0	$515,389	$253,015	$276,554	$1,104,338	$25,918	$1,011,532	$31,707
8	Total Nursing Facility Days As Filed Days = 26,472	FY23 Audited C/R Days	26,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,472	FY23 GL-PL Ins Rpt Days								26,472		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$223.69	$102.11	$0.00	$19.47	$20.00	*(with L&H)*	$41.72	$0.98	$38.21	$1.20
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5173**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$67.30								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$67.30	$0.00	$19.47	$20.00		$41.72	$0.98	$38.21	$1.20
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$159.70	$67.30	$0.00	$19.47	$20.00		$39.89	$0.98	10.86 *(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	$159.70	$67.30	$0.00	$19.47	$20.00	$0.00	$39.89	$0.98	$10.86	$1.20
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6808**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$113.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$205.52	$113.12	$0.00	$19.47	$20.00	$0.00	$39.89	$0.98	$10.86	$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.83	$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.39	$3.39								
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	$24.48	$6.75	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$230.00**	**$119.87**	**$0.00**	**$19.69**	**$20.41**	**$0.00**	**$56.99**	**$0.98**	**$10.86**	**$1.20**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$159.68**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - COVINGTON**
Prvdr ID: **00265196A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.84%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3942	1.4015
Quarterly Medicaid PDPM:	1.6176	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6500	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,260,245	$2,916,804	$0	$448,236	$169,608	$354,365	$969,804		$401,428	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($249,072)	($141,046)	$0	$0	$0	$0	($60,460)		($47,566)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$258,595		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$45,563
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,315,331	$2,775,758	$0	$448,236	$169,608	$354,365	$909,344	$258,595	$353,862	$45,563
8	Total Nursing Facility Days As Filed Days = 23,949	FY23 Audited C/R Days	23,949									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,949	FY23 GL-PL Ins Rpt Days								23,949		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$221.95	$115.90	$0.00	$18.72	$21.88	*(with L&H)*	$37.97	$10.80	$14.78	$1.90
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3942**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.13								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.13	$0.00	$18.72	$21.88		$37.97	$10.80	$14.78	$1.90
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.75	$83.13	$0.00	$18.72	$21.88		$37.97	$10.80	11.35 *(FRV)*	$1.90
	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	$185.75	$83.13	$0.00	$18.72	$21.88	$0.00	$37.97	$10.80	$11.35	$1.90
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6500**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$137.16								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$239.78	$137.16	$0.00	$18.72	$21.88	$0.00	$37.97	$10.80	$11.35	$1.90
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.43	$3.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.23	$8.23								
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	$30.29	$12.19	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$270.07**	**$149.35**	**$0.00**	**$18.94**	**$22.29**	**$0.00**	**$55.44**	**$10.80**	**$11.35**	**$1.90**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$189.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **LAGRANGE CARE CENTER LLC**
Prvdr ID: **00270245A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	11.96%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.45	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3558	1.4015
Quarterly Medicaid PDPM:	1.4433	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4721	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,459,241	$1,652,455	$0	$349,696	$177,925	$201,859	$650,675		$426,631	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($109,089)	($67,266)	$0	($4,465)	($298)	$2,153	($4,708)		($34,505)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$71,974		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$34,448
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,456,574	$1,585,189	$0	$345,231	$177,627	$204,012	$645,967	$71,974	$392,126	$34,448
8	Total Nursing Facility Days As Filed Days = 17,030	FY23 Audited C/R Days	17,030									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,030	FY23 GL-PL Ins Rpt Days								17,030		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$202.97	$93.08	$0.00	$20.27	$22.41	*(with L&H)*	$37.93	$4.23	$23.03	$2.02
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3558**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$68.65								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$68.65	$0.00	$20.27	$22.41		$37.93	$4.23	$23.03	$2.02
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$168.37	$68.65	$0.00	$20.27	$22.41		$37.93	$4.23	12.86 *(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	$168.37	$68.65	$0.00	$20.27	$22.41	$0.00	$37.93	$4.23	$12.86	$2.02
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4721**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$101.06								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$200.78	$101.06	$0.00	$20.27	$22.41	$0.00	$37.93	$4.23	$12.86	$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 = 0.0% (to Routine Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$222.44**	**$104.62**	**$0.00**	**$20.49**	**$22.82**	**$0.00**	**$55.40**	**$4.23**	**$12.86**	**$2.02**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$154.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **LUMBER CITY CARE CENTER LLC**
Prvdr ID: **00270256A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.53%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.62	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2965	1.4015
Quarterly Medicaid PDPM:	1.4365	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4653	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$2,748,038	$1,413,562	$0	$310,264	$137,817	$148,742	$417,612		$320,041	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($82,241)	($26,707)	$0	($1,406)	$313	$1,397	($29,563)		($26,275)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$55,545		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$26,334
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$2,747,676	$1,386,855	$0	$308,858	$138,130	$150,139	$388,049	$55,545	$293,766	$26,334
8	Total Nursing Facility Days As Filed Days = 13,214	FY23 Audited C/R Days	13,214									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,214	FY23 GL-PL Ins Rpt Days								13,214		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$207.93	$104.95	$0.00	$23.37	$21.82	*(with L&H)*	$29.37	$4.20	$22.23	$1.99
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2965**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.95								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.95	$0.00	$23.37	$21.82		$29.37	$4.20	$22.23	$1.99
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$173.80	$80.95	$0.00	$23.37	$21.82		$29.37	$4.20	12.10 *(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	$173.80	$80.95	$0.00	$23.37	$21.82	$0.00	$29.37	$4.20	$12.10	$1.99
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4653**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$118.62								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$211.47	$118.62	$0.00	$23.37	$21.82	$0.00	$29.37	$4.20	$12.10	$1.99
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.56	$3.56								
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	$23.38	$5.28	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$234.85**	**$123.90**	**$0.00**	**$23.59**	**$22.23**	**$0.00**	**$46.84**	**$4.20**	**$12.10**	**$1.99**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$163.31**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE CROSSROADS OF FLOWERY BRANCH OF JOURNEY LLC**
Prvdr ID: **00271829A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.05%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.74	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4025	1.4015
Quarterly Medicaid PDPM:	1.7906	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.8264	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,047,568	$4,057,760	$0	$756,710	$611,717	$285,417	$996,122		$1,339,842	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($140,751)	($51,259)	$0	$0	$0	$0	($50,196)		($39,296)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$85,909		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$39,296
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,032,022	$4,006,501	$0	$756,710	$611,717	$285,417	$945,926	$85,909	$1,300,546	$39,296
8	Total Nursing Facility Days As Filed Days = 34,416	FY23 Audited C/R Days	34,416									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,416	FY23 GL-PL Ins Rpt Days								34,416		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$233.39	$116.41	$0.00	$21.99	$26.07	*(with L&H)*	$27.49	$2.50	$37.79	$1.14
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4025**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.00								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.00	$0.00	$21.99	$26.07		$27.49	$2.50	$37.79	$1.14
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$171.45	$83.00	$0.00	$21.99	$26.07		$27.49	$2.50	9.26 *(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	$171.45	$83.00	$0.00	$21.99	$26.07	$0.00	$27.49	$2.50	$9.26	$1.14
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.8264**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$151.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$240.04	$151.59	$0.00	$21.99	$26.07	$0.00	$27.49	$2.50	$9.26	$1.14
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.52	$1.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	$23.18	$5.08	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$263.22**	**$156.67**	**$0.00**	**$22.21**	**$26.48**	**$0.00**	**$44.96**	**$2.50**	**$9.26**	**$1.14**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$184.59**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CRESTVIEW HEALTH & REHAB CTR**
Prvdr ID: **00273567A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.99	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4502	1.4015
Quarterly Medicaid PDPM:	1.3398	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3666	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$26,009,747	$15,534,487	$0	$2,716,543	$1,040,549	$1,278,797	$4,177,901		$1,261,470	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($284,720)	$0	$0	$0	$0	$0	($275,701)		($9,019)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$9,019
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$25,734,046	$15,534,487	$0	$2,716,543	$1,040,549	$1,278,797	$3,902,200	$0	$1,252,451	$9,019
8	Total Nursing Facility Days As Filed Days = 97,361	FY23 Audited C/R Days	97,361									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 97,361	FY23 GL-PL Ins Rpt Days								97,361		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$264.31	$159.56	$0.00	$27.90	$23.82	*(with L&H)*	$40.08	$0.00	$12.86	$0.09
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4502**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$110.03								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$110.03	$0.00	$27.90	$23.82		$40.08	$0.00	$12.86	$0.09
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$214.64	$110.03	$0.00	$27.90	$23.82		$39.89	$0.00	12.91 *(FRV)*	$0.09
	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	$214.64	$110.03	$0.00	$27.90	$23.82	$0.00	$39.89	$0.00	$12.91	$0.09
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3666**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$150.37								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$254.98	$150.37	$0.00	$27.90	$23.82	$0.00	$39.89	$0.00	$12.91	$0.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.76	$3.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.51	$4.51								
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	$9.43	$8.80	$0.00	$0.22	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$264.41**	**$159.17**	**$0.00**	**$28.12**	**$24.23**	**$0.00**	**$39.89**	**$0.00**	**$12.91**	**$0.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$198.31**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CRISP REGIONAL NSG & REHAB CTR**
Prvdr ID: **00274128A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	49.21%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.21	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4608	1.4015
Quarterly Medicaid PDPM:	1.6238	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6563	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,311,606	$4,417,039	$0	$605,076	$224,360	$438,733	$2,112,696		$513,702	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($829,548)	($30,606)	$0	$0	$0	$0	($781,062)		($17,880)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$806,529		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$17,947
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,306,534	$4,386,433	$0	$605,076	$224,360	$438,733	$1,331,634	$806,529	$495,822	$17,947
8	Total Nursing Facility Days As Filed Days = 19,346	FY23 Audited C/R Days	19,346									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,346	FY23 GL-PL Ins Rpt Days								19,346		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$429.38	$226.74	$0.00	$31.28	$34.28	*(with L&H)*	$68.83	$41.69	$25.63	$0.93
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4608**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$155.22								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$155.22	$0.00	$31.28	$34.28		$68.83	$41.69	$25.63	$0.93
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$279.76	$117.91	$0.00	$31.28	$33.35		$39.89	$41.69	14.71 *(FRV)*	$0.93
	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	$279.76	$117.91	$0.00	$31.28	$33.35	$0.00	$39.89	$41.69	$14.71	$0.93
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6563**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$195.29								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$357.14	$195.29	$0.00	$31.28	$33.35	$0.00	$39.89	$41.69	$14.71	$0.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$10.74	$10.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$33.92	$16.60	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$391.06**	**$211.89**	**$0.00**	**$31.50**	**$33.35**	**$0.00**	**$56.99**	**$41.69**	**$14.71**	**$0.93**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$280.47**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THOMASVILLE CARE CENTER LLC**
Prvdr ID: **00277604A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.67%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.09	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4479	1.4015
Quarterly Medicaid PDPM:	1.5489	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5799	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$1,757,021	$857,136	$0	$240,265	$88,001	$98,905	$303,807		$168,907	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($71,742)	($8,583)	$0	($3,726)	$0	($8,104)	($27,453)		($23,876)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$43,295		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$23,876
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$1,752,450	$848,553	$0	$236,539	$88,001	$90,801	$276,354	$43,295	$145,031	$23,876
8	Total Nursing Facility Days As Filed Days = 7,744	FY23 Audited C/R Days	7,744									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 7,744	FY23 GL-PL Ins Rpt Days								7,744		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$226.30	$109.58	$0.00	$30.54	$23.09	*(with L&H)*	$35.69	$5.59	$18.73	$3.08
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4479**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$75.68								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.68	$0.00	$30.54	$23.09		$35.69	$5.59	$18.73	$3.08
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$186.56	$75.68	$0.00	$30.54	$23.09		$35.69	$5.59	12.89 *(FRV)*	$3.08
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$186.56	$75.68	$0.00	$30.54	$23.09	$0.00	$35.69	$5.59	$12.89	$3.08
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5799**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$119.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$230.45	$119.57	$0.00	$30.54	$23.09	$0.00	$35.69	$5.59	$12.89	$3.08
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$2.39	$2.39								
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	$21.02	$2.92	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$251.47**	**$122.49**	**$0.00**	**$30.76**	**$23.50**	**$0.00**	**$53.16**	**$5.59**	**$12.89**	**$3.08**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$175.78**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **DELMAR GARDENS OF SMYRNA**
Prvdr ID: **00296271A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.17%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.72	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4916	1.4015
Quarterly Medicaid PDPM:	1.4403	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4691	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,821,701	$4,923,226	$0	$1,187,188	$455,876	$430,668	$1,260,739		$564,004	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($274,643)	($186,810)	$0	$17,493	$1,592	$38,878	($66,409)		($79,387)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$66,900		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$93,280
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,707,238	$4,736,416	$0	$1,204,681	$457,468	$469,546	$1,194,330	$66,900	$484,617	$93,280
8	Total Nursing Facility Days As Filed Days = 36,404	FY23 Audited C/R Days	36,404									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,404	FY23 GL-PL Ins Rpt Days								36,404		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$239.18	$130.11	$0.00	$33.09	$25.46	*(with L&H)*	$32.81	$1.84	$13.31	$2.56
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4916**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$87.23								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.23	$0.00	$33.09	$25.46		$32.81	$1.84	$13.31	$2.56
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$196.43	$87.23	$0.00	$31.48	$25.46		$32.81	$1.84	15.05 *(FRV)*	$2.56
	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	$196.43	$87.23	$0.00	$31.48	$25.46	$0.00	$32.81	$1.84	$15.05	$2.56
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4691**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$128.15								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$237.35	$128.15	$0.00	$31.48	$25.46	$0.00	$32.81	$1.84	$15.05	$2.56
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.28	$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.84	$3.84								
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	$23.53	$5.65	$0.00	$0.00	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$260.88**	**$133.80**	**$0.00**	**$31.48**	**$25.87**	**$0.00**	**$50.28**	**$1.84**	**$15.05**	**$2.56**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$182.84**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **NHC HEALTHCARE FT OGLETHORPE**
Prvdr ID: **00344759A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	18.89%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.40	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3292	1.4015
Quarterly Medicaid PDPM:	1.2240	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2485	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,853,994	$6,972,592	$0	$1,106,109	$511,161	$436,429	$1,474,494		$353,209	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($727,118)	($430,814)	$0	($48,863)	($45,076)	($10,622)	($127,114)		($64,629)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$58,701
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,185,577	$6,541,778	$0	$1,057,246	$466,085	$425,807	$1,347,380	$0	$288,580	$58,701
8	Total Nursing Facility Days As Filed Days = 45,971	FY23 Audited C/R Days	45,972									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,971	FY23 GL-PL Ins Rpt Days								45,972		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$221.57	$142.30	$0.00	$23.00	$19.40	*(with L&H)*	$29.31	$0.00	$6.28	$1.28
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3292**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$107.06								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$107.06	$0.00	$23.00	$19.40		$29.31	$0.00	$6.28	$1.28
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$193.93	$107.06	$0.00	$23.00	$19.40		$29.31	$0.00	13.88 *(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	$193.93	$107.06	$0.00	$23.00	$19.40	$0.00	$29.31	$0.00	$13.88	$1.28
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2485**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$133.66								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$220.53	$133.66	$0.00	$23.00	$19.40	$0.00	$29.31	$0.00	$13.88	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	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	$21.30	$3.20	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$241.83**	**$136.86**	**$0.00**	**$23.22**	**$19.81**	**$0.00**	**$46.78**	**$0.00**	**$13.88**	**$1.28**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.55**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRESBYTERIAN VILLAGE**
Prvdr ID: **00362832A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	46.15%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.21	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4564	1.4015
Quarterly Medicaid PDPM:	1.3269	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3535	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,894,978	$5,305,483	$0	$965,798	$712,991	$523,834	$1,699,028		$687,844	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($143,251)	($28,411)	$0	$0	$0	$0	($86,060)		($28,780)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$134,826		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$28,780
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,915,333	$5,277,072	$0	$965,798	$712,991	$523,834	$1,612,968	$134,826	$659,064	$28,780
8	Total Nursing Facility Days As Filed Days = 26,343	FY23 Audited C/R Days	26,343									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,343	FY23 GL-PL Ins Rpt Days								26,343		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$376.39	$200.32	$0.00	$36.66	$46.95	*(with L&H)*	$61.23	$5.12	$25.02	$1.09
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4564**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$137.54								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$137.54	$0.00	$36.66	$46.95		$61.23	$5.12	$25.02	$1.09
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$256.26	$117.91	$0.00	$31.48	$33.35		$39.89	$5.12	27.42 *(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	$256.26	$117.91	$0.00	$31.48	$33.35	$0.00	$39.89	$5.12	$27.42	$1.09
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3535**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$159.59								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$297.94	$159.59	$0.00	$31.48	$33.35	$0.00	$39.89	$5.12	$27.42	$1.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$8.78	$8.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.79	$4.79								
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	$13.57	$13.57	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$311.51**	**$173.16**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$39.89**	**$5.12**	**$27.42**	**$1.09**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$233.63**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CAMELLIA GARDENS OF LIFE CARE**
Prvdr ID: **00366341A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	32.61%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.33	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2544	1.4015
Quarterly Medicaid PDPM:	1.2024	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2264	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,428,235	$3,150,982	$0	$574,064	$263,167	$267,815	$1,013,101		$159,106	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($147,211)	($24,764)	$0	($2,935)	($1,205)	($3,711)	($66,054)		($48,542)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$74,897		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$48,217
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,404,138	$3,126,218	$0	$571,129	$261,962	$264,104	$947,047	$74,897	$110,564	$48,217
8	Total Nursing Facility Days As Filed Days = 26,359	FY23 Audited C/R Days	26,359									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,359	FY23 GL-PL Ins Rpt Days								26,359		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$205.02	$118.60	$0.00	$21.67	$19.96	*(with L&H)*	$35.93	$2.84	$4.19	$1.83
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2544**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$94.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.55	$0.00	$21.67	$19.96		$35.93	$2.84	$4.19	$1.83
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$188.38	$94.55	$0.00	$21.67	$19.96		$35.93	$2.84	11.60 *(FRV)*	$1.83
	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	$188.38	$94.55	$0.00	$21.67	$19.96	$0.00	$35.93	$2.84	$11.60	$1.83
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2264**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$115.96								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$209.79	$115.96	$0.00	$21.67	$19.96	$0.00	$35.93	$2.84	$11.60	$1.83
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.90	$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.80	$5.80								
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	$27.33	$9.23	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$237.12**	**$125.19**	**$0.00**	**$21.89**	**$20.37**	**$0.00**	**$53.40**	**$2.84**	**$11.60**	**$1.83**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$165.02**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **QUIET OAKS HEALTH CARE CENTER**
Prvdr ID: **00370851A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	48.08%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.61	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5146	1.4015
Quarterly Medicaid PDPM:	2.0362	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.0769	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,694,040	$2,586,793	$0	$520,396	$376,575	$302,050	$836,524		$71,702	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($157,876)	$12,952	$0	$2,668	$3,183	$1,660	($143,260)		($35,079)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$135,616		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$35,169
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,706,949	$2,599,745	$0	$523,064	$379,758	$303,710	$693,264	$135,616	$36,623	$35,169
8	Total Nursing Facility Days As Filed Days = 20,923	FY23 Audited C/R Days	20,923									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,923	FY23 GL-PL Ins Rpt Days								20,923		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$224.96	$124.25	$0.00	$25.00	$32.67	*(with L&H)*	$33.13	$6.48	$1.75	$1.68
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5146**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$82.03								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$82.03	$0.00	$25.00	$32.67		$33.13	$6.48	$1.75	$1.68
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.57	$82.03	$0.00	$25.00	$32.67		$33.13	$6.48	13.58 *(FRV)*	$1.68
	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	$194.57	$82.03	$0.00	$25.00	$32.67	$0.00	$33.13	$6.48	$13.58	$1.68
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.0769**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$170.37								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$282.91	$170.37	$0.00	$25.00	$32.67	$0.00	$33.13	$6.48	$13.58	$1.68
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$9.37	$9.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$10.22	$10.22								
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	$38.22	$20.12	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$321.13**	**$190.49**	**$0.00**	**$25.22**	**$33.08**	**$0.00**	**$50.60**	**$6.48**	**$13.58**	**$1.68**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$228.02**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **WESTWOOD HEALTHCARE AND REHABILITATION**
Prvdr ID: **00370862A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.67%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2860	1.4015
Quarterly Medicaid PDPM:	1.4938	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5236	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,160,627	$2,040,353	$0	$504,409	$391,122	$169,822	$816,099		$238,822	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($205,421)	($24,298)	$0	$0	$0	$0	($146,165)		($34,958)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$80,274		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$34,958
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,070,438	$2,016,055	$0	$504,409	$391,122	$169,822	$669,934	$80,274	$203,864	$34,958
8	Total Nursing Facility Days As Filed Days = 19,331	FY23 Audited C/R Days	19,331									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,331	FY23 GL-PL Ins Rpt Days								19,331		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$210.57	$104.29	$0.00	$26.09	$29.02	*(with L&H)*	$34.66	$4.15	$10.55	$1.81
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2860**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$81.10								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$81.10	$0.00	$26.09	$29.02		$34.66	$4.15	$10.55	$1.81
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$189.08	$81.10	$0.00	$26.09	$29.02		$34.66	$4.15	12.25 *(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	$189.08	$81.10	$0.00	$26.09	$29.02	$0.00	$34.66	$4.15	$12.25	$1.81
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5236**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.56								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$231.54	$123.56	$0.00	$26.09	$29.02	$0.00	$34.66	$4.15	$12.25	$1.81
	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 = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.71	$3.71								
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	$22.34	$4.24	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$253.88**	**$127.80**	**$0.00**	**$26.31**	**$29.43**	**$0.00**	**$52.13**	**$4.15**	**$12.25**	**$1.81**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.59**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **LIFE CARE CENTER OF GWINNETT**
Prvdr ID: **00370873A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.38%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.18	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4542	1.4015
Quarterly Medicaid PDPM:	1.4115	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4398	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,634,208	$4,149,772	$0	$866,794	$471,891	$547,045	$1,220,930		$377,776	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($209,718)	($48,254)	$0	($9,373)	$0	$14,849	($94,630)		($72,310)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$113,294		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$72,310
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,610,094	$4,101,518	$0	$857,421	$471,891	$561,894	$1,126,300	$113,294	$305,466	$72,310
8	Total Nursing Facility Days As Filed Days = 31,118	FY23 Audited C/R Days	31,118									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,118	FY23 GL-PL Ins Rpt Days								31,118		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$244.55	$131.81	$0.00	$27.55	$33.22	*(with L&H)*	$36.19	$3.64	$9.82	$2.32
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4542**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.64								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.64	$0.00	$27.55	$33.22		$36.19	$3.64	$9.82	$2.32
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$207.83	$90.64	$0.00	$27.55	$33.22		$36.19	$3.64	14.27 *(FRV)*	$2.32
	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	$207.83	$90.64	$0.00	$27.55	$33.22	$0.00	$36.19	$3.64	$14.27	$2.32
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4398**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$130.50								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$247.69	$130.50	$0.00	$27.55	$33.22	$0.00	$36.19	$3.64	$14.27	$2.32
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.22	$0.53	$0.00	$0.22	$0.10	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.53	$6.53								
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	$24.85	$7.06	$0.00	$0.22	$0.10	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$272.54**	**$137.56**	**$0.00**	**$27.77**	**$33.32**	**$0.00**	**$53.66**	**$3.64**	**$14.27**	**$2.32**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **DELMAR GARDENS OF GWINNETT**
Prvdr ID: **00395161A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.28%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.68	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3638	1.4015
Quarterly Medicaid PDPM:	1.3386	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3654	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,058,970	$2,707,495	$0	$863,955	$549,783	$353,432	$934,713		$649,592	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($199,145)	($37,369)	$0	$0	($18,158)	($11,673)	($13,631)		($118,314)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$51,000		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$114,407
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,025,232	$2,670,126	$0	$863,955	$531,625	$341,759	$921,082	$51,000	$531,278	$114,407
8	Total Nursing Facility Days As Filed Days = 21,013	FY23 Audited C/R Days	21,013									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,013	FY23 GL-PL Ins Rpt Days								21,013		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$286.73	$127.07	$0.00	$41.12	$41.56	*(with L&H)*	$43.83	$2.43	$25.28	$5.44
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3638**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$93.17								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.17	$0.00	$41.12	$41.56		$43.83	$2.43	$25.28	$5.44
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$218.18	$93.17	$0.00	$31.48	$33.35		$39.89	$2.43	12.42 *(FRV)*	$5.44
	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	$218.18	$93.17	$0.00	$31.48	$33.35	$0.00	$39.89	$2.43	$12.42	$5.44
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3654**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$252.22	$127.21	$0.00	$31.48	$33.35	$0.00	$39.89	$2.43	$12.42	$5.44
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.82	$3.82								
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	$21.45	$4.35	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$273.67**	**$131.56**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$56.99**	**$2.43**	**$12.42**	**$5.44**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FAYETTEVILLE CENTER FOR NURSING & HEALING LLC**
Prvdr ID: **00399737A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	12.35%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.77	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3876	1.4015
Quarterly Medicaid PDPM:	1.6465	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6795	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,931,463	$5,952,337	$0	$1,054,631	$461,488	$520,179	$2,020,117		$3,922,711	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($471,530)	($175,560)	$0	($1,586)	$0	$1,541	($137,231)		($158,694)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$257,872		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$158,694
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$13,876,499	$5,776,777	$0	$1,053,045	$461,488	$521,720	$1,882,886	$257,872	$3,764,017	$158,694
8	Total Nursing Facility Days As Filed Days = 49,888	FY23 Audited C/R Days	49,888									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,888	FY23 GL-PL Ins Rpt Days								49,888		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$278.15	$115.79	$0.00	$21.11	$19.71	*(with L&H)*	$37.74	$5.17	$75.45	$3.18
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3876**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.44								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.44	$0.00	$21.11	$19.71		$37.74	$5.17	$75.45	$3.18
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$189.44	$83.44	$0.00	$21.11	$19.71		$37.74	$5.17	19.09 *(FRV)*	$3.18
	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	$189.44	$83.44	$0.00	$21.11	$19.71	$0.00	$37.74	$5.17	$19.09	$3.18
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6795**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$140.14								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$246.14	$140.14	$0.00	$21.11	$19.71	$0.00	$37.74	$5.17	$19.09	$3.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$7.01	$7.01								
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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$271.78**	**$147.68**	**$0.00**	**$21.33**	**$20.12**	**$0.00**	**$55.21**	**$5.17**	**$19.09**	**$3.18**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **LAKE CROSSING HEALTH CENTER PAC LLC**
Prvdr ID: **00403939A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	44.44%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.95	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3034	1.4015
Quarterly Medicaid PDPM:	1.7476	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7826	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$2,360,447	$1,054,541	$0	$231,861	$108,105	$121,435	$275,514		$568,991	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($68,082)	($9,099)	$0	$0	$0	$0	($40,348)		($18,635)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$49,447		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$18,635
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$2,360,447	$1,045,442	$0	$231,861	$108,105	$121,435	$235,166	$49,447	$550,356	$18,635
8	Total Nursing Facility Days As Filed Days = 12,619	FY23 Audited C/R Days	12,619									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,619	FY23 GL-PL Ins Rpt Days								12,619		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$187.06	$82.85	$0.00	$18.37	$18.19	*(with L&H)*	$18.64	$3.92	$43.61	$1.48
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3034**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$63.57								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$63.57	$0.00	$18.37	$18.19		$18.64	$3.92	$43.61	$1.48
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$137.97	$63.57	$0.00	$18.37	$18.19		$18.64	$3.92	13.80 *(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	$137.97	$63.57	$0.00	$18.37	$18.19	$0.00	$18.64	$3.92	$13.80	$1.48
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7826**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$113.32								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$187.72	$113.32	$0.00	$18.37	$18.19	$0.00	$18.64	$3.92	$13.80	$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)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.83	$2.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.40	$3.40								
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	$24.86	$6.76	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$212.58**	**$120.08**	**$0.00**	**$18.59**	**$18.60**	**$0.00**	**$36.11**	**$3.92**	**$13.80**	**$1.48**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$146.61**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **TOWNSEND PARK HEALTH AND REHABILITATION**
Prvdr ID: **00404995A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.25%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.59	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3472	1.4015
Quarterly Medicaid PDPM:	1.2388	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2636	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,363,774	$2,867,923	$0	$651,564	$416,620	$477,745	$1,559,290		$390,632	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($13,018)	$0	$0	$0	$0	$0	$3,864		($16,882)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$65,253		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$16,882
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,432,891	$2,867,923	$0	$651,564	$416,620	$477,745	$1,563,154	$65,253	$373,750	$16,882
8	Total Nursing Facility Days As Filed Days = 22,078	FY23 Audited C/R Days	22,078									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,078	FY23 GL-PL Ins Rpt Days								22,078		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$291.37	$129.90	$0.00	$29.51	$40.51	*(with L&H)*	$70.80	$2.96	$16.93	$0.76
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3472**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$96.42								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$96.42	$0.00	$29.51	$40.51		$70.80	$2.96	$16.93	$0.76
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$247.26	$96.42	$0.00	$29.51	$33.35		$39.89	$2.96	44.37 *(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	$247.26	$96.42	$0.00	$29.51	$33.35	$0.00	$39.89	$2.96	$44.37	$0.76
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2636**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$121.84								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$272.68	$121.84	$0.00	$29.51	$33.35	$0.00	$39.89	$2.96	$44.37	$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)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$3.05	$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$26.99	$9.67	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$299.67**	**$131.51**	**$0.00**	**$29.73**	**$33.35**	**$0.00**	**$56.99**	**$2.96**	**$44.37**	**$0.76**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$211.93**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FOUR COUNTY HEALTH AND REHABILITATION**
Prvdr ID: **00405292A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	34.92%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.69	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2594	1.4015
Quarterly Medicaid PDPM:	1.3248	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3513	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,373,749	$2,590,510	$0	$657,758	$331,169	$307,849	$1,047,550		$438,913	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($80,640)	$323	$0	$0	$0	$0	($44,200)		($36,763)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$44,200		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$36,763
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,374,072	$2,590,833	$0	$657,758	$331,169	$307,849	$1,003,350	$44,200	$402,150	$36,763
8	Total Nursing Facility Days As Filed Days = 21,746	FY23 Audited C/R Days	21,746									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,746	FY23 GL-PL Ins Rpt Days								21,746		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$247.13	$119.14	$0.00	$30.25	$29.39	*(with L&H)*	$46.14	$2.03	$18.49	$1.69
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2594**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$94.60								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.60	$0.00	$30.25	$29.39		$46.14	$2.03	$18.49	$1.69
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$210.63	$94.60	$0.00	$30.25	$29.39		$39.89	$2.03	12.78 *(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	$210.63	$94.60	$0.00	$30.25	$29.39	$0.00	$39.89	$2.03	$12.78	$1.69
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3513**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.83								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$243.86	$127.83	$0.00	$30.25	$29.39	$0.00	$39.89	$2.03	$12.78	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	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 Srvcs)	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	$27.85	$10.12	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$271.71**	**$137.95**	**$0.00**	**$30.47**	**$29.80**	**$0.00**	**$56.99**	**$2.03**	**$12.78**	**$1.69**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$190.96**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SOUTHLAND HEALTH AND REHABILITATION**
Prvdr ID: **00409054A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.97%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.30	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3242	1.4015
Quarterly Medicaid PDPM:	1.4349	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4636	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,677,184	$4,701,085	$0	$961,604	$464,045	$511,020	$1,548,393		$2,491,037	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($50,362)	$0	$0	$0	$0	$0	$31,853		($82,215)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$81,250		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$82,215
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,790,287	$4,701,085	$0	$961,604	$464,045	$511,020	$1,580,246	$81,250	$2,408,822	$82,215
8	Total Nursing Facility Days As Filed Days = 35,716	FY23 Audited C/R Days	35,716									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,716	FY23 GL-PL Ins Rpt Days								35,716		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$302.09	$131.62	$0.00	$26.92	$27.30	*(with L&H)*	$44.24	$2.27	$67.44	$2.30
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3242**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$99.40								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.40	$0.00	$26.92	$27.30		$44.24	$2.27	$67.44	$2.30
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$215.67	$99.40	$0.00	$26.92	$27.30		$39.89	$2.27	17.59 *(FRV)*	$2.30
	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	$215.67	$99.40	$0.00	$26.92	$27.30	$0.00	$39.89	$2.27	$17.59	$2.30
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4636**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$145.48								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$261.75	$145.48	$0.00	$26.92	$27.30	$0.00	$39.89	$2.27	$17.59	$2.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.45	$1.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	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	$25.53	$7.80	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$287.28**	**$153.28**	**$0.00**	**$27.14**	**$27.71**	**$0.00**	**$56.99**	**$2.27**	**$17.59**	**$2.30**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - TOOMSBORO**
Prvdr ID: **00409494A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.00%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.95	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3661	1.4015
Quarterly Medicaid PDPM:	1.5090	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5392	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,514,500	$2,353,479	$0	$462,646	$193,719	$301,475	$773,962		$429,219	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($313,696)	($138,750)	$0	$0	$0	$0	($84,934)		($90,012)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$224,350		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$89,554
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,514,708	$2,214,729	$0	$462,646	$193,719	$301,475	$689,028	$224,350	$339,207	$89,554
8	Total Nursing Facility Days As Filed Days = 19,312	FY23 Audited C/R Days	19,312									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,312	FY23 GL-PL Ins Rpt Days								19,312		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$233.78	$114.68	$0.00	$23.96	$25.64	*(with L&H)*	$35.68	$11.62	$17.56	$4.64
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3661**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$83.95								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$83.95	$0.00	$23.96	$25.64		$35.68	$11.62	$17.56	$4.64
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$201.61	$83.95	$0.00	$23.96	$25.64		$35.68	$11.62	16.12 *(FRV)*	$4.64
	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	$201.61	$83.95	$0.00	$23.96	$25.64	$0.00	$35.68	$11.62	$16.12	$4.64
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5392**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$129.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$246.88	$129.22	$0.00	$23.96	$25.64	$0.00	$35.68	$11.62	$16.12	$4.64
	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 = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.46	$6.46								
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	$26.38	$8.28	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$273.26**	**$137.50**	**$0.00**	**$24.18**	**$26.05**	**$0.00**	**$53.15**	**$11.62**	**$16.12**	**$4.64**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.12**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CHERRY BLOSSOM HEALTH AND REHABILITATION**
Prvdr ID: **00413509A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	40.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.61	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3358	1.4015
Quarterly Medicaid PDPM:	1.4371	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4658	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,248,373	$2,522,442	$0	$628,739	$299,262	$341,940	$1,034,400		$421,590	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($78,427)	($2,138)	$0	$0	$0	$2,138	($42,640)		($35,787)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$42,640		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$30,544
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,243,130	$2,520,304	$0	$628,739	$299,262	$344,078	$991,760	$42,640	$385,803	$30,544
8	Total Nursing Facility Days As Filed Days = 20,318	FY23 Audited C/R Days	20,373									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,318	FY23 GL-PL Ins Rpt Days								20,373		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$257.36	$123.71	$0.00	$30.86	$31.58	*(with L&H)*	$48.68	$2.09	$18.94	$1.50
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3358**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$92.61								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.61	$0.00	$30.86	$31.58		$48.68	$2.09	$18.94	$1.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$217.16	$92.61	$0.00	$30.86	$31.58		$39.89	$2.09	18.63 *(FRV)*	$1.50
	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	$217.16	$92.61	$0.00	$30.86	$31.58	$0.00	$39.89	$2.09	$18.63	$1.50
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4658**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$135.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$260.30	$135.75	$0.00	$30.86	$31.58	$0.00	$39.89	$2.09	$18.63	$1.50
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.39	$3.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.43	$5.43								
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	$27.08	$9.35	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$287.38**	**$145.10**	**$0.00**	**$31.08**	**$31.99**	**$0.00**	**$56.99**	**$2.09**	**$18.63**	**$1.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.71**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **FOUNTAINVIEW CTR FOR ALZHEIMER**
Prvdr ID: **00421429A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	89.83%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.33	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3003	1.4015
Quarterly Medicaid PDPM:	1.1878	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2116	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,218,604	$4,759,658	$0	$1,025,871	$533,875	$523,129	$1,625,452		$750,619	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($478,598)	$1,210	$0	$0	$0	$2,251	($214,685)		($267,374)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$208,845		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$267,374
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,216,225	$4,760,868	$0	$1,025,871	$533,875	$525,380	$1,410,767	$208,845	$483,245	$267,374
8	Total Nursing Facility Days As Filed Days = 35,841	FY23 Audited C/R Days	35,841									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,841	FY23 GL-PL Ins Rpt Days								35,841		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$257.13	$132.83	$0.00	$28.62	$29.55	*(with L&H)*	$39.36	$5.83	$13.48	$7.46
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3003**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$102.15								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$102.15	$0.00	$28.62	$29.55		$39.36	$5.83	$13.48	$7.46
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$230.04	$102.15	$0.00	$28.62	$29.55		$39.36	$5.83	17.07 *(FRV)*	$7.46
	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	$230.04	$102.15	$0.00	$28.62	$29.55	$0.00	$39.36	$5.83	$17.07	$7.46
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2116**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$123.76								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$251.65	$123.76	$0.00	$28.62	$29.55	$0.00	$39.36	$5.83	$17.07	$7.46
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$6.81	$6.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.71	$3.71								
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	$29.15	$11.05	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$280.80**	**$134.81**	**$0.00**	**$28.84**	**$29.96**	**$0.00**	**$56.83**	**$5.83**	**$17.07**	**$7.46**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.78**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SANDY SPRINGS CENTER FOR NURSING AND HEALING LLC**
Prvdr ID: **00426214A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.24	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3654	1.4015
Quarterly Medicaid PDPM:	1.4596	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4888	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$11,159,347	$6,155,197	$0	$843,977	$416,474	$422,064	$1,864,361		$1,457,274	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($387,872)	($296,773)	$0	($13,617)	$6,693	$9,465	($8,164)		($85,476)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$223,455		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$92,510
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$11,087,440	$5,858,424	$0	$830,360	$423,167	$431,529	$1,856,197	$223,455	$1,371,798	$92,510
8	Total Nursing Facility Days As Filed Days = 48,171	FY23 Audited C/R Days	48,165									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,171	FY23 GL-PL Ins Rpt Days								48,165		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.20	$121.63	$0.00	$17.24	$17.75	*(with L&H)*	$38.54	$4.64	$28.48	$1.92
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3654**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$89.08								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.08	$0.00	$17.24	$17.75		$38.54	$4.64	$28.48	$1.92
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$184.38	$89.08	$0.00	$17.24	$17.75		$38.54	$4.64	15.21 *(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	$184.38	$89.08	$0.00	$17.24	$17.75	$0.00	$38.54	$4.64	$15.21	$1.92
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4888**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$132.62								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$227.92	$132.62	$0.00	$17.24	$17.75	$0.00	$38.54	$4.64	$15.21	$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)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$3.32	$3.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$25.93	$7.83	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$253.85**	**$140.45**	**$0.00**	**$17.46**	**$18.16**	**$0.00**	**$56.01**	**$4.64**	**$15.21**	**$1.92**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$177.56**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **TAYLOR COUNTY HEALTH AND REHABILITATION**
Prvdr ID: **00432924A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	36.92%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.99	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3605	1.4015
Quarterly Medicaid PDPM:	1.3266	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3531	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,990,527	$2,390,941	$0	$508,735	$264,229	$312,054	$1,077,034		$437,534	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($85,197)	$0	$0	$0	$0	$0	($40,560)		($44,637)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$40,560		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$44,637
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,990,527	$2,390,941	$0	$508,735	$264,229	$312,054	$1,036,474	$40,560	$392,897	$44,637
8	Total Nursing Facility Days As Filed Days = 21,868	FY23 Audited C/R Days	21,868									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,868	FY23 GL-PL Ins Rpt Days								21,868		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.21	$109.34	$0.00	$23.26	$26.35	*(with L&H)*	$47.40	$1.85	$17.97	$2.04
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3605**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$80.37								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$80.37	$0.00	$23.26	$26.35		$47.40	$1.85	$17.97	$2.04
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$186.98	$80.37	$0.00	$23.26	$26.35		$39.89	$1.85	13.22 *(FRV)*	$2.04
	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	$186.98	$80.37	$0.00	$23.26	$26.35	$0.00	$39.89	$1.85	$13.22	$2.04
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3531**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$108.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$215.36	$108.75	$0.00	$23.26	$26.35	$0.00	$39.89	$1.85	$13.22	$2.04
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.72	$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.44	$5.44								
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	$26.42	$8.69	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$241.78**	**$117.44**	**$0.00**	**$23.48**	**$26.76**	**$0.00**	**$56.99**	**$1.85**	**$13.22**	**$2.04**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.51**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HILL HAVEN NURSING HOME**
Prvdr ID: **00448456A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	49.15%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.00	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3239	1.4015
Quarterly Medicaid PDPM:	1.4019	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4299	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,897,473	$2,264,085	$0	$487,499	$247,093	$167,172	$445,832		$285,792	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($96,036)	($67,783)	$0	$0	$0	$751	($839)		($28,165)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$66,694		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$28,165
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,896,296	$2,196,302	$0	$487,499	$247,093	$167,923	$444,993	$66,694	$257,627	$28,165
8	Total Nursing Facility Days As Filed Days = 18,789	FY23 Audited C/R Days	18,789									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,789	FY23 GL-PL Ins Rpt Days								18,789		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$207.37	$116.89	$0.00	$25.95	$22.09	*(with L&H)*	$23.68	$3.55	$13.71	$1.50
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3239**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$88.29								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.29	$0.00	$25.95	$22.09		$23.68	$3.55	$13.71	$1.50
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$178.40	$88.29	$0.00	$25.95	$22.09		$23.68	$3.55	13.34 *(FRV)*	$1.50
	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	$178.40	$88.29	$0.00	$25.95	$22.09	$0.00	$23.68	$3.55	$13.34	$1.50
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4299**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$126.25								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$216.36	$126.25	$0.00	$25.95	$22.09	$0.00	$23.68	$3.55	$13.34	$1.50
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$6.94	$6.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.79	$3.79								
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	$29.36	$11.26	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$245.72**	**$137.51**	**$0.00**	**$26.17**	**$22.50**	**$0.00**	**$41.15**	**$3.55**	**$13.34**	**$1.50**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$171.47**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **A.G. RHODES HOME, INC - COBB**
Prvdr ID: **00493292A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	23.08%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.36	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4690	1.4015
Quarterly Medicaid PDPM:	1.4201	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4485	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,542,656	$6,767,532	$0	$1,243,358	$529,076	$654,950	$2,734,796		$1,612,944	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($365,352)	($396,505)	$0	$0	$0	($18,591)	$85,422		($35,678)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$329,674		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$35,678
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$13,542,656	$6,371,027	$0	$1,243,358	$529,076	$636,359	$2,820,218	$329,674	$1,577,266	$35,678
8	Total Nursing Facility Days As Filed Days = 37,152	FY23 Audited C/R Days	37,152									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,152	FY23 GL-PL Ins Rpt Days								37,152		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$364.52	$171.49	$0.00	$33.47	$31.37	*(with L&H)*	$75.91	$8.87	$42.45	$0.96
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4690**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$116.74								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$116.74	$0.00	$33.47	$31.37		$75.91	$8.87	$42.45	$0.96
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$247.99	$116.74	$0.00	$31.48	$31.37		$39.89	$8.87	18.68 *(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	$247.99	$116.74	$0.00	$31.48	$31.37	$0.00	$39.89	$8.87	$18.68	$0.96
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4485**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$169.10								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$300.35	$169.10	$0.00	$31.48	$31.37	$0.00	$39.89	$8.87	$18.68	$0.96
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.69	$1.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.46	$8.46								
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	$28.19	$10.68	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$328.54**	**$179.78**	**$0.00**	**$31.48**	**$31.78**	**$0.00**	**$56.99**	**$8.87**	**$18.68**	**$0.96**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$233.58**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CAMBRIDGE POST ACUTE CARE CENTER**
Prvdr ID: **00494139A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	43.16%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.51	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4465	1.4015
Quarterly Medicaid PDPM:	1.6674	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7007	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$11,019,599	$5,103,667	$0	$759,434	$325,371	$553,218	$1,765,638		$2,512,271	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($491,934)	($23,653)	$0	$0	$0	$0	($365,303)		($102,978)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$365,894		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$102,978
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,996,537	$5,080,014	$0	$759,434	$325,371	$553,218	$1,400,335	$365,894	$2,409,293	$102,978
8	Total Nursing Facility Days As Filed Days = 45,705	FY23 Audited C/R Days	45,705									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,705	FY23 GL-PL Ins Rpt Days								45,705		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$240.60	$111.15	$0.00	$16.62	$19.22	*(with L&H)*	$30.64	$8.01	$52.71	$2.25
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4465**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$76.84								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$76.84	$0.00	$16.62	$19.22		$30.64	$8.01	$52.71	$2.25
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$167.35	$76.84	$0.00	$16.62	$19.22		$30.64	$8.01	13.77 *(FRV)*	$2.25
	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	$167.35	$76.84	$0.00	$16.62	$19.22	$0.00	$30.64	$8.01	$13.77	$2.25
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7007**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$130.68								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$221.19	$130.68	$0.00	$16.62	$19.22	$0.00	$30.64	$8.01	$13.77	$2.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.27	$3.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$25.82	$7.72	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$247.01**	**$138.40**	**$0.00**	**$16.84**	**$19.63**	**$0.00**	**$48.11**	**$8.01**	**$13.77**	**$2.25**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$172.43**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **POWDER SPRINGS CENTER FOR NURSING & HEALING**
Prvdr ID: **00530824A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.86%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.32	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4287	1.4015
Quarterly Medicaid PDPM:	1.6073	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6395	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$16,586,811	$8,801,244	$0	$1,379,759	$647,038	$745,645	$3,188,205		$1,824,920	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($1,293,847)	($326,524)	$0	($12,656)	($10,311)	($14,619)	($803,320)		($126,417)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$741,213		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$151,431
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$16,185,608	$8,474,720	$0	$1,367,103	$636,727	$731,026	$2,384,885	$741,213	$1,698,503	$151,431
8	Total Nursing Facility Days As Filed Days = 70,172	FY23 Audited C/R Days	70,161									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 70,172	FY23 GL-PL Ins Rpt Days								70,161		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$230.69	$120.79	$0.00	$19.49	$19.49	*(with L&H)*	$33.99	$10.56	$24.21	$2.16
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4287**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$84.55								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.55	$0.00	$19.49	$19.49		$33.99	$10.56	$24.21	$2.16
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.03	$84.55	$0.00	$19.49	$19.49		$33.99	$10.56	14.79 *(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	$185.03	$84.55	$0.00	$19.49	$19.49	$0.00	$33.99	$10.56	$14.79	$2.16
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6395**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$138.62								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$239.10	$138.62	$0.00	$19.49	$19.49	$0.00	$33.99	$10.56	$14.79	$2.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.47	$3.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.93	$6.93								
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	$29.03	$10.93	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$268.13**	**$149.55**	**$0.00**	**$19.71**	**$19.90**	**$0.00**	**$51.46**	**$10.56**	**$14.79**	**$2.16**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$188.27**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **JONESBORO NURSING AND REHABILITATION CENTER**
Prvdr ID: **00531033A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	17.57%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.35	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3621	1.4015
Quarterly Medicaid PDPM:	1.3057	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3318	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$10,186,412	$5,712,430	$0	$946,014	$345,397	$462,634	$1,963,447		$756,490	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($600,152)	$0	$0	($3,370)	$0	$3,370	($498,489)		($101,663)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$470,056		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$101,663
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$10,157,979	$5,712,430	$0	$942,644	$345,397	$466,004	$1,464,958	$470,056	$654,827	$101,663
8	Total Nursing Facility Days As Filed Days = 44,458	FY23 Audited C/R Days	44,458									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,458	FY23 GL-PL Ins Rpt Days								44,458		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$228.48	$128.49	$0.00	$21.20	$18.25	*(with L&H)*	$32.95	$10.57	$14.73	$2.29
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3621**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$94.33								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.33	$0.00	$21.20	$18.25		$32.95	$10.57	$14.73	$2.29
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$194.48	$94.33	$0.00	$21.20	$18.25		$32.95	$10.57	14.89 *(FRV)*	$2.29
	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	$194.48	$94.33	$0.00	$21.20	$18.25	$0.00	$32.95	$10.57	$14.89	$2.29
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3318**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$125.63								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$225.78	$125.63	$0.00	$21.20	$18.25	$0.00	$32.95	$10.57	$14.89	$2.29
	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 Srvs)	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 Srvcs)	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	$22.40	$4.30	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$248.18**	**$129.93**	**$0.00**	**$21.42**	**$18.66**	**$0.00**	**$50.42**	**$10.57**	**$14.89**	**$2.29**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$173.31**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CARTERSVILLE CROSSING OF JOURNEY LLC**
Prvdr ID: **00534619A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.39%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.00	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4311	1.4015
Quarterly Medicaid PDPM:	1.9127	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.9510	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,021,799	$3,369,954	$0	$635,131	$476,339	$255,236	$883,148		$2,401,991	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($147,820)	($39,471)	$0	$0	$0	$0	($42,298)		($66,051)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$76,834		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$66,051
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,016,864	$3,330,483	$0	$635,131	$476,339	$255,236	$840,850	$76,834	$2,335,940	$66,051
8	Total Nursing Facility Days As Filed Days = 25,567	FY23 Audited C/R Days	25,567									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,567	FY23 GL-PL Ins Rpt Days								25,567		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$313.56	$130.26	$0.00	$24.84	$28.61	*(with L&H)*	$32.89	$3.01	$91.37	$2.58
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4311**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$91.02								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.02	$0.00	$24.84	$28.61		$32.89	$3.01	$91.37	$2.58
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$199.01	$91.02	$0.00	$24.84	$28.61		$32.89	$3.01	16.06 *(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	$199.01	$91.02	$0.00	$24.84	$28.61	$0.00	$32.89	$3.01	$16.06	$2.58
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.9510**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$177.58								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$285.57	$177.58	$0.00	$24.84	$28.61	$0.00	$32.89	$3.01	$16.06	$2.58
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.44	$4.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.55	$3.55								
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	$26.62	$8.52	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$312.19**	**$186.10**	**$0.00**	**$25.06**	**$29.02**	**$0.00**	**$50.36**	**$3.01**	**$16.06**	**$2.58**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$221.32**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **STONE MOUNTAIN RUN OF JOURNEY LLC**
Prvdr ID: **00587331A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	51.67%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.81	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4951	1.4015
Quarterly Medicaid PDPM:	2.1502	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.1932	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$13,907,499	$6,037,073	$0	$1,078,355	$941,990	$513,595	$1,773,892		$3,562,594	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($657,543)	($79,788)	$0	$457	($6,574)	($3,505)	($393,224)		($174,909)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$154,773		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$172,096
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$13,576,825	$5,957,285	$0	$1,078,812	$935,416	$510,090	$1,380,668	$154,773	$3,387,685	$172,096
8	Total Nursing Facility Days As Filed Days = 51,290	FY23 Audited C/R Days	51,290									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,290	FY23 GL-PL Ins Rpt Days								51,290		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$264.71	$116.15	$0.00	$21.03	$28.18	*(with L&H)*	$26.92	$3.02	$66.05	$3.36
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4951**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$77.69								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$77.69	$0.00	$21.03	$28.18		$26.92	$3.02	$66.05	$3.36
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$173.73	$77.69	$0.00	$21.03	$28.18		$26.92	$3.02	13.53 *(FRV)*	$3.36
	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	$173.73	$77.69	$0.00	$21.03	$28.18	$0.00	$26.92	$3.02	$13.53	$3.36
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.1932**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$170.39								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$266.43	$170.39	$0.00	$21.03	$28.18	$0.00	$26.92	$3.02	$13.53	$3.36
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$9.37	$9.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.11	$5.11								
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	$33.11	$15.01	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$299.54**	**$185.40**	**$0.00**	**$21.25**	**$28.59**	**$0.00**	**$44.39**	**$3.02**	**$13.53**	**$3.36**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$211.83**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BAYVIEW NURSING HOME**
Prvdr ID: **00624951A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	22.22%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.43	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3158	1.4015
Quarterly Medicaid PDPM:	1.3408	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3677	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,920,756	$2,902,608	$0	$572,341	$276,158	$386,903	$885,068		$897,678	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($281,689)	($23,778)	$0	$0	($50,615)	($6,151)	($121,119)		($80,026)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$96,498		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$72,145
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,807,710	$2,878,830	$0	$572,341	$225,543	$380,752	$763,949	$96,498	$817,652	$72,145
8	Total Nursing Facility Days As Filed Days = 20,713	FY23 Audited C/R Days	20,713									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,713	FY23 GL-PL Ins Rpt Days								20,713		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$280.39	$138.99	$0.00	$27.63	$29.27	*(with L&H)*	$36.88	$4.66	$39.48	$3.48
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3158**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$105.63								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$105.63	$0.00	$27.63	$29.27		$36.88	$4.66	$39.48	$3.48
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$247.01	$105.63	$0.00	$27.63	$29.27		$36.88	$4.66	39.46 *(FRV)*	$3.48
	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	$247.01	$105.63	$0.00	$27.63	$29.27	$0.00	$36.88	$4.66	$39.46	$3.48
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3677**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$144.47								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$285.85	$144.47	$0.00	$27.63	$29.27	$0.00	$36.88	$4.66	$39.46	$3.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.44	$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	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	$27.29	$9.19	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$313.14**	**$153.66**	**$0.00**	**$27.85**	**$29.68**	**$0.00**	**$54.35**	**$4.66**	**$39.46**	**$3.48**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$222.03**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BRIARWOOD HEALTH CENTER BY HARBORVIEW**
Prvdr ID: **00706813A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	35.00%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.75	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4159	1.4015
Quarterly Medicaid PDPM:	1.9810	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.0206	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,948,014	$4,432,828	$0	$675,248	$269,962	$383,827	$1,510,665		$1,675,484	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($424,139)	($149,473)	$0	($1,746)	$0	$14,019	($174,472)		($112,467)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$156,500		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$112,467
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,792,842	$4,283,355	$0	$673,502	$269,962	$397,846	$1,336,193	$156,500	$1,563,017	$112,467
8	Total Nursing Facility Days As Filed Days = 34,562	FY23 Audited C/R Days	34,562									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,562	FY23 GL-PL Ins Rpt Days								34,562		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$254.40	$123.93	$0.00	$19.49	$19.32	*(with L&H)*	$38.66	$4.53	$45.22	$3.25
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4159**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$87.53								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.53	$0.00	$19.49	$19.32		$38.66	$4.53	$45.22	$3.25
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.22	$87.53	$0.00	$19.49	$19.32		$38.66	$4.53	12.44 *(FRV)*	$3.25
	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	$185.22	$87.53	$0.00	$19.49	$19.32	$0.00	$38.66	$4.53	$12.44	$3.25
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.0206**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$176.86								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$274.55	$176.86	$0.00	$19.49	$19.32	$0.00	$38.66	$4.53	$12.44	$3.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.42	$4.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$8.84	$8.84								
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	$31.89	$13.79	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$306.44**	**$190.65**	**$0.00**	**$19.71**	**$19.73**	**$0.00**	**$56.13**	**$4.53**	**$12.44**	**$3.25**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$217.01**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **LEE COUNTY HEALTH AND REHABILITATION**
Prvdr ID: **00712665A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	29.41%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.61	4.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2989	1.4015
Quarterly Medicaid PDPM:	1.2747	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3002	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,828,525	$2,391,316	$0	$623,093	$243,797	$307,486	$1,003,180		$259,653	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($45,604)	$0	$0	$0	$0	$0	($31,200)		($14,404)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$31,200		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$14,404
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,828,525	$2,391,316	$0	$623,093	$243,797	$307,486	$971,980	$31,200	$245,249	$14,404
8	Total Nursing Facility Days As Filed Days = 20,589	FY23 Audited C/R Days	20,589									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,589	FY23 GL-PL Ins Rpt Days								20,589		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$234.53	$116.15	$0.00	$30.26	$26.78	*(with L&H)*	$47.21	$1.52	$11.91	$0.70
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2989**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$89.42								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$89.42	$0.00	$30.26	$26.78		$47.21	$1.52	$11.91	$0.70
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$205.49	$89.42	$0.00	$30.26	$26.78		$39.89	$1.52	16.92 *(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	$205.49	$89.42	$0.00	$30.26	$26.78	$0.00	$39.89	$1.52	$16.92	$0.70
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3002**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$116.26								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$232.33	$116.26	$0.00	$30.26	$26.78	$0.00	$39.89	$1.52	$16.92	$0.70
	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 Srvs)	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 Srvcs)	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	$24.07	$6.34	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$256.40**	**$122.60**	**$0.00**	**$30.48**	**$27.19**	**$0.00**	**$56.99**	**$1.52**	**$16.92**	**$0.70**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$179.48**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BRYAN COUNTY HLTH & REHAB CTR**
Prvdr ID: **00715569A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	52.05%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.22	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5968	1.4015
Quarterly Medicaid PDPM:	1.6592	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6924	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,329,848	$4,097,912	$0	$774,736	$484,051	$314,085	$1,228,577		$430,487	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($362,301)	($14,687)	$0	$0	$0	$0	($269,856)		($77,758)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$260,981		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$77,758
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,306,286	$4,083,225	$0	$774,736	$484,051	$314,085	$958,721	$260,981	$352,729	$77,758
8	Total Nursing Facility Days As Filed Days = 28,838	FY23 Audited C/R Days	28,838									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,838	FY23 GL-PL Ins Rpt Days								28,838		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$253.37	$141.59	$0.00	$26.87	$27.68	*(with L&H)*	$33.25	$9.05	$12.23	$2.70
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5968**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$88.67								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$88.67	$0.00	$26.87	$27.68		$33.25	$9.05	$12.23	$2.70
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.25	$88.67	$0.00	$26.87	$27.68		$33.25	$9.05	16.03 *(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	$204.25	$88.67	$0.00	$26.87	$27.68	$0.00	$33.25	$9.05	$16.03	$2.70
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6924**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$150.07								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$265.65	$150.07	$0.00	$26.87	$27.68	$0.00	$33.25	$9.05	$16.03	$2.70
	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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$8.25	$8.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$9.00	$9.00								
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	$35.88	$17.78	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$301.53**	**$167.85**	**$0.00**	**$27.09**	**$28.09**	**$0.00**	**$50.72**	**$9.05**	**$16.03**	**$2.70**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$213.32**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PERIMETER REHABILITATION SUITES BY HARBORVIEW**
Prvdr ID: **00815295A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	20.77%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.11	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5240	1.4015
Quarterly Medicaid PDPM:	1.8956	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.9335	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$18,774,531	$8,974,196	$0	$1,598,854	$861,821	$859,568	$2,606,178		$3,873,914	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($1,275,642)	($534,225)	$0	($20,319)	($6,435)	($47,221)	($507,225)		($160,217)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$159,106
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$17,657,995	$8,439,971	$0	$1,578,535	$855,386	$812,347	$2,098,953	$0	$3,713,697	$159,106
8	Total Nursing Facility Days As Filed Days = 73,758	FY23 Audited C/R Days	73,758									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 73,758	FY23 GL-PL Ins Rpt Days								73,758		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$239.41	$114.43	$0.00	$21.40	$22.61	*(with L&H)*	$28.46	$0.00	$50.35	$2.16
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5240**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$75.08								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.08	$0.00	$21.40	$22.61		$28.46	$0.00	$50.35	$2.16
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$167.32	$75.08	$0.00	$21.40	$22.61		$28.46	$0.00	17.61 *(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	$167.32	$75.08	$0.00	$21.40	$22.61	$0.00	$28.46	$0.00	$17.61	$2.16
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.9335**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$145.17								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$237.41	$145.17	$0.00	$21.40	$22.61	$0.00	$28.46	$0.00	$17.61	$2.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.53	$0.53	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.45	$1.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.36	$4.36								
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	$24.44	$6.34	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$261.85**	**$151.51**	**$0.00**	**$21.62**	**$23.02**	**$0.00**	**$45.93**	**$0.00**	**$17.61**	**$2.16**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$183.56**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **THE D SCOTT HUDGENS CENTER FOR SKILLED NURSING**
Prvdr ID: **000815493B**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	53.85%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.38	1.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4304	1.4015
Quarterly Medicaid PDPM:	1.2115	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2358	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,662,590	$2,418,831	$0	$226,178	$27,836	$285,538	$485,324		$218,883	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($38,164)	($77,943)	$0	$8,475	$0	($9,618)	$61,281		($20,359)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$6,838		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$7,916
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,639,180	$2,340,888	$0	$234,653	$27,836	$275,920	$546,605	$6,838	$198,524	$7,916
8	Total Nursing Facility Days As Filed Days = 10,633	FY23 Audited C/R Days	10,640									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,633	FY23 GL-PL Ins Rpt Days								10,640		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$342.02	$220.01	$0.00	$22.05	$28.55	*(with L&H)*	$51.37	$0.64	$18.66	$0.74
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4304**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$153.81								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$153.81	$0.00	$22.05	$28.55		$51.37	$0.64	$18.66	$0.74
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$237.18	$117.91	$0.00	$22.05	$28.55		$39.89	$0.64	27.40 *(FRV)*	$0.74
	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	$237.18	$117.91	$0.00	$22.05	$28.55	$0.00	$39.89	$0.64	$27.40	$0.74
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2358**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$145.71								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$264.98	$145.71	$0.00	$22.05	$28.55	$0.00	$39.89	$0.64	$27.40	$0.74
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.63	$0.00	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$8.01	$8.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$1.46	$1.46								
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	$27.20	$9.47	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$292.18**	**$155.18**	**$0.00**	**$22.27**	**$28.96**	**$0.00**	**$56.99**	**$0.64**	**$27.40**	**$0.74**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$206.31**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **LIFE CARE CTR OF LAWRENCEVILLE**
Prvdr ID: **00818914A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.47%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.51	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4426	1.4015
Quarterly Medicaid PDPM:	1.2232	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2477	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,085,582	$5,156,742	$0	$900,381	$387,049	$628,119	$1,497,426		$515,865	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($275,755)	($99,018)	$0	($5,438)	$0	$7,995	($20,375)		($158,919)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$89,722		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$158,919
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,058,468	$5,057,724	$0	$894,943	$387,049	$636,114	$1,477,051	$89,722	$356,946	$158,919
8	Total Nursing Facility Days As Filed Days = 34,399	FY23 Audited C/R Days	34,399									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,399	FY23 GL-PL Ins Rpt Days								34,399		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$263.34	$147.03	$0.00	$26.02	$29.74	*(with L&H)*	$42.94	$2.61	$10.38	$4.62
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4426**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$101.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$101.92	$0.00	$26.02	$29.74		$42.94	$2.61	$10.38	$4.62
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$224.98	$101.92	$0.00	$26.02	$29.74		$39.89	$2.61	20.18 *(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	$224.98	$101.92	$0.00	$26.02	$29.74	$0.00	$39.89	$2.61	$20.18	$4.62
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2477**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.17								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$250.23	$127.17	$0.00	$26.02	$29.74	$0.00	$39.89	$2.61	$20.18	$4.62
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.82	$3.82								
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	$23.35	$5.62	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$273.58**	**$132.79**	**$0.00**	**$26.24**	**$30.15**	**$0.00**	**$56.99**	**$2.61**	**$20.18**	**$4.62**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$192.36**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **SENIOR CARE CENTER - BRUNSWICK**
Prvdr ID: **000830827B**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.38%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.51	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4083	1.4015
Quarterly Medicaid PDPM:	1.5081	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5382	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$20,647,358	$11,885,388	$0	$2,250,470	$710,600	$417,809	$1,583,987		$3,799,104	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($552,986)	$0	$0	($395)	$0	$0	$1,311,304		($1,863,895)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$152,972		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$380,895
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$20,628,239	$11,885,388	$0	$2,250,075	$710,600	$417,809	$2,895,291	$152,972	$1,935,209	$380,895
8	Total Nursing Facility Days As Filed Days = 51,805	FY23 Audited C/R Days	51,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,805	FY23 GL-PL Ins Rpt Days								51,805		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$398.19	$229.43	$0.00	$43.43	$21.78	*(with L&H)*	$55.89	$2.95	$37.36	$7.35
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4083**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$162.92								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$162.92	$0.00	$43.43	$21.78		$55.89	$2.95	$37.36	$7.35
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$238.76	$117.91	$0.00	$31.48	$21.78		$39.89	$2.95	17.40 *(FRV)*	$7.35
	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	$238.76	$117.91	$0.00	$31.48	$21.78	$0.00	$39.89	$2.95	$17.40	$7.35
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5382**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$181.37								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$302.22	$181.37	$0.00	$31.48	$21.78	$0.00	$39.89	$2.95	$17.40	$7.35
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$4.53	$4.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$5.44	$5.44								
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	$10.38	$9.97	$0.00	$0.00	$0.41	$0.00	$0.00	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$312.60**	**$191.34**	**$0.00**	**$31.48**	**$22.19**	**$0.00**	**$39.89**	**$2.95**	**$17.40**	**$7.35**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$234.45**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ROSELANE HEALTH CENTER BY HARBORVIEW**
Prvdr ID: **00831751A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	14.49%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5735	1.4015
Quarterly Medicaid PDPM:	2.0341	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.0747	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$11,565,272	$5,954,527	$0	$837,444	$425,870	$550,549	$1,562,889		$2,233,993	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($403,751)	($233,369)	$0	$204	$1,454	$7,451	($63,126)		($116,365)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$217,561		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$116,762
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$11,495,844	$5,721,158	$0	$837,648	$427,324	$558,000	$1,499,763	$217,561	$2,117,628	$116,762
8	Total Nursing Facility Days As Filed Days = 42,966	FY23 Audited C/R Days	42,966									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,966	FY23 GL-PL Ins Rpt Days								42,966		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$267.57	$133.16	$0.00	$19.50	$22.93	*(with L&H)*	$34.91	$5.06	$49.29	$2.72
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5735**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$84.62								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$84.62	$0.00	$19.50	$22.93		$34.91	$5.06	$49.29	$2.72
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$185.16	$84.62	$0.00	$19.50	$22.93		$34.91	$5.06	15.42 *(FRV)*	$2.72
	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	$185.16	$84.62	$0.00	$19.50	$22.93	$0.00	$34.91	$5.06	$15.42	$2.72
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.0747**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$175.56								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$276.10	$175.56	$0.00	$19.50	$22.93	$0.00	$34.91	$5.06	$15.42	$2.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$8.78	$8.78								
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	$27.41	$9.31	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$303.51**	**$184.87**	**$0.00**	**$19.72**	**$23.34**	**$0.00**	**$52.38**	**$5.06**	**$15.42**	**$2.72**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$214.81**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **REGENCY PARK HEALTH AND REHABILITATION**
Prvdr ID: **00837207A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	27.45%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	6.91	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2063	1.4015
Quarterly Medicaid PDPM:	1.1004	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.1224	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,602,442	$4,422,183	$0	$847,312	$317,574	$438,427	$2,132,234		$444,712	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($240,698)	($162,056)	$0	$0	$0	$0	($66,584)		($12,058)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$228,640		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$12,058
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,602,442	$4,260,127	$0	$847,312	$317,574	$438,427	$2,065,650	$228,640	$432,654	$12,058
8	Total Nursing Facility Days As Filed Days = 29,410	FY23 Audited C/R Days	29,410									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,410	FY23 GL-PL Ins Rpt Days								29,410		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$292.50	$144.85	$0.00	$28.81	$25.71	*(with L&H)*	$70.24	$7.77	$14.71	$0.41
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2063**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$120.08								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$120.08	$0.00	$28.81	$25.71		$70.24	$7.77	$14.71	$0.41
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$244.24	$117.91	$0.00	$28.81	$25.71		$39.89	$7.77	23.74 *(FRV)*	$0.41
	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	$244.24	$117.91	$0.00	$28.81	$25.71	$0.00	$39.89	$7.77	$23.74	$0.41
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.1224**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$132.34								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$258.67	$132.34	$0.00	$28.81	$25.71	$0.00	$39.89	$7.77	$23.74	$0.41
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.32	$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$23.02	$5.29	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$281.69**	**$137.63**	**$0.00**	**$29.03**	**$26.12**	**$0.00**	**$56.99**	**$7.77**	**$23.74**	**$0.41**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$198.44**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ROCKDALE HEALTHCARE CENTER**
Prvdr ID: **00838252A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.56%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4556	1.4015
Quarterly Medicaid PDPM:	1.5372	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5679	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,726,792	$4,712,199	$0	$700,510	$255,536	$464,155	$1,454,952		$2,139,440	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($432,256)	($23,401)	$0	$0	$0	$0	($262,921)		($145,934)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$263,920		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$145,934
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,704,390	$4,688,798	$0	$700,510	$255,536	$464,155	$1,192,031	$263,920	$1,993,506	$145,934
8	Total Nursing Facility Days As Filed Days = 33,687	FY23 Audited C/R Days	33,687									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,687	FY23 GL-PL Ins Rpt Days								33,687		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$288.07	$139.19	$0.00	$20.79	$21.36	*(with L&H)*	$35.39	$7.83	$59.18	$4.33
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4556**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.62								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.62	$0.00	$20.79	$21.36		$35.39	$7.83	$59.18	$4.33
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$201.15	$95.62	$0.00	$20.79	$21.36		$35.39	$7.83	15.83 *(FRV)*	$4.33
	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	$201.15	$95.62	$0.00	$20.79	$21.36	$0.00	$35.39	$7.83	$15.83	$4.33
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5679**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$149.92								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$255.45	$149.92	$0.00	$20.79	$21.36	$0.00	$35.39	$7.83	$15.83	$4.33
	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 = 1.0% (to Routine Srvs)	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 Srvcs)	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	$24.63	$6.53	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$280.08**	**$156.45**	**$0.00**	**$21.01**	**$21.77**	**$0.00**	**$52.86**	**$7.83**	**$15.83**	**$4.33**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$197.24**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **COASTAL MANOR**
Prvdr ID: **00856028A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	31.43%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	5.27	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5350	1.4015
Quarterly Medicaid PDPM:	1.5793	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6109	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$8,756,404	$4,473,410	$0	$1,141,134	$535,150	$699,999	$1,518,211		$388,500	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($202,101)	($32,358)	$0	$424	$1,516	$4,934	($149,361)		($27,256)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$134,350		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$19,795
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$8,708,448	$4,441,052	$0	$1,141,558	$536,666	$704,933	$1,368,850	$134,350	$361,244	$19,795
8	Total Nursing Facility Days As Filed Days = 29,240	FY23 Audited C/R Days	29,254									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,240	FY23 GL-PL Ins Rpt Days								29,254		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$297.68	$151.81	$0.00	$39.02	$42.44	*(with L&H)*	$46.79	$4.59	$12.35	$0.68
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5350**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$98.90								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.90	$0.00	$39.02	$42.44		$46.79	$4.59	$12.35	$0.68
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$235.39	$98.90	$0.00	$39.02	$33.35		$39.89	$4.59	18.96 *(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	$235.39	$98.90	$0.00	$39.02	$33.35	$0.00	$39.89	$4.59	$18.96	$0.68
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6109**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$159.32								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$295.81	$159.32	$0.00	$39.02	$33.35	$0.00	$39.89	$4.59	$18.96	$0.68
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.98	$3.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$26.61	$9.29	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$322.42**	**$168.61**	**$0.00**	**$39.24**	**$33.35**	**$0.00**	**$56.99**	**$4.59**	**$18.96**	**$0.68**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$228.99**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CANDLER SKILLED NURSING UNIT**
Prvdr ID: **00870911A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	0.00%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	7.62	0.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.6510	1.4015
Quarterly Medicaid PDPM:	1.4862	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5159	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,487,166	$2,917,585	$0	$188,407	$268,905	$300,571	$1,040,256		$771,442	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($41,177)	($1,726)	$0	$51	($1)	$28	($12,747)		($26,782)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$13,638		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$26,782
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,486,409	$2,915,859	$0	$188,458	$268,904	$300,599	$1,027,509	$13,638	$744,660	$26,782
8	Total Nursing Facility Days As Filed Days = 7,464	FY23 Audited C/R Days	7,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 7,464	FY23 GL-PL Ins Rpt Days								7,464		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$735.06	$390.66	$0.00	$25.25	$76.30	*(with L&H)*	$137.66	$1.83	$99.77	$3.59
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.6510**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$236.62								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$236.62	$0.00	$25.25	$76.30		$137.66	$1.83	$99.77	$3.59
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$234.59	$117.91	$0.00	$25.25	$33.35		$39.89	$1.83	12.77 *(FRV)*	$3.59
	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	$234.59	$117.91	$0.00	$25.25	$33.35	$0.00	$39.89	$1.83	$12.77	$3.59
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5159**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$178.74								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$295.42	$178.74	$0.00	$25.25	$33.35	$0.00	$39.89	$1.83	$12.77	$3.59
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$312.74**	**$178.74**	**$0.00**	**$25.47**	**$33.35**	**$0.00**	**$56.99**	**$1.83**	**$12.77**	**$3.59**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$221.73**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - LAUREL PARK, LLC**
Prvdr ID: **00908553A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	21.74%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.31	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4594	1.4015
Quarterly Medicaid PDPM:	1.5028	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5329	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,601,920	$4,248,930	$0	$677,012	$420,866	$427,923	$1,629,791		$197,398	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($316,618)	($104,228)	$0	$0	$0	$0	($186,704)		($25,686)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$324,586		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$23,098
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,632,986	$4,144,702	$0	$677,012	$420,866	$427,923	$1,443,087	$324,586	$171,712	$23,098
8	Total Nursing Facility Days As Filed Days = 29,923	FY23 Audited C/R Days	29,923									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,923	FY23 GL-PL Ins Rpt Days								29,923		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$255.10	$138.51	$0.00	$22.63	$28.37	*(with L&H)*	$48.23	$10.85	$5.74	$0.77
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4594**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$94.91								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$94.91	$0.00	$22.63	$28.37		$48.23	$10.85	$5.74	$0.77
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$218.87	$94.91	$0.00	$22.63	$28.37		$39.89	$10.85	21.45 *(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	$218.87	$94.91	$0.00	$22.63	$28.37	$0.00	$39.89	$10.85	$21.45	$0.77
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5329**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$145.49								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$269.45	$145.49	$0.00	$22.63	$28.37	$0.00	$39.89	$10.85	$21.45	$0.77
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.45	$1.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.27	$7.27								
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	$26.98	$9.25	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$296.43**	**$154.74**	**$0.00**	**$22.85**	**$28.78**	**$0.00**	**$56.99**	**$10.85**	**$21.45**	**$0.77**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$209.50**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ATRIUM HEALTH NAVICENT BALDWIN**
Prvdr ID: **00947658A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	50.00%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	6.19	0.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4256	1.4015
Quarterly Medicaid PDPM:	1.6950	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7289	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***1***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Hosp Based*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$2,553,397	$1,675,097	$0	$215,416	$76,544	$115,847	$339,257		$131,236	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($110,991)	($101,123)	$0	$0	$0	$0	($9,868)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$110,991		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$2,553,397	$1,573,974	$0	$215,416	$76,544	$115,847	$329,389	$110,991	$131,236	$0
8	Total Nursing Facility Days As Filed Days = 3,622	FY23 Audited C/R Days	3,622									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,622	FY23 GL-PL Ins Rpt Days								3,622		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$704.96	$434.56	$0.00	$59.47	$53.12	*(with L&H)*	$90.94	$30.64	$36.23	$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4256**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$304.84								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$304.84	$0.00	$59.47	$53.12		$90.94	$30.64	$36.23	$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$39.92	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$284.24	$117.91	$0.00	$39.92	$33.35		$39.89	$30.64	22.53 *(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	$284.24	$117.91	$0.00	$39.92	$33.35	$0.00	$39.89	$30.64	$22.53	$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7289**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$203.85								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$370.18	$203.85	$0.00	$39.92	$33.35	$0.00	$39.89	$30.64	$22.53	$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 = 5.5% (to Routine Srvs)	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 Srvcs)	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 PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$387.28**	**$203.85**	**$0.00**	**$39.92**	**$33.35**	**$0.00**	**$56.99**	**$30.64**	**$22.53**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$277.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ZEBULON PARK HEALTH AND REHABILITATION**
Prvdr ID: **003125041B**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	26.09%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.40	6.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.5406	1.4015
Quarterly Medicaid PDPM:	1.3880	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4158	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,576,550	$2,817,733	$0	$507,375	$271,318	$359,148	$1,073,173		$547,803	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	$60,347	$0	$0	$0	$0	$0	$82,288		($21,941)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$34,320		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$21,941
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,693,158	$2,817,733	$0	$507,375	$271,318	$359,148	$1,155,461	$34,320	$525,862	$21,941
8	Total Nursing Facility Days As Filed Days = 19,723	FY23 Audited C/R Days	19,723									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,723	FY23 GL-PL Ins Rpt Days								19,723		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$288.66	$142.87	$0.00	$25.73	$31.97	*(with L&H)*	$58.58	$1.74	$26.66	$1.11
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.5406**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$92.74								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$92.74	$0.00	$25.73	$31.97		$58.58	$1.74	$26.66	$1.11
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$233.23	$92.74	$0.00	$25.73	$31.97		$39.89	$1.74	40.05 *(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	$233.23	$92.74	$0.00	$25.73	$31.97	$0.00	$39.89	$1.74	$40.05	$1.11
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4158**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$131.30								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$271.79	$131.30	$0.00	$25.73	$31.97	$0.00	$39.89	$1.74	$40.05	$1.11
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.31	$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.88	$7.88								
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	$27.45	$9.72	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$299.24**	**$141.02**	**$0.00**	**$25.95**	**$32.38**	**$0.00**	**$56.99**	**$1.74**	**$40.05**	**$1.11**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$211.61**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ANSLEY PARK HEALTH AND REHABILITATION**
Prvdr ID: **003136416A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	12.77%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.78	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3456	1.4015
Quarterly Medicaid PDPM:	1.3238	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3503	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,774,624	$2,505,501	$0	$475,808	$180,672	$374,352	$863,839		$374,452	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	$71,979	$0	$0	$0	($1)	$0	$93,122		($21,142)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$34,320		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$21,142
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,902,065	$2,505,501	$0	$475,808	$180,671	$374,352	$956,961	$34,320	$353,310	$21,142
8	Total Nursing Facility Days As Filed Days = 15,714	FY23 Audited C/R Days	15,714									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,714	FY23 GL-PL Ins Rpt Days								15,714		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$311.95	$159.44	$0.00	$30.28	$35.32	*(with L&H)*	$60.90	$2.18	$22.48	$1.35
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3456**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$118.49								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$118.49	$0.00	$30.28	$35.32		$60.90	$2.18	$22.48	$1.35
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$267.41	$117.91	$0.00	$30.28	$33.35		$39.89	$2.18	42.45 *(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	$267.41	$117.91	$0.00	$30.28	$33.35	$0.00	$39.89	$2.18	$42.45	$1.35
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3503**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$159.21								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$308.71	$159.21	$0.00	$30.28	$33.35	$0.00	$39.89	$2.18	$42.45	$1.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.22	$0.00	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$7.96	$7.96								
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	$25.28	$7.96	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$333.99**	**$167.17**	**$0.00**	**$30.50**	**$33.35**	**$0.00**	**$56.99**	**$2.18**	**$42.45**	**$1.35**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$237.67**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **STEVENS PARK HEALTH AND REHABILITATION**
Prvdr ID: **003143404A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	3.57%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.76	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2591	1.4015
Quarterly Medicaid PDPM:	1.2446	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2695	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,611,258	$1,785,263	$0	$442,200	$206,617	$264,694	$745,718		$166,766	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	$24,107	$0	$0	$0	$0	$0	$34,350		($10,243)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$21,918		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$10,243
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$3,667,526	$1,785,263	$0	$442,200	$206,617	$264,694	$780,068	$21,918	$156,523	$10,243
8	Total Nursing Facility Days As Filed Days = 13,303	FY23 Audited C/R Days	13,303									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,303	FY23 GL-PL Ins Rpt Days								13,303		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$275.70	$134.20	$0.00	$33.24	$35.43	*(with L&H)*	$58.64	$1.65	$11.77	$0.77
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2591**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$106.58								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$106.58	$0.00	$33.24	$35.43		$58.64	$1.65	$11.77	$0.77
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$250.06	$106.58	$0.00	$31.48	$33.35		$39.89	$1.65	36.34 *(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	$250.06	$106.58	$0.00	$31.48	$33.35	$0.00	$39.89	$1.65	$36.34	$0.77
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.2695**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$135.30								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$278.78	$135.30	$0.00	$31.48	$33.35	$0.00	$39.89	$1.65	$36.34	$0.77
	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 Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$6.77	$6.77								
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	$24.40	$7.30	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$303.18**	**$142.60**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$56.99**	**$1.65**	**$36.34**	**$0.77**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$214.56**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **CHELSEY PARK HEALTH AND REHABILITATION**
Prvdr ID: **003165720A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	12.50%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.54	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3805	1.4015
Quarterly Medicaid PDPM:	1.4045	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4325	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,301,519	$2,078,677	$0	$453,767	$137,201	$331,379	$867,129		$433,366	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	$4,450	$0	$0	$0	$0	$0	$26,351		($21,901)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$31,590		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$21,901
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,359,460	$2,078,677	$0	$453,767	$137,201	$331,379	$893,480	$31,590	$411,465	$21,901
8	Total Nursing Facility Days As Filed Days = 15,281	FY23 Audited C/R Days	15,281									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,281	FY23 GL-PL Ins Rpt Days								15,281		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$285.28	$136.03	$0.00	$29.69	$30.66	*(with L&H)*	$58.47	$2.07	$26.93	$1.43
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3805**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$98.54								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.54	$0.00	$29.69	$30.66		$58.47	$2.07	$26.93	$1.43
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$242.78	$98.54	$0.00	$29.69	$30.66		$39.89	$2.07	40.50 *(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	$242.78	$98.54	$0.00	$29.69	$30.66	$0.00	$39.89	$2.07	$40.50	$1.43
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4325**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$141.16								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$285.40	$141.16	$0.00	$29.69	$30.66	$0.00	$39.89	$2.07	$40.50	$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)	$1.16	$0.53	$0.00	$0.22	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$7.06	$7.06								
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	$25.32	$7.59	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$310.72**	**$148.75**	**$0.00**	**$29.91**	**$31.07**	**$0.00**	**$56.99**	**$2.07**	**$40.50**	**$1.43**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$220.22**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **HARRINGTON PARK HEALTH AND REHABILITATION**
Prvdr ID: **003165726A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	25.64%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.52	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3967	1.4015
Quarterly Medicaid PDPM:	1.3287	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3553	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,331,828	$2,628,343	$0	$565,113	$209,377	$383,613	$1,152,666		$392,716	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	$83,153	$0	$0	$0	$0	$0	$102,725		($19,572)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$30,355		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$19,572
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,464,908	$2,628,343	$0	$565,113	$209,377	$383,613	$1,255,391	$30,355	$373,144	$19,572
8	Total Nursing Facility Days As Filed Days = 17,620	FY23 Audited C/R Days	17,620									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,620	FY23 GL-PL Ins Rpt Days								17,620		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$310.15	$149.17	$0.00	$32.07	$33.65	*(with L&H)*	$71.25	$1.72	$21.18	$1.11
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3967**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$106.80								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$106.80	$0.00	$32.07	$33.65		$71.25	$1.72	$21.18	$1.11
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$256.93	$106.80	$0.00	$31.48	$33.35		$39.89	$1.72	42.58 *(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	$256.93	$106.80	$0.00	$31.48	$33.35	$0.00	$39.89	$1.72	$42.58	$1.11
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3553**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$144.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$294.88	$144.75	$0.00	$31.48	$33.35	$0.00	$39.89	$1.72	$42.58	$1.11
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$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 Srvs)	Ln 19 Col b x CPS Add-on	$1.45	$1.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.24	$7.24								
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	$26.32	$9.22	$0.00	$0.00	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$321.20**	**$153.97**	**$0.00**	**$31.48**	**$33.35**	**$0.00**	**$56.99**	**$1.72**	**$42.58**	**$1.11**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$228.08**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BUDD TERRACE AT WESLEY WOODS**
Prvdr ID: **003167547A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	19.40%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	6.99	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4424	1.4015
Quarterly Medicaid PDPM:	1.4978	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5277	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$19,941,139	$9,125,866	$0	$1,526,737	$730,047	$1,477,072	$6,551,405		$530,012	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($1,368,066)	($960,347)	$0	($3,075)	($23,747)	$11,708	($392,605)		$0	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$0		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$0
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$18,573,073	$8,165,519	$0	$1,523,662	$706,300	$1,488,780	$6,158,800	$0	$530,012	$0
8	Total Nursing Facility Days As Filed Days = 48,865	FY23 Audited C/R Days	48,864									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,865	FY23 GL-PL Ins Rpt Days								48,864		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$380.10	$167.11	$0.00	$31.18	$44.92	*(with L&H)*	$126.04	$0.00	$10.85	$0.00
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4424**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$115.85								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$115.85	$0.00	$31.18	$44.92		$126.04	$0.00	$10.85	$0.00
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$238.70	$115.85	$0.00	$31.18	$33.35		$39.89	$0.00	18.43 *(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	$238.70	$115.85	$0.00	$31.18	$33.35	$0.00	$39.89	$0.00	$18.43	$0.00
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5277**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$176.98								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$299.83	$176.98	$0.00	$31.18	$33.35	$0.00	$39.89	$0.00	$18.43	$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)	$0.75	$0.53	$0.00	$0.22	$0.00	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	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	$21.39	$4.07	$0.00	$0.22	$0.00	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$321.22**	**$181.05**	**$0.00**	**$31.40**	**$33.35**	**$0.00**	**$56.99**	**$0.00**	**$18.43**	**$0.00**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$228.09**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MEADOWS PARK HEALTH AND REHABILITATION**
Prvdr ID: **003167911A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	24.53%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.77	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3016	1.4015
Quarterly Medicaid PDPM:	1.3755	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.4030	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,272,358	$3,262,667	$0	$639,311	$373,951	$300,977	$1,248,088		$447,364	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	$19,374	$0	$0	$0	$0	$0	$42,111		($22,737)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$39,780		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$22,737
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$6,354,249	$3,262,667	$0	$639,311	$373,951	$300,977	$1,290,199	$39,780	$424,627	$22,737
8	Total Nursing Facility Days As Filed Days = 23,611	FY23 Audited C/R Days	23,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,611	FY23 GL-PL Ins Rpt Days								23,611		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$269.11	$138.18	$0.00	$27.08	$28.59	*(with L&H)*	$54.64	$1.68	$17.98	$0.96
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3016**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$106.16								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$106.16	$0.00	$27.08	$28.59		$54.64	$1.68	$17.98	$0.96
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$239.66	$106.16	$0.00	$27.08	$28.59		$39.89	$1.68	35.30 *(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	$239.66	$106.16	$0.00	$27.08	$28.59	$0.00	$39.89	$1.68	$35.30	$0.96
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.4030**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$148.94								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$282.44	$148.94	$0.00	$27.08	$28.59	$0.00	$39.89	$1.68	$35.30	$0.96
	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 Srvs)	Ln 19 Col b x CPS Add-on	$1.49	$1.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.45	$7.45								
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	$27.20	$9.47	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$309.64**	**$158.41**	**$0.00**	**$27.30**	**$29.00**	**$0.00**	**$56.99**	**$1.68**	**$35.30**	**$0.96**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$219.41**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ROCKMART HEALTH**
Prvdr ID: **003182988A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	30.43%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.76	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2125	1.4015
Quarterly Medicaid PDPM:	1.3354	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3621	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,179,257	$2,040,182	$0	$599,536	$260,446	$308,348	$705,810		$264,935	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($138,634)	($10,068)	$0	$0	$0	($5)	($93,691)		($34,870)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$86,326		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$34,870
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,161,819	$2,030,114	$0	$599,536	$260,446	$308,343	$612,119	$86,326	$230,065	$34,870
8	Total Nursing Facility Days As Filed Days = 17,907	FY23 Audited C/R Days	17,907									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,907	FY23 GL-PL Ins Rpt Days								17,907		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$232.41	$113.37	$0.00	$33.48	$31.76	*(with L&H)*	$34.18	$4.82	$12.85	$1.95
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2125**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$93.50								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.50	$0.00	$33.48	$31.76		$34.18	$4.82	$12.85	$1.95
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$208.88	$93.50	$0.00	$31.48	$31.76		$34.18	$4.82	11.19 *(FRV)*	$1.95
	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	$208.88	$93.50	$0.00	$31.48	$31.76	$0.00	$34.18	$4.82	$11.19	$1.95
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3621**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.36								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$242.74	$127.36	$0.00	$31.48	$31.76	$0.00	$34.18	$4.82	$11.19	$1.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.31	$0.53	$0.00	$0.00	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$3.18	$3.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.37	$6.37								
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	$27.96	$10.08	$0.00	$0.00	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$270.70**	**$137.44**	**$0.00**	**$31.48**	**$32.17**	**$0.00**	**$51.65**	**$4.82**	**$11.19**	**$1.95**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$190.20**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **JEFFERSONVILLE CARE CENTER LLC**
Prvdr ID: **003185378A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	43.33%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.57	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4581	1.4015
Quarterly Medicaid PDPM:	1.5139	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5442	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,155,126	$5,049,735	$0	$819,655	$340,008	$437,030	$1,702,717		$805,981	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($243,134)	($107,589)	$0	($2,660)	$0	$2,660	($52,135)		($83,410)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$159,724		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$83,410
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,155,126	$4,942,146	$0	$816,995	$340,008	$439,690	$1,650,582	$159,724	$722,571	$83,410
8	Total Nursing Facility Days As Filed Days = 37,355	FY23 Audited C/R Days	37,355									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,355	FY23 GL-PL Ins Rpt Days								37,355		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$245.08	$132.30	$0.00	$21.87	$20.87	*(with L&H)*	$44.19	$4.28	$19.34	$2.23
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4581**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$90.74								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$90.74	$0.00	$21.87	$20.87		$44.19	$4.28	$19.34	$2.23
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$197.73	$90.74	$0.00	$21.87	$20.87		$39.89	$4.28	17.85 *(FRV)*	$2.23
	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	$197.73	$90.74	$0.00	$21.87	$20.87	$0.00	$39.89	$4.28	$17.85	$2.23
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5442**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$140.12								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$247.11	$140.12	$0.00	$21.87	$20.87	$0.00	$39.89	$4.28	$17.85	$2.23
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.50	$3.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.20	$4.20								
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	$25.96	$8.23	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$273.07**	**$148.35**	**$0.00**	**$22.09**	**$21.28**	**$0.00**	**$56.99**	**$4.28**	**$17.85**	**$2.23**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.98**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **ARCHWAY TRANSITIONAL CARE CENTER**
Prvdr ID: **003185502A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	74.73%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.53	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2749	1.4015
Quarterly Medicaid PDPM:	1.3100	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3362	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,475,746	$3,641,382	$0	$670,709	$331,511	$647,934	$1,306,324		$877,886	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($166,600)	($9,885)	$0	$0	$0	$0	($94,139)		($62,576)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$54,280		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$62,576
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$7,426,002	$3,631,497	$0	$670,709	$331,511	$647,934	$1,212,185	$54,280	$815,310	$62,576
8	Total Nursing Facility Days As Filed Days = 29,834	FY23 Audited C/R Days	29,834									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,834	FY23 GL-PL Ins Rpt Days								29,834		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$248.91	$121.72	$0.00	$22.48	$32.83	*(with L&H)*	$40.63	$1.82	$27.33	$2.10
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2749**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$95.47								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$95.47	$0.00	$22.48	$32.83		$40.63	$1.82	$27.33	$2.10
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$223.01	$95.47	$0.00	$22.48	$32.83		$39.89	$1.82	28.42 *(FRV)*	$2.10
	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	$223.01	$95.47	$0.00	$22.48	$32.83	$0.00	$39.89	$1.82	$28.42	$2.10
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3362**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$127.57								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$255.11	$127.57	$0.00	$22.48	$32.83	$0.00	$39.89	$1.82	$28.42	$2.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.14	$0.53	$0.00	$0.22	$0.39	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$7.02	$7.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$6.38	$6.38								
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	$31.64	$13.93	$0.00	$0.22	$0.39	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$286.75**	**$141.50**	**$0.00**	**$22.70**	**$33.22**	**$0.00**	**$56.99**	**$1.82**	**$28.42**	**$2.10**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$202.24**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **OCEANSIDE CARE CENTER LLC**
Prvdr ID: **003188970A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	15.79%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.83	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2493	1.4015
Quarterly Medicaid PDPM:	2.1426	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	2.1855	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$5,437,188	$2,644,260	$0	$404,205	$466,268	$370,227	$898,043		$654,185	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($240,803)	($91,610)	$0	($10,322)	$0	$5,476	($36,677)		($107,670)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$124,706		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$107,670
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,428,761	$2,552,650	$0	$393,883	$466,268	$375,703	$861,366	$124,706	$546,515	$107,670
8	Total Nursing Facility Days As Filed Days = 23,228	FY23 Audited C/R Days	23,228									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,228	FY23 GL-PL Ins Rpt Days								23,228		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$233.73	$109.90	$0.00	$16.96	$36.25	*(with L&H)*	$37.08	$5.37	$23.53	$4.64
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2493**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$87.97								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$87.97	$0.00	$16.96	$36.25		$37.08	$5.37	$23.53	$4.64
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$204.92	$87.97	$0.00	$16.96	$33.35		$37.08	$5.37	19.55 *(FRV)*	$4.64
	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	$204.92	$87.97	$0.00	$16.96	$33.35	$0.00	$37.08	$5.37	$19.55	$4.64
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**2.1855**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$192.26								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$309.21	$192.26	$0.00	$16.96	$33.35	$0.00	$37.08	$5.37	$19.55	$4.64
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.12	$0.53	$0.00	$0.22	$0.00	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	$3.85	$3.85								
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	$22.07	$4.38	$0.00	$0.22	$0.00	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$331.28**	**$196.64**	**$0.00**	**$17.18**	**$33.35**	**$0.00**	**$54.55**	**$5.37**	**$19.55**	**$4.64**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$235.64**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **BOSTICK NURSING CENTER**
Prvdr ID: **003192286A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	16.96%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	2.93	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.0523	1.4015
Quarterly Medicaid PDPM:	1.6667	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.7001	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$16,490,805	$9,266,680	$0	$1,851,202	$764,055	$1,163,788	$1,783,679		$1,661,401	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($502,019)	$58,861	$0	$0	$0	($17,087)	($297,574)		($246,219)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$239,117		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$246,219
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$16,474,122	$9,325,541	$0	$1,851,202	$764,055	$1,146,701	$1,486,105	$239,117	$1,415,182	$246,219
8	Total Nursing Facility Days As Filed Days = 75,361	FY23 Audited C/R Days	75,361									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 75,361	FY23 GL-PL Ins Rpt Days								75,361		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$218.59	$123.74	$0.00	$24.56	$25.35	*(with L&H)*	$19.72	$3.17	$18.78	$3.27
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.0523**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$117.59								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$117.59	$0.00	$24.56	$25.35		$19.72	$3.17	$18.78	$3.27
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$216.79	$117.59	$0.00	$24.56	$25.35		$19.72	$3.17	23.13 *(FRV)*	$3.27
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$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	$117.59	$0.00	$24.56	$25.35	$0.00	$19.72	$3.17	$23.13	$3.27
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.7001**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$199.91								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$299.11	$199.91	$0.00	$24.56	$25.35	$0.00	$19.72	$3.17	$23.13	$3.27
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$1.24	$0.24	$0.00	$0.22	$0.41	$0.00	$0.37		$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	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 Srvcs)	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	$22.34	$4.24	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$321.45**	**$204.15**	**$0.00**	**$24.78**	**$25.76**	**$0.00**	**$37.19**	**$3.17**	**$23.13**	**$3.27**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$228.26**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GLEN EAGLE HEALTHCARE AND REHAB**
Prvdr ID: **003214231A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	39.58%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.70	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2646	1.4015
Quarterly Medicaid PDPM:	1.5104	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5406	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$4,617,214	$2,264,863	$0	$469,493	$205,006	$308,203	$1,050,718		$318,931	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($199,895)	($10,655)	$0	($1,919)	$4,735	($1,567)	($150,638)		($39,851)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$137,960		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$45,616
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$4,600,895	$2,254,208	$0	$467,574	$209,741	$306,636	$900,080	$137,960	$279,080	$45,616
8	Total Nursing Facility Days As Filed Days = 23,522	FY23 Audited C/R Days	23,522									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,522	FY23 GL-PL Ins Rpt Days								23,522		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$195.60	$95.83	$0.00	$19.88	$21.95	*(with L&H)*	$38.27	$5.87	$11.86	$1.94
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2646**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$75.78								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$75.78	$0.00	$19.88	$21.95		$38.27	$5.87	$11.86	$1.94
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$176.33	$75.78	$0.00	$19.88	$21.95		$38.27	$5.87	12.64 *(FRV)*	$1.94
	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	$176.33	$75.78	$0.00	$19.88	$21.95	$0.00	$38.27	$5.87	$12.64	$1.94
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5406**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$116.75								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$217.30	$116.75	$0.00	$19.88	$21.95	$0.00	$38.27	$5.87	$12.64	$1.94
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$2.92	$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$3.50	$3.50								
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	$25.05	$6.95	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$242.35**	**$123.70**	**$0.00**	**$20.10**	**$22.36**	**$0.00**	**$55.74**	**$5.87**	**$12.64**	**$1.94**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$168.94**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **MESUN HEALTH AND REHABILITATION CENTER**
Prvdr ID: **003245344A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	59.46%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	1.02	0.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4622	1.4015
Quarterly Medicaid PDPM:	1.2986	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3246	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$6,231,058	$3,126,599	$0	$591,066	$147,252	$145,788	$1,159,293		$1,061,060	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($632,632)	($65,527)	$0	$1,698	$4,106	$1,433	($95,828)		($478,514)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$20,484		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$135,615
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$5,754,525	$3,061,072	$0	$592,764	$151,358	$147,221	$1,063,465	$20,484	$582,546	$135,615
8	Total Nursing Facility Days As Filed Days = 15,011	FY23 Audited C/R Days	15,011									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,011	FY23 GL-PL Ins Rpt Days								15,011		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$383.35	$203.92	$0.00	$39.49	$19.89	*(with L&H)*	$70.85	$1.36	$38.81	$9.03
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4622**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$139.46								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$139.46	$0.00	$39.49	$19.89		$70.85	$1.36	$38.81	$9.03
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$255.14	$117.91	$0.00	$31.48	$19.89		$39.89	$1.36	35.58 *(FRV)*	$9.03
	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	$255.14	$117.91	$0.00	$31.48	$19.89	$0.00	$39.89	$1.36	$35.58	$9.03
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3246**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$156.18								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$293.41	$156.18	$0.00	$31.48	$19.89	$0.00	$39.89	$1.36	$35.58	$9.03
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	$0.41	$0.00	$0.00	$0.00	$0.41	$0.00	$0.00		$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$8.59	$8.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	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	$26.10	$8.59	$0.00	$0.00	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$319.51**	**$164.77**	**$0.00**	**$31.48**	**$20.30**	**$0.00**	**$56.99**	**$1.36**	**$35.58**	**$9.03**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$226.81**									

FINAL

Provider: **Archbold Living Cairo**
Prvdr ID: **003294668A**
H/B ?: No
PDPM Per Diem Rate Effective Date: **04/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS:	14.0%	0.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.64	2.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	Use Stwd	1.4015
Quarterly Medicaid PDPM:	1.1884	1.4756
Qrtrly Mcaid PDPM w RUG Wght Options:	1.2121	1.5054

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	FY2023 GL-PL Ins. Rpt								$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2023 GL-PL Ins. Rpt								0		
	Standard Per Diem (After PDPMA for Routine Srvcs)	FY 2023 Peer Group Limit		$117.91		$31.48	$33.35		$39.89		$46.08	$0.00
	Allowed @ 90% of Std		$246.45	$106.12		$28.33	$30.02		$35.90		$46.08	$0.00
	Growth Allowance 0.00%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem (After Growth Alowance)		$246.45	$106.12		$28.33	$30.02		$35.90	$ -	46.08	$0.00
	Quarterly Facility PDPM for Medicaid Residents			**1.2121**							*(FRV Rate)*	
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$128.63								
	Quarterly Medicaid PDPMA Allowed Per Diem		$272.66	$128.63		$28.33	$30.02		$35.90	3.70	$46.08	$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% o Routine Srvs)		$0.00	$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		$2.57	$2.57								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$19.67									
	Quarterly PDPM Based Per Diem Rate		**$292.33**	**$131.20**		**$28.33**	**$30.02**		**$53.00**	**3.70**	**$46.08**	**$0.00**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$206.42**										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: **PruittHealth - Creekside**
Prvdr ID: **003310647A**
H/B ?: No

PDPM Per Diem Rate Effective Date: **04/01/26**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
BIMS:	25.0%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	4.07	1.0%

Case Mix Index (CMI) Data	Facility Specific	State-wide
Base Period Overall PDPM:	Use Stwd	1.4015
Quarterly Medicaid PDPM:	1.6040	1.4756
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6361	1.5054

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	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	FY2023 GL-PL Ins. Rpt								$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2023 GL-PL Ins. Rpt								0		
	Standard Per Diem (After PDPMA for Routine Srvcs)	FY 2023 Peer Group Limit		$117.91		$31.48	$33.35		$39.89		$22.15	$0.00
	Allowed @ 90% of Std		$222.52	$106.12		$28.33	$30.02		$35.90		$22.15	$0.00
	Growth Allowance 0.00%		$0.00	$0.00		$0.00	$0.00		$0.00			
	PDPMA Allowed Per Diem (After Growth Alowance)		$222.52	$106.12		$28.33	$30.02		$35.90	$ -	22.15	$0.00
	Quarterly Facility PDPM for Medicaid Residents			**1.6361**							*(FRV Rate)*	
	Qrtly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem			$173.62								
	Quarterly Medicaid PDPMA Allowed Per Diem		$293.72	$173.62		$28.33	$30.02		$35.90	3.70	$22.15	$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0%	o Routine Srvs)	$1.74	$1.74								
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		$1.74	$1.74								
	Nursing Home Provider Fee		$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		$20.57									
	Quarterly PDPM Based Per Diem Rate		**$314.30**	**$177.10**		**$28.33**	**$30.02**		**$53.00**	**3.70**	**$22.15**	**$0.00**
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	**$222.90**										

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **PRUITTHEALTH - ROME**
Prvdr ID: **299031876A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	47.46%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	4.10	5.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4487	1.4015
Quarterly Medicaid PDPM:	1.6081	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.6403	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,437,408	$4,672,971	$0	$662,739	$466,066	$434,487	$1,215,407		$1,985,738	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($524,757)	($201,450)	$0	$4,334	($33,434)	($30,578)	($169,187)		($94,442)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								$363,603		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$65,692
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	$9,341,946	$4,471,521	$0	$667,073	$432,632	$403,909	$1,046,220	$363,603	$1,891,296	$65,692
8	Total Nursing Facility Days As Filed Days = 33,129	FY23 Audited C/R Days	33,129									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,129	FY23 GL-PL Ins Rpt Days								33,129		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$281.99	$134.97	$0.00	$20.14	$25.25	*(with L&H)*	$31.58	$10.98	$57.09	$1.98
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4487**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$93.17								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$93.17	$0.00	$20.14	$25.25		$31.58	$10.98	$57.09	$1.98
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$214.44	$93.17	$0.00	$20.14	$25.25		$31.58	$10.98	31.34 *(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	$214.44	$93.17	$0.00	$20.14	$25.25	$0.00	$31.58	$10.98	$31.34	$1.98
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.6403**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$152.83								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$274.10	$152.83	$0.00	$20.14	$25.25	$0.00	$31.58	$10.98	$31.34	$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$8.41	$8.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$7.64	$7.64								
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	$34.68	$16.58	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$308.78**	**$169.41**	**$0.00**	**$20.36**	**$25.66**	**$0.00**	**$49.05**	**$10.98**	**$31.34**	**$1.98**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$218.76**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **RELIABLE HEALTH & REHAB AT LAKEWOOD**
Prvdr ID: **321026473A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	28.57%	1.0%
Nurse Hours per On-Site Day/Quality Incentive:	3.72	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.3486	1.4015
Quarterly Medicaid PDPM:	1.3666	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.3939	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$7,636,437	$4,039,871	$0	$636,349	$462,361	$371,877	$1,388,810		$737,169	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($351,969)	$0	$0	$0	$0	$1,133	($258,255)		($94,847)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								#N/A		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$107,169
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	#N/A	$4,039,871	$0	$636,349	$462,361	$373,010	$1,130,555	#N/A	$642,322	$107,169
8	Total Nursing Facility Days As Filed Days = 30,516	FY23 Audited C/R Days	30,516									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,516	FY23 GL-PL Ins Rpt Days								30,516		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$249.89	$132.39	$0.00	$20.85	$27.37	*(with L&H)*	$37.05	$7.67	$21.05	$3.51
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.3486**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$98.17								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$98.17	$0.00	$20.85	$27.37		$37.05	$7.67	$21.05	$3.51
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$209.06	$98.17	$0.00	$20.85	$27.37		$37.05	$7.67	14.44 *(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	$209.06	$98.17	$0.00	$20.85	$27.37	$0.00	$37.05	$7.67	$14.44	$3.51
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.3939**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$136.84								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$247.73	$136.84	$0.00	$20.85	$27.37	$0.00	$37.05	$7.67	$14.44	$3.51
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	$1.37	$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	$24.11	$6.01	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$271.84**	**$142.85**	**$0.00**	**$21.07**	**$27.78**	**$0.00**	**$54.52**	**$7.67**	**$14.44**	**$3.51**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$191.06**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **GLENWOOD HEALTHCARE**
Prvdr ID: **701562744A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	38.24%	2.5%
Nurse Hours per On-Site Day/Quality Incentive:	2.76	2.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.2856	1.4015
Quarterly Medicaid PDPM:	1.4800	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5096	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$3,372,397	$1,824,244	$0	$299,500	$155,074	$185,212	$536,637		$371,730	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($87,148)	($32,564)	$0	$0	$0	$1,600	($20,198)		($35,986)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								#N/A		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$35,986
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	#N/A	$1,791,680	$0	$299,500	$155,074	$186,812	$516,439	#N/A	$335,744	$35,986
8	Total Nursing Facility Days As Filed Days = 14,005	FY23 Audited C/R Days	14,005									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,005	FY23 GL-PL Ins Rpt Days								14,005		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$240.04	$127.93	$0.00	$21.39	$24.41	*(with L&H)*	$36.88	$2.89	$23.97	$2.57
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.2856**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$99.51								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$99.51	$0.00	$21.39	$24.41		$36.88	$2.89	$23.97	$2.57
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$202.29	$99.51	$0.00	$21.39	$24.41		$36.88	$2.89	14.64 *(FRV)*	$2.57
	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	$202.29	$99.51	$0.00	$21.39	$24.41	$0.00	$36.88	$2.89	$14.64	$2.57
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5096**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$150.22								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$253.00	$150.22	$0.00	$21.39	$24.41	$0.00	$36.88	$2.89	$14.64	$2.57
	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 Srvs)	Ln 19 Col b x CPS Add-on	$3.76	$3.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	$25.39	$7.29	$0.00	$0.22	$0.41	$0.00	$17.47	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$278.39**	**$157.51**	**$0.00**	**$21.61**	**$24.82**	**$0.00**	**$54.35**	**$2.89**	**$14.64**	**$2.57**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.97**									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Audited FY2023 Cost Report Data

FINAL

Provider: **EVERGREEN HEALTH AND REHABILITATION CENTER**
Prvdr ID: **835154999A**
PDPM Per Diem Rate Effective Date: **4/1/2026**
MDS & Nurse Hrs Data per Quarter Ending: 12/31/25

Add-on Data and Percentages	Facility Score	Add-on Percent
Growth Allowance:	N/A	0.00%
Qtrly BIMS score	84.62%	5.5%
Nurse Hours per On-Site Day/Quality Incentive:	3.11	3.0%

Case Mix (PDPM) Data	Facility Specific	State-wide
Base Period Overall PDPM:	1.4576	1.4015
Quarterly Medicaid PDPM:	1.5608	1.4862
Qrtrly Mcaid PDPM w RUG Wght Options:	1.5920	1.5159

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
	PDPM BASED RATE CALCULATIONS											
1	***Cost Center Peer Groups***	(see Policy Manual)		***1***	***1***	***2***	***1***	***1***	***1***			
	Type of Facility within Peer Group			*All Facilities*	*All Facilities*	*Free Standing*	*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											
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 Srvcs Combined)	As Filed FY23 C/R - FY23 GL/PL Rpt	$9,957,890	$4,845,701	$0	$759,028	$438,838	$316,800	$1,948,206		$1,649,317	$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY23 C/R Audit Adjstmts	($817,880)	($334,988)	$0	($750)	$0	$750	($446,560)		($36,332)	
	As Filed Cost Center Costs (GL/PL)	**As Filed FY23 GL/PL Rpt**								#N/A		
	As Filed Cost Center Costs (Taxes and Insurance)	**As Filed FY23 C/R**										$36,332
7	Cost Center Costs After Audit Adjustments	FY23 Audited C/R	#N/A	$4,510,713	$0	$758,278	$438,838	$317,550	$1,501,646	#N/A	$1,612,985	$36,332
8	Total Nursing Facility Days As Filed Days = 33,939	FY23 Audited C/R Days	33,939									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,939	FY23 GL-PL Ins Rpt Days								33,939		
9	Net Per Diems prior to PDPM Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	$278.53	$132.91	$0.00	$22.34	$22.29	*(with L&H)*	$44.25	$8.14	$47.53	$1.07
10	Base Period Facility PDPM for All Residents	from 4 qtrs of FY23		**1.4576**								
11	Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 9 / Ln 10		$91.18								
12	Net Per Diems after PDPM Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		$91.18	$0.00	$22.34	$22.29		$44.25	$8.14	$47.53	$1.07
13	Per Diem Standards (After Statewide PDPM for Routine Srvcs)	per Peer Group Limits		$117.91		$31.48	$33.35		$39.89	$0.00	N/A	
14	Base Period PDPMCase Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	$193.38	$91.18	$0.00	$22.34	$22.29		$39.89	$8.14	8.47 *(FRV)*	$1.07
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	$0.00	0.00	$0.00	$0.00	$0.00	$0.00	$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	$193.38	$91.18	$0.00	$22.34	$22.29	$0.00	$39.89	$8.14	$8.47	$1.07
17	Quarterly Facility PDPM for Medicaid Residents	per Current Qtr End		**1.5920**								
18	Qrtrly Routine Srvcs PDPM Adjstd (PDPMA) Net Per Diem	Ln 16 x Ln 17		$145.16								
19	Quarterly Medicaid PDPMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	$247.36	$145.16	$0.00	$22.34	$22.29	$0.00	$39.89	$8.14	$8.47	$1.07
	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 Srvs)	Ln 19 Col b x CPS Add-on	$7.98	$7.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	$4.35	$4.35								
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	$30.59	$12.86	$0.00	$0.22	$0.41	$0.00	$17.10	$0.00	$0.00	$0.00
25	**Quarterly PDPM Based Per Diem Rate**	Ln 19 + Ln 24	**$277.95**	**$158.02**	**$0.00**	**$22.56**	**$22.70**	**$0.00**	**$56.99**	**$8.14**	**$8.47**	**$1.07**
26	**Quarterly Per Diem Rate for Bed Hold and Leave Days**	(Ln 25 - Ln 23) * 0.75	**$195.64**									