Provider: PARK PLACE NURSING FACILITY Prvdr ID: 00002164A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 20.00%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (ata	PDPM Facility 1.3126 1.5008	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Deu Sizes	All Deu Sizes	All Deu Sizes	All Deu Sizes	All Deu Sizes	All bed Sizes			
Peer Group Standards & Efficiency Measure Limits	, <u></u>		00.00/	00.00/	00.00/	05.00/		50.00/			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	(,		, , , , ,	,	"	, ,		, , , ,			
Base Period Per Diem Allowed Amounts				•						^	•
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,970,481	\$5,416,106	\$0	\$1,285,023	\$1,166,712	\$0	\$1,824,754		\$277,886	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$752,491)	(\$79,287)	\$0	\$0	\$3,953	\$1,997	(\$564,734)		(\$114,420)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$533,415		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$112,929
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,864,334	\$5,336,819	\$0	\$1,285,023	\$1,170,665	\$1,997	\$1,260,020	\$533,415	\$163,466	\$112,929
8 Total Nursing Facility Days As Filed Days = 47,089	FY21 Audited C/R Days	47,089									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,089	FY21 GL-PL Ins Rpt Days								47,089		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.48	\$113.33	\$0.00	\$27.29	\$24.90	(with L&H)	\$26.76	\$11.33	\$3.47	\$2.40
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3126</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.34	_							
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.34	\$0.00	\$27.29	\$24.90		\$26.76		\$3.47	\$2.40
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	_	\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.85	\$86.34	\$0.00	\$26.82	\$24.90		\$26.76	\$11.33	13.30 (FRV)	\$2.40
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.85	\$86.34	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.5008</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.58								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.09	\$129.58	\$0.00	\$26.82	\$24.90	\$0.00	\$26.76	\$11.33	\$13.30	\$2.40
Countries Box Birms Add on Amounts											
Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.30	φυ.υυ	φυ.υυ	φυ.41	φυ.υυ	φυ.57		φυ.υυ	
21 Binds Add-off Fet Diefff = 1.0% (to Routine Sivs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$6.48	\$6.48								
23 Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φυ.40					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$8.31	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$261.28	\$137.89	\$0.00	\$26.82	\$25.31	\$0.00	\$44.23		\$13.30	\$0.00 \$2.40
			φ137.09	Ψ0.00	φ20.02	Ψ 2 J.31	φυ.υυ	Ψ74.23	φ11.33	φ13.30	Ψ ∠.4 U
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.14									

Provider: NEWNAN HEALTH AND REHABILITATION Prvdr ID: 00040719A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 27.87%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3535 1.3241	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile Research Standards: A Military	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(coo i diloy inandar)		φυ.σσ	φο.σσ	ψ0. <u>Σ</u> Σ	φοιτι		φο.σ7			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,591,179	\$3,072,701	\$0	\$558,360	\$664,202	\$0	\$1,078,904		\$217,012	\$0
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$122,057)	(\$2,796)	\$0	(\$684)	\$004,202	(\$729)			(\$16,861)	φυ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$122,037)	(\$2,790)	φ0	(\$664)	φυ	(\$729)	(\$100,967)	\$108,160	(\$10,001)	
As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$100,100		\$16,861
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,594,143	\$3,069,905	\$0	\$557,676	\$664,202	(\$729)	\$977,917	\$108,160	\$200,151	\$16,861
8 Total Nursing Facility Days As Filed Days = 23,962	FY21 Audited C/R Days	23,962	ψο,σσσ,σσσ	Ψ0	φοστ,στο	ψ004,202	(ψ123)	φονν,στν	φ100,100	Ψ200,101	Ψίο,οσί
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,962	FY21 GL-PL Ins Rpt Days	20,002							23,962		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$233.45	\$128.12	\$0.00	\$23.27	\$27.69	(with L&H)	\$40.81	\$4.51	\$8.35	\$0.70
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3535			·				·	,
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.66								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$94.66	\$0.00	\$23.27	\$27.69		\$40.81	\$4.51	\$8.35	\$0.70
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.39	\$94.66	\$0.00	\$23.27	\$27.69		\$36.91	\$4.51	13.65	\$0.70
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.39	\$94.66	\$0.00	1	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3241								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.34								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.07	\$125.34	\$0.00	\$23.27	\$27.69	\$0.00	\$36.91	\$4.51	\$13.65	\$0.70
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.27	\$6.27								
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	\$25.78	\$8.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$257.85	\$133.39	\$0.00	\$23.49	\$28.10	\$0.00	\$54.01	\$4.51	\$13.65	\$0.70
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.56							1		1

	ovider: RIVERVIEW HEALTH & REHAB CTR vdr ID: 00040741A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 25.60%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.4415 1.4206	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.004	25.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	. , ,										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,387,173	\$7,513,911	\$0	\$1,272,536	\$1,138,699	\$0	\$2,189,973		\$1,272,054	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$584,980)	' ' '	\$0	\$0	\$0	\$0	(\$483,548)		(\$101,432)	Ψ0
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(4223,522)	"	***		, , ,	, ,	(4 100,0 10)	\$483,548	(+:-:,:)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								Ψ100,010		\$101,432
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,387,173	\$7,513,911	\$0	\$1,272,536	\$1,138,699	\$0	\$1,706,425	\$483.548	\$1,170,622	\$101,432
8	Total Nursing Facility Days As Filed Days = 51,330	FY21 Audited C/R Days	51,330	ψ1,010,011	Ψ	ψ1,212,000	ψ1,100,000	Ψ.	ψ1,100,120	Ψ100,010	ψ1,170,022	ψ101,10 <u>2</u>
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 51,330	FY21 GL-PL Ins Rpt Days	01,000							51,330		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$260.80	\$146.38	\$0.00	\$24.79	\$22.18	(with L&H)	\$33.24	\$9.42	\$22.81	\$1.98
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	, , , , ,	1.4415	*		, ,	, ,	***	, ,	, -	,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.55								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$101.55	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	\$22.81	\$1.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.10	\$101.55	\$0.00	\$24.79	\$22.18		\$33.24	\$9.42	30.94	\$1.98
	·										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$224.10	\$101.55	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98
17	Quarterly Facility Model for Medicaid Residents Ortrly Pouting Styles Model Adject (CMA) Not Por Diem	per Current Qtr End Ln 16 x Ln 17		1.4206 \$144.26								
18 19	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.81	\$144.26	\$0.00	\$24.79	\$22.18	\$0.00	\$33.24	\$9.42	\$30.94	\$1.98
19	Qualiterry interlicate Civia Allower Fet Dietit	NO - LITTO, AIIOUIII = LITTO	φ∠00.81	φ144.20	φυ.υυ	φ24.19	φ22.18	φυ.υυ	φ33.24	φ 3.4 2	φ30.94	φ1.90
	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 = 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 = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.86	\$4.86	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.67	\$149.12	\$0.00	\$25.01	\$22.59	\$0.00	\$33.61	\$9.42	\$30.94	\$1.98

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$204.50

	rovider: THE WILLIAM BREMAN JEWISH HOME rvdr ID: 00040752A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 50.00%	Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period (ıta_	PDPM Facility 1.4272 1.3391	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All bed Sizes	All bed Sizes	All Deu Sizes	All bed Sizes	All Deu Sizes	All bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9.817.629	\$4,610,927	\$0	\$1.501.114	\$1,278,081	\$0	\$1,480,066		\$947,441	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$174,615)		\$0	\$0	\$0	\$0	(\$137,727)		(\$36,888)	Ψ0
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$11.1,010)						(\$101,121)	\$137,727	(400,000)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ.σ.,. <u>z.</u>		\$36,888
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,817,629	\$4.610.927	\$0	\$1,501,114	\$1.278.081	\$0	\$1,342,339	\$137,727	\$910,553	\$36,888
8	Total Nursing Facility Days As Filed Days = 25,930	FY21 Audited C/R Days	25,930	ψ .,σ .σ,σ <u>-</u> .		Q 1,001,111	ψ., <u>Σ</u> . σ,σσ.		ψ·,σ·=,σσσ	4:0:,:2:	ψο.ο,οσο	400,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,930	FY21 GL-PL Ins Rpt Days								25,930		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$378.62	\$177.82	\$0.00	\$57.89	\$49.29	(with L&H)	\$51.77	\$5.31	\$35.12	\$1.42
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21		1.4272								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.60								
12		RS = Ln 11, AllOthr = Ln 9		\$124.60	\$0.00	\$57.89	\$49.29		\$51.77	\$5.31	\$35.12	\$1.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$235.39	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$5.31	27.02	\$1.42
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
15 16		Ln 14 + Ln 15	\$235.39	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42
17		per Current Qtr End	φ230.39	1.3391	φυ.υυ	φ20.02	φ33.20	φυ.υυ	φ30.91	φυ.υ1	ψ21.02	φ1.42
18		Ln 16 x Ln 17		\$140.11								
19		RS = Ln 18, AllOthr = Ln 16	\$270.87	\$140.11	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.31	\$27.02	\$1.42
'3	Quarterly Wedicald OWA Allowed For Dieffi	110 - 211 10,7410411 - 211 10	Ψ210.01	ψ140.11	ψ0.00	Ψ20.02	ψ55.20	ψ0.00	ψ50.51	ΨΟ.Ο1	Ψ21.02	Ψ1.42
	Quarterly Per Diem Add-on Amounts											
20		(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	\$7.71	\$7.71								
22		Ln 19 Col b x Stfng Add-on	\$4.20	\$4.20								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.01	\$11.91	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$299.88	\$152.02	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.31	\$27.02	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$212.09									

	ovider: SIGNATURE HEALTHCARE OF BUCKHEAD vdr ID: 00040763A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 35.00%	Add-on Percent 0.00% 2.5% 4.0%		Facility Mod Base Period C Quarterly Med		<u>ta</u>	PDPM Facility 1.3709 1.3614	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(222 - 232)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,334,893	\$6,862,583	\$0	\$800,971	\$1,151,661	\$0	\$2,682,727		\$836,951	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$268,651)	(\$27,263)	\$0	(\$3,054)	\$2,719	\$4,408	(\$155,961)		(\$89,500)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$144,202		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$97,786
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,308,230	\$6,835,320	\$0	\$797,917	\$1,154,380	\$4,408	\$2,526,766	\$144,202	\$747,451	\$97,786
8	Total Nursing Facility Days As Filed Days = 44,926	FY21 Audited C/R Days	44,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,926	FY21 GL-PL Ins Rpt Days								44,926		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$273.97	\$152.15	\$0.00	\$17.76	\$25.79	(with L&H)	\$56.24	\$3.21	\$16.64	\$2.18
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3709</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.98								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$110.98	\$0.00	\$17.76	\$25.79		\$56.24	\$3.21	\$16.64	\$2.18
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.45	\$104.63	\$0.00	\$17.76	\$25.79		\$36.91	\$3.21	10.97	\$2.18
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	ድ ስ ስዕ	ድ ስ ስዕ	¢0.00	NI/A	NI/A	NI/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$201.45	0.00 \$104.63	\$0.00 \$0.00	\$0.00 \$17.76	\$0.00 \$25.79	\$0.00 \$0.00	\$0.00 \$36.91	N/A \$3.21	N/A \$10.97	N/A \$2.18
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	φ201.45	1.3614	φυ.υυ	φ17.70	φ23.79	φυ.υυ	φ.συ.σ1	φ3.∠1	φ10.97	φ2.10
18	Quarterly Pacinty Model for Wedicald Residents Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.26	\$142.44	\$0.00	\$17.76	\$25.79	\$0.00	\$36.91	\$3.21	\$10.97	\$2.18
13	Additions intollicate divin Allowed For Digiti	10 - 21 10,7410411 - 21 10	Ψ233.20	ψ142.44	Ψ0.00	φ17.70	Ψ23.19	ψυ.υυ	ψυυ.σ1	ψυ.∠ Ι	ψ10.37	Ψ2.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$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	\$3.56	\$3.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.70	\$5.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.99	\$9.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$266.25	\$151.70	\$0.00	\$17.98	\$26.20	\$0.00	\$54.01	\$3.21	\$10.97	\$2.18
						1			1	1		

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$186.86

DEMONSTRATION ONLY

Provider: Magnolia Manor Methodist Nursing Center Prvdr ID: 00040785A PDPM Shadow Rate For informational use only.		Add-on D	ata and Percentages Growth Allowance:	Facility Score N/A	Add-on Percent 0.00%		Case Mix Index Base Period	(CMI) Data d Overall PDPM:		Facility Specific 1.6434	State- wide 1.5751
H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/24 12/31/23 Nurse	Hours per On-Site	BIMS: e Day/Quality Incentive:	34.7% 4.39	2.5% 4.0%	Qrtrly Mcai	d PDPM w RUC	G Wght Options:		1.6888	1.3706
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups per Selected Options			1 All Facilities	1 All Facilities	2	1 All Facilities	1 All Facilities	All Facilities			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	Freestanding All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Bea Sizes	All Bed Sizes	All Bea 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: Percentile 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			ψ0.55	ψ0.00	φυ.ΖΖ	ψυ.41		ψ0.57			
GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 224,177		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								57.067		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2021 Peer Group Limit		\$104.63		\$26.82	\$33.28		\$36.91	. ,	\$31.24	\$1.39
Allowed @ 95% of Std	·	\$224.19	\$99.40		\$25.48	\$31.62		\$35.06		\$31.24	\$1.3
Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem (After Growth Alowance)		\$228.12	\$99.40		\$25.48	\$31.62		\$35.06	\$ 3.93	\$31.24	\$1.39
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.6888</u>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$167.87								
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$296.85	\$167.87		\$25.48	\$31.62		\$35.06	\$ 4.19	\$31.24	\$1.39
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$4.20	\$4.20								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$6.71	\$6.71								
Nursing Home Provider Fee		\$0.00						0.00			
Total Quarterly Per Diem Add-On Amounts		\$10.91									
Quarterly Case Mix Based Per Diem Rate		\$307.76	\$178.78		\$25.48	\$31.62		\$35.06	\$4.19	\$31.24	\$1.39
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$230.82										

^{* 1002.3}B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

	ovider: PINE VIEW NURSING AND REHAB CENTER odr ID: 00040796A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 25.00%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.5089 1.4930	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,075,621	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$867,207		\$260,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$307,720)	\$0	\$0	\$0	\$0	\$0	(\$271,189)		(\$36,531)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$273,620		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$36,531
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,078,052	\$2,042,973	\$0	\$416,222	\$488,572	\$0	\$596,018	\$273,620	\$224,116	\$36,531
8	Total Nursing Facility Days As Filed Days = 19,797	FY21 Audited C/R Days	19,797									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,797	FY21 GL-PL Ins Rpt Days								19,797		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$206.00	\$103.20	\$0.00	\$21.02	\$24.68	(with L&H)	\$30.11	\$13.82	\$11.32	\$1.85
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5089</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.40								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.40	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	\$11.32	\$1.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.95	\$68.40	\$0.00	\$21.02	\$24.68		\$30.11	\$13.82	9.07	\$1.85
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	#0.00	0.00	#0.00	#0.00	* 0.00	фо оо	ФО ОО	N1/A	N1/A	NI/A
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwtn Allwnc % Ln 14 + Ln 15	\$0.00 \$168.95	0.00 \$68.40	\$0.00 \$0.00	\$0.00 \$21.02	\$0.00 \$24.68	\$0.00 \$0.00	\$0.00 \$30.11	N/A \$13.82	N/A \$9.07	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$100.95		\$0.00	\$21.02	\$24.00	\$0.00	\$30.11	\$13.62	\$9.07	\$1.85
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.4930								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	¢202.67	\$102.12	* 0.00	¢24.02	₽ 24.60	#0.00	COO 11	¢42.00	¢ 0.07	¢4.05
19	Quarterly Medicaid CMA Allowed Per Diem	RS = LII 16, AIIOIIII = LII 16	\$202.67	\$102.12	\$0.00	\$21.02	\$24.68	\$0.00	\$30.11	\$13.82	\$9.07	\$1.85
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (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	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$4.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.38	\$106.73	\$0.00	\$21.24	\$25.09	\$0.00	\$47.58	\$13.82	\$9.07	\$1.85
					l	I	l	I	1			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$156.21

	ovider: TWIN VIEW HEALTH AND REHAB odr ID: 00040807A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending: 4	1/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 30.16%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.3634 1.6137	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(obe Folloy Manual)		ψυ.σσ	ψ0.00	φσ.22	φο. τ		φο.σ7			
_	Base Period Per Diem Allowed Amounts				•							
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,458,229		\$634,341	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$86,456)	\$0	\$0	\$0	\$0	\$0	(\$42,319)		(\$44,137)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$42,319		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$44,137
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,361,961	\$2,374,556	\$0	\$381,315	\$513,520	\$0	\$1,415,910	\$42,319	\$590,204	\$44,137
8	Total Nursing Facility Days As Filed Days = 31,639	FY21 Audited C/R Days	31,639									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,639	FY21 GL-PL Ins Rpt Days								31,639		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$169.47	\$75.05	\$0.00	\$12.05	\$16.23	(with L&H)	\$44.75	\$1.34	\$18.65	\$1.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3634</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.05								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.05	\$0.00	\$12.05	\$16.23		\$44.75	\$1.34	\$18.65	\$1.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.37	\$55.05	\$0.00	\$12.05	\$16.23		\$36.91	\$1.34	9.39	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.37	\$55.05	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6137	*	,	, ,	,	, , , ,	, -	*	, -
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.15	\$88.83	\$0.00	\$12.05	\$16.23	\$0.00	\$36.91	\$1.34	\$9.39	\$1.40
											•	
	Quarterly Per Diem Add-on Amounts	(5 ° M	0.1.0	00.50	00.00	40.00	00.44				00.00	
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	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67					64740			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$22.15	₾ E 40	ድ ለ ለለ	¢0.00	© ∩ 44	\$0.00	\$17.10 \$17.10	60.00	¢ 0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$23.15	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$189.30	\$94.25	\$0.00	\$12.27	\$16.64	\$0.00	\$54.01	\$1.34	\$9.39	\$1.40
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$129.15

	ovider: A.G. RHODES HOME WESLEY WOODS ovdr ID: 00040818A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 47.95%	Add-on Percent 0.00% 5.5% 5.0%		_Facility Mod Base Period (Quarterly Med	Overall:	ata_	PDPM Facility 1.7389 1.4827	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , ,				,			,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	£40,400,700	Ф 7 000 000	¢0	₾4 400 004	Φ4 4E7 000	# 0	#0.070.440		¢405.045	(C)
5 6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$13,482,790 (\$312,440)	\$7,228,606 (\$67,765)	\$0 \$0	\$1,422,061 \$0	\$1,457,962 \$0	\$0	\$2,879,146 (\$191,886)		\$495,015 (\$49,859)	\$0
0	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$312,440)	(\$67,765)	ΦΟ	φ0	φυ	(\$2,930)	(\$191,000)	\$191,886	(\$49,659)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$191,000		\$49,859
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,412,095	\$7,160,841	\$0	\$1,422,061	\$1,457,962	(\$2,930)	\$2,687,260	\$191,886	\$445,156	\$49,859
8	Total Nursing Facility Days As Filed Days = 42,172	FY21 Audited C/R Days	42,172	V ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	40	4 ·, ·. 2 _, · · ·	ψ·, ·ο· ,σσ2	(\$2,000)	ψ=,σσ:,=σσ	4.0.,000	ψο, .οο	ψ .0,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,172	FY21 GL-PL Ins Rpt Days	,							42,172		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$318.03	\$169.80	\$0.00	\$33.72	\$34.50	(with L&H)	\$63.72	\$4.55	\$10.56	\$1.18
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.7389</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.65								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.65	\$0.00	\$33.72	\$34.50		\$63.72	\$4.55	\$10.56	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.47	\$97.65	\$0.00	\$26.82	\$33.28		\$36.91	\$4.55	16.08	\$1.18
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.47	\$97.65	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4827</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$263.61	\$144.79	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.55	\$16.08	\$1.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.96	\$7.96	41130		, , , , , , , , , , , , , , , , , , ,				Ţ-1-2	
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	\$32.83	\$15.73	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$296.44	\$160.52	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.55	\$16.08	\$1.18
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$209.51

	ovider: PRUITTHEALTH - AUSTELL ovdr ID: 00059276A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS scor Nurse Hrs per 0	re:	N/A 32.50%	Add-on Percent 0.00% 2.5% 6.0%		Facility Mod Base Period (Quarterly Med	Overall:	ta_	PDPM Facility 1.4250 1.2864	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PL	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	, , , , , , , , , , , , , , , , , , ,	(,		,	,		, ,		,			
_	Base Period Per Diem Allowed Amounts	As Filed EVO4 C/D EVO4 CL/DL Det	CO 407 407	Φ4 227 F2F	¢0	6040 500	Ф0.40 COГ	# 0	Φ4 C40 F00		£400.004	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$8,107,137	\$4,337,535	\$0 \$0	\$819,528 \$0	\$840,605	\$0 (\$4.303)	\$1,640,508		\$468,961	\$0
О	Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$618,525)	(\$123,162)	\$0	\$0	(\$4,384)	(\$4,303)	(\$423,168)	\$539,088	(\$63,508)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φυυθ,000		\$52,204
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,079,904	\$4,214,373	\$0	\$819,528	\$836,221	(\$4,303)	\$1,217,340	\$539,088	\$405,453	\$52,204
8	Total Nursing Facility Days As Filed Days = 39,749	FY21 Audited C/R Days	39,749	ψ1,211,010	Ψ	φο το,ο2ο	ψοσο,221	(ψ 1,000)	ψ1,211,010	φοσο,σσο	ψ 100, 100	ψ02,201
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,749	FY21 GL-PL Ins Rpt Days								39,749		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$203.27	\$106.02	\$0.00	\$20.62	\$20.93	(with L&H)	\$30.63	\$13.56	\$10.20	\$1.31
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4250								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.40								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.40	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	\$10.20	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.76	\$74.40	\$0.00	\$20.62	\$20.93		\$30.63	\$13.56	13.31	\$1.31
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.76	\$74.40	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2864	***	,	,	,	,	,	,	, -
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.07	\$95.71	\$0.00	\$20.62	\$20.93	\$0.00	\$30.63	\$13.56	\$13.31	\$1.31
	Overteely Per Pierr Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	\$2.39	\$2.39	ψ0.00	Ψ0.22	Ψυ.+1	ψυ.υυ	Ψ0.57		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$5.74	\$5.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	75					\$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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.83	\$104.37	\$0.00	\$20.84	\$21.34	\$0.00	\$48.10	\$13.56	\$13.31	\$1.31
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.30

Description		ovider: NORTHRIDGE HEALTH AND REHABILITATION ovdr ID: 00059331A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 22.62%	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period (Quarterly Med	Overall:	ata_	PDPM Facility 1.2672 1.2211	PDPM Statewide 1.4210 1.3706
POPM BASED RATE CALCULATIONS		Description		Totals		•	,		Operatns	and		and	Taxes and Insurance
Cost Center Pear Groups (new Pulsey Manual) Fig. F				a	b	С	d	е	f	g	g	h	i
AF Possible	PD	OPM BASED RATE CALCULATIONS											
2 Peer Group Standardine Hashber teen Policy Namural 90,0% 90,0% 90,0% 90,0% 8	1	Type of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing		1				
See Pericy Manual) 10,00% 10,00% 100,0%		·											
4 Efficiency Massurem Massimums (see New 20 for scular) Gee Policy Manual) Gee Policy Manual) Gee Policy Manual) Gee Policy Manual) So. 3 So. 0 So. 2 So. 41 So. 37		,											
As Filed Cost Center Costs (Routine & Special Sroce Combined) As Filed Cost Center Costs (Routine & Special Sroce Combined) As Filed Cost Center Costs (Routine) As Filed Cost Center Costs (GLP2) As Filed Cost Center Costs (Frame and Insurance) As Filed Cost Center Costs (Frame and	4	·					l						
As Filed Cost Center Costs (Routine & Special Sroce Combined) As Filed Cost Center Costs (Routine & Special Sroce Combined) As Filed Cost Center Costs (Routine) As Filed Cost Center Costs (GLP2) As Filed Cost Center Costs (Frame and Insurance) As Filed Cost Center Costs (Frame and		Dans David Day Diam Allawad Amaunta											
A AFRIED Cost Center Costs (CLPL) As Filed Cost Center Cost (CLPL) As Filed Cost Center	5		As Filed FV21 C/P - FV21 GL/PL Pot	¢6 209 512	¢2 2/1 152	\$0	¢621.072	\$947.062	P 0	¢1 070 909		¢600 338	0.9
As Filed Cost Center Costs (CLPL) As Filed Cost Center Costs (Traces and Insurance) As Filed Cost Center Costs (Traces and Insurance) As Filed Cost Center Costs (Arra-Mark Aglustments Total Nursing Facility Days As Filed Cost Center Costs After Audit Aglustments Total Nursing Facility Days As Filed Days = 28,402 Total Nursing Facility Days As Filed Days = 28,402 Total Nursing Facility Days As Filed Days = 28,402 9 Not Per Diems prior to Model Adjustmit to Routine Sirves Ln 7 / Ln 8 Col a End of Port Col and End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End End Days = 28,402 End of Col and End End End End Days = 28,402 End of Col and End End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End End End Days = 28,402 End of Col and End End End Days = 28,402 End of Col and End End Days = 28,402 End of Col and End End End End End End End End Days = 28,402 End of Col and End End End End End End End End End E		` '	·										φυ
As Filed Cost Center Costs (Tause and insurance) As Filed Cost Center Costs (Tause and insurance) FP21 Audited CR S6,437,723 S3,278,896 S0 S630,314 S847,062 S9,471 S975,812 S86,840 S96,883 \$12,435 Total Nursing Facility Days As Filed Days = 28,402 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,402 In 7/L in 8 Cot a S22,688 S115,45 S0,00 S22,19 S30,16 (with L8H) S34,36 S30,08 S21,02 S0,444 S0,00 S22,19 S30,16 (with L8H) S34,36 S30,08 S21,02 S0,444 S0,00 S22,19 S30,16 S34,36		·	,	(\$00,000)	ψ51,144	ΨΟ	ΨΟ,ΣΤΙ	ΨΟ	ΨΟ,ΨΤ	(ψ104,000)		(ψ12,400)	
Total Nursing Facility Days		i i i i i i i i i i i i i i i i i i i	•								ψου,οπο		\$12 435
8 Total Nursing Facility Days	7	, , , , , , , , , , , , , , , , , , ,		\$6,437,723	\$3,278,896	\$0	\$630,314	\$847,062	\$9,471	\$975,812	\$86,840	\$596,893	
9 Net Per Diems prior to Model Adjistmit to Routine Srvcs 1.	8	·	FY21 Audited C/R Days		, -, -,	, ,	, , , , ,	, , , , , , , , , , , , , , , , , , , ,	, ,	, , , , , ,	, , , , ,	, ,	, ,
9 Net Per Diems prior to Model Adjistmt to Routine Srvcs Ln 7 / Ln 8 Col a \$22.68 \$115.45 \$0.00 \$22.19 \$30.16 (with L&H) \$34.36 \$3.06 \$21.02 \$0.44 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.2672 1.26		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,402	FY21 GL-PL Ins Rpt Days								28,402		
Routine Srvcs Model Adjstd (CMA) Net Per Diem	9		Ln 7 / Ln 8 Col a	\$226.68	\$115.45	\$0.00	\$22.19	\$30.16	(with L&H)	\$34.36	\$3.06	\$21.02	\$0.44
12 Net Per Diems after Model Adjusted Per Diem Lesser of Ln 12 or Ln 13 \$202.88 \$91.11 \$0.00 \$22.19 \$30.16 \$34.36 \$3.06 \$21.56 \$0.44	10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2672</u>								
Per Diem Standards (After Statewide CMA for Routine Srvcs)	11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.11								
Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$202.88 \$91.11 \$0.00 \$22.19 \$30.16 \$34.36 \$3.06 \$21.56 \$0.44	12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.11	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06	\$21.02	\$0.44
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwnc % \$0.00	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
Counterly Per Diem Rate Prior to Add-ons Circuit Prior Prior Rate Prior to Add-ons Circuit Prior Prior Rate Prior to Add-ons Circuit Prior Rate Prior Rate Prior to Add-ons Circuit Prior Rate Prior to Add-ons Circuit Prior Rate Prior to Add-ons Circuit Prior Rate Prior Rate Prior to Add-ons Circuit Prior Rate Prior Rate Prior Rate Prior to Add-ons Circuit Prior Rate Prior	14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.88	\$91.11	\$0.00	\$22.19	\$30.16		\$34.36	\$3.06		\$0.44
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allownc % \$0.00		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
16 CMA Allowed Per Diem (Atter Growth Allowance Add-on) Ln 14 + Ln 15 \$202.88 \$91.11 \$0.00 \$22.19 \$30.16 \$0.00 \$34.36 \$3.06 \$21.56 \$0.44 17 Quarterly Facility Model for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$111.25 18 Qrutry Routine Srvcs Model Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 \$111.25 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$223.02 \$111.25 \$0.00 \$22.19 \$30.16 \$0.00 \$34.36 \$3.06 \$21.56 \$0.44 Quarterly Per Diem Add-on Amounts Certain Per Diem ([Sind - Alwd] x.75, up to max, or 0) (see 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 \$1.11 22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Ln 19 Col b x String Add-on \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.19 \$6.09 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 21 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.19 \$6.09 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 23 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.19 \$6.09 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 25 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 26 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 27 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 28 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 29 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 20 \$0.00 \$0.00 \$0.00	15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
18 Ortrly Routine Strocs Model Adjstd (CMA) Net Per Diem	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.88	\$91.11	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$21.56	\$0.44
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$223.02 \$111.25 \$0.00 \$22.19 \$30.16 \$0.00 \$34.36 \$3.06 \$21.56 \$0.44	17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2211</u>								
Quarterly 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 \$1.11 22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.45 \$4.45 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 \$24.19 \$6.09 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.25								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.0	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.02	\$111.25	\$0.00	\$22.19	\$30.16	\$0.00	\$34.36	\$3.06	\$21.56	\$0.44
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.0		Quarterly Per Diem Add-on Amounts											
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.11 \$1.11 \$1.11 \$1.11 \$2 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvs) Ln 19 Col b x Stfng Add-on \$4.45 \$4.45 \$4.45 \$23 Nursing Home Provider Fee (Fixed Amount) \$17.10	20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10			Ln 19 Col b x CPS Add-on										
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.19 \$6.09 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$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	\$4.45	\$4.45								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Model Based Per Diem Rate \$247.21 \$117.34 \$0.00 \$22.41 \$30.57 \$0.00 \$51.83 \$3.06 \$21.56 \$0.44	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.19	\$6.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$247.21	\$117.34	\$0.00	\$22.41	\$30.57	\$0.00	\$51.83	\$3.06	\$21.56	\$0.44

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$172.58

	ovider: THE BELL MINOR HOME ovdr ID: 00059397A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 33.85%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (Quarterly Med		ita_	PDPM Facility 1.4586 1.3807	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PE	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·							
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rot	Ф7 700 444	to 200 000	r ₀	ФEО4 007	Ф г ос 004		Φ4 057 045		£4.004.440	ro.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$7,703,141 (\$281,312)	\$3,320,839 \$0	\$0 \$0	\$524,837 \$0	\$536,001 \$0	\$0 \$0	\$1,357,015 (\$216,206)		\$1,964,449 (\$65,106)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$201,312)	Φ0	φυ	\$0	\$0	Φ0	(\$210,200)	\$209,748	(\$65,106)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$209,740		\$65,106
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,696,683	\$3,320,839	\$0	\$524,837	\$536,001	\$0	\$1,140,809	\$209.748	\$1,899,343	\$65,106
8	Total Nursing Facility Days As Filed Days = 28,745	FY21 Audited C/R Days	28,745	ψ0,020,000	ΨΟ	ψ024,007	φοσο,σσ1	Ψ0	ψ1,140,000	Ψ200,7 40	ψ1,000,040	φοσ,τοσ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,745	FY21 GL-PL Ins Rpt Days	20,1.10							28,745		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$267.77	\$115.53	\$0.00	\$18.26	\$18.65	(with L&H)	\$39.69	\$7.30	\$66.08	\$2.26
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4586							·	
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.21								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.21	\$0.00	\$18.26	\$18.65		\$39.69	\$7.30	\$66.08	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.36	\$79.21	\$0.00	\$18.26	\$18.65		\$36.91	\$7.30	13.77	\$2.26
	Quarterly Per Diam Pate Prior to Add-one										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.36	\$79.21	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3807								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.51	\$109.37	\$0.00	\$18.26	\$18.65	\$0.00	\$36.91	\$7.30	\$13.77	\$2.26
	Overdenia Ban Diana Add and American											
20	Quarterly Per Diem Add-on Amounts 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	\$2.73	\$2.73	ψυ.υυ	Ψ0.22	Ψ0.41	ψ0.00	Ψ0.00		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$24.27	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.78	\$115.91	\$0.00	\$18.48	\$19.06	\$0.00	\$54.01	\$7.30	\$13.77	\$2.26
	•			-	• •		<u> </u>		<u> </u>		-	·

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$160.26

Provider: AZALEA HEALTH AND REHABILITATION CENTER Prvdr ID: 00059441A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		N/A 30.00%	Add-on Percent 		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.4854 1.5911	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PDPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
PDFIN BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			7 200 0.200	7 200 0.200	7 200 0.200	7 III 200 0.200	7 117 200 01200	7 III 200 0.200			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,477,747	#2 404 626	* 0	ΦΕ 7 0.007	\$530,237	\$0	€700.44 E		\$1,172,662	\$0
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	·		' ' '	\$0 \$0	\$570,067	, ,		\$720,145		. , ,	\$ 0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$137,859	(\$137,975)	\$0	(\$3,500)	(\$1,159)	\$2,912	\$325,894	Ф 7 404	(\$48,313)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$7,131		* 40.000
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	A 0.074.405	***		4500 507	4500.070	***	* * * * * * * * * * * * * * * * * * *	\$7.404	04.404.040	\$48,398
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,671,135	\$3,346,661	\$0	\$566,567	\$529,078	\$2,912	\$1,046,039	\$7,131	\$1,124,349	\$48,398
8 Total Nursing Facility Days As Filed Days = 25,933	FY21 Audited C/R Days	25,933									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,933	FY21 GL-PL Ins Rpt Days	2057.05	0.100.05		004.05	000 54	(::	040.04	25,933	# 40.00	4.07
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$257.25	\$129.05	\$0.00	\$21.85	\$20.51	(with L&H)	\$40.34	\$0.27	\$43.36	\$1.87
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4854</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.88								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.88	\$0.00	\$21.85	\$20.51		\$40.34	\$0.27	\$43.36	\$1.87
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.24	\$86.88	\$0.00	\$21.85	\$20.51		\$36.91	\$0.27	13.95 (FRV)	\$1.87
Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.24	\$86.88	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.5911</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.23								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.60	\$138.23	\$0.00	\$21.85	\$20.51	\$0.00	\$36.91	\$0.27	\$13.95	\$1.87
Quarterly Per Diem Add-on Amounts	(and Deline Manual)	64.40	#0.50	ma aa	#0.00	60.44	# 0.00	# 0.00		# 0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$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)		\$3.46	\$3.46								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$4.15 \$17.10	\$4.15					047.40			
23 Nursing Home Provider Fee	Sum of Lns 20 thru 23	\$17.10	CO 4.4	фо.co	#0.00	ው ስ 44	ФО ОО	\$17.10	#0.00	<u></u>	<u></u>
24 Total Quarterly Per Diem Add-on Amounts		\$25.87	\$8.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$259.47	\$146.37	\$0.00	\$22.07	\$20.92	\$0.00	\$54.01	\$0.27	\$13.95	\$1.87
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.78									

	vider: NORTH DECATUR HEALTH AND REHABILITATION CENTER dr ID: 00059452A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		N/A 17.50%	Add-on Percent 0.00% 0.0% 2.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.5182 1.3591	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1 1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
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	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,881,579	\$2,552,761	\$0	\$402,375	\$386,137	\$0	\$912,637		\$627,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$72,539)	(\$1,439)	\$0	(\$1,537)	(\$2,794)	(\$2,118)	\$323		(\$64,974)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$234,159		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$63,883
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,107,082	\$2,551,322	\$0	\$400,838	\$383,343	(\$2,118)	\$912,960	\$234,159	\$562,695	\$63,883
8	Total Nursing Facility Days As Filed Days = 21,028	FY21 Audited C/R Days	21,028									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,028	FY21 GL-PL Ins Rpt Days								21,028		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$242.88	\$121.33	\$0.00	\$19.06	\$18.13	(with L&H)	\$43.42	\$11.14	\$26.76	\$3.04
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5182</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.92								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.92	\$0.00	\$19.06	\$18.13		\$43.42	\$11.14	\$26.76	\$3.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.27	\$79.92	\$0.00	\$19.06	\$18.13		\$36.91	\$11.14	12.07	\$3.04
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.27	\$79.92	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3591			·					,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.96	\$108.62	\$0.00	\$19.06	\$18.13	\$0.00	\$36.91	\$11.14	\$12.07	\$3.04
	Quarterly Per Diem Add-on Amounts	(B F M)	04.40	00.50	00.00	40.00	00.44	**	00.00		00.00	
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 (Fixed Amount)	\$2.17 \$17.10	\$2.17					64740			
23	Nursing Home Provider Fee Total Quarterly Per Diam Add on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	¢0.70	ድ ለ ለለ	¢0.00	© ∩ 44	\$0.00	\$17.10 \$17.10	60.00	¢ 0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$20.43	\$2.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$229.39	\$111.32	\$0.00	\$19.28	\$18.54	\$0.00	\$54.01	\$11.14	\$12.07	\$3.04
1			1	1								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$159.22

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Ing	l and l	Γaxes and Insurance
a b c d e f g	g h	i
PDPM BASED RATE CALCULATIONS		
1 Cost Center Peer Groups (see Policy Manual) 1 1 2 1 1 1		
Type of Facilities		
Bed Size Range within Peer Group All Bed Sizes All Bed Size		
Peer Group Standards & Efficiency Measure Limits		
2 Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 85.0% 50.0% 3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 100.0% 100.0%		
See Policy Manual 100.0%		
Base Period Per Diem Allowed Amounts 5. As Filed Control Control Control (Party Cont	P004 C07	¢o.
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$6,391,168 \$3,473,721 \$0 \$588,918 \$796,394 \$0 \$1,330,528 \$ Contact Conta	\$201,607	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs FY21 C/R Audit Adjustments (\$498,724) (\$122,775) \$0 \$0 \$846 (\$338,801)	(\$37,994)	
	434,391	
As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$6.364.206 \$3.350.946 \$0 \$588.918 \$796.394 \$846 \$991.727 \$43	404 004	\$37,371
\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$434,391 \$163,613	\$37,371
8 Total Nursing Facility Days As Filed Days = 27,419 FY21 Audited C/R Days 27,419 Total Nursing Facility Days OL Pil Inc. Part A. 57 Inc. Par	07.440	
	27,419	¢4.00
	\$15.84 \$5.97	\$1.36
10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.4544		
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$84.03	#45.04	# 4.00
	\$15.84 \$5.97	\$1.36
	\$0.00 N/A	# 4.00
14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$199.25 \$84.03 \$0.00 \$21.48 \$29.08 \$36.17 \$	\$15.84 11.29 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons	(****)	
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allwnc % \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	N/A N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$199.25 \$84.03 \$0.00 \$21.48 \$29.08 \$0.00 \$36.17 \$36.17	\$15.84 \$11.29	\$1.36
17 Quarterly Facility Model for Medicaid Residents per Current Qtr End 1.3899		
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$116.79		
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$232.02 \$116.79 \$0.00 \$21.48 \$29.08 \$0.00 \$36.17 \$36.17 \$36.17	\$15.84 \$11.29	\$1.36
Quarterly Per Diem Add-on Amounts		
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37	\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.17 \$1.17	\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.67 \$4.67		
23 Nursing Home Provider Fee \$17.10		
	\$0.00 \$0.00	\$0.00
	\$15.84 \$11.29	\$1.36
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$179.54		

	rovider: BOLINGREEN HEALTH AND REHABILITATION rvdr ID: 00059485A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 13.73%	Add-on Percent 0.00% 0.0% 5.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3400 1.2916	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DI	DOM DASED DATE CALCIJI ATIONS		a	b	С	d	е	f	g	g	h	i
<u>FI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-		(See Folicy Maridal)		φυ.σσ	φ0.00	φ0.22	φυ.41		φυ.57			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	₽6 640 F90	\$3,262,896	60	\$650.634	\$702 CO4	0.00	£4 440 040		4050 546	\$0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$6,610,580 (\$197,900)	\$16,093	\$0 \$0	\$650,634 (\$720)	\$703,694 \$1,124	\$0 \$715	\$1,142,810 (\$202,798)		\$850,546 (\$12,314)	\$0
0	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$197,900)	\$10,093	φ0	(\$720)	\$1,124	\$715	(\$202,790)	\$127,413	(\$12,314)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$127,413		\$12,357
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,552,450	\$3,278,989	\$0	\$649,914	\$704,818	\$715	\$940,012	\$127,413	\$838,232	\$12,357
8	Total Nursing Facility Days As Filed Days = 25,200	FY21 Audited C/R Days	25,268	4 0, 2 . 0,000		\$ 10,011	4.0. ,0.0	4	ψο .σ,σ.Ξ	ψ·Ξ·,···•	4000,202	ψ.Ξ,σσ.
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,200	FY21 GL-PL Ins Rpt Days	, , , ,							25,268		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$259.31	\$129.77	\$0.00	\$25.72	\$27.92	(with L&H)	\$37.20	\$5.04	\$33.17	\$0.49
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3400</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.84								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.84	\$0.00	\$25.72	\$27.92		\$37.20	\$5.04	\$33.17	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.68	\$96.84	\$0.00	\$25.72	\$27.92		\$36.91	\$5.04	12.76	\$0.49
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.68	\$96.84	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$12.76	\$0.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2916</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$233.92	\$125.08	\$0.00	\$25.72	\$27.92	\$0.00	\$36.91	\$5.04	\$12.76	\$0.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine 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	\$6.25	\$6.25								
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	\$24.51	\$6.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$258.43	\$131.86	\$0.00	\$25.94	\$28.33	\$0.00	\$54.01	\$5.04	\$12.76	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.00									

Provider: BROWN HEALTH AND REHABILITATION Prvdr ID: 00059562A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		N/A 25.37%	Add-on Percent 0.00% 1.0% 6.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4121 1.3278	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folioy Walidar)		ψ0.00	ψο.σσ	ψ0.22	ψ0.41		ψ0.07			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,372,178	f2 204 460	* 0	PC04 257	POED 404	\$0	¢4 420 744		¢200 400	60
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	•	' ' '	' ' '	\$0 \$0	\$601,357 (\$799)	\$958,424 \$0		\$1,139,741		\$288,488	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$146,026)	(\$3,234)	\$0	(\$799)	\$0	(\$1,083)	(\$115,441)	£404.000	(\$25,469)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$104,000		POE 460
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,355,621	\$3,380,934	\$0	\$600,558	\$958,424	(\$1,083)	\$1,024,300	\$104,000	\$263,019	\$25,469 \$25,469
8 Total Nursing Facility Days As Filed Days = 27,991	FY21 Audited C/R Days	27,991	ψ5,500,954	Ψ0	ψ000,330	ψ330,424	(ψ1,003)	ψ1,024,300	\$104,000	Ψ203,019	Ψ25,409
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,991	FY21 GL-PL Ins Rpt Days	27,001							27,991		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$227.07	\$120.79	\$0.00	\$21.46	\$34.20	(with L&H)	\$36.59	\$3.72	\$9.40	\$0.91
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4121	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'	,	, ,	,	, -	**	, , ,
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.54								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.54	\$0.00	\$21.46	\$34.20		\$36.59	\$3.72	\$9.40	\$0.91
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.53	\$85.54	\$0.00	\$21.46	\$33.28		\$36.59	\$3.72	19.03	\$0.91
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.53	\$85.54	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3278								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.58								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.57	\$113.58	\$0.00	\$21.46	\$33.28	\$0.00	\$36.59	\$3.72	\$19.03	\$0.91
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.99	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.24		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (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	\$26.04	\$8.48	\$0.00	\$0.22	\$0.00	\$0.00	\$17.34	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$254.61	\$122.06	\$0.00	\$21.68	\$33.28	\$0.00	\$53.93	\$3.72	\$19.03	\$0.91
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.13		1	1		1	<u> </u>	ı		<u>I</u>

	ovider: CARROLLTON NURSING & REHAB CTR vdr ID: 00059661A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 25.32%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (Quarterly Med		<u>ta</u>	PDPM Facility 1.3303 1.2939	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,194,989	\$3,359,324	\$0	\$645,708	\$667,054	\$0	\$1,304,706		\$1,218,197	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$73,801)	\$0	\$0	\$0	\$0	\$0	(\$16,242)		(\$57,559)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$16,242		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,559
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,194,989	\$3,359,324	\$0	\$645,708	\$667,054	\$0	\$1,288,464	\$16,242	\$1,160,638	\$57,559
8	Total Nursing Facility Days As Filed Days = 34,428	FY21 Audited C/R Days	34,428									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,428	FY21 GL-PL Ins Rpt Days								34,428		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.99	\$97.58	\$0.00	\$18.76	\$19.38	(with L&H)	\$37.42	\$0.47	\$33.71	\$1.67
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3303								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.35								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.35	\$0.00	\$18.76	\$19.38		\$37.42	\$0.47	\$33.71	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.18	\$73.35	\$0.00	\$18.76	\$19.38		\$36.91	\$0.47	8.64	\$1.67
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	La AA vo Carath Alliuma (V					* 0.00				N 1/A	21/2
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.18	\$73.35	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2939								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	6400.74	\$94.91	***	040.70	# 40.00	# 0.00	# 20.04		#0.0	64.0
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.74	\$94.91	\$0.00	\$18.76	\$19.38	\$0.00	\$36.91	\$0.47	\$8.64	\$1.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85								
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	\$22.06	\$4.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.80	\$99.24	\$0.00	\$18.98	\$19.79	\$0.00	\$54.01	\$0.47	\$8.64	\$1.67
					<u> </u>	<u> </u>		<u> </u>	I			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$139.28

	Provider: CHAPLINWOOD NURSING HOME Provider: O0059694A PDPM Shadow Rates. For informational use only. This is NOT your effective rate PDPM Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentage Growth Allowance:		N/A 32.43%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.3601 1.4104	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	,	(acc r cite) manacin		ψυ.σσ	ψ0.00	φυ.ΣΣ	φο. τ τ		φυ.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,911,710	\$2,741,653	\$0	\$722,370	\$623,310	\$0	\$964,829		\$859,548	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$199,865)	(\$5,892)	\$0	(\$735)	(\$17,060)	(\$664)	(\$146,115)		(\$29,399)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$105,351		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,390
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,846,586	\$2,735,761	\$0	\$721,635	\$606,250	(\$664)	\$818,714	\$105,351	\$830,149	\$29,390
8	Total Nursing Facility Days As Filed Days = 25,746	FY21 Audited C/R Days	25,765									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,746	FY21 GL-PL Ins Rpt Days								25,765		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.92	\$106.18	\$0.00	\$28.01	\$23.50	(with L&H)	\$31.78	\$4.09	\$32.22	\$1.14
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3601</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.07								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.07	\$0.00	\$28.01	\$23.50		\$31.78	\$4.09	\$32.22	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.13	\$78.07	\$0.00	\$26.82	\$23.50		\$31.78	\$4.09	11.73	\$1.14
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.13	\$78.07	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4104			·					
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.17	\$110.11	\$0.00	\$26.82	\$23.50	\$0.00	\$31.78	\$4.09	\$11.73	\$1.14
	Quarterly Per Diem Add-on Amounts	(B : M)	04.04	00.50	00.00	40.00	00.44	00.00	00.07		00.00	
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	\$2.75	\$2.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$5.51	\$5.51					¢47.40			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	¢0.70	ድ ለ ለለ	¢0.00	© ∩ 44	\$0.00	\$17.10 \$17.47	\$0.00	¢ 0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$26.67	\$8.79	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.84	\$118.90	\$0.00	\$26.82	\$23.91	\$0.00	\$49.25	\$4.09	\$11.73	\$1.14
1			1	I								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$164.06

Base Period Facility Model for All Residents		ovider: HAZELHURST COURT CARE AND REHABILITATION ovdr ID: 00059705A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 26.23%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.3030 1.3145	PDPM Statewide 1.4210 1.3706
POPM BASED RATE CALCULATIONS		Description		Totals		•	,		Operatns	and		and	
Cost Center Peer Groups Cost Center Center Cost Center Cos				a	b	С	d	е	f	g	g	h	i
AF FRONTING PROPERTY GROUPS AF F	<u>PC</u>	OPM BASED RATE CALCULATIONS											
2 Peer Group Standardis-Percentals (see Poley Manual) 0.00%	1	Type of Facility within Peer Group	(see Policy Manual)		l I	All Facilities	Free Standing						
3 Pere Group Standarder Multipler Issee Pericy Manual) Issee		·											
Base Period Protein Mixwed Amounts See Period Per Diem Rate Prior to Add-on Per Diem See Period Per Diem Rate Prior to Add-on Per Diem See Period Per Diem Rate Prior to Add-on Per Diem See Period Period Diem See		,	•		l I								
Base Period Per Diem Allowed Amounts	4	·			l I								
As Filed Cost Center Costs (Routine & Special Srives Combined) As Filed Cost Center Costs (Routine & Special Srives Combined) As Filed Cost Center Costs (Routine & Special Srives Combined) As Filed Cost Center Costs (Routine & Special Srives) As Filed Cost Center			(,		,	,	, ,	, ,		,			
A Arlied Cost Center Costs (LIPL) As Field Cost Center Costs (LIPL) As Fie	_		As Filed FV24 C/D FV24 CL/DL Day	©2 720 054	€4 07C 704	r ₀	₩040 F00	#0 57.070	ф <u>о</u>	ФЕОО 022		6477 447	¢o.
As Filed Cost Center Costs (EJ-PL) As Filed FY21 GLPL Rpt As Filed Cost Center Costs (Trans. and Insurance) As Filed Cost Center Costs (Africa) As Filed Cost Center Costs (Af		·	·		' '							. ,	\$0
As Filed Cost Center Costs (Tause and Insurance) As Filed Cost Center Costs (Tause and Insurance) F721 Audited CR F722 Audited CR F722 Audited CR F723 Audited CR F723 Audited CR F723 Audited CR F724 Audited CR F725 Audited CR F725 Audited CR F725 Audited CR F726 Audited CR F726 Audited CR F726 Audited CR F727 Audited CR F728 Audited	0	•	•	(\$79,631)	Φ0	\$0	\$0	(\$1,566)	(\$1,433)	(\$60,607)	¢49.020	(\$16,203)	
Total Nursing Facility Days		,	·								Φ40,030		\$16.066
Total Nursing Facility Days	7	·		\$3 714 516	\$1 976 701	\$0	\$319 522	\$356,090	(\$1 433)	\$538 326	\$48,030	\$461 214	
Total Nursing Facility Days GL-PL Ins. Rpt	8	•			ψ1,070,701	Ψ	ψο 10,022	φοσο,σσσ	(ψ1,100)	ψ000,020	ψισ,σσσ	ψ101, 2 11	ψ10,000
9 Net Per Diems prior to Model Adjistmit to Routine Srvcs 10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adjistmit to Routine Srvcs 11 Routine Srvcs Model Adjistmit to Routine Srvcs 12 Net Per Diems after Model Adjistmit to Routine Srvcs 13 Per Diem Standards (After Statewards CMA for Routine Srvcs) 14 Base Period Model Adjistmit to Routine Srvcs 15 Growth Allowance Percentage = 0.00% 16 Growth Allowance Percentage = 0.00% 17 Quarterly Per Diem Rate Prior to Add-ons 18 Quarterly Residents 19 Quarterly Medicaid CMA Net Per Diem 19 Quarterly Medicaid CMA Model Per Diem 19 Quarterly Medicaid CMA Model Adjistmit to Routine Srvcs 10 Lin 14 Lin 15 10 Cuarterly Medicaid CMA Model Adjistmit to Routine Srvcs 10 Lin 14 Lin 15 11 Bush Period Model Adjistmit to Routine Srvcs 10 Lin 14 Lin 15 11 Bush Period Model Adjistmit to Routine Srvcs 10 Lin 14 Lin 15 11 Bush Period Model Adjistmit to Routine Srvcs 10 Lin 14 Lin 15 11 Bush Period Model Adjistmit to Routine Srvcs 10 Lin 14 Lin 15 11 Bush Period Model Adjistmit to Routine Srvcs 12 Bush Period Model Adjistmit to Routine Srvcs 12 Bush Period Model Adjistmit to Routine Srvcs 13 Sp5.91 14 Bush Period Model Adjistmit to Routine Srvcs 15 Sp5.91 15 Growth Allowance Percentage = 0.00% 15 Growth Allowance Percentage = 0.00% 15 Growth Allowance Percentage = 0.00% 16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Model for Medicaid Routine Srvcs Model Adjist (CMA) Net Per Diem 18 Growth Allowance Per Diem (Bush Add-on Net Per Diem 19 Quarterly Per Diem Add-on Amounts 19 Quarterly Per Diem Add-on Amounts 10 Efficiency Add-on Per Diem (Sind - Alwd) x.75, up to max, or o) 10 Sp5.91 11 Po Colb x Srp Add-on 11 Sp5.91 12 Sp5.91 13 Sp5.91 14 Sp5.91 15 Sp5.91 15 Sp5.91 15 Sp5.91 15 Sp5.91 16 Sp5.91 17 Sp5.90			FY21 GL-PL Ins Rpt Days								20,795		
Routine Srvcs Model Adjstd (CMA) Net Per Diem	9		Ln 7 / Ln 8 Col a	\$178.63	\$95.06	\$0.00	\$15.37	\$17.05	(with L&H)	\$25.89		\$22.18	\$0.77
12 Net Per Diems after Model Adjistmt to Routine Srvcs RS = Ln 11, AllOthir = Ln 9 \$72.96 \$0.00 \$15.37 \$17.05 \$25.89 \$2.31 \$22.18 \$0.77 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$141.79 \$72.96 \$0.00 \$15.37 \$17.05 \$25.89 \$2.31 \$7.44 \$0.77 14 Quarterly Per Diem Rate Prior to Add-ons Ln 14 × Grwth Allware & \$0.00 \$0.00	10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3030</u>								
Per Diem Standards (After Statewide CMA for Routine Srvcs)	11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.96								
14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$141.79 \$72.96 \$0.00 \$15.37 \$17.05 \$25.89 \$2.31 7.44 \$0.77	12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.96	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	\$22.18	\$0.77
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwnc % \$0.00 0.00 \$	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
Counterly Per Diem Rate Prior to Add-ons Circuit Prior Prior Rate Prior to Add-ons Circuit Prior Prior Rate Prior to Add-ons Circuit Prior Rate Prior Rate Prior to Add-ons Circuit Prior Rate Prior to Add-ons Circuit Prior Rate Prior to Add-ons Circuit Prior Rate Prior Rate Prior to Add-ons Circuit Prior Rate Prior Rate Prior Rate Prior to Add-ons Circuit Prior Rate Prior	14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.79	\$72.96	\$0.00	\$15.37	\$17.05		\$25.89	\$2.31	7.44	\$0.77
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allownc % \$0.00		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
16 CMA Allowed Per Diem (Atter Growth Allowance Add-on) Ln 14 + Ln 15 \$141.79 \$72.96 \$0.00 \$15.37 \$17.05 \$0.00 \$25.89 \$2.31 \$7.44 \$0.77 17 Quarterly Facility Model for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$95.91 \$95.91 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$164.74 \$95.91 \$0.00 \$15.37 \$17.05 \$0.00 \$25.89 \$2.31 \$7.44 \$0.77 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem (Istnd - Alwd] x.75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 20 BIMS Add-on Per Diem = 10.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.96 \$0.96 \$0.96 21 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs) Ln 19 Col b x Stfrig Add-on \$1.92 \$1.92 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 \$21.51 \$3.41 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 20 \$17.47 \$0.00	15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
18 Ortrly Routine Strocs Model Adjstd (CMA) Net Per Diem		CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15										\$0.77
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$164.74 \$95.91 \$0.00 \$15.37 \$17.05 \$0.00 \$25.89 \$2.31 \$7.44 \$0.77	17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3145</u>								
Quarterly 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 \$0.96 \$0.96 \$0.96 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$1.92 \$1.92 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 \$21.51 \$3.41 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.91								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.0	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.74	\$95.91	\$0.00	\$15.37	\$17.05	\$0.00	\$25.89	\$2.31	\$7.44	\$0.77
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.0		Quarterly Per Diem Add-on Amounts											
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.96 \$0.9	20	•	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$1.92 \$1.92 \$1.92 \$17.10 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10			Ln 19 Col b x CPS Add-on					·					
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.51 \$3.41 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$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		\$1.92								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Model Based Per Diem Rate \$186.25 \$99.32 \$0.00 \$15.59 \$17.46 \$0.00 \$43.36 \$2.31 \$7.44 \$0.77	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.51	\$3.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$186.25	\$99.32	\$0.00	\$15.59	\$17.46	\$0.00	\$43.36	\$2.31	\$7.44	\$0.77

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$126.86

	rovider: SOUTHWELL HEALTH AND REHABILITATION rvdr ID: 00059826A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 46.15%	Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period (ata	PDPM Facility 1.3761 1.3475	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PI	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Bed Size Range Within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			22.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,115,461	\$4,680,583	\$0	\$1,064,464	\$266,661	\$389,237	\$370,570		\$1.343.946	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$30,264)	\$0	\$0	\$1,004,404	\$200,001	\$0	(\$18,221)		(\$12,043)	ΨΟ
"	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$30,204)	Ψ0	ΨΟ	ΨΟ	Ψ0	ΨΟ	(ψ10,221)	\$15,867	(ψ12,043)	
	As Filed Cost Center Costs (GEPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$15,007		\$12,043
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,113,107	\$4,680,583	\$0	\$1,064,464	\$266,661	\$389,237	\$352,349	\$15,867	\$1,331,903	\$12,043
8	Total Nursing Facility Days As Filed Days = 33,254	FY21 Audited C/R Days	33,254	ψ+,000,303	ΨΟ	ψ1,004,404	Ψ200,001	ψ303,237	ψ552,545	ψ13,007	ψ1,551,565	Ψ12,040
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,254	FY21 GL-PL Ins Rpt Days	00,204							33,254		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$243.97	\$140.75	\$0.00	\$32.01	\$19.72	(with L&H)	\$10.60	· ·	\$40.05	\$0.36
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	ψ2 10.01	<u>1.3761</u>	ψ0.00	ψοΣ.σ.	Ų10.72	(111.1.1.1)	ψ10.00	ψο. 10	Ψ10.00	ψ0.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.28								
12		RS = Ln 11, AllOthr = Ln 9		\$102.28	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	\$40.05	\$0.36
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$37.13	\$33.28		\$36.91	\$0.00	N/A	ψ0.00
14		Lesser of Ln 12 or Ln 13	\$190.12	\$102.28	\$0.00	\$32.01	\$19.72		\$10.60	\$0.48	24.67	\$0.36
			******	************	*****	702.01			,	*****	(FRV)	75.55
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$190.12	\$102.28	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36
17	, , <u> </u>	per Current Qtr End		1.3475								
18		Ln 16 x Ln 17	A	\$137.82	** • • •	400.0	A	00.00	.		40:	A 2 - 2
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.66	\$137.82	\$0.00	\$32.01	\$19.72	\$0.00	\$10.60	\$0.48	\$24.67	\$0.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$7.58	\$7.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.34	\$12.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$256.00	\$150.06	\$0.00	\$32.23	\$20.13	\$0.00	\$28.07	\$0.48	\$24.67	\$0.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.18									

	rovider: CORDELE HEALTH AND REHABILITATION rvdr ID: 00059892A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 18.52%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period (ata_	PDPM Facility 1.6110 1.3350	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM 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 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,323,383	\$3,422,865	\$0	\$593,067	\$261,502	\$272,847	\$1,190,580		\$582,522	\$0
	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts			\$0	(\$141,973)			' ' '		. ,	Φ0
6	•	As Filed FY21 GL/PL Rpt	(\$126,965)	\$212,715	\$0	(\$141,973)	(\$2,295)	(\$41,405)	(\$148,227)		(\$5,780)	
	As Filed Cost Center Costs (GL/PL)	As Filed F121 GL/FL Kpt As Filed FY21 C/R								\$48,092		#7.070
7	As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	PC 252 490	#2 625 F00	* 0	¢454.004	\$250.207	\$224_442	¢4 040 050	£48,000	\$576,742	\$7,979 \$7,979
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 18,671	FY21 Audited C/R FY21 Audited C/R Days	\$6,252,489 18,679	\$3,635,580	\$0	\$451,094	\$259,207	\$231,442	\$1,042,353	\$48,092	\$576,742	\$7,979
0		FY21 GL-PL Ins Rpt Days	10,079							18,679		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,671	Ln 7 / Ln 8 Col a	¢224.72	¢104 62	\$0.00	¢24.15	¢26.27	(with LOLI)	\$55.80	\$2.57	\$30.88	\$0.43
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	from 2 qtrs of FY21	\$334.73	\$194.63	\$0.00	\$24.15	\$26.27	(with L&H)	φοο.δυ	\$2.57	\$30.00	\$0.43
10	Base Period Facility Model for All Residents	Ln 9 / Ln 10		1.6110								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$120.81	\$0.00	¢04.45	\$00.07		ΦEE 00	₽0 57	Ф20 00	\$0.43
12	,	per Peer Group Limits		\$120.81 \$104.63	\$0.00	\$24.15	\$26.27		\$55.80	\$2.57	\$30.88 N/A	\$0.43
13	, ,	Lesser of Ln 12 or Ln 13	#204 G2	· .	¢0.00	\$37.13	\$33.28 \$26.27		\$36.91	\$0.00 \$2.57	9.67	ФО 42
14	Base Period Model Adjusted Allowed Per Diem	Lessel of Lif 12 of Lif 13	\$204.63	\$104.63	\$0.00	\$24.15	\$20.27		\$36.91	\$2.57	9.67 (FRV)	\$0.43
	Quarterly Per Diem Rate Prior to Add-ons										(* * * * * * * * * * * * * * * * * * *	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.63	\$104.63	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3350</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$239.69	\$139.68	\$0.00	\$24.15	\$26.27	\$0.00	\$36.91	\$2.57	\$9.67	\$0.43
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	, ,,,,,				, ,,,,,		+3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.19	\$4.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24		Sum of Lns 20 thru 23	\$21.92	\$4.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$261.61	\$143.87	\$0.00	\$24.37	\$26.68	\$0.00	\$54.01	\$2.57	\$9.67	\$0.43
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.38			I		1				
_0	, , , , , , , , , , , , , , , , , , , ,	1	7.00.00									

	ovider: DUBLINAIR HEALTH & REHAB ovdr ID: 00059947A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 31.76%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.3913 1.3743	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DD	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u>FL</u>	PIN BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(ess sone) manage,			7	,,,,,	,,,,,,		,,,,,,			
	Base Period Per Diem Allowed Amounts	A E' LEVOLOR EVOLOR D	A 0.700.000	40.005.040		0070.000	4004.007		* • • • • • • • • • • • • • • • • • • •		# 700.050	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,723,633	\$3,635,916	\$0	\$673,920	\$631,207	\$0	\$1,049,540		\$733,050	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$193,169)	(\$340,290)	\$0	\$0	\$1,281	\$557	\$208,447	Φ0	(\$63,164)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$0		\$57,463
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,587,927	\$3,295,626	\$0	\$673,920	\$632,488	\$557	\$1,257,987	\$0	\$669,886	\$57,463 \$57,463
8	Total Nursing Facility Days As Filed Days = 31,218	FY21 Audited C/R Days	31,222	φ3,293,020	φυ	\$673,920	\$032,400	φ557	\$1,237,967	φ0	φ009,000	φ57,405
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,218	FY21 GL-PL Ins Rpt Days	31,222							31,222		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.00	\$105.55	\$0.00	\$21.58	\$20.28	(with L&H)	\$40.29	\$0.00	\$21.46	\$1.84
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	42 11100	1.3913	ψο.σσ	42	420.20	(**************************************	Ų 10.20	ψο.σσ	Ψ=σ	ψσ.
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.87								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.87	\$0.00	\$21.58	\$20.28		\$40.29	\$0.00	\$21.46	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	,
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.88	\$75.87	\$0.00	\$21.58	\$20.28		\$36.91	\$0.00	9.40	\$1.84
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	00.00	0.00	00.00	\$0.00	\$0.00	\$0.00	\$0.00	NI/A	N/A	N/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$165.88	0.00 \$75.87	\$0.00 \$0.00	\$21.58	\$0.00 \$20.28	\$0.00	\$0.00 \$36.91	N/A \$0.00	\$9.40	\$1.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ100.00	1.3743	ψ0.00	Ψ21.50	Ψ20.20	ψ0.00	ψ50.51	Ψ0.00	ψ5.40	Ψ1.0-
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.28	\$104.27	\$0.00	\$21.58	\$20.28	\$0.00	\$36.91	\$0.00	\$9.40	\$1.84
				, , ,,	+	,5			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ų .	*
	Quarterly 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	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$3.13 \$17.10	\$3.13					\$17.10			
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$6.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
				-	-		-	-				
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.28	\$110.54	\$0.00	\$21.80	\$20.69	\$0.00	\$54.01	\$0.00	\$9.40	\$1.84

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$150.89

	rovider: RIVER TOWNE CENTER rvdr ID: 00082684A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 23.08%	Add-on Percent 0.00% 1.0% 3.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.8756 2.1074	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
D	DOM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u> </u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0.53</i>	\$0.00	\$0.22	\$0.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,985,902	\$4,829,017	\$0	\$664,958	\$579,286				\$1,109,281	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$306,534)	(\$75,593)	\$0	\$0	(\$10,418)	(\$8,885)	(\$137,926)		(\$73,712)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$200,258		
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	\$0.050.000	* 4.750.404		0004.050	# 500,000	(00.005)	₩4 005 404	#000 0F0	#4 005 500	\$71,256
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 39,612	FY21 Audited C/R FY21 Audited C/R Days	\$8,950,882 39,612	\$4,753,424	\$0	\$664,958	\$568,868	(\$8,885)	\$1,665,434	\$200,258	\$1,035,569	\$71,256
0	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,612 As Filed Days = 39,612	FY21 GL-PL Ins Rpt Days	39,012							39,612		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.97	\$120.00	\$0.00	\$16.79	\$14.14	(with L&H)	\$42.04	\$5.06	\$26.14	\$1.80
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ220.07	1.8756	ψ0.00	ψ10.73	ψιτιιτ	(War Early	Ψ+2.0+	φ0.00	Ψ20.14	Ψ1.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.98								
12		RS = Ln 11, AllOthr = Ln 9		\$63.98	\$0.00	\$16.79	\$14.14		\$42.04	\$5.06	\$26.14	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	, , , , , ,	\$26.82	\$33.28		\$36.91	\$0.00	N/A	,
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$146.97	\$63.98	\$0.00	\$16.79	\$14.14		\$36.91	\$5.06	8.29	\$1.80
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	#0.00	\$0.00	NI/A	NI/A	NI/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwin Allwinc %	\$0.00 \$146.97	0.00 \$63.98	\$0.00 \$0.00	\$0.00 \$16.79	\$0.00 \$14.14	\$0.00 \$0.00	\$0.00 \$36.91	N/A \$5.06	N/A \$8.29	N/A \$1.80
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ140.97	2.1074	ψ0.00	φ10.79	ψ14.14	ψ0.00	ψ50.31	ψυ.υυ	ψ0.29	ψ1.00
18		Ln 16 x Ln 17		\$134.83								
19		RS = Ln 18, AllOthr = Ln 16	\$217.82	\$134.83	\$0.00	\$16.79	\$14.14	\$0.00	\$36.91	\$5.06	\$8.29	\$1.80
									·			
00	Quarterly Per Diem Add-on Amounts	(and Deline Married)	04.40	#0.50	* 0.00	#0.00	00.44	# 0.00	# 0.00		# 0.00	
20		(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16 \$1.25	\$0.53 \$1.35	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on	\$1.35 \$4.04	\$1.35 \$4.04								
23		(Fixed Amount)	\$17.10	ψ4.04					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.65	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$241.47	\$140.75	\$0.00	\$17.01	\$14.55	\$0.00	\$54.01	\$5.06	\$8.29	\$1.80
			-	ψ140.73	φυ.υυ	\$17.01	φ14.33	φυ.υυ	φυ 4. υ1	φ5.00	Ψ0.23	φ1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.28									

	rovider: HEARDMONT HEALTH AND REHABILITATION rvdr ID: 00082981A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 29.55%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (ata_	PDPM Facility 1.5202 1.2350	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.007	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,822,690	\$1,397,452	\$0	\$278,543	\$350,395	\$0	\$554,209		\$242,091	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$53,131)	' ' '	\$0	\$0	\$0	\$0	(\$19,802)		(\$17,822)	ΨΟ
"	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$33,131)	(ψ15,507)	ΨΟ	ΨΟ	Ψ0	ΨΟ	(ψ19,002)	\$0	(ψ17,022)	
	As Filed Cost Center Costs (GEFL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ0		\$17,822
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,787,381	\$1,381,945	\$0	\$278,543	\$350,395	\$0	\$534,407	\$0	\$224,269	\$17,822
8	Total Nursing Facility Days As Filed Days = 15,257	FY21 Audited C/R Days	15,257	ψ1,501,545	ΨΟ	Ψ270,543	ψ550,595	ΨΟ	ψ554,407	\$0	ΨΖΖ4,209	Ψ17,022
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,257 As Filed Days = 15,257	FY21 GL-PL Ins Rpt Days	10,207							15,257		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.71	\$90.58	\$0.00	\$18.26	\$22.97	(with L&H)	\$35.03	\$0.00	\$14.70	\$1.17
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	ψ102.71	1.5202	ψ0.00	ψ10.20	ΨΖΖ.57	(Mar Earl)	ψοσ.σσ	ψο.σσ	Ψ14.70	Ψ1.17
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.58								
12		RS = Ln 11, AllOthr = Ln 9		\$59.58	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	\$14.70	\$1.17
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ1.17
14	,	Lesser of Ln 12 or Ln 13	\$146.02	\$59.58	\$0.00	\$18.26	\$22.97		\$35.03	\$0.00	9.01	\$1.17
' '	Base Forest Medel / Najastes / Michiga Forest Brown		Ų110.0 <u>2</u>	ψου.σσ	ψ0.00	Ų 10.20	\$22.07		ψοσ.σσ	φο.σσ	(FRV)	Ψ
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$146.02	\$59.58	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17
17	, , <u> </u>	per Current Qtr End		<u>1.2350</u>								
18	, , ,	Ln 16 x Ln 17		\$73.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.02	\$73.58	\$0.00	\$18.26	\$22.97	\$0.00	\$35.03	\$0.00	\$9.01	\$1.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.58	\$3.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$181.60	\$77.06	\$0.00	\$18.48	\$23.38	\$0.00	\$52.50	\$0.00	\$9.01	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.38			1		1	1			

	ovider: AUTUMN LANE HEALTH AND REHABILITATION ovdr ID: 00082992A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 26.47%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (Quarterly Med	Overall:	ata_	PDPM Facility 1.2741 1.3298	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(000 / 000)			70.00	,,,,,	, , , , , ,		,,,,,,			
_	Base Period Per Diem Allowed Amounts	As Filed FV04 O/D FV04 OL/DL Dea	#0.075.040	#0.000.400	# 0	# 500.044	0047.444	Ф.	* 4 440 040		Φ4 7 00 5 40	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,875,249	' ' '	\$0	\$509,241	\$647,414	\$0	\$1,113,943		\$1,702,519	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$329,585)	(\$3,033)	\$0	(\$742)	\$0	(\$979)	(\$85,852)		(\$238,979)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$88,400		\$238,979
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,873,043	\$2,899,099	\$0	\$508,499	\$647,414	(\$979)	\$1,028,091	\$88,400	\$1,463,540	\$238,979
8	Total Nursing Facility Days As Filed Days = 25,994	FY21 Audited C/R Days	25,994	Ψ2,033,033	ΨΟ	ψ500,499	ψ047,414	(ψ919)	ψ1,020,091	φου,4ου	ψ1,403,340	Ψ230,979
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,994	FY21 GL-PL Ins Rpt Days	20,001							25,994		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$264.40	\$111.53	\$0.00	\$19.56	\$24.87	(with L&H)	\$39.55	\$3.40	\$56.30	\$9.19
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2741	,	,	, ,	, ,	,	, , ,	******	**
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.54								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.54	\$0.00	\$19.56	\$24.87		\$39.55	\$3.40	\$56.30	\$9.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.54	\$87.54	\$0.00	\$19.56	\$24.87		\$36.91	\$3.40	35.07	\$9.19
	Overtarly Par Diam Rate Brief to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.54	\$87.54	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	,	1.3298	+0.00		,,	+5.55	+30.01	+55	Ţ-3.0.	, ,,,,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.41	\$116.41	\$0.00	\$19.56	\$24.87	\$0.00	\$36.91	\$3.40	\$35.07	\$9.19
	Overtally Ben Biam Add on Assessed											
20	Quarterly Per Diem Add-on Amounts 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		90.00	
20	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.υυ		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$5.82	\$5.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$3.02					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.24	\$7.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.65	\$123.92	\$0.00	\$19.78	\$25.28	\$0.00	\$54.01	\$3.40	\$35.07	\$9.19
			72.5.50	7:20:02		,,,,,,	,	,,,,,,	,,,,,,	750	,	753

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$190.16

	ovider: SIGNATURE HEALTHCARE AT TOWER ROAD odr ID: 00083003A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 22.06%	Add-on Percent 0.00% 1.0% 1.0%		Facility Mod Base Period (Quarterly Med		<u>ta</u>	PDPM Facility 1.4525 1.5723	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , ,			·				,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$40.070.044	↑ • • • • • • • • • • • • • • • • • • •	r ₀	↑ 700.405	Ф7 ГО ООО	# 0	₾ 0 470 400		#0.000.000	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$12,672,211 (\$305,769)	\$5,954,005 (\$51,163)	\$0 \$0	\$788,185 (\$1,654)	\$752,233	\$0 (\$7,419)			\$2,699,302 (\$86,834)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$303,769)	(\$51,103)	φυ	(\$1,034)	(\$2,819)	(\$7,418)	(\$155,001)	\$142,704	(\$00,034)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$142,704		\$87,082
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,596,228	\$5,902,842	\$0	\$786,531	\$749,414	(\$7,418)	\$2,322,605	\$142,704	\$2,612,468	\$87,082
8	Total Nursing Facility Days As Filed Days = 40,589	FY21 Audited C/R Days	40,590	ψ0,002,042	ΨΟ	ψ/00,001	ψ/ +3, +1+	(ψ1,+10)	Ψ2,322,003	ψ142,704	Ψ2,012,400	ψ01,002
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,589	FY21 GL-PL Ins Rpt Days	.0,000							40,590		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$310.34	\$145.43	\$0.00	\$19.38	\$18.28	(with L&H)	\$57.22	\$3.52	\$64.36	\$2.15
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4525					·		·	
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.12								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.12	\$0.00	\$19.38	\$18.28		\$57.22	\$3.52	\$64.36	\$2.15
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.02	\$100.12	\$0.00	\$19.38	\$18.28		\$36.91	\$3.52	10.66	\$2.15
	Overteels Bas Bissa Bata Britanta Add ann										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.02	\$100.12	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	Ų.0.119 <u>2</u>	1.5723	Ψ0.00	V.0.00	Ų.0. <u>2</u> 0	ψο.σσ	ψοσιο .	Ψ0.02	Ψ.σ.σσ	Ψ=σ
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.31	\$157.42	\$0.00	\$19.38	\$18.28	\$0.00	\$36.91	\$3.52	\$10.66	\$2.15
	Overdeels Bas Bissa Add as A											
20	Quarterly Per Diem Add-on Amounts Efficiency Add on Per Diem (ISted Alyelly, 75 up to may or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.57	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$1.57	\$1.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ1.07					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.40	\$3.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.71	\$161.09	\$0.00	\$19.60	\$18.69	\$0.00	\$54.01	\$3.52	\$10.66	\$2.15
20	and the second of Stori Hate		Ψ200.11	ψ.σσσ	ψ0.00	ψ.5.00	ψ.0.03	Ψ0.00	Ψ04.01	ψ0.02	ψ.υ.υυ	Ψ2.10

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$189.46

	rovider: GREEN ACRES HEALTH AND REHABILITATION rvdr ID: 00083014A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 27.40%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (Quarterly Med	edicaid:		PDPM Facility 1.4249 1.3145	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
D	DDM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u> </u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-		(See I Oiley Ivialidal)		ψ0.00	ψ0.00	ψ0.22	φυ.+1		ψ0.57			
_	Base Period Per Diem Allowed Amounts	As Elled EVOA OUR EVOA OURI Res	***	#0.004.405	*	# 500.070	0040 445		* 4 * 4 * 004		# 000 400	Φ0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$6,134,826 (\$185,727)	\$2,691,135 (\$4,676)	\$0 \$0	\$500,979 (\$714)	\$619,415 \$0	\$0 \$1,176	\$1,514,804 (\$150,363)		\$808,493 (\$31,150)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$165,727)	(\$4,676)	\$0	(\$714)	\$0	\$1,176	(\$150,363)	\$101,920	(\$31,150)	
	As Filed Cost Center Costs (GLFL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$101,920		\$31,150
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,082,169	\$2,686,459	\$0	\$500,265	\$619,415	\$1,176	\$1,364,441	\$101,920	\$777,343	\$31,150
8	Total Nursing Facility Days As Filed Days = 25,003	FY21 Audited C/R Days	25,003	ψ=,σσσ, .σσ		\$555,255	\$0.0,0	4.,	4 1,00 1, 1 1 1	4.0.,020	ψ,σ.ισ	ψοι,.σσ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,003	FY21 GL-PL Ins Rpt Days								25,003		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$243.27	\$107.45	\$0.00	\$20.01	\$24.82	(with L&H)	\$54.57	\$4.08	\$31.09	\$1.25
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4249								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.41								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.41	\$0.00	\$20.01	\$24.82		\$54.57	\$4.08	\$31.09	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.83	\$75.41	\$0.00	\$20.01	\$24.82		\$36.91	\$4.08	11.35	\$1.25
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.83	\$75.41	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3145</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.54	\$99.13	\$0.00	\$20.01	\$24.82	\$0.00	\$36.91	\$4.08	\$11.35	\$1.25
	Quarterly Per Diem Add-on Amounts											
20	· · ·	(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	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.96	\$4.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.75	\$105.61	\$0.00	\$20.23	\$25.23	\$0.00	\$54.01	\$4.08	\$11.35	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.49									

Provider: ABERCORN REHABILITATION CENTER Prvdr ID: 00083025A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 25.00%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (Overall:	ata	PDPM Facility 1.3270 1.3441	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.007	05.00/		50.00/			
Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,104,821	\$2,734,122	\$0	\$429,826	\$448,449	\$0	\$1,179,121		\$1.313.303	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$287,323)		\$0	\$429,820	\$610	\$694	(\$124,540)		(\$71,956)	φυ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$207,323)	(φ92,131)	φυ	φ0	φοιο	φ094	(ψ124,540)	\$213,308	(\$71,930)	
As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ213,306		\$72,167
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	¢6 102 072	\$2,641,991	\$0	\$429,826	\$449,059	\$694	\$1,054,581	\$213,308	\$1,241,347	\$72,167
8 Total Nursing Facility Days As Filed Days = 25,214	FY21 Audited C/R Days	25,214	φ2,041,991	φυ	φ429,020	φ 44 9,039	φ094	\$1,054,561	φ213,300	φ1,241,341	\$72,107
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,214 As Filed Days = 25,214	FY21 GL-PL Ins Rpt Days	23,214							25,214		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$242.05	\$104.78	\$0.00	\$17.05	\$17.84	(with L&H)	\$41.83	\$8.46	\$49.23	\$2.86
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψ242.03	1.3270	Ψ0.00	ψ17.03	\$17.04	(With Earl)	Ψ41.03	ψ0.40	Ψ43.23	Ψ2.00
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.96								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.96	\$0.00	\$17.05	\$17.84		\$41.83	\$8.46	\$49.23	\$2.86
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	Ψ0.00	\$26.82	\$33.28		\$36.91	\$0.40	N/A	Ψ2.00
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.54	\$78.96	\$0.00	\$17.05	\$17.84		\$36.91	\$8.46	11.46	\$2.86
Base I shou Model / Ajasted / Allowed I et Bielli		ψ170.04	ψ/ 0.50	ψ0.00	ψ17.00	ψ17.04		φοσ.σ τ	ψο. το	(FRV)	Ψ2.00
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	\$173.54	\$78.96	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3441</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.13								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.71	\$106.13	\$0.00	\$17.05	\$17.84	\$0.00	\$36.91	\$8.46	\$11.46	\$2.86
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.31	\$5.31								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.63	\$6.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$225.34	\$113.03	\$0.00	\$17.27	\$18.25	\$0.00	\$54.01	\$8.46	\$11.46	\$2.86
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.18			1		1	ı			

	ovider: LYNN HAVEN HEALTH AND REHABILITATION ovdr ID: 00083036A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 51.92%	Add-on Percent 0.00% 5.5% 5.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.3570 1.1981	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u></u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , ,			·							
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	# F 200 250	Φο 507 07 5	¢o.	€405.744	Ф 700 гоо	ф <u>о</u>	#004 200		Ф 7 04 040	¢ο
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$5,392,350	\$2,527,375	\$0 \$0	\$465,714 (\$587)	\$786,530 \$0	\$0 (\$555)	\$881,388 (\$73,181)		\$731,343 (\$32,619)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$109,338)	(\$2,396)	Φ0	(\$567)	Φ0	(\$555)	(\$73,101)	\$80,080	(\$32,619)	
	As Filed Cost Center Costs (GL/FL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$60,060		\$32,619
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,395,711	\$2,524,979	\$0	\$465,127	\$786,530	(\$555)	\$808,207	\$80,080	\$698,724	\$32,619
8	Total Nursing Facility Days As Filed Days = 20,533	FY21 Audited C/R Days	20,533	42,02 .,010	ų.	\$.55, .2.	4.00,000	(\$333)	4000,20 .	400,000	φοσο,	ψ0 <u>2</u> ,0.0
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,533	FY21 GL-PL Ins Rpt Days								20,533		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$262.78	\$122.97	\$0.00	\$22.65	\$38.28	(with L&H)	\$39.36	\$3.90	\$34.03	\$1.59
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3570</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.62								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.62	\$0.00	\$22.65	\$38.28		\$39.36	\$3.90	\$34.03	\$1.59
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.51	\$90.62	\$0.00	\$22.65	\$33.28		\$36.91	\$3.90	13.56	\$1.59
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.51	\$90.62	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$1.59
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.1981</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.46	\$108.57	\$0.00	\$22.65	\$33.28	\$0.00	\$36.91	\$3.90	\$13.56	\$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)	\$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	\$5.97	\$5.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (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	\$29.25	\$11.93	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.71	\$120.50	\$0.00	\$22.87	\$33.28	\$0.00	\$54.01	\$3.90	\$13.56	\$1.59

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$174.46

Description		ovider: MAGNOLIA MANOR OF COLUMBUS NURSING CE ovdr ID: 00083047A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per (re:	N/A 41.03%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C	Overall:	ita_	PDPM Facility 1.6458 1.6873	PDPM Statewide 1.4210 1.3706
POPM BASED RATE CALCULATIONS		Description		Totals		•	,		Operatns	and		and	Taxes and Insurance
Cost Center Peer Groups (see Policy Manual) Family				a	b	С	d	е	f	g	g	h	i
## AF PAINTING ## AF	PD	OPM BASED RATE CALCULATIONS											
2 Peer Group Standards: Analysis Peer Group Standards: Analy	1	Type of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing						
See Period Standards Authorises 100.0% 100.0% 100.0% 100.0% 50.03 50.00 50.02 50.11 50.03 50.03 50.00 50.02 50.11 50.03 50.03 50.00 50.03 50.00 50.03 50.00 50.03 50.00 50.03 50.00 50.03 50.00 50.03 50.00 50.03 50.00		·											
Base Period Protein Allowed Amounts See Protein Protein Protein Amounts See Protein Protein Amounts See Protein Protein Protein Amounts See Protein Protein Amounts See Protein Protein Amounts See Protein Amounts See Protein Protein Protein Amounts See Protein Prot		,											
Base Period Per Diem Allowed Amounts	4	·					l						
A Filed Cost Center Costs (Routine & Special Since Cumbrines) A Filed Cost Center Costs (Routine & Special Since Cumbrines) A Filed Cost Center Costs (GULT) A Filed Cost Center Costs (If cases and Insurance) First Outlined CR Cost Center Costs (If cases) A Filed Cost Center Cost (If cases) A Fil		, , , , , , , , , , , , , , , , , , ,	, ,			,	,						
A Judit Adjustments and Realiocations to Cost Center Costs FY21 CR Audit Adjustments (\$449,008) (\$47,703) \$0 \$0 \$0 \$0.00 \$0.	_		As Filed FV04 C/D FV04 CL/DL Pet	CO 540 750	£4.407.400	r ₀	£4 000 040	\$005.050	(C)	Φ4 004 5 40		ФС4С Г 4О	¢o.
As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxwa and Insurance) As Filed FY21 GUR As Filed Cost Center Costs Affer Author Agistments Total Nursing Facility Days As Filed Days = 36,280 Total Nursing Facility Days As Filed Days = 36,280 FY21 Author CR Days FY21 Author		· · ·	·	' ' '									\$0
As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs (Taxes Cost Cost Cost Cost Cost Cost Cost Cos	0	·	•	(\$449,008)	(\$47,703)	\$0	\$0	\$2,907	(\$22,132)	(\$346,264)	\$200 E02	(\$33,790)	
First Audited CIR St. Audi		i i i i i i i i i i i i i i i i i i i	·								\$290,503		\$30,780
Total Nursing Facility Days As Filed Days = 36,280 FY21 Audited C/R Days 58,000 FY21 Audi	7	·		\$8 392 031	\$4 149 727	\$0	\$1,006,046	\$898 165	(\$22 132)	\$1 456 228	\$290 503	\$582 714	\$30,780
Total Nursing Facility Days GL-PL Ins. Rpt	8	•			ψ1,110,121	Ψ	ψ1,000,010	φοσο, 100	(ΨΣΣ, 10Σ)	Ψ1,100,220	Ψ200,000	ψοοΣ,7 1 1	ψου, ι σο
9 Net Per Diems prior to Model Adjistmt to Routine Srvcs			FY21 GL-PL Ins Rpt Days								36,280		
11 Routine Srvcs Model Adjistd (CMA) Net Per Diem	9		Ln 7 / Ln 8 Col a	\$231.32	\$114.38	\$0.00	\$27.73	\$24.15	(with L&H)	\$40.14	1	\$16.06	\$0.85
12 Net Per Diems after Model Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$69.50 \$0.00 \$27.73 \$24.15 \$40.14 \$8.01 \$16.06 13 Per Diem Standards (After Statewide CNA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$177.07 \$69.50 \$0.00 \$26.82 \$24.15 \$36.91 \$0.00 N/A 15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allwanc % \$0.00 0.00 \$0.00	10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.6458</u>								
Per Diem Standards (After Statewide CMA for Routine Sixtes) Per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A	11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.50								
Lesser of Ln 12 or Ln 13 Sample Sa	12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.50	\$0.00	\$27.73	\$24.15		\$40.14	\$8.01	\$16.06	\$0.85
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allownc % \$0.00	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons Crowth Allowance Percentage = 0.00% Ln 14 x Grwth Allwinc % \$0.00 0.00 \$0	14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.07	\$69.50	\$0.00	\$26.82	\$24.15		\$36.91	\$8.01		\$0.85
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allwork \$0.00 0.00 \$0.00		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
18 Ortrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 xLn 17 \$117.27 \$0.00 \$26.82 \$24.15 \$0.00 \$36.91 \$8.01 \$10.83			Ln 14 + Ln 15								1		\$0.85
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$224.83 \$117.27 \$0.00 \$26.82 \$24.15 \$0.00 \$36.91 \$8.01 \$10.83	17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6873								
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 \$0.41 \$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 = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.52 \$3.52 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 \$24.49 \$6.98 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00	18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.27								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) Sum of Lns 20 thru 23 Sum of Lns 20 thru 24 Sum of Lns 20 thru 25 Sum of Lns 20 thru 26 Sum of Lns 20 thru 26 Sum of Lns 20 thru 27 Sum of Lns 20 thru 28 Sum of Lns 20 thru 29 Sum of Lns 20 thru 20 Sum of Ln	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.83	\$117.27	\$0.00	\$26.82	\$24.15	\$0.00	\$36.91	\$8.01	\$10.83	\$0.85
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) Sum of Lns 20 thru 23 Sum of Lns 20 thru 24 Sum of Lns 20 thru 25 Sum of Lns 20 thru 26 Sum of Lns 20 thru 26 Sum of Lns 20 thru 27 Sum of Lns 20 thru 28 Sum of Lns 20 thru 29 Sum of Lns 20 thru 20 Sum of Ln		Quarterly Per Diem Add-on Amounts											
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 = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.52 \$3.52 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 \$2.449 \$6.98 \$0.00 \$0.00 \$0.41 \$0.00 \$17.10 \$0.00		•	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$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 \$3.52 \$3.52 \$3.52 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.49 \$6.98 \$0.00 \$0.00 \$0.41 \$0.00 \$17.10 \$0.00			Ln 19 Col b x CPS Add-on										
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.49 \$6.98 \$0.00 \$0.00 \$17.10 \$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	\$3.52	\$3.52								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Model Based Per Diem Rate \$249.32 \$124.25 \$0.00 \$26.82 \$24.56 \$0.00 \$54.01 \$8.01 \$10.83	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.49	\$6.98	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.32	\$124.25	\$0.00	\$26.82	\$24.56	\$0.00	\$54.01	\$8.01	\$10.83	\$0.85

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$174.17

	ovider: THE CENTER FOR ADVANCED REHAB AT PARKSI ovdr ID: 00083102A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 26.32%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.9339 1.4239	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Linciency ineasure maximums (see line 20 for actual)	(See Folicy Maridal)		φυ.σσ	φυ.υυ	φυ.22	φυ.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,262,638	\$5,162,429	\$0	\$951,976	\$836,361	\$0	\$1,796,117		\$1,515,755	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$244,358)	\$0	\$0	\$0	\$0	\$0	(\$77,384)		(\$166,974)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$77,384		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$166,974
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,262,638	\$5,162,429	\$0	\$951,976	\$836,361	\$0	\$1,718,733	\$77,384	\$1,348,781	\$166,974
8	Total Nursing Facility Days As Filed Days = 42,973	FY21 Audited C/R Days	42,973									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,973	FY21 GL-PL Ins Rpt Days								42,973		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$238.82	\$120.13	\$0.00	\$22.15	\$19.46	(with L&H)	\$40.00	\$1.80	\$31.39	\$3.89
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.9339</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$22.15	\$19.46		\$40.00	\$1.80	\$31.39	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.51	\$62.12	\$0.00	\$22.15	\$19.46		\$36.91	\$1.80	22.18	\$3.89
	Overteely Per Pierr Pete Pries to Add one										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	NI/A
15 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.51	0.00 \$62.12	\$0.00 \$0.00	\$0.00 \$22.15	\$19.46	\$0.00	\$0.00 \$36.91	\$1.80	\$22.18	N/A \$3.89
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ100.51	1.4239	ψ0.00	Ψ22.10	ψ13.40	Ψ0.00	ψ50.51	Ψ1.00	ΨΖΖ.10	ψ3.03
18	Quarterly Facility invocation investigated Nestderits Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.84	\$88.45	\$0.00	\$22.15	\$19.46	\$0.00	\$36.91	\$1.80	\$22.18	\$3.89
.5	ass.co., modelad on the money of broth		ψ10-1.0 1	Ψουτο	ψ0.00	Ψ22.10	ψ10. 7 0	Ψ0.00	ψου.σ1	ψ1.00	Ψ22.10	ψ0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.42	\$4.42								
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	\$23.56	\$5.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.40	\$94.28	\$0.00	\$22.37	\$19.87	\$0.00	\$54.01	\$1.80	\$22.18	\$3.89
				<u>'</u>		-	•			·		

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$150.98

Facility

Add-on

MAGNOLIA MANOR OF COLUMBUS NURSING CENTER - WEST Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00083124A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.6639 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 42.55% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.5660 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 3.88 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$7,643,902 \$4,019,980 \$0 \$873,375 \$799,950 \$0 \$1,449,789 \$500,808 \$0 FY21 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$302,675) \$0 \$0 \$0 \$0 (\$8,244)(\$256,599) (\$37,832) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$239,764 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$37 757 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$7.618.748 \$4,019,980 \$0 \$873,375 \$799.950 \$1,193,190 \$239,764 \$462,976 \$37,757 (\$8.244)FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 36,741 36,741 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,741 36.741 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$109.41 \$23.77 \$21.55 (with L&H) \$32.48 \$6.53 \$12.60 \$1.03 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.6639 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$65.75 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$65.75 \$21.55 \$0.00 \$23.77 \$32.48 \$6.53 \$12.60 \$1.03 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$162.77 \$65.75 \$23.77 \$21.55 11.66 \$32.48 \$6.53 \$1.03 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$162.77 \$65.75 \$0.00 \$23.77 \$21.55 \$32.48 \$6.53 \$0.00 \$11.66 \$1.03 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.5660

PDPM Shadow Rates. This is not your rate.

Ln 16 x Ln 17

RS = Ln 18, AllOthr = Ln 16

(see Policy Manual)

In 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

2.5% (to Routine Srvs)

Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)

Quarterly Medicaid CMA Allowed Per Diem

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

Quarterly Per Diem Add-on Amounts

BIMS Add-on Per Diem =

Nursing Home Provider Fee

18

20

21

22

23

24

\$102.96

\$102.96

\$0.53

\$2.57

\$4.12

\$7.22

\$110.18

\$23.77

\$0.22

\$0.22

\$23.99

\$0.00

\$0.00

\$0.00

\$0.00

\$21.55

\$0.41

\$0.41

\$21.96

\$32.48

\$0.37

\$17.10

\$17.47

\$49.95

\$0.00

\$0.00

\$0.00

\$0.00

\$6.53

\$0.00

\$6.53

\$11.66

\$0.00

\$0.00

\$1.03

\$0.00

\$1.03

\$199.98

\$1.53

\$2.57

\$4.12

\$17.10

\$25.32

\$225.30

PDPM

PDPM

	ovider: NHC HEALTHCARE ROSSVILLE ovdr ID: 00083146A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 30.67%	Add-on Percent 0.00% 2.5% 3.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.2464 1.3247	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
D.	ADM DAGED DATE GALGUL ATIONS		a	b	С	d	e	f	g	g	h	i
<u> </u>	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Linciency ineasure maximums (see line 20 for actual)	(see Folicy Manual)		φυ.υυ	φυ.υυ	φυ.22	φυ.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,071,352		\$0	\$676,800	\$584,344				\$314,795	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$217,738)	\$0	\$0	\$0	(\$2,108)	(\$2,635)	(\$155,245)		(\$57,750)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,600		
1_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R						(00.000)				\$57,282
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,072,496	\$4,261,696	\$0	\$676,800	\$582,236	(\$2,635)	\$1,078,472	\$161,600	\$257,045	\$57,282
8	Total Nursing Facility Days As Filed Days = 31,938 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,938	FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days	31,938							31,938		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,938 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$221.45	\$133.44	\$0.00	\$21.19	\$18.15	(with L&H)	\$33.77	\$5.06	\$8.05	\$1.79
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ221.43	1.2464	ψ0.00	Ψ21.13	φ10.13	(Will Lair)	ψ33.77	ψ5.00	ψ0.05	Ψ1.79
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.06								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$107.06	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	\$8.05	\$1.79
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	V
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.30	\$104.63	\$0.00	\$21.19	\$18.15		\$33.77	\$5.06	10.71	\$1.79
	·										(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	* 0.00	0.00	\$ 0.00	# 0.00	#0.00	# 0.00	\$ 0.00	N1/A	N1/0	N1/A
15	Growth Allowance Percentage = 0.00%	Ln 14 + Ln 15	\$0.00	0.00	\$0.00 \$0.00	\$0.00 \$21.19	\$0.00 \$18.15	\$0.00 \$0.00	\$0.00	N/A	N/A \$10.71	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$195.30	\$104.63 1.3247	\$0.00	\$21.19	\$10.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79
18	Quarterly Pacinity Moder for Medicald Residents Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.27	\$138.60	\$0.00	\$21.19	\$18.15	\$0.00	\$33.77	\$5.06	\$10.71	\$1.79
	·	·	V	***************************************	*****	,=	ļ , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	75.55	*	*****
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$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	\$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 (Fixed Amount)	\$4.16	\$4.16					647.40			
23	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$25.73	\$7.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
24	·				-	-						•
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$255.00	\$146.23	\$0.00	\$21.41	\$18.56	\$0.00	\$51.24	\$5.06	\$10.71	\$1.79
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.43									

Provider: SIGNATURE HEALTHCARE OF SAVANNAH Prvdr ID: 00083157A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 21.59%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4390 1.3519	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile Research Standards: A Mittel's and a Mi	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folioy Walidar)		ψ0.00	ψο.σσ	ψ0.22	ψ0.41		ψο.σ7			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	P7 046 500	£4.406.070	* 0	TC20 442	\$604.466	ФО.	\$4 044 244		¢400.00E	60
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	FY21 C/R Audit Adjstmts	\$7,846,509	\$4,486,272 (\$241,625)	\$0 \$0	\$628,442	\$601,166 \$1,596	\$0 \$1,642	\$1,941,344		\$189,285 (\$68,407)	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 GL/PL Rpt	(\$257,708)	(\$241,625)	\$0	(\$1,268)	\$1,596	\$1,642	\$50,444	£4.4C.202	(\$68,497)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$146,322		¢60,007
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,804,050	\$4,244,647	\$0	\$627,174	\$602,762	¢1 6/12	\$1,991,788	\$146,322	\$120,788	\$68,927 \$68,927
8 Total Nursing Facility Days As Filed Days = 37,322	FY21 Audited C/R Days	37,322	ψ4,244,047	Ψ0	\$027,174	ψ002,702	Ψ1,042	ψ1,991,700	ψ140,322	Ψ120,700	Ψ00,921
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,322	FY21 GL-PL Ins Rpt Days	07,022							37,322		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.10	\$113.73	\$0.00	\$16.80	\$16.19	(with L&H)	\$53.37	\$3.92	\$3.24	\$1.85
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4390				,			·	,
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$16.80	\$16.19		\$53.37	\$3.92	\$3.24	\$1.85
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.83	\$79.03	\$0.00	\$16.80	\$16.19		\$36.91	\$3.92	11.13	\$1.85
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.83	\$79.03	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3519								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.84								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.64	\$106.84	\$0.00	\$16.80	\$16.19	\$0.00	\$36.91	\$3.92	\$11.13	\$1.85
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.34	\$5.34								
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	\$24.67	\$6.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.31	\$113.78	\$0.00	\$17.02	\$16.60	\$0.00	\$54.01	\$3.92	\$11.13	\$1.85
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.91						1	1		ı

	ovider: MUSCOGEE MANOR & REHABILITATION CTR vdr ID: 00083223A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 36.36%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.6463 1.5024	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(000 1 000)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,954,006	\$6,980,780	\$0	\$1,029,370	\$1,373,916	\$0	\$1,351,292		\$218,648	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$204,834)	\$5,084	\$0	\$0	(\$1,171)	(\$6,099)	(\$173,644)		(\$29,004)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$207,740		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,954
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,985,866	\$6,985,864	\$0	\$1,029,370	\$1,372,745	(\$6,099)	\$1,177,648	\$207,740	\$189,644	\$28,954
8	Total Nursing Facility Days As Filed Days = 39,808	FY21 Audited C/R Days	39,808									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,808	FY21 GL-PL Ins Rpt Days								39,808		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$275.97	\$175.49	\$0.00	\$25.86	\$34.33	(with L&H)	\$29.58	\$5.22	\$4.76	\$0.73
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.6463</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.60								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$106.60	\$0.00	\$25.86	\$34.33		\$29.58	\$5.22	\$4.76	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.12	\$104.63	\$0.00	\$25.86	\$33.28		\$29.58	\$5.22	22.82	\$0.73
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	PO 00	0.00	¢0.00	\$0.00	ድር ዕር	የ ስ ስስ	© 0.00	NI/A	NI/A	NI/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$222.12	0.00 \$104.63	\$0.00 \$0.00	\$0.00 \$25.86	\$0.00 \$33.28	\$0.00 \$0.00	\$0.00 \$29.58	N/A \$5.22	N/A \$22.82	N/A \$0.73
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	φ∠∠∠.1∠	1.5024	φυ.υυ	φ25.00	φυυ.26	φυ.υυ	φ29.00	φύ.22	φ∠∠.0∠	φυ./ 3
18	Quarterly Pacinty Model for Wedicald Residents Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$157.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$274.68	\$157.20	\$0.00	\$25.86	\$33.28	\$0.00	\$29.58	\$5.22	\$22.82	\$0.73
13	Additions intollicate divin Allowed For Digiti	100 - En 10,7410411 - En 10	Ψ214.00	ψ137.20	Ψ0.00	Ψ23.00	ψυυ.20	ψυ.υυ	Ψ23.00	ψυ.ΖΖ	ΨΖΖ.ΟΖ	ψυ.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)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.93	\$3.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.72	\$4.72								
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	\$26.34	\$8.65	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$301.02	\$165.85	\$0.00	\$26.08	\$33.28	\$0.00	\$47.05	\$5.22	\$22.82	\$0.73
					1	1			1			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$212.94

	ovider: TUCKER WELLNESS AND REHABILITATION CENT ovdr ID: 00083267A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 21.59%	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.3060 1.4274	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0% 100.0%	85.0%		50.0% 105.0%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	\$0.22	100.0% \$0.41		\$0.37			
		(occ : c)		,	75.55	75	, , , , , ,		,,,,,,,			
_	Base Period Per Diem Allowed Amounts	As Filed EVOA O/D EVOA OL/DI Dea	#7 070 000	#0.740.000	*	\$000 7 00	\$700.440	ф.	#4 004 400		# 000 000	Φ0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,070,033	\$3,742,039	\$0	\$630,762	\$729,140	\$0	\$1,361,123		\$606,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$296,004)	(\$45,039)	\$0	\$0	(\$2,002)	(\$6,514)	\$100,825	¢400.004	(\$343,274)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$138,001		¢152.556
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7.065.586	\$3,697,000	\$0	\$630,762	\$727,138	(\$6,514)	\$1,461,948	\$138,001	\$263,695	\$153,556 \$153,556
8	Total Nursing Facility Days As Filed Days = 33,937	FY21 Audited C/R Days	33,937	ψ3,097,000	ΨΟ	ψ030,702	Ψ121,130	(ψ0,514)	ψ1,401,940	ψ130,001	Ψ203,093	ψ133,330
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,937	FY21 GL-PL Ins Rpt Days	00,007							33,937		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.20	\$108.94	\$0.00	\$18.59	\$21.23	(with L&H)	\$43.08	\$4.07	\$7.77	\$4.52
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3060	*	,	,	, ,	,		*	, -
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.42								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.42	\$0.00	\$18.59	\$21.23		\$43.08	\$4.07	\$7.77	\$4.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.02	\$83.42	\$0.00	\$18.59	\$21.23		\$36.91	\$4.07	11.28	\$4.52
	Overtarly Par Diam Rate Brief to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.02	\$83.42	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4274	*	,	,	,	, , , , ,		,	, -
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.67	\$119.07	\$0.00	\$18.59	\$21.23	\$0.00	\$36.91	\$4.07	\$11.28	\$4.52
	Overderly Box Dian Add on Assessed											
20	Quarterly Per Diem Add-on Amounts 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	\$1.10	\$1.19	ψυ.υυ	Ψ0.22	Ψ0.41	ψυ.υυ	φυ.υυ		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ţ 3					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$239.88	\$125.55	\$0.00	\$18.81	\$21.64	\$0.00	\$54.01	\$4.07	\$11.28	\$4.52
			-	Ţ: 	75.50	, , , , , ,	,	+5.50	,,,,,,		÷ 29	Ţ <u>-</u>

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$167.09

	rovider: MADISON HEALTH AND REHAB rvdr ID: 00083278A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 59.65%	Add-on Percent 0.00% 5.5% 5.0%		Facility Mod Base Period (ata_	PDPM Facility 1.7047 1.5086	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,000,179	¢2 192 157	\$0	\$465,001	\$657,304	\$0	\$643,204		\$51,513	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$170,700)		\$0	\$4,210	\$40,350	(\$3,905)	(\$56,839)		(\$41,775)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$170,700)	(ψ112,741)	ΨΟ	ψ4,210	ψ40,550	(ψ5,905)	(ψ50,059)	\$103,824	(ψ41,773)	
	As Filed Cost Center Costs (GEFL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$103,024		\$36,763
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,970,066	\$2,070,416	\$0	\$469,211	\$697,654	(\$3,905)	\$586,365	\$103,824	\$9,738	\$36,763
8	Total Nursing Facility Days As Filed Days = 20,729	FY21 Audited C/R Days	20,836	Ψ2,070,410	ΨΟ	ψ+05,211	ψ037,034	(ψ3,303)	ψ500,505	ψ100,024	ψ3,730	ψ30,703
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,729	FY21 GL-PL Ins Rpt Days	20,000							20,836		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.54	\$99.37	\$0.00	\$22.52	\$33.30	(with L&H)	\$28.14	\$4.98	\$0.47	\$1.76
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	\$100.01	1.7047	ψ0.00	V22.02	φοσ.σσ	(111.1.1.1)	Ψ20.11	ψ 1.00	ψ0.17	ψσ
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.29								
12		RS = Ln 11, AllOthr = Ln 9		\$58.29	\$0.00	\$22.52	\$33.30		\$28.14	\$4.98	\$0.47	\$1.76
13	,	per Peer Group Limits		\$104.63	******	\$26.82	\$33.28		\$36.91	\$0.00	N/A	*****
14	,	Lesser of Ln 12 or Ln 13	\$160.78	\$58.29	\$0.00	\$22.52	\$33.28		\$28.14	\$4.98	11.81	\$1.76
			,	, , , ,	***	, .	,,,,		, -		(FRV)	, -
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$160.78	\$58.29	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76
17	, , <u> </u>	per Current Qtr End		1.5086								
18	, , ,	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	#400 40	\$87.94	<u></u>	¢00.50	# 00.00	#0.00	600.44	M4.00	644.04	ф4 7 0
19	Quarterly Medicaid CMA Allowed Per Diem	KS = LII 10, AllOttil = LII 10	\$190.43	\$87.94	\$0.00	\$22.52	\$33.28	\$0.00	\$28.14	\$4.98	\$11.81	\$1.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = <u>5.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.84	\$4.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.40	\$4.40								
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	\$27.46	\$9.77	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.89	\$97.71	\$0.00	\$22.74	\$33.28	\$0.00	\$45.61	\$4.98	\$11.81	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.59									

	ovider: RIVERDALE CENTER FOR NURSING AND HEALING of ID: 00083289A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 33.67%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (ata_	PDPM Facility 1.5658 1.3376	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,209,864	\$4,372,778	\$0	\$965,036	\$975,108	\$0	' ' '		\$1,275,382	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$372,485)	\$0	\$0	\$0	\$6,286	\$7,437	(\$212,615)		(\$173,593)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$212,615		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	¢0,000,000	£4.070.770	¢o.	фост оос	©004 004	Ф 7 407	₾4 400 04E	#040.045	€4 404 7 00	\$176,035
'	Cost Center Costs After Audit Adjustments	FY21 Audited C/R FY21 Audited C/R Days	\$9,226,029	\$4,372,778	\$0	\$965,036	\$981,394	\$7,437	\$1,408,945	\$212,615	\$1,101,789	\$176,035
8	Total Nursing Facility Days As Filed Days = 47,211 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,211	FY21 GL-PL Ins Rpt Days	47,211							47,211		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$195.41	\$92.62	\$0.00	\$20.44	\$20.94	(with L&H)	\$29.84	\$4.50	\$23.34	\$3.73
10	Base Period Facility Model for All Residents	from 2 gtrs of FY21	ψ133.41	1.5658	ψ0.00	Ψ20.44	Ψ20.54	(Will Edil)	Ψ23.04	Ψ4.50	Ψ20.04	ψ3.73
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.15								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.15	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	\$23.34	\$3.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψο σ
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.25	\$59.15	\$0.00	\$20.44	\$20.94		\$29.84	\$4.50	10.65	\$3.73
	,			, , , , ,	,	, ,	,		,	,	(FRV)	, , ,
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.25	\$59.15	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.3376 \$79.12								
18 19	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.22	\$79.12	\$0.00	\$20.44	\$20.94	\$0.00	\$29.84	\$4.50	\$10.65	\$3.73
19	Qualterly Medicald GMA Allowed Fel Diem	10 - Eli 10, Allottii - Eli 10	\$109.22	\$79.12	φυ.υυ	\$20.44	\$20.94	φυ.υυ	φ29.04	φ4.50	φ10.03	φ3.73
	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	\$1.98	\$1.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		_				\$17.10		4.	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.98	\$4.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$192.20	\$84.00	\$0.00	\$20.66	\$21.35	\$0.00	\$47.31	\$4.50	\$10.65	\$3.73

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$131.33

	ovider: ROSE CITY HEALTH AND REHABILITATION CENTER of ID: 00083311A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	v. This is NOT your effective rate. N/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 24.39%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.5158 1.3464	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Efficiency weather waximums (see line 20 for actual)	(see Folicy Manual)		φυ.σσ	ψ0.00	ψ0.22	φυ.+1		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,514,758	\$2,471,133	\$0	\$464,076	\$398,482	\$0	\$674,599		\$506,468	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$131,622	(\$34,416)	\$0	(\$1,425)	\$974	\$3,038	\$185,541		(\$22,090)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,107		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,227
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,711,714	\$2,436,717	\$0	\$462,651	\$399,456	\$3,038	\$860,140	\$43,107	\$484,378	\$22,227
8	Total Nursing Facility Days As Filed Days = 19,399	FY21 Audited C/R Days	19,399									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,399	FY21 GL-PL Ins Rpt Days								19,399		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$242.89	\$125.61	\$0.00	\$23.85	\$20.75	(with L&H)	\$44.34	\$2.22	\$24.97	\$1.15
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5158</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.87								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.87	\$0.00	\$23.85	\$20.75		\$44.34	\$2.22	\$24.97	\$1.15
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.74	\$82.87	\$0.00	\$23.85	\$20.75		\$36.91	\$2.22	11.99	\$1.15
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.74	\$82.87	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3464	******	, , ,	, , , , , , , , , , , , , , , , , , ,	*****	*****	,	*******	*****
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.45	\$111.58	\$0.00	\$23.85	\$20.75	\$0.00	\$36.91	\$2.22	\$11.99	\$1.15
					-							
	Quarterly Per Diem Add-on Amounts	(B : M)	0.1.0	00.50	00.00	40.00	00.44	00.00	00.00		00.00	
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 = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.35	\$3.35					64740			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	ØF 00	ድ ለ ለለ	¢0.00	© ∩ 44	\$0.00	\$17.10 \$17.10	60.00	¢ 0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$22.73	\$5.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$231.18	\$116.58	\$0.00	\$24.07	\$21.16	\$0.00	\$54.01	\$2.22	\$11.99	\$1.15
1			1	1								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$160.56

	ovider: THE A.G. RHODES HOME, INC. rvdr ID: 00140005A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 60.00%	Add-on Percent 0.00% 5.5% 5.0%		Facility Mod Base Period (ata_	PDPM Facility 1.6663 1.6175	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>P</u> [OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,894,584	\$6,554,766	\$0	\$1,196,908	\$1,455,812	\$0	\$2,354,775		\$332,323	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$189,616)	(\$2,061)	\$0	\$0	\$3,658	\$4,566	(\$153,193)		(\$42,586)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$171,553		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,879
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,899,400	\$6,552,705	\$0	\$1,196,908	\$1,459,470	\$4,566	\$2,201,582	\$171,553	\$289,737	\$22,879
8	Total Nursing Facility Days As Filed Days = 39,966	FY21 Audited C/R Days	39,972									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,966	FY21 GL-PL Ins Rpt Days								39,972		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$297.69	\$163.93	\$0.00	\$29.94	\$36.63	(with L&H)	\$55.08	\$4.29	\$7.25	\$0.57
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.6663</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$98.38	# 0.00	#20.04	#20.00		#FF 00	£4.00	Ф 7 ОГ	CO. 57
12	Net Per Diems after Model Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$98.38 \$104.63	\$0.00	\$29.94 \$26.82	\$36.63 \$33.28		\$55.08 \$36.91	\$4.29 \$0.00	\$7.25 N/A	\$0.57
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.46	\$98.38	\$0.00	\$26.82	\$33.28		\$36.91	\$4.29	19.21	\$0.57
14	Base I ellou Model Adjusted Allowed I et Bletti	200001 01 211 12 01 211 10	Ψ219.40	ψ90.50	φ0.00	Ψ20.02	ψ33.20		ψ50.91	Ψ4.23	(FRV)	φ0.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.46	\$98.38	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.6175</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	**********	\$159.13		****	***	40.00	400.04		0.40.04	00.57
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.21	\$159.13	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.29	\$19.21	\$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$8.75	\$8.75								
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	\$34.34	\$17.24	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$314.55	\$176.37	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.29	\$19.21	\$0.57

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$223.09

PDPM PDPM Facility Add-on Provider: ALTAMAHA HEALTHCARE CENTER Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00140027A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.2691 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 36.96% 2.5% Quarterly Medicaid: 1.4960 Nurse Hrs per On-Site Day/Q 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 2 0% 2.88 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$3,558,257 \$1,840,496 \$0 \$344,487 \$343,640 \$0 \$813,193 \$216,441 \$0 FY21 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$75,344) \$0 \$0 \$1,657 \$1,639 (\$53,760)(\$24,880) \$0 As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$41,450 As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R \$25 118 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$3,549,481 \$1,840,496 \$0 \$344,487 \$345,297 \$1.639 \$759,433 \$41.450 \$191,561 \$25,118 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 20,352 20,352 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20.352 20,352 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$174.40 \$90.43 \$16.93 \$17.05 (with L&H) \$37.31 \$2.04 \$9.41 \$1.23 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.2691 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$71.26 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$71.26 \$17.05 \$37.31 \$0.00 \$16.93 \$2.04 \$1.23 \$9.41 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$71.26 \$17.05 8.74 \$154.16 \$16.93 \$36.9 \$2.04 \$1.23 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$154.16 \$71.26 \$17.05 \$2.04 \$0.00 \$16.93 \$0.00 \$36.91 \$8.74 \$1.23 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.4960 \$106.60 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$189.50 \$106.60 \$16.93 \$17.05 \$36.91 \$2.04 \$8.74 \$0.00 \$0.00 \$1.23 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$2.67 \$2.67 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.13 \$2.13

PDPM Shadow Rates. This is not your rate.

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

\$17.10

\$23.06

\$212.56

\$5.33

\$111.93

\$0.00

\$0.00

\$0.22

\$17.15

\$0.41

\$17.46

\$0.00

\$0.00

\$0.00

\$8.74

\$0.00

\$1.23

\$0.00

\$2.04

\$17.10

\$17.10

\$54.01

Line Description Totals Services Dietary Latinuty & Operatus and Description Dietary Die		vider: PRUITTHEALTH - GREENVILLE rdr ID: 00140038A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 23.53%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (Quarterly Med	Overall:	ita_	PDPM Facility 1.2017 1.3163	PDPM Statewide 1.4210 1.3706
Concession Peace Group:		Description		Totals	Services	•	,		Operatns	and		Property and Related	Taxes and Insurance
Cost Center Peer Groups				a	b	С	d	е	f	g	g	h	i
AF Facility with Part Group AF Facility	PD	PM BASED RATE CALCULATIONS											
2 Peer Group Standards: Percentile (see Pairty Manual) 90.0% 90.0% 90.0% 10.00%	1	Type of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing		1				
3		•											
Base Period Pro Diem Allowed Amounts Sad Service Policy Manuals Sad		,	•										
Base Period Per Diem Allowed Amounts A Fleed Prizt Cirk - Prizt GLPL Rps S4,648,351 \$2,286,641 \$0	4	·	•				l						
As Filed Cost Center Costs (Routins & Special Size Combined) As Filed Cost Center Costs (GuPL) As Filed Cost Center Costs (Taxas and Insurance) FY21 Audits Adjustments FY21 Audits Ad			(,		,	,	, ,	, ,		, , , ,			
A Flied Cost Center Costs (CLPT)	_		As Filed FV24 C/D FV24 CL/DL Date	©4.040.054	© 0.000 €44	r ₀	£404.000	ФE0E 000	# 0	#4 420 225		#242.000	¢o.
As Filed Cost Center Costs (QLPL) As Filed Cost Center Costs (QLPL) As Filed Cost Center Costs (Reven and Insurance) As Filed Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 25,205 Total Nursing Facility Days As Filed Days		·	·									\$313,986	\$0
As Filed Cost Center Costs (Tawas and Insurance) 7 Cost Center Costs (Tawas and Insurance) 8 Total Nursing Facility Days As Filed Days = 25.205 FY21 Audited CR Days 5 FY21 Audited CR Days 7 Cost Center Costs After Audit Adjustments FY21 Audited CR Days 8 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25.205 FY21 Audited CR Days FY2	0	•	•	(\$546,962)	(\$103,306)	\$0	\$0	\$0	\$3,434	(\$407,542)		(\$41,568)	
FY21 Audited CR		. ,	·								Ф491,017		\$36,875
Total Nursing Facility Days As Fleed Days = 25,205 Total Nursing Facility Days GL-PL Ins. Rpt As Fleed Days = 25,205 FY21 GL-PL Ins. Rpt Days S12,505 FY21 GL-PL Ins. Rpt Days S25,205 FY21 GL-PL Ins. Rpt Days S183,61 S84,64 S0.00 S16,84 S21,37 (with L6H) S28,99 S19,50 S19,50 S28,99 S19,50 S19,50 S28,99 S19,50 S19,5	7	•		\$4 627 861	\$2 133 235	\$0	\$424 396	\$535,093	\$3 434	\$730 793	\$491 617	\$272,418	\$36,875
Total Nursing Facility Days GL-PL Ins. Rpt	8	•			ψ2,100,200	Ψ	ψ 12 1,000	φοσο,σσο	φο, ιο ι	ψ100,100	ψ101,011	Ψ272,110	φου,στο
9 Net Per Diem's prior to Model Adjistmt to Routine Srves			FY21 GL-PL Ins Rpt Days								25,205		
Routine Styces Model Adjistd (CMA) Net Per Diem	9		Ln 7 / Ln 8 Col a	\$183.61	\$84.64	\$0.00	\$16.84	\$21.37	(with L&H)	\$28.99		\$10.81	\$1.46
Net Per Diems after Model Adjistmt to Routine Srives RS = Ln 11, AllOthr = Ln 9 \$70.43 \$0.00 \$16.84 \$21.37 \$28.99 \$19.50	10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2017</u>								
Per Diem Standards (After Statewide CMA for Routine Srvcs)	11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.43								
Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$169,64 \$70,43 \$0.00 \$16,84 \$21,37 \$28,99 \$19,50	12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.43	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	\$10.81	\$1.46
Cauraterly Per Diem Rate Prior to Add-ons Cauraterly Per Diem Rate Prior to Add-ons	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allowance \$0.00	14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.64	\$70.43	\$0.00	\$16.84	\$21.37		\$28.99	\$19.50	11.05	\$1.46
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allowance \$0.00		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
CMA Allowed Per Diem (After Growth Allowance Add-on)			Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem			Ln 14 + Ln 15									\$11.05	\$1.46
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$191.92 \$92.71 \$0.00 \$16.84 \$21.37 \$0.00 \$28.99 \$19.50	17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3163</u>								
Quarterly 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 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 = 5.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.64 \$4.64 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.20 \$6.10 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00	18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.71								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$1.53 \$0.53 \$0.00 \$0.93 \$1.53 \$0.53 \$0.93 \$1.53 \$0.53 \$0.93 \$1.53 \$0.53 \$0.93 \$1.53 \$0.53 \$0.93 \$1.53 \$0.53 \$0.93 \$1.53	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.92	\$92.71	\$0.00	\$16.84	\$21.37	\$0.00	\$28.99	\$19.50	\$11.05	\$1.46
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$1.53 \$0.53 \$0.00 \$0.93 \$1.53 \$0.53 \$0.93 \$1.53 \$0.53 \$0.93 \$1.53 \$0.53 \$0.93 \$1.53 \$0.53 \$0.93 \$1.53 \$0.53 \$0.93 \$1.53		Quarterly Per Diem Add-on Amounts											
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 = 5.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.64 \$4.64 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.20 \$6.10 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00		•	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.64 \$4.64 \$4.64 \$17.10 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.20 \$6.10 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00			Ln 19 Col b x CPS Add-on					·					
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.20 \$6.10 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on		\$4.64								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Model Based Per Diem Rate Ln 19 + Ln 24 \$216.12 \$98.81 \$0.00 \$17.06 \$21.78 \$0.00 \$46.46 \$19.50	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$216.12	\$98.81	\$0.00	\$17.06	\$21.78	\$0.00	\$46.46	\$19.50	\$11.05	\$1.46

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$149.27

Provider: PRUITTHEALTH -CREEKSIDE Prvdr ID: 00140049A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A #N/A	Add-on Percent 0.00% #N/A 0.0%		Facility Mod Base Period (ata_	PDPM Facility 1.5012 #N/A	PDPM_ Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Ded Oizes	All Ded Oizes	All Ded Oizes	All Dea Gizes	All Ded Oizes	All Dea Gizes			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile	(and Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,363,324	\$3,621,653	\$0	\$469,041	\$671,191	\$0	\$1,129,953		\$471,486	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$795,526)		\$0	(\$710)	\$1,295	\$16,489	(\$593,463)		(\$15,194)	ΨΟ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ/ 30,020)	(ψ200,040)	ΨΟ	(ψ/ 10)	ψ1,200	ψ10,400	(ψοσο, τοο)	\$137,593	(ψ10,104)	
As Filed Cost Center Costs (CEN E) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ137,333		\$15,265
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,720,656	\$3,417,710	\$0	\$468,331	\$672,486	\$16,489	\$536,490	\$137,593	\$456,292	\$15,265
8 Total Nursing Facility Days As Filed Days = 28,327	FY21 Audited C/R Days	28,327	φο, ττι ,ι το	Ψ	ψ 100,001	ψο/ Σ, 100	ψ10,100	φοσο, 1σσ	ψ101,000	Ψ100,202	ψ10,200
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,327	FY21 GL-PL Ins Rpt Days	20,027							28,327		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.95	\$120.65	\$0.00	\$16.53	\$24.32	(with L&H)	\$18.94	\$4.86	\$16.11	\$0.54
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	420.100	1.5012	ψο.σσ	V.0.00	Ψ==	(**************************************	4.0.0.	Ų	Ψ.σ	ψο.σ.
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.37								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.37	\$0.00	\$16.53	\$24.32		\$18.94	\$4.86	\$16.11	\$0.54
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψο.σ ι
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.32	\$80.37	\$0.00	\$16.53	\$24.32		\$18.94	\$4.86	14.76	\$0.54
		V.55.52	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	, , , , , , , , , , , , , , , , , , ,	V ==		4.5.5	, ,,,,,	(FRV)	4 5.5 1
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.32	\$80.37	\$0.00	\$16.53	\$24.32	\$0.00	\$18.94	\$4.86	\$14.76	\$0.54
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3706</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.16								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.10	\$110.16	\$0.00	\$16.53	\$24.32	\$0.00	\$18.94	\$4.86	\$14.76	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = #N/A (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
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	\$18.63	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$208.73	\$110.69	\$0.00	\$16.75	\$24.73	\$0.00	\$36.41	\$4.86	\$14.76	\$0.54
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.72									

	ovider: BRENTWOOD HEALTH AND REHABILITATION ovider ID: 00140071A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 35.29%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C		ata_	PDPM Facility 1.4337 1.3657	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·							
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	Φ4 504 CO5	to oco coc	r ₀	£400.004	COO4 540		074 700		Ф ГСО ГО 7	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$4,521,695 (\$146,300)	' ' '	\$0 \$0	\$429,224 (\$614)	\$394,510 \$0	\$0 (\$636)	\$874,768 (\$115,948)		\$560,587 (\$26,594)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rot	(\$146,300)	(\$2,500)	φυ	(\$014)	\$0	(\$636)	(\$115,946)	\$108,355	(\$20,394)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed F121 GL/FL Kpt As Filed FY21 C/R								\$106,333		\$26,594
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,510,344	\$2,260,098	\$0	\$428,610	\$394,510	(\$636)	\$758,820	\$108,355	\$533,993	\$26,594
8	Total Nursing Facility Days As Filed Days = 21,496	FY21 Audited C/R Days	21,496	Ψ2,200,030	ΨΟ	ψπ20,010	ψ554,510	(ψ030)	ψ130,020	ψ100,000	ψ000,000	Ψ20,004
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,496	FY21 GL-PL Ins Rpt Days	2.,.00							21,496		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.82	\$105.14	\$0.00	\$19.94	\$18.32	(with L&H)	\$35.30	\$5.04	\$24.84	\$1.24
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4337								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.33								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.33	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	\$24.84	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.95	\$73.33	\$0.00	\$19.94	\$18.32		\$35.30	\$5.04	11.78	\$1.24
	Constants Day Diagraphy and Addison										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.95	\$73.33	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$101.00	1.3657	ψ0.00	ψ10.01	Ų10.0 <u>2</u>	ψ0.00	φοσ.σσ	Ψο.οι	ψ11.70	Ψ1.21
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.77	\$100.15	\$0.00	\$19.94	\$18.32	\$0.00	\$35.30	\$5.04	\$11.78	\$1.24
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢4.50	₽ 0 E 0	ድ ስ ስዕ	60.20	60.44	60.00	ФО 07		60.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$2.50	\$0.53 \$2.50	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$5.01	\$5.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψυ.στ					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.14	\$8.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.91	\$108.19	\$0.00	\$20.16	\$18.73	\$0.00	\$52.77	\$5.04	\$11.78	\$1.24
20	wallerly model based i el bielli Nate	LII IS T LII 24	φ211.91	φ100.19	φυ.υυ	φ20.10	\$10.73	φυ.υυ	φ32.11	\$5.04	ψ11.70	Ψ1. 24

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$150.61

	rovider: WESTMINSTER COMMONS rvdr ID: 00140082A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 34.25%	Add-on Percent 0.00% 2.5% 3.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.2659 1.1752	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PL	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0% \$0.22	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0.</i> 53	\$0.00	φ0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$971,152		\$755,005	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$254,409)	\$0	\$0	\$0	\$0	\$0	(\$178,652)		(\$75,757)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$178,652		
1_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R									40-000	\$75,757
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,768,985	\$3,099,678	\$0	\$379,122	\$564,028	\$0	\$792,500	\$178,652	\$679,248	\$75,757
8	Total Nursing Facility Days As Filed Days = 25,120 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,120	FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days	25,120							25,120		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,120 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$229.65	\$123.39	\$0.00	\$15.09	\$22.45	(with L&H)	\$31.55	\$7.11	\$27.04	\$3.02
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ229.03	1.2659	φυ.υυ	ψ15.05	Ψ22.43	(With Lair)	ψ51.55	Ψ7.11	Ψ21.04	ψ5.02
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.47								
12	, , ,	RS = Ln 11, AllOthr = Ln 9		\$97.47	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	\$27.04	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	40.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψο.σΞ
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.13	\$97.47	\$0.00	\$15.09	\$22.45		\$31.55	\$7.11	8.44	\$3.02
	,						·				(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	(C) 00	0.00	#0.00	#0.00	#0.00	#0.00	#0.00	NI/A	N1/A	NI/A
15	Growth Allowance Percentage = 0.00%	Ln 14 + Ln 15	\$0.00	0.00	\$0.00 \$0.00	\$0.00	\$0.00 \$22.45	\$0.00 \$0.00	\$0.00	N/A \$7.11	N/A \$8.44	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$185.13	\$97.47 <u>1.1752</u>	φυ.υυ	\$15.09	φ22.45	φυ.υυ	\$31.55	φ1.11	φο. 44	\$3.02
18		Ln 16 x Ln 17		\$114.55								
19		RS = Ln 18, AllOthr = Ln 16	\$202.21	\$114.55	\$0.00	\$15.09	\$22.45	\$0.00	\$31.55	\$7.11	\$8.44	\$3.02
				,	,,,,,,	,	,	,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, -	, , ,
	Quarterly Per Diem Add-on Amounts	(B.F. M	04.50	\$0.50		40.00	00.44	40.00	40.07		4 0.00	
20		(see 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 Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	(Fixed Amount)	\$3.44 \$17.10	\$3.44					\$17.10			
23	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.93	\$6.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$227.14	\$121.38	\$0.00	\$15.31	\$22.86	\$0.00	\$49.02	\$7.11	\$8.44	\$3.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.53									

PDPM PDPM Facility Add-on Provider: APPLING NURSING AND REHABILITATION PAVILION Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00140093A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.1287 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 35.00% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.2182 1.3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 4.81 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) 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 Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$8,378,522 \$3,787,109 \$0 \$963,283 \$395,286 \$630,278 \$1,950,066 \$652,500 \$0 FY21 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$325,962) \$0 \$0 \$0 \$0 \$0 (\$298,606) (\$27,356) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$298,606 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$27,356 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$8.378.522 \$3,787,109 \$0 \$963,283 \$395,286 \$630,278 \$1,651,460 \$298.606 \$625,144 \$27,356 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 34,228 34,228 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,228 34,228 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$110.64 \$28.14 \$29.96 (with L&H) \$48.25 \$8.72 \$18.26 \$0.80 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.1287 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$98.03 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$29.96 \$48.25 \$98.03 \$0.00 \$28.14 \$8.72 \$18.26 \$0.80 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$37.13 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$230.49 \$98.03 \$29.96 27.93 \$28.14 \$36.9 \$8.72 \$0.80 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$230.49 \$98.03 \$0.00 \$28.14 \$29.96 \$36.91 \$8.72 \$0.00 \$27.93 \$0.80 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.2182 \$119.42 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$251.88 \$119.42 \$28.14 \$29.96 \$36.91 \$8.72 \$27.93 \$0.00 \$0.00 \$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 = In 19 Col b x CPS Add-on \$2.99 \$2.99 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$4.78 \$4.78 \$17.10 23 (Fixed Amount) Nursing Home Provider Fee \$17.10

PDPM Shadow Rates. This is not your rate.

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

24

\$26.03

\$277.9

\$8.30

\$127.72

\$0.00

\$0.00

\$0.22

\$28.36

\$0.41

\$30.37

\$0.00

\$0.00

\$17.10

\$54.01

\$0.00

\$27.93

\$0.00

\$0.80

\$0.00

\$8.72

	rovider: PRUITTHEALTH - ASHBURN rvdr ID: 00140104A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 40.32%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (Overall:	ıta_	PDPM Facility 1.4628 1.3387	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,185,511	\$2,285,348	\$0	\$357,709	\$488,553	\$0	\$921,838		\$132,063	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$384,114)		\$0	\$0	(\$1,973)	(\$1,227)	' '		(\$28,523)	Ψ0
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$304,114)	(ψ100,323)	ΨΟ	ΨΟ	(ψ1,973)	(Ψ1,ΖΖ1)	(ψ231,000)	\$329,382	(ψ20,323)	
	As Filed Cost Center Costs (GEPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ329,302		\$28,287
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,159,066	\$2,184,823	\$0	\$357,709	\$486,580	(\$1,227)	\$669,972	\$329,382	\$103,540	\$28,287
8	Total Nursing Facility Days As Filed Days = 20,854	FY21 Audited C/R Days	20,854	ψ2,104,023	ΨΟ	ψ557,705	ψ+00,000	(Ψ1,ΖΖ1)	ψ003,372	ψ020,002	Ψ100,040	Ψ20,201
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,854	FY21 GL-PL Ins Rpt Days	20,004							20,854		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.43	\$104.77	\$0.00	\$17.15	\$23.27	(with L&H)	\$32.13	\$15.79	\$4.96	\$1.36
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	V100.10	1.4628	ψ0.00	VIII.10	Ψ20.27	(17.07.20.7)	ψ02.10	ψ10.70	ψ1.00	ψ1.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.62								
12		RS = Ln 11, AllOthr = Ln 9		\$71.62	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	\$4.96	\$1.36
13	,	per Peer Group Limits		\$104.63	******	\$26.82	\$33.28		\$36.91	\$0.00	N/A	*****
14		Lesser of Ln 12 or Ln 13	\$171.92	\$71.62	\$0.00	\$17.15	\$23.27		\$32.13	\$15.79	10.60	\$1.36
					·				·		(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$171.92	\$71.62	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36
17	, , <u> </u>	per Current Qtr End		1.3387								
18		Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	#400.40	\$95.88	фо 00	647.45	#00.07	₩ 0.00	000.40	⊕45.70	¢40.00	¢4.00
19	Quarterly Medicaid CMA Allowed Per Diem	KS = LII 10, AllOuli = LII 10	\$196.18	\$95.88	\$0.00	\$17.15	\$23.27	\$0.00	\$32.13	\$15.79	\$10.60	\$1.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.79	\$4.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.82	\$7.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.00	\$103.60	\$0.00	\$17.37	\$23.68	\$0.00	\$49.60	\$15.79	\$10.60	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.68									

Provider: PRUITTHEALTH - BROOKHAVEN Prvdr ID: 00140115A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 26.88%	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.5001 1.4733	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See 1 only Manual)		ψ0.00	ψο.σσ	ψ0.22	ψ0.41		ψο.στ			
Base Period Per Diem Allowed Amounts	A 5" FN04.0/D FN04.01/DLD	040.070.074	A5 700 000		4700.070	* 4 400 7 07	•	***		477 4 000	
As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,679,674	\$5,728,290	\$0		\$1,188,797	\$0	\$2,224,285		\$774,326	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$825,359)	(\$176,215)	\$0	\$0	(\$2,405)	(\$827)	(\$532,176)	#000 000	(\$113,736)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$682,989		# 440.070
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,650,582	\$5,552,075	\$0	\$762.076	\$1,186,392	(\$827)	\$1,692,109	\$682,989	\$660,590	\$113,278 \$113,278
8 Total Nursing Facility Days As Filed Days = 45,636	FY21 Audited C/R Days	45,636	φ5,552,075	φ0	\$703,970	φ1,100,392	(\$021)	\$1,092,109	\$002,909	\$000,590	\$113,276
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,636	FY21 GL-PL Ins Rpt Days	43,030							45,636		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$233.39	\$121.66	\$0.00	\$16.74	\$25.98	(with L&H)	\$37.08	\$14.97	\$14.48	\$2.48
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	, , ,	1.5001	70.00	*****	V =2.22	, , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******	******	V =
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.10								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.10	\$0.00	\$16.74	\$25.98		\$37.08	\$14.97	\$14.48	\$2.48
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.42	\$81.10	\$0.00	\$16.74	\$25.98		\$36.91	\$14.97	11.24	\$2.48
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.42	\$81.10	\$0.00	1	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	,	1.4733	, , , , , ,	, ,	,	,	, , , ,	, -	Ť	•
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.48								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.80	\$119.48	\$0.00	\$16.74	\$25.98	\$0.00	\$36.91	\$14.97	\$11.24	\$2.48
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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			*****	45			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$24.23	\$6.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.03	\$125.98	\$0.00	\$16.96	\$26.39	\$0.00	\$54.01	\$14.97	\$11.24	\$2.48
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.20		I	l	<u> </u>		I	I	l	

Facility Add-on <u>PDPM</u> <u>PDPM</u> Provider: THE OAKS - ATHENS SKILLED NURSING Percent Score Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00140126A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.4814 1.4210 Qtrly BIMS score: PDPM Per Diem Rate Effective Date: 4/1/2024 30.77% 2.5% Quarterly Medicaid: 1.3185 1.3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 Nurse Hrs per On-Site Day/Q 3.90 4.0%

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		,	_	2	1	1				
'	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Folicy Maridal)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,705,401	\$5,674,664	\$0	\$868,081	\$1,451,385	\$0	\$1,949,759		\$1,761,512	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$951,398)	(\$193,291)	\$0	\$0	(\$11,888)	(\$9,285)	(\$407,021)		(\$329,913)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$592,783		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$326,443
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,673,229	\$5,481,373	\$0	\$868,081	\$1,439,497	(\$9,285)	\$1,542,738	\$592,783	\$1,431,599	\$326,443
8	Total Nursing Facility Days As Filed Days = 36,062	FY21 Audited C/R Days	36,062									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,062	FY21 GL-PL Ins Rpt Days								36,062		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$323.70	\$152.00	\$0.00	\$24.07	\$39.66	(with L&H)	\$42.78	\$16.44	\$39.70	\$9.05
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4814</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.60								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$102.60	\$0.00	\$24.07	\$39.66		\$42.78	\$16.44	\$39.70	\$9.05
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$250.40	\$102.60	\$0.00	\$24.07	\$33.28		\$36.91	\$16.44	28.05	\$9.05
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$250.40	\$102.60	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	7200.10	1.3185	\$3.30	,2,	,333.20	ψ5.50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	ψ3.33
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$283.08	\$135.28	\$0.00	\$24.07	\$33.28	\$0.00	\$36.91	\$16.44	\$28.05	\$9.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.38	\$3.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.41	\$5.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		_			_	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.64	\$9.32	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$309.72	\$144.60	\$0.00	\$24.29	\$33.28	\$0.00	\$54.01	\$16.44	\$28.05	\$9.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$219.47									

	ovider: EAST LAKE ARBOR ordr ID: 00140137A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	Facility Score N/A 25.00% 3.41	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (Quarterly Med		ita_	PDPM Facility 1.5165 1.3873	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PL	PM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
===	FIN BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(200 - 200)			,	,,,,,	,,,,,,		,,,,,,			
	Base Period Per Diem Allowed Amounts	A E'I LEVOLOUR EVOLOUR R	* • • • • • • • • • • • • • • • • • • •	40,000,005		05.10.550	4500.000		A4 000 700		# 040.000	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,085,374	\$3,338,295	\$0	\$546,559	\$503,398	\$0	\$1,380,786		\$316,336	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$318,870)	\$0	\$0	\$0	\$0	\$0	(\$239,559)		(\$79,311)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$239,559		\$79,311
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,085,374	\$3,338,295	\$0	\$546,559	\$503,398	\$0	\$1,141,227	\$239,559	\$237,025	\$79,311
8	Total Nursing Facility Days As Filed Days = 28,744	FY21 Audited C/R Days	28,744	φ3,330,293	φυ	\$340,339	\$303,390	φ0	φ1,141,221	φ239,339	φ237,023	φ19,511
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,744 As Filed Days = 28,744	FY21 GL-PL Ins Rpt Days	20,144							28,744		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.70	\$116.14	\$0.00	\$19.01	\$17.51	(with L&H)	\$39.70	\$8.33	\$8.25	\$2.76
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	42 10	<u>1.5165</u>	ψ0.00	V.0.0	V.1.6.	(**************************************	4000	40.00	ψο.20	Ψ=σ
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.58								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.58	\$0.00	\$19.01	\$17.51		\$39.70	\$8.33	\$8.25	\$2.76
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	,
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.50	\$76.58	\$0.00	\$19.01	\$17.51		\$36.91	\$8.33	10.40	\$2.76
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	00.00	0.00	00.00	\$0.00	\$0.00	\$0.00	\$0.00	NI/A	N/A	N/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$171.50	0.00 \$76.58	\$0.00 \$0.00	\$19.01	\$0.00 \$17.51	\$0.00	\$0.00 \$36.91	N/A \$8.33	\$10.40	\$2.76
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$171.50	1.3873	ψ0.00	ψ13.01	ψ17.51	φ0.00	ψ50.91	ψ0.55	ψ10.40	Ψ2.70
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.16	\$106.24	\$0.00	\$19.01	\$17.51	\$0.00	\$36.91	\$8.33	\$10.40	\$2.76
		·	,=====	, , , , , ,	4				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	*
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$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)		\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$3.19 \$17.10	\$3.19					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$4.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
			-		-		-	-				-
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$223.67	\$111.02	\$0.00	\$19.23	\$17.92	\$0.00	\$54.01	\$8.33	\$10.40	\$2.76

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.93

	rovider: AUTUMN BREEZE HEALTH AND REHAB rvdr ID: 00140159A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 22.50%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (ata_	PDPM Facility 1.5004 1.4070	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Ded Sizes	All Deu Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes			
	Peer Group Standards & Efficiency Measure Limits	(5 " 14)		00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,624,922	\$2.587.804	\$0	\$476,466	\$604,050	\$0	\$985,114		\$971,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$208,102)	, , ,	\$0	\$0	\$0	\$0	(\$146,710)		(\$51,268)	Ψ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ200, 102)	(ψ10,124)	ΨΟ	Ψ0	Ψ0	Ψ0	(φ140,710)	\$156,834	(ψο1,200)	
	As Filed Cost Center Costs (CEnter) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ130,034		\$51,268
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,624,922	\$2,577,680	\$0	\$476,466	\$604,050	\$0	\$838,404	\$156,834	\$920,220	\$51,268
8	Total Nursing Facility Days As Filed Days = 29,376	FY21 Audited C/R Days	29,376	Ψ2,011,000	ΨΟ	ψ+7 0,400	ψ004,000	Ψ0	φοσο, το τ	ψ100,004	Ψ020,220	ψο1,200
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,376	FY21 GL-PL Ins Rpt Days	20,070							29,376		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$191.49	\$87.75	\$0.00	\$16.22	\$20.56	(with L&H)	\$28.54	\$5.34	\$31.33	\$1.75
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	VIOI.10	1.5004	ψ0.00	Ų 10.22	ψ20.00	(111.17.20.17)	φ20.0 .	Ψο.οι	ψ01.00	ψσ
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.48								
12		RS = Ln 11, AllOthr = Ln 9		\$58.48	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	\$31.33	\$1.75
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	4 6
14	,	Lesser of Ln 12 or Ln 13	\$140.93	\$58.48	\$0.00	\$16.22	\$20.56		\$28.54	\$5.34	10.04	\$1.75
			V 1.0000	400110	*****	* ***********************************	V		, , ,	, , ,	(FRV)	*****
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$140.93	\$58.48	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$1.75
17	, , <u> </u>	per Current Qtr End		<u>1.4070</u>								
18	, , ,	Ln 16 x Ln 17		\$82.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.73	\$82.28	\$0.00	\$16.22	\$20.56	\$0.00	\$28.54	\$5.34	\$10.04	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.92	\$3.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$186.65	\$86.10	\$0.00	\$16.44	\$20.97	\$0.00	\$46.01	\$5.34	\$10.04	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.16								-	

PDPM PDPM Facility Add-on THE OAKS - CARROLLTON SKILLED NURSING Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00140181A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3886 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 52.63% 5.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.4506 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 5.0% 3.56 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$3,471,814 \$1,656,366 \$0 \$249,335 \$371,757 \$0 \$697,218 \$497,138 \$0 FY21 C/R Audit Adistmts (\$59,905) \$0 \$1,399 Audit Adjustments and Reallocations to Cost Center Costs (\$239,974) \$0 \$984 (\$124,060) (\$58,392) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$181,684 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$56,658 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$3,470,182 \$1.596.461 \$0 \$249,335 \$372,741 \$1.399 \$573,158 \$181,684 \$438,746 \$56,658 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 11,841 11,841 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Davs = 11.841 11.841 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$293.05 \$134.82 \$21.06 \$31.60 (with L&H) \$48.40 \$15.34 \$37.05 \$4.78 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3886 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$97.09 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$97.09 \$31.60 \$48.40 \$0.00 \$21.06 \$15.34 \$37.05 \$4.78 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$229.01 \$97.09 \$31.60 \$15.34 22.23 \$21.06 \$36.9 \$4.78 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$229.01 \$97.09 \$0.00 \$31.60 \$21.06 \$0.00 \$36.91 \$15.34 \$22.23 \$4.78 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.4506 \$140.84 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$272.76 \$140.84 \$31.60 \$36.91 \$15.34 \$0.00 \$21.06 \$0.00 \$22.23 \$4.78 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$7.75 \$7.75 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$7.04 \$7.04 23 (Fixed Amount) Nursing Home Provider Fee \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$33.05 \$15.32 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00

PDPM Shadow Rates. This is not your rate.

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Quarterly Model Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$156.16

\$0.00

\$21.28

\$32.01

\$0.00

\$54.01

\$305.8

\$22.23

\$4.78

\$15.34

	ovider: BAPTIST VILLAGE, INC. ovdr ID: 00140203A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 29.53%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period C		uta_	PDPM Facility 1.4205 1.3850	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
РГ	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards & Efficiency measure Ellinis Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$18,662,497	\$9,555,288	\$0	\$2,348,542	\$2,081,329	\$0	\$3,962,941		\$714,397	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$242,947)	\$0	\$0	\$0	\$0	\$0	(\$171,668)		(\$71,279)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt							,	\$171,668	(, , ,	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,279
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$18,662,497	\$9,555,288	\$0	\$2,348,542	\$2,081,329	\$0	\$3,791,273	\$171,668	\$643,118	\$71,279
8	Total Nursing Facility Days As Filed Days = 62,767	FY21 Audited C/R Days	62,767									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 62,767	FY21 GL-PL Ins Rpt Days								62,767		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$297.34	\$152.23	\$0.00	\$37.42	\$33.16	(with L&H)	\$60.40	\$2.74	\$10.25	\$1.14
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4205</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.17								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$107.17	\$0.00	\$37.42	\$33.16		\$60.40	\$2.74	\$10.25	\$1.14
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.78	\$104.63	\$0.00	\$26.82	\$33.16		\$36.91	\$2.74	18.38	\$1.14
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.78	\$104.63	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$220	1.3850	ψο.σσ	\$20.02	ψοσσ	ψ3.55	ψοσιο .	4	ψ.σ.σσ	V
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.06	\$144.91	\$0.00	\$26.82	\$33.16	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14
	Quarterly Per Diem Add-on Amounts	(aca Dal' - Mar - 1)	00.55		40.00	***	***	***	***		# 2.25	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.09	\$0.00	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine 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 (Fixed Amount)	\$4.35	\$4.35					#0.00			
23	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$0.00	₽ E 00	ድ ለ ለሰ	\$0.00	¢ 0.00	\$0.00	\$0.00	\$0.00	¢ 0.00	\$0.00
24			\$5.89	\$5.80	\$0.00	\$0.00	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.95	\$150.71	\$0.00	\$26.82	\$33.25	\$0.00	\$36.91	\$2.74	\$18.38	\$1.14

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$202.46

Provider: THE OAKS - BETHANY SKILLED NURSING Prvdr ID: 00140258A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 38.14%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3901 1.4015	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	(3.1.1.1)		, , , , ,	, , , , ,		, ,		, , , ,			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$0.747.504	€4 CO4 740	0.0	Ф766 040	¢4 454 204	\$0	₽4 77E 464		£402.440	\$0
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$8,717,501 (\$911,286)	\$4,621,748 (\$154,401)	\$0 \$0	\$766,240	\$1,151,204 (\$605)	\$789	\$1,775,161 (\$646,966)		\$403,148 (\$110,103)	Φ0
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$911,200)	(\$154,401)	\$0	Φ0	(\$603)	Φ109	(\$646,966)	\$722,838	(\$110,103)	
As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ122,030		\$53,502
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,582,555	\$4,467,347	\$0	\$766 240	\$1,150,599	\$789	\$1,128,195	\$722,838	\$293,045	\$53,502
8 Total Nursing Facility Days As Filed Days = 38,250	FY21 Audited C/R Days	38,250	ψ 1, 107,011		ψ7 00,2 10	ψ1,100,000	ψ. σσ	ψ1,120,100	ψ122,000	Ψ200,010	ψ00,002
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,250	FY21 GL-PL Ins Rpt Days								38,250		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$224.38	\$116.79	\$0.00	\$20.03	\$30.10	(with L&H)	\$29.50	\$18.90	\$7.66	\$1.40
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3901								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.02								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.02	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	\$7.66	\$1.40
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.78	\$84.02	\$0.00	\$20.03	\$30.10		\$29.50	\$18.90	13.83	\$1.40
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.78	\$84.02	\$0.00		\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4015</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.75								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.51	\$117.75	\$0.00	\$20.03	\$30.10	\$0.00	\$29.50	\$18.90	\$13.83	\$1.40
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$2.94	\$2.94								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.89	\$5.89								
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	\$27.46	\$9.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$258.97	\$127.11	\$0.00	\$20.25	\$30.51	\$0.00	\$46.97	\$18.90	\$13.83	\$1.40
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.40		I				I	1		

Sources / Calculations Totals Routine Services Services Services Dietary Laundry & Houskpng Plant Operatns & Maint Admin and General A&G - GL/PL Insurance Related to the services Popp	Insurance
	i
PDPM BASED RATE CALCULATIONS	
1 Cost Center Peer Groups (see Policy Manual) 1 1 2 1 1 1	
Type of Facilities All Facilities Free Standing All Facilities All	
Bed Size Range within Peer Group All Bed Sizes All Bed Size	
Peer Group Standards & Efficiency Measure Limits	
2 Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 85.0% 50.0% 3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 100.0%	
3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100	
Base Period Per Diem Allowed Amounts	00 00
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$5,528,326 \$3,109,426 \$0 \$463,271 \$570,373 \$0 \$1,154,896 \$230	·
6 Audit Adjustments and Reallocations to Cost Center Costs FY21 C/R Audit Adjistmts (\$481,433) (\$114,470) \$0 \$0 \$1,345 (\$325,558) (\$42,558)	50)
As Filed Cost Center Costs (GL/PL) As Filed FY21 GL/PL Rpt \$437,605	
As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R FY64 A 15 + 6 P	\$33,706
7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$5,518,204 \$2,994,956 \$0 \$463,271 \$570,373 \$1,345 \$829,338 \$437,605 \$187	\$33,706
8 Total Nursing Facility Days As Filed Days = 24,639 FY21 Audited C/R Days 24,639	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,639 FY21 GL-PL Ins Rpt Days 24,639	0.4
	61 \$1.37
10 Base Period Facility Model for All Residents from 2 qtrs of FY21	
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$89.84	0.4
	61 \$1.37
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00	/A
	98 \$1.37 PV)
Quarterly Per Diem Rate Prior to Add-ons	
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allwnc % \$0.00	/A N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$198.61 \$89.84 \$0.00 \$18.80 \$23.20 \$0.00 \$33.66 \$17.76 \$	98 \$1.37
17 Quarterly Facility Model for Medicaid Residents per Current Qtr End 1.3475	
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$121.06	
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$229.83 \$121.06 \$0.00 \$18.80 \$23.20 \$0.00 \$33.66 \$17.76 \$	98 \$1.37
Quarterly Per Diem Add-on Amounts	
	00
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$3.03	
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 \$17.10 \$17.10	
	00 \$0.00
	98 \$1.37
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$180.33	

	ovider: CUMMING HEALTH & REHAB ovdr ID: 00140302A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 39.13%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.5863 1.4365	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·							
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	#C 004 044	to 400 005	r ₀	© €647.050	¢750,400		Φ4.450.045		£400.040	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$6,231,841 (\$302,214)	\$3,498,235 \$0	\$0 \$0	\$647,050 \$0	\$758,499	\$0 (\$4,379)	' ' '		\$169,042 (\$64,499)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$302,214)	φυ	φυ	Φ0	(\$8,756)	(\$4,379)	(\$224,560)	\$203,188	(\$04,499)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$203,100		\$63,382
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,196,197	\$3,498,235	\$0	\$647,050	\$749,743	(\$4,379)	\$934,435	\$203,188	\$104,543	\$63,382
8	Total Nursing Facility Days As Filed Days = 19,987	FY21 Audited C/R Days	19,987	ψ0,400,200	ΨΟ	ψ047,030	ψ1 +3,1 +3	(ψτ,575)	ψ554,455	Ψ200,100	Ψ104,545	ψ03,302
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,987	FY21 GL-PL Ins Rpt Days	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							19,987		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$310.01	\$175.03	\$0.00	\$32.37	\$37.29	(with L&H)	\$46.75	\$10.17	\$5.23	\$3.17
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5863								·
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.34								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$110.34	\$0.00	\$32.37	\$37.29		\$46.75	\$10.17	\$5.23	\$3.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$226.61	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$10.17	11.63	\$3.17
	Constants Day Diana Data Data to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$226.61	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	V 220101	<u>1.4365</u>	Ψ0.00	V20.02	400.20	40.00	400.01	ψ.σ	ψσσ	Ψ0
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$272.28	\$150.30	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$10.17	\$11.63	\$3.17
00	Quarterly Per Diem Add-on Amounts	(and Deliau Manual)	#0.00	ro oo	# 0.00	#0.00	#0.00	#0.00	#0.00		ФО ОО	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.00 \$3.76	\$0.00 \$3.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$4.51	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ51					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.37	\$8.27	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$297.65	\$158.57	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$10.17	\$11.63	\$3.17
20	wallerly model based i el bielli Nate	LII IVT LII 24	φ291.05	φ130.31	φυ.υυ	\$20.0Z	\$33.20	φυ.υυ	φ υ4. 01	ψ10.17	φ11.03	φ3.17

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$210.41

	ovider: RIVERSIDE HEALTH CARE CENTER vdr ID: 00140324A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 36.36%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (Quarterly Med		<u>ıta</u>	PDPM Facility 1.4013 1.4882	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>P</u> [PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,822,624	\$5,187,501	\$0	\$690,985	\$964,157	\$0	\$1,680,007		\$2,299,974	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$462,482)	\$0	\$0	\$0	\$0	\$0	(\$314,221)		(\$148,261)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$314,221		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$148,261
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,822,624	\$5,187,501	\$0	\$690,985	\$964,157	\$0	\$1,365,786	\$314,221	\$2,151,713	\$148,261
8	Total Nursing Facility Days As Filed Days = 39,567	FY21 Audited C/R Days	39,567							00.507		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,567	FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$273.53	\$131.11	\$0.00	¢17.46	\$24.37	(with L&H)	\$34.52	39,567 \$7.94	\$54.38	\$3.75
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$273.53	1.4013	φυ.υυ	\$17.46	\$24.37	(WIUI L&H)	φ34.32	\$7.94	φ34.30	φ3.73
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.56								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.56	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	\$54.38	\$3.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψο.σσ	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψο σ
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.54	\$93.56	\$0.00	\$17.46	\$24.37		\$34.52	\$7.94	9.94	\$3.75
	Overted By Birn Brian Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.54	\$93.56	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4882	Ų	•	V =	*****	*****	V	*****	V
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.22	\$139.24	\$0.00	\$17.46	\$24.37	\$0.00	\$34.52	\$7.94	\$9.94	\$3.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$3.48	\$3.48	-							
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.18	\$4.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.29	\$8.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$263.51	\$147.43	\$0.00	\$17.68	\$24.78	\$0.00	\$51.99	\$7.94	\$9.94	\$3.75

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$184.81

Pro Pr	ID: 00140346A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIM		Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 37.70%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.2894 1.2254	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
•	Efficiency weather waximums (see line 20 for actual)	(see Folicy Manual)		φυ.σσ	ψ0.00	ψ0.22	φυ.+1		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,337,615	' ' '	\$0	\$500,886	\$533,001	\$0	\$882,858		\$140,262	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$107,733)	(\$2,361)	\$0	(\$578)	\$0	(\$440)	(\$94,191)		(\$10,163)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$75,920		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,163
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,315,965	\$2,278,247	\$0	\$500,308	\$533,001	(\$440)	\$788,667	\$75,920	\$130,099	\$10,163
8	Total Nursing Facility Days As Filed Days = 20,238	FY21 Audited C/R Days	20,238									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,238	FY21 GL-PL Ins Rpt Days								20,238		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.25	\$112.57	\$0.00	\$24.72	\$26.31	(with L&H)	\$38.97	\$3.75	\$6.43	\$0.50
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2894</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.31								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.31	\$0.00	\$24.72	\$26.31		\$38.97	\$3.75	\$6.43	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.35	\$87.31	\$0.00	\$24.72	\$26.31		\$36.91	\$3.75	11.85	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.35	\$87.31	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2254	*****	,	,	,	*	, , ,	•	, , , , ,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.03	\$106.99	\$0.00	\$24.72	\$26.31	\$0.00	\$36.91	\$3.75	\$11.85	\$0.50
					-							
	Quarterly Per Diem Add-on Amounts	(B F M)	04.40	00.50		40.00	00.44	00.00	00.00		40.00	
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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$5.35 \$17.10	\$5.35					64740			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	¢0 ==	ድ ለ ሰር	¢0.00	¢0.44	\$0.00	\$17.10 \$17.10	60.00	¢ 0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$26.28	\$8.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.31	\$115.54	\$0.00	\$24.94	\$26.72	\$0.00	\$54.01	\$3.75	\$11.85	\$0.50
1			1	1								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$165.16

	ovider: BONTERRA TRANSITIONAL CARE & REHABILITATION OF THE PROPERTY OF THE PRO	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 31.07%	Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.3402 1.4363	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
FL	PEN BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	·											
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,568,733	\$3,744,904	\$0	\$615,602	\$641,094	\$0	\$1,353,021		\$1,214,112	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$281,122)	(\$105,636)	\$0	\$0	\$0	\$0	(\$117,027)		(\$58,459)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt							,	\$222,663	, , ,	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$58,459
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,568,733	\$3,639,268	\$0	\$615,602	\$641,094	\$0	\$1,235,994	\$222,663	\$1,155,653	\$58,459
8	Total Nursing Facility Days As Filed Days = 36,165	FY21 Audited C/R Days	36,165									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,165	FY21 GL-PL Ins Rpt Days								36,165		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.30	\$100.63	\$0.00	\$17.02	\$17.73	(with L&H)	\$34.18	\$6.16	\$31.96	\$1.62
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3402								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.08								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.08	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	\$31.96	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.37	\$75.08	\$0.00	\$17.02	\$17.73		\$34.18	\$6.16	10.58	\$1.62
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	#0.00	0.00	(0.00	#0.00	фо oo	фо oo	#0.00	NI/A	N1/A	NI/A
15	Growth Alloward Per Picer (4): 0 - 14 Alloward Per Picer (4):	Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$162.37	\$75.08	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62
17	Quarterly Facility Model for Medicaid Residents	Ln 16 x Ln 17		1.4363 \$107.84								
18 19	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.12	\$107.84	\$0.00	\$17.02	\$17.73	\$0.00	\$34.18	\$6.16	\$10.58	\$1.62
	Quality Miculaid OWA Allowed For Dictil	10 - En 10,7 alouin - En 10	ψ133.12	Ψ107.04	ψ0.00	ψ17.02	ψ17.73	Ψ0.00	ψ54.10	ψ0.10	Ψ10.50	Ψ1.02
	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 = $\frac{2.5\%}{}$ (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.49	\$5.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$218.61	\$113.23	\$0.00	\$17.24	\$18.14	\$0.00	\$51.65	\$6.16	\$10.58	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.13									

	vdr ID: 00140379A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date:	PDPM Per Diem Rate Effective Date: 4/1/2024 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23		Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		N/A 0.00% Base Period 24.51% 1.0% 3.42 3.0% Quarterly M		Facility Mod Base Period (Quarterly Med	Overall:	ata_	PDPM Facility 1.5127 1.3839	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u></u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , ,			·	,			·			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	CO FOA 007	ΦΕ 404 44E	¢o.	↑ 740.475	Ф7 ГС ОГГ	# 0	Φ4 407 00C		£4.700.000	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$9,594,237 \$323,482	\$5,161,415 (\$18,519)	\$0 \$0	\$743,175 (\$700)	\$756,255 (\$2,404)	\$0	\$1,137,086 \$649,310		\$1,796,306 (\$301,997)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	\$323,462	(\$10,519)	Φ0	(\$700)	(\$3,404)	(\$1,208)	φ049,310	\$100,000	(\$301,997)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$100,000		\$72,317
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,090,036	\$5,142,896	\$0	\$742,475	\$752,851	(\$1,208)	\$1,786,396	\$100,000	\$1,494,309	\$72,317
8	Total Nursing Facility Days As Filed Days = 40,163	FY21 Audited C/R Days	40,163	40,1.2,000	ų.	ψ <u>_</u> , σ	ψ. σΞ,σσ.	(ψ.,=σσ)	ψ.,.σο,σσσ	\$ 100,000	ψ.,.σ.,σσσ	ψ· <u>=</u> ,σ···
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,163	FY21 GL-PL Ins Rpt Days								40,163		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$251.23	\$128.05	\$0.00	\$18.49	\$18.71	(with L&H)	\$44.48	\$2.49	\$37.21	\$1.80
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5127</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.65								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.65	\$0.00	\$18.49	\$18.71		\$44.48	\$2.49	\$37.21	\$1.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.63	\$84.65	\$0.00	\$18.49	\$18.71		\$36.91	\$2.49	9.58	\$1.80
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.63	\$84.65	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3839								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.13	\$117.15	\$0.00	\$18.49	\$18.71	\$0.00	\$36.91	\$2.49	\$9.58	\$1.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17	,	, , , , ,	,				,	
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	\$22.94	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$228.07	\$122.36	\$0.00	\$18.71	\$19.12	\$0.00	\$54.01	\$2.49	\$9.58	\$1.80
							· · · · · · · · · · · · · · · · · · ·	1	1	1		

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$158.23

	ovider: PRUITTHEALTH - VIRGINIA PARK ovdr ID: 00140401A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	Score N/A 46.46% 3.52	Add-on Percent 0.00% 5.5% 5.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.5654 1.5028	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		,							,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rot	P7 004 450	£4.470.007	r ₀	ФЕС4 ООБ	CO44 000		#4 COE OCO		Ф404 ОСТ	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$7,961,153 (\$491,836)	' ' '	\$0 \$0	\$564,985 \$0	\$814,933 \$31,984	\$52,032	\$1,625,963 (\$387,726)		\$484,965 (\$67,307)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$491,030)	(\$120,019)	Φυ	Φ0	φ31,904	\$52,032	(\$307,720)	\$471,989	(\$67,307)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$471,969		\$77,280
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,018,586	\$4,349,488	\$0	\$564,985	\$846,917	\$52,032	\$1,238,237	\$471,989	\$417,658	\$77,280
8	Total Nursing Facility Days As Filed Days = 36,290	FY21 Audited C/R Days	36,290	ψτ,5τ5,τ00	ΨΟ	ψ504,505	ψ040,517	Ψ32,032	ψ1,230,237	Ψ11,505	Ψ+17,000	Ψ11,200
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,290	FY21 GL-PL Ins Rpt Days	00,200							36,290		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$220.96	\$119.85	\$0.00	\$15.57	\$24.77	(with L&H)	\$34.12	\$13.01	\$11.51	\$2.13
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5654</u>					·			·
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.56								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.56	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	\$11.51	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.40	\$76.56	\$0.00	\$15.57	\$24.77		\$34.12	\$13.01	15.24	\$2.13
	Overteels Box Disco Bate Britanta Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.40	\$76.56	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	V.O	1.5028	ψ0.00	Ų.0.01	42	40.00	402	4.0.0	Ų.O.Z.	Ψ=σ
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.89	\$115.05	\$0.00	\$15.57	\$24.77	\$0.00	\$34.12	\$13.01	\$15.24	\$2.13
00	Quarterly Per Diem Add-on Amounts	(and Deliau Manual)	£4.50	фо. г о	#0.00	#0.00	CO 44	#0.00	#0.07		ФО ОО	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$6.33	\$0.53 \$6.33	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ5.75					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.71	\$12.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$250.60	\$127.66	\$0.00	\$15.79	\$25.18	\$0.00	\$51.59	\$13.01	\$15.24	\$2.13
20	waarterry model based i er bielli Nate	LII IVT LII ZT	\$250.00	φ121.00	φυ.υυ	\$13.19	\$23.10	φυ.υυ	φυ1.39	φ13.01	ψ13.24	φ2.13

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$175.13

PDPM PDPM Facility Add-on BRIGHTMOOR NURSING CENTER, LLC Score Percent Facility Model (PDPM) Data Facility Statewide Provider: Add-on Data and Percentage Prvdr ID: 00140412A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3011 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 34.78% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.6445 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 3.17 Plant Admin Property A&G - GL/PL Sources / Routine Special Laundry & Taxes and Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$9,596,126 \$4,575,170 \$0 \$1,088,765 \$1,495,115 \$0 \$1,463,519 \$973,557 \$0 FY21 C/R Audit Adistmts (\$323,750) (\$265,022) (\$133,230) Audit Adjustments and Reallocations to Cost Center Costs \$0 \$0 \$0 \$34,485 \$40,017 As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$251,170 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$139,869 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$9.663.415 \$4,575,170 \$1,088,765 \$1.529.600 \$40,017 \$1,198,497 \$251.170 \$840,327 \$139,869 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 34,111 34,111 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,111 34.111 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$283.30 \$134.13 \$31.92 \$46.01 (with L&H) \$35.14 \$7.36 \$24.64 \$4.10 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3011 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$103.09 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$103.09 \$46.01 \$0.00 \$31.92 \$35.14 \$7.36 \$24.64 \$4.10 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$229.08 \$103.09 \$33.28 19.29 \$26.82 \$35.14 \$7.36 \$4.10 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$229.08 \$103.09 \$0.00 \$26.82 \$33.28 \$35.14 \$7.36 \$0.00 \$19.29 \$4.10 17 per Current Qtr End 1.6445 Quarterly Facility Model for Medicaid Residents \$169.53 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$295.52 \$169.53 \$26.82 \$33.28 \$35.14 \$7.36 \$0.00 \$0.00 \$19.29 \$4.10 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.90 \$0.53 \$0.00 \$0.00 \$0.00 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$4.24 \$4.24 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$6.78 \$6.78 23 (Fixed Amount) Nursing Home Provider Fee \$17.10 \$17.10

PDPM Shadow Rates. This is not your rate.

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

24

\$29.02

\$324.54

\$11.55

\$181.08

\$0.00

\$0.00

\$0.00

\$26.82

\$0.00

\$33.28

\$0.00

\$0.00

\$17.47

\$52.61

\$0.00

\$19.29

\$0.00

\$4.10

\$0.00

\$7.36

	ovider: BROWN'S HEALTH & REHAB CENTER vdr ID: 00140434A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS scor Nurse Hrs per 0	re:	N/A 12.96%	Add-on Percent 0.00% 0.0% 2.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.2363 1.3277	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	·	, , ,				,						
_	Base Period Per Diem Allowed Amounts	As Filed EV24 C/D	\$2.404.227	¢4 002 057	* 0	¢220.040	\$266.04F	¢0	#640.05 2		¢266 472	* 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$3,494,237 (\$77,258)	\$1,803,057 \$2,600	\$0 \$0	\$338,910 \$0	\$366,945 (\$902)	\$0 (\$943)	\$618,853 (\$56,934)		\$366,472 (\$21,079)	\$0
0	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$77,236)	\$2,000	φυ	Φ0	(\$902)	(\$943)	(\$36,934)	\$42,416	(\$21,079)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ42,410		\$20,973
7	Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	\$3,480,368	\$1,805,657	\$0	\$338,910	\$366,043	(\$943)	\$561,919	\$42,416	\$345,393	\$20,973
8	Total Nursing Facility Days As Filed Days = 19,705	FY21 Audited C/R Days	19,705	ψ1,000,001	Ψ	φοσο,στο	φοσο,σ ισ	(ψο 10)	φοσι,σισ	ψ12,110	φο 10,000	Ψ20,010
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,705	FY21 GL-PL Ins Rpt Days								19,705		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.62	\$91.63	\$0.00	\$17.20	\$18.53	(with L&H)	\$28.52	\$2.15	\$17.53	\$1.06
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2363								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.12								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.12	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	\$17.53	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.72	\$74.12	\$0.00	\$17.20	\$18.53		\$28.52	\$2.15	13.14	\$1.06
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.72	\$74.12	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$1.06
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3277								
18	Ortrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.01	\$98.41	\$0.00	\$17.20	\$18.53	\$0.00	\$28.52	\$2.15	\$13.14	\$1.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	40.00	45:22		\$3.50	ψ3.37		# 0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97								
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	\$20.60	\$2.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$199.61	\$100.91	\$0.00	\$17.42	\$18.94	\$0.00	\$45.99	\$2.15	\$13.14	\$1.06
						1						

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$136.88

Provider: PRUITTHEALTH - LANIER Prvdr ID: 00140456A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	rate. Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q			Add-on Percent 0.00% 5.5% 5.0%		Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:			PDPM Facility 1.3601 1.4940	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DDDM DACED DATE CALCUL ATIONS		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
							= 0 00				
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,788,419	\$2,976,534	\$0	\$398,248	\$694,812	\$0	\$1,378,163		\$340,662	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$561,835)	(\$23,090)	\$0 \$0	\$0	(\$2,638)	(\$2,378)	(\$498,265)		(\$35,464)	ΨΟ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$301,033)	(\$23,030)	ΨΟ	Ψ0	(ψ2,030)	(ψ2,370)	(\$490,200)	\$508,343	(\$55,464)	
As Filed Cost Center Costs (GDFL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ500,545		\$35,124
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,770,051	\$2,953,444	\$0	\$398,248	\$692,174	(\$2,378)	\$879,898	\$508,343	\$305,198	\$35,124
8 Total Nursing Facility Days As Filed Days = 21,629	FY21 Audited C/R Days	21,629	Ψ2,000,444	ΨΟ	ψ550,240	ψ032,174	(ψ2,570)	ψ073,030	ψ500,545	ψ505,150	ψ55,124
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,629	FY21 GL-PL Ins Rpt Days	21,020							21,629		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$266.76	\$136.55	\$0.00	\$18.41	\$31.89	(with L&H)	\$40.68	\$23.50	\$14.11	\$1.62
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ200.70	1.3601	ψ0.00	ψ10.41	φ01.00	(War Earl)	Ψ+0.00	Ψ20.00	Ψ1-1.11	ψ1.02
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.40								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.40	\$0.00	\$18.41	\$31.89		\$40.68	\$23.50	\$14.11	\$1.62
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψ1.02
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.55	\$100.40	\$0.00	\$18.41	\$31.89		\$36.91	\$23.50	8.82	\$1.62
Bace Foliac Model / Apacica / Monoca Foliación		V22 1.00	ψ100.10	ψ0.00	ψ10.11	Ψ01.00		φοσ.σ τ	Ψ20.00	(FRV)	Ψ1.02
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	\$221.55	\$100.40	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$1.62
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4940</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.00	_							
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.15	\$150.00	\$0.00	\$18.41	\$31.89	\$0.00	\$36.91	\$23.50	\$8.82	\$1.62
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$8.25	\$8.25								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.50	\$7.50								
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	\$34.01	\$16.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$305.16	\$166.28	\$0.00	\$18.63	\$32.30	\$0.00	\$54.01	\$23.50	\$8.82	\$1.62
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$216.05								'	

	ovider: CHURCH HOME REHABILITATION AND HEALTHCA vdr ID: 00140467A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	only. This is NOT your effective rate. Growth Acres 4/1/2024 Qtrly BIN		Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		Add-on Percent 0.00% 0.0% 4.0%		Facility Mod Base Period (Quarterly Med	Overall:	ata_	PDPM Facility 1.6184 1.4069	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
-												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , ,			,	,			·			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	©4.050.045	\$2.425.015	r ₀	#cco 004	©200 004	# 0	Ф 7 00 440		6070 47 5	¢0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	, , , , , , , , ,	* , -,	\$0 \$0	\$660,934 \$0	\$399,281 \$0	\$0 \$0	\$793,410 \$24,926		\$372,175 (\$14,408)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$45,224)	(\$55,742)	Φ0	φ0	Φυ	φ0	Φ24,920	\$30,816	(\$14,400)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ30,610		\$14,408
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,650,815	\$2,369,273	\$0	\$660,934	\$399,281	\$0	\$818,336	\$30,816	\$357,767	\$14,408
8	Total Nursing Facility Days As Filed Days = 21,474	FY21 Audited C/R Days	21,474	\$2,000,2.0	40	.	4000,20 .		40.0,000	455,5.5	φοσ. γ. σ.	ψ, .σσ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,474	FY21 GL-PL Ins Rpt Days								21,474		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$216.58	\$110.33	\$0.00	\$30.78	\$18.59	(with L&H)	\$38.11	\$1.44	\$16.66	\$0.67
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.6184</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.17								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.17	\$0.00	\$30.78	\$18.59		\$38.11	\$1.44	\$16.66	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.01	\$68.17	\$0.00	\$26.82	\$18.59		\$36.91	\$1.44	30.41	\$0.67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.01	\$68.17	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4069								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.74	\$95.91	\$0.00	\$26.82	\$18.59	\$0.00	\$36.91	\$1.44	\$30.41	\$0.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine 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	\$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	\$21.88	\$4.37	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.62	\$100.28	\$0.00	\$26.82	\$19.00	\$0.00	\$54.01	\$1.44	\$30.41	\$0.67

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$161.64

	rovider: CALHOUN NURSING HOME rvdr ID: 00140478A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage Growth Allowance:		N/A 48.28%	Score Percent N/A 0.00% 48.28% 5.5%		_Facility Mod Base Period (Quarterly Med	ta_	PDPM Facility 1.9103 1.6455	PDPM Statewide 1.4210 1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
D	DDM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u>Pi</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0.</i> 53	\$0.00	\$0.22	\$0.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,863,425	\$3,135,821	\$0	\$458,145	\$478,420	\$0	\$574,906		\$216,133	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$147,697)	(\$1,834)	\$0	\$0	\$1,459	(\$6,338)	(\$120,321)		(\$20,663)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$120,321		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,784
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,856,833	\$3,133,987	\$0	\$458,145	\$479,879	(\$6,338)	\$454,585	\$120,321	\$195,470	\$20,784
8	Total Nursing Facility Days As Filed Days = 19,676	FY21 Audited C/R Days	19,676							40.070		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,676	FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$246.84	\$159.28	\$0.00	\$23.28	\$24.07	(mith 1911)	\$23.10	19,676 \$6.12	#0.03	\$4.06
10	Net Per Diems prior to Model Adjstmt to Routine Srvcs Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$240.04	· ·	\$0.00	\$23.26	\$24.07	(with L&H)	\$23.10	\$0.12	\$9.93	\$1.06
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.9103 \$83.38								
12	, , ,	RS = Ln 11, AllOthr = Ln 9		\$83.38	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	\$9.93	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	ψ5.55 N/A	Ψ1.00
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.96	\$83.38	\$0.00	\$23.28	\$24.07		\$23.10	\$6.12	16.95	\$1.06
			V.1.166	ψοσίου	40.00	\$20.20	ψ=		\$20.10	Ψ	(FRV)	Ų
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.96	\$83.38	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$16.95	\$1.06
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.6455								
18	, , ,	RS = Ln 18, AllOthr = Ln 16	\$231.78	\$137.20 \$137.20	\$0.00	\$23.28	\$24.07	\$0.00	\$23.10	\$6.12	\$16.95	\$1.06
13	Quarterly Medicald CMA Allowed Fel Dieffi	10 - 21 10,7410411 - 21 10	Ψ231.76	ψ137.20	φ0.00	Ψ23.20	Ψ24.07	φ0.00	Ψ23.10	ψ0.12	ψ10.93	Ψ1.00
	Quarterly Per Diem Add-on Amounts											
20		(see 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		(Fixed Amount)	\$17.10						\$17.10		22.25	
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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.08	\$149.40	\$0.00	\$23.50	\$24.48	\$0.00	\$40.57	\$6.12	\$16.95	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.74									

	ovider: CANTON CENTER FOR NURSING AND HEALING L over ID: 00140511A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	only. This is NOT your effective rate. Growth Allowa te: 4/1/2024 Qtrly BIMS see				0.00% 1.0%		Facility Mod Base Period (Quarterly Med	ta_	PDPM Facility 1.6347 1.2428	PDPM Statewide 1.4210 1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	DM DASED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
PL	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	,	, ,					,		,			
_	Base Period Per Diem Allowed Amounts	As Filed FV24 C/D FV24 CI /DI Det	©C 405 COO	Фо 474 070	¢o.	ФС 40 Г 7 Г	₽000 74F	(C)	#4 040 505		¢450 404	ro.
5 6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$6,135,629 (\$234,458)	\$3,171,270 \$0	\$0 \$0	\$648,575 \$0	\$920,715 \$0	\$0 \$0	\$1,242,585 (\$182,750)		\$152,484 (\$51,708)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$234,436)	Φ0	φυ	ΦΟ	φ0	φ0	(\$162,750)	\$114,720	(\$51,700)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$114,720		\$51,708
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,067,599	\$3,171,270	\$0	\$648,575	\$920,715	\$0	\$1,059,835	\$114,720	\$100,776	\$51,708 \$51,708
8	Total Nursing Facility Days As Filed Days = 26,879	FY21 Audited C/R Days	26,879	ψο, 11 1,210	ΨŪ	φο 10,07 σ	ψο20,7 10	Ψ.	ψ1,000,000	ψ111,720	Ψ100,110	φοι,του
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,879	FY21 GL-PL Ins Rpt Days								26,879		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.73	\$117.98	\$0.00	\$24.13	\$34.25	(with L&H)	\$39.43	\$4.27	\$3.75	\$1.92
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6347		-						
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.17								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.17	\$0.00	\$24.13	\$34.25		\$39.43	\$4.27	\$3.75	\$1.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.15	\$72.17	\$0.00	\$24.13	\$33.28		\$36.91	\$4.27	12.47	\$1.92
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.15	\$72.17	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	,	1.2428	*****	,	, , , ,	,	****	,	,	, -
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.67	\$89.69	\$0.00	\$24.13	\$33.28	\$0.00	\$36.91	\$4.27	\$12.47	\$1.92
	Overtarly Day Diam Add on America											
20	Quarterly Per Diem Add-on Amounts 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	\$0.70	\$0.90	ψ0.00	Ψ0.22	Ψ0.00	Ψ0.00	ψ0.00		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.54	\$3.22	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$223.21	\$92.91	\$0.00	\$24.35	\$33.28	\$0.00	\$54.01	\$4.27	\$12.47	\$1.92
\vdash								I				

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.58

Provider: UNIVERSITY NURSING & REHAB CTR Prvdr ID: 00140533A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	only. This is NOT your effective rate. Growth A Qtrly BIM		Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (ata_	PDPM Facility 1.3312 1.2879	PDPM_ Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	¢6 072 415	\$3,679,811	\$0	\$556,914	\$627,638	\$0	\$1,292,330		\$815,722	\$0
	FY21 C/R Audit Adjstmts			\$0 \$0		' '		' ' '			Φ0
	As Filed FY21 GL/PL Rpt	(\$69,277)	(\$79,539)	\$0	(\$14,665)	\$0	\$16,726	\$63,332	£40,400	(\$55,131)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$12,462		DEE 404
As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	¢c 070 724	#2 COO 272		ΦE 40 040	\$627,638	¢46.706	₾4 255 662	£42.462	\$760,591	\$55,131 \$55,131
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 30,853	FY21 Audited C/R Days	\$6,970,731	\$3,600,272	\$0	\$542,249	\$027,038	\$10,720	\$1,355,662	\$12,462	\$760,591	φοο, ι ο ι
	FY21 GL-PL Ins Rpt Days	30,853							30,853		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,853 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.93	\$116.69	\$0.00	\$17.58	\$20.88	(with L&H)	\$43.94	\$0.40	\$24.65	\$1.79
	from 2 qtrs of FY21	\$225.93		\$0.00	\$17.56	\$20.00	(WIUI L&H)	\$43.94	\$0.40	\$24.00	\$1.79
10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adistd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3312								
,	RS = Ln 11, AllOthr = Ln 9		\$87.66	\$0.00	¢47.50	\$20.88		£42.04	\$0.40	\$04.65	\$1.79
,	per Peer Group Limits		\$87.66	\$0.00	\$17.58			\$43.94	1 1	\$24.65 N/A	\$1.79
· · · · · · · · · · · · · · · · · · ·	Lesser of Ln 12 or Ln 13	¢472.00	\$104.63	¢ 0.00	\$26.82	\$33.28 \$20.88		\$36.91	\$0.00 \$0.40		¢4.70
14 Base Period Model Adjusted Allowed Per Diem	Lessel of Lif 12 of Lif 13	\$173.23	\$87.66	\$0.00	\$17.58	\$20.00		\$36.91	\$0.40	8.01 (FRV)	\$1.79
Quarterly Per Diem Rate Prior to Add-ons										(****)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$173.23	\$87.66	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2879</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.90								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.47	\$112.90	\$0.00	\$17.58	\$20.88	\$0.00	\$36.91	\$0.40	\$8.01	\$1.79
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$1.13	\$1.13							,	
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	\$22.78	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$221.25	\$117.95	\$0.00	\$17.80	\$21.29	\$0.00	\$54.01	\$0.40	\$8.01	\$1.79
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.11		<u> </u>	I	I	I	I	1		

DEMONSTRATION ONLY

Provider: Cottages at Rockmart Prvdr ID: 00140544A PDPM Shadow Rate For informational use only. T H/B ?: No Case Mix Per Diem Rate Effective Date:	This is NOT your rate	Add-on D	ata and Percentages Growth Allowance: BIMS:	Facility Score N/A 19.4%	Add-on Percent 0.00% 0.0%		Case Mix Index Base Period	(CMI) Data d Overall PDPM:		Facility Specific 1.3786	State- wide 1.5751
MDS & Nurse Hrs Data per Quarter Ending:		Hours per On-Site	Day/Quality Incentive:	8.19	3.0%	Ortrly Mcai	id PDPM w RU0	G Wght Options:		1.2256	1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	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 Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Freestanding All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bea Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Percentile 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			ψ0.55	ψ0.00	φυ.ΖΖ	ψυ.41		ψ0.57			
GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 165,488		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								21,895		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2021 Peer Group Limit		\$104.63		\$26.82	\$33.28		\$36.91		\$42.38	\$3.6
Allowed @ 95% of Std	•	\$237.61	\$99.40		\$25.48	\$31.62		\$35.06		\$42.38	
Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem (After Growth Allowance)		\$245.17	\$99.40		\$25.48	\$31.62		\$35.06	\$ 7.56	\$42.38	\$3.67
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.2256</u>							(FRV Rate)	
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$121.82								
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$264.22	\$121.82		\$25.48	\$31.62		\$35.06	\$ 4.19	\$42.38	\$3.67
BIMS Add-on Per Diem = 0.0% (to Routine Srvs)		\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.65	\$3.65								
Nursing Home Provider Fee		\$17.10						17.10			
Total Quarterly Per Diem Add-On Amounts		\$20.75									
Quarterly Case Mix Based Per Diem Rate		\$284.98	\$125.48		\$25.48	\$31.62		\$52.16	\$4.19	\$42.38	\$3.67
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$200.91										

^{* 1002.3}B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

	ovider: CALHOUN HEALTH CARE CENTER vdr ID: 00140577A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		N/A 37.50%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.6204 1.7448	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,956,310	\$2,240,206	\$0	\$588,060	\$485,069	\$0	\$1,061,986		\$580,989	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$246,636)	\$5	\$0	\$3,051	(\$4,514)	(\$3,911)	(\$208,856)		(\$32,411)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$158,470		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$76,738
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,944,882	\$2,240,211	\$0	\$591,111	\$480,555	(\$3,911)	\$853,130	\$158,470	\$548,578	\$76,738
8	Total Nursing Facility Days As Filed Days = 26,266	FY21 Audited C/R Days	26,266									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,266	FY21 GL-PL Ins Rpt Days								26,266		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.26	\$85.29	\$0.00	\$22.50	\$18.15	(with L&H)	\$32.48	\$6.03	\$20.89	\$2.92
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.6204</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.63								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.63	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	\$20.89	\$2.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.03	\$52.63	\$0.00	\$22.50	\$18.15		\$32.48	\$6.03	9.32	\$2.92
	·										(FRV)	
,	Quarterly Per Diem Rate Prior to Add-ons	La 44 v Courth Allera - 04	***	2.22	***	40.00	***	***	***			
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$144.03	\$52.63	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.7448								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	A 400.00	\$91.83		400.50	040.45		000.40	# 0.00	00.00	40.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.23	\$91.83	\$0.00	\$22.50	\$18.15	\$0.00	\$32.48	\$6.03	\$9.32	\$2.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.30	\$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$5.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$206.91	\$97.41	\$0.00	\$22.72	\$18.56	\$0.00	\$49.95	\$6.03	\$9.32	\$2.92
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$142.36

	ovider: CAMELLIA HEALTH & REHABILITATION Volt ID: 00140588A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	only. This is NOT your effective rate. ie: 4/1/2024		Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.4342 1.2681	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	φ0.00	φ0.22	φυ.41		φ0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,668,198	\$1,921,832	\$0	\$438,663	\$444,303	\$0	\$651,593		\$211,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$157,821)	(\$7,877)	\$0	(\$466)	(\$1,455)	(\$2,649)	(\$122,922)		(\$22,452)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$110,454		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,268
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,643,099	\$1,913,955	\$0	\$438,197	\$442,848	(\$2,649)	\$528,671	\$110,454	\$189,355	\$22,268
8	Total Nursing Facility Days As Filed Days = 16,319	FY21 Audited C/R Days	16,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,319	FY21 GL-PL Ins Rpt Days								16,340		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.95	\$117.13	\$0.00	\$26.82	\$26.94	(with L&H)	\$32.35	\$6.76	\$11.59	\$1.36
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4342</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.67								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.67	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	\$11.59	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.83	\$81.67	\$0.00	\$26.82	\$26.94		\$32.35	\$6.76	9.93	\$1.36
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	#0.00	0.00	#0.00	#0.00	* 0.00	фо oo	#0.00	NI/A	N1/A	NI/A
15	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwtn Allwinc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	,	per Current Qtr End	\$185.83	\$81.67	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qui Eria Ln 16 x Ln 17		1.2681								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem		#207.72	\$103.57	фо оо	#00.00	₽00.04	фо оо	Ф 22.25	ФC 7C	(0.00	Ф4 OC
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.73	\$103.57	\$0.00	\$26.82	\$26.94	\$0.00	\$32.35	\$6.76	\$9.93	\$1.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.18	\$5.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.18	\$8.30	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$233.91	\$111.87	\$0.00	\$26.82	\$27.35	\$0.00	\$49.82	\$6.76	\$9.93	\$1.36
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$162.61

	ovider: FORT GAINES HEALTH AND REHAB vdr ID: 00140599A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 30.00%	Add-on Percent 0.00% 2.5% 4.0%		Facility Mod Base Period (Quarterly Med		<u>ta</u>	PDPM Facility 1.4005 1.6236	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, , ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0%	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0</i> .53	\$0.00	φ0.22	φ <i>0.41</i>		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,121,894	\$1,561,068	\$0	\$367,087	\$420,282	\$0	\$1,403,579		\$369,878	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$83,203)	(\$3,220)	\$0	\$0	\$1,287	\$1,559	(\$29,459)		(\$53,370)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$22,250		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$53,731
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,114,672	\$1,557,848	\$0	\$367,087	\$421,569	\$1,559	\$1,374,120	\$22,250	\$316,508	\$53,731
8	Total Nursing Facility Days As Filed Days = 17,093	FY21 Audited C/R Days	17,093									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,093	FY21 GL-PL Ins Rpt Days								17,093		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$240.72	\$91.14	\$0.00	\$21.48	\$24.75	(with L&H)	\$80.39	\$1.30	\$18.52	\$3.14
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4005</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.08								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.08	\$0.00	\$21.48	\$24.75		\$80.39	\$1.30	\$18.52	\$3.14
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$176.52	\$65.08	\$0.00	\$21.48	\$24.75		\$36.91	\$1.30	23.86	\$3.14
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Lo 14 v Cruth Alluma 9/	#0.00	0.00	#0.00	#0.00	фо oo	#0.00	#0.00	NI/A	N1/A	NI/A
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$176.52	\$65.08	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14
17	Quarterly Facility Model for Medicaid Residents Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17		1.6236 \$105.66								
18	, , ,	RS = Ln 18, AllOthr = Ln 16	\$24 7 44	·	\$0.00	¢04.40	€ 04.75	¢0.00	¢26.04	£4.20	¢22.06	¢2.44
19	Quarterly Medicaid CMA Allowed Per Diem	RS = LII 16, AIIOIIII = LII 16	\$217.11	\$105.66	\$0.00	\$21.48	\$24.75	\$0.00	\$36.91	\$1.30	\$23.86	\$3.14
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.23	\$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	\$25.13	\$7.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.24	\$113.06	\$0.00	\$21.70	\$25.16	\$0.00	\$54.01	\$1.30	\$23.86	\$3.14
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$168.86

Provider: HARBORVIEW HEALTH SYSTEMS THOMASTON Prvdr ID: 00140621A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 21.92%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (<u>ta</u>	PDPM Facility 1.3408 1.3877	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			7111 200 01200	7 til 200 01200	7 til 200 01200	7111 200 01200	7 til 200 01200	7111 2000 01200			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,717,130	\$3,346,221	\$0	\$563,547	\$562,123	\$0	\$1,166,941		\$1,078,298	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$281,495)	(\$110,140)	\$0	\$0	\$0	\$1,380	(\$66,131)		(\$106,604)	ΨΟ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ201, 433)	(ψ110,140)	ΨΟ	Ψ0	ΨΟ	ψ1,500	(ψου, 151)	\$134,984	(ψ100,004)	
As Filed Cost Center Costs (GEFE) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ134,304		\$106,604
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,677,223	\$3,236,081	\$0	\$563,547	\$562,123	\$1,380	\$1,100,810	\$134,984	\$971,694	\$106,604
8 Total Nursing Facility Days As Filed Days = 37,338	FY21 Audited C/R Days	37,338	ψ5,230,001	ΨΟ	ψ505,547	ψ502,125	ψ1,500	ψ1,100,010	ψ134,304	ψ57 1,054	Ψ100,004
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,338	FY21 GL-PL Ins Rpt Days	07,000							37,338		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$178.83	\$86.67	\$0.00	\$15.09	\$15.09	(with L&H)	\$29.48	\$3.62	\$26.02	\$2.86
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψ170.00	1.3408	ψ0.00	ψ10.00	ψ10.00	(20.1)	Ψ20.10	Ψ0.02	Ψ20.02	Ψ2.00
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.64								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.64	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	\$26.02	\$2.86
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψο.σσ	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ2.00
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.98	\$64.64	\$0.00	\$15.09	\$15.09		\$29.48	\$3.62	9.20	\$2.86
		V.00.00	Q	ψ0.00	V.0.00	Ų.0.00		420.10	\$5.02	(FRV)	Ψ2.00
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	\$139.98	\$64.64	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3877								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.70								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.04	\$89.70	\$0.00	\$15.09	\$15.09	\$0.00	\$29.48	\$3.62	\$9.20	\$2.86
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
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	\$22.22	\$4.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$187.26	\$93.82	\$0.00	\$15.31	\$15.50	\$0.00	\$46.95	\$3.62	\$9.20	\$2.86
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.62									

	rovider: BRIAN CENTER HEALTH & REHABILITATION CAN rvdr ID: 00140643A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 21.31%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period (ata	PDPM Facility 1.4804 1.2175	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	· · · · · · · · · · · · · · · · · · ·										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,139,629	\$4,211,038	\$0	\$471,482	\$570,503	\$0	\$1,025,044		\$861,562	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$195,402	(\$14,676)	\$0	\$471,462	\$639	\$839	\$268,765		(\$60,165)	ΦΟ
0	•	As Filed FY21 GL/PL Rpt	\$195,402	(\$14,076)	Φυ	\$0	\$629	\$609	\$200,700	¢106 242	(\$60,165)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$106,243		#e0 22e
7	As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	\$7 F01 610	\$4,196,362	\$0	\$471,482	\$571,142	\$839	\$1,293,809	\$106,243	\$801,397	\$60,336 \$60,336
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 29,720	FY21 Audited C/R Days	29,720	φ4,190,30Z	φυ	φ471,40Z	\$371,142	\$609	\$1,293,009	\$100,243	φου1,397	φου,330
0	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,720 As Filed Days = 29,720	FY21 GL-PL Ins Rpt Days	29,720							29,720		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$252.40	\$141.20	\$0.00	\$15.86	\$19.25	(with L&H)	\$43.53	1 ' 1	\$26.96	\$2.03
10	,	from 2 qtrs of FY21	φ232.40	·	φ0.00	φ15.00	\$19.25	(WILLI LOLL)	φ43.33	φ3.37	φ20.90	φ2.03
11	Base Period Facility Model for All Residents Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		<u>1.4804</u> \$95.38								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.38	\$0.00	\$15.86	\$19.25		\$43.53	\$3.57	\$26.96	\$2.03
13	,	per Peer Group Limits		\$104.63	φ0.00	\$15.80	\$33.28		\$36.91	\$0.00	%20.90 N/A	φ2.03
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.10	\$95.38	\$0.00	\$15.86	\$19.25		\$36.91	\$3.57	14.10	\$2.03
'4	Dase i ellou wodel Adjusted Allowed i el Dielli	200001 01 211 12 01 211 10	ψ107.10	ψ90.00	Ψ0.00	ψ13.00	ψ19.23		ψ30.91	ψ5.57	(FRV)	Ψ2.03
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.10	\$95.38	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2175</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.85	\$116.13	\$0.00	\$15.86	\$19.25	\$0.00	\$36.91	\$3.57	\$14.10	\$2.03
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$229.59	\$120.14	\$0.00	\$16.08	\$19.66	\$0.00	\$54.01	\$3.57	\$14.10	\$2.03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.37					1	1		l	

Provider: HEALTHCARE AT COLLEGE PARK, LLC Prvdr ID: 00140654A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 23.88%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (ta_	PDPM Facility 1.3209 1.1883	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile Research Standards: A Military	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(coo i diloy inandar)		φυ.σσ	ψο.σσ	ψ0. <u>Σ</u> Σ	φοιτι		φο.σ7			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,602,735	\$2,065,744	\$0	\$468,472	\$516,636	\$0	\$797.064		\$754,819	\$0
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$145,528)	(\$8,315)	\$0	\$400,472	\$510,030	\$0	(\$55,338)		(\$81,875)	φυ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$145,526)	(\$0,313)	φυ	φ0	Φυ	φυ	(\$55,556)	\$0	(\$01,073)	
As Filed Cost Center Costs (GDPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φυ		\$81,875
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,539,082	\$2,057,429	\$0	\$468,472	\$516,636	\$0	\$741,726	\$0	\$672,944	\$81,875
8 Total Nursing Facility Days As Filed Days = 27,762	FY21 Audited C/R Days	27,762	φ2,007,120		ψ 100, 17 Z	φο το,σσσ	ļ	ψ, 11,120	Ψ0	ψο/ 2,0 11	φοι,σισ
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,762	FY21 GL-PL Ins Rpt Days								27,762		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163.50	\$74.11	\$0.00	\$16.87	\$18.61	(with L&H)	\$26.72	\$0.00	\$24.24	\$2.95
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3209								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.11	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	\$24.24	\$2.95
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.89	\$56.11	\$0.00	\$16.87	\$18.61		\$26.72	\$0.00	8.63	\$2.95
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.89	\$56.11	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.1883</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.68								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.46	\$66.68	\$0.00	\$16.87	\$18.61	\$0.00	\$26.72	\$0.00	\$8.63	\$2.95
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00								
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	\$21.30	\$3.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$161.76	\$69.88	\$0.00	\$17.09	\$19.02	\$0.00	\$44.19	\$0.00	\$8.63	\$2.95
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.50									

PDPM PDPM Facility Add-on Provider: LIFE CARE CENTER Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00140665A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.1891 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 37.18% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.2203 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 3.61 Plant Admin Property A&G - GL/PL Sources / Routine Special Laundry & Taxes and Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$6,373,050 \$3,614,283 \$0 \$488,283 \$738,484 \$0 \$874,011 \$657,989 \$0 FY21 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$198,376) \$0 \$0 \$0 \$0 \$0 (\$121,848) (\$76,528) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$94,222 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$76,528 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$6.345.424 \$3.614.283 \$0 \$488,283 \$738.484 \$0 \$752,163 \$94,222 \$581,461 \$76,528 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 35,590 35,590 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35.590 35,590 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$178.29 \$101.55 \$13.72 \$20.75 (with L&H) \$21.13 \$2.65 \$16.34 \$2.15 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.1891 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$85.40 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$13.72 \$20.75 \$85.40 \$0.00 \$21.13 \$2.65 \$16.34 \$2.15 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$160.73 \$85.40 \$20.75 14.93 \$13.72 \$21.13 \$2.65 \$2.15 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$160.73 \$85.40 \$0.00 \$13.72 \$20.75 \$21.13 \$0.00 \$2.65 \$14.93 \$2.15 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.2203 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$104.21 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$179.54 \$104.21 \$13.72 \$20.75 \$2.65 \$14.93 \$0.00 \$0.00 \$21.13 \$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) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$2.61 \$2.61 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$4.17 \$4.17 23 (Fixed Amount) \$17.10 Nursing Home Provider Fee \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$25.41 \$7.31 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00

PDPM Shadow Rates. This is not your rate.

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Quarterly Model Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$111.52

\$0.00

\$13.94

\$21.16

\$0.00

\$38.60

\$204.95

\$14.93

\$2.15

\$2.65

Provider: PRUITTHEALTH - EASTSIDE Prvdr ID: 00140687A PDPM Shadow Rates. For informational use of PDPM Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	: 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 32.35%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (ıta_	PDPM Facility 1.2748 1.4668	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
			, , , , ,	,				,			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,036,126	\$3,511,331	\$0	\$498,616	\$656,759	\$0	\$1,135,833		\$233,587	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$444,317)	' ' '	\$0	\$490,010	\$050,759	\$782	(\$307,046)		(\$50,971)	ΦΟ
	As Filed FY21 GL/PL Rpt	(\$444,317)	(\$07,002)	φυ	φ0	φ0	\$102	(\$307,040)		(\$30,971)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$390,257		ФEО 074
As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	\$6,033,037	\$3,424,249	\$0	\$498,616	\$656,759	\$782	\$828,787	\$390,257	\$182,616	\$50,971 \$50,971
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 28,228	FY21 Audited C/R Days	28,228	φ3,424,249	φυ	\$490,010	φ000,709	\$102	φο20,707	\$390,237	\$102,010	φ50,971
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,228	FY21 GL-PL Ins Rpt Days	20,220							28,228		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$213.73	\$121.31	\$0.00	\$17.66	\$23.29	(with L&H)	\$29.36	\$13.83	\$6.47	\$1.81
	from 2 qtrs of FY21	φ213.73	·	φυ.υυ	\$17.00	\$23.29	(WIUI L&H)	\$29.30	φ13.03	φ0.47	φ1.01
10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.2748 \$95.16								
	RS = Ln 11, AllOthr = Ln 9		\$95.16	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	\$6.47	\$1.81
12 Net Per Diems after Model Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	φυ.υυ	\$26.82	\$33.28		\$36.91	\$0.00	Φ0.47 N/A	φ1.01
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.68	\$95.16	\$0.00	\$17.66	\$23.29		\$29.36	\$13.83	12.57	\$1.81
Dase Fellou Mouel Aujusteu Alloweu Fel Dielli	EGGGCI GI EII 12 GI EII 10	φ193.00	φ95.10	φυ.υυ	\$17.00	φ23.29		φ29.30	\$13.03	(FRV)	φ1.01
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.68	\$95.16	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4668</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.58								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.10	\$139.58	\$0.00	\$17.66	\$23.29	\$0.00	\$29.36	\$13.83	\$12.57	\$1.81
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$3.49	\$3.49								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.98	\$6.98								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.10	\$11.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$267.20	\$150.58	\$0.00	\$17.88	\$23.70	\$0.00	\$46.83	\$13.83	\$12.57	\$1.81
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$187.58		<u> </u>	1	1	1	<u> </u>	1		

Provider: ROME HEALTH AND REHABILITATION CENTER Prvdr ID: 00140753A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 20.00%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3889 1.3669	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile Research Standards: A Military	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(coo i oney mandary		ψο.σσ	φοισσ	ψ0. <u>Σ</u> Σ	φο. τ τ		φο.σ7			
Base Period Per Diem Allowed Amounts	A E' LEVOLOID EVOLOUELD :	47.000.000	***		\$500.504	\$540.570	•	0017.701		# 4 004 004	40
As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,389,020	\$3,606,145	\$0	\$522,581	\$518,572	\$0	\$917,721		\$1,824,001	\$0
A Standard Court Court of Court	FY21 C/R Audit Adjstmts	\$394,807	(\$3,287)	\$0	(\$2,205)	(\$1,393)	(\$1,059)	\$447,266	04.040	(\$44,515)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$4,219		********
As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	\$7,809,470	\$3,602,858	\$0	\$520,376	\$517,179	(\$1,059)	\$1,364,987	¢4 240	\$1,779,486	\$21,424 \$21,424
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 26,266	FY21 Audited C/R Days	26,266	\$3,002,000	φ0	φ320,376	φ517,179	(\$1,059)	φ1,304,907	Φ4,219	\$1,779,400	φ21,424
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,266	FY21 GL-PL Ins Rpt Days	20,200							26,266		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$297.33	\$137.17	\$0.00	\$19.81	\$19.65	(with L&H)	\$51.97	\$0.16	\$67.75	\$0.82
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψ20.100	1.3889	\$5.55	V.0.0	ψ.σ.σσ	(ψο	400	ψοσ	\$0.02
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.76								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.76	\$0.00	\$19.81	\$19.65		\$51.97	\$0.16	\$67.75	\$0.82
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.95	\$98.76	\$0.00	\$19.81	\$19.65		\$36.91	\$0.16	13.84	\$0.82
Overteely Box Biom Bate Brief to Add one										(FRV)	
Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.95	\$98.76	\$0.00	1	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$100.00	1.3669	ψ0.00	ψ10.01	ψ10.00	ψ0.00	φοσιστ	ψ0.10	ψ10.01	ψ0.02
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.00								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.19	\$135.00	\$0.00	\$19.81	\$19.65	\$0.00	\$36.91	\$0.16	\$13.84	\$0.82
Constant Day Disay Add an Assessed											
Quarterly 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	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.35	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.υυ		φυ.υυ	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.70					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.50	\$139.58	\$0.00		\$20.06	\$0.00	\$54.01	\$0.16	\$13.84	\$0.82
			, 13333		,	ÿ=533 0	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,	1 75132
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.55									

Page Reservation Page Reservation Page Reservation Page Reservation Page Reservation Page Reservation Page		ovider: PRUITTHEALTH - CRESTWOOD, LLC ovdr ID: 00140764A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 48.28%	Add-on Percent 0.00% 5.5% 5.0%		Facility Mod Base Period (Quarterly Med	Overall:	ata_	PDPM Facility 1.3156 1.2800	PDPM Statewide 1.4210 1.3706
PDPM BASED RATE CALCULATIONS 1	Line #	Description		Totals		•	Dietary	,	Operatns	and		and	
Cost Content Peer Groups (see Peitor Manual) Fig.				а	b	С	d	е	f	g	g	h	i
## AF Actional Processing Company and Processing	PE	OPM BASED RATE CALCULATIONS											
2 Peer Group Standards: Analyse See Peiro Manual 100,0%	1	Type of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing	All Facilities		All Facilities			
3 Peru Group Strundstants Mulpiple** Gours Protry Manuaria* Gou		Peer Group Standards & Efficiency Measure Limits											
Base Period Profession Allowed Amounts Sac Sac Service (Service Service Se		· ·	, , ,		I I		1	1					
Base Period Per Diem Allowed Amounts		·	, , , , , , , , , , , , , , , , , , , ,		I I		1	1					
Society As Filed Cost Center Costs (Routine & Spaces Service Combinator) As Filed PTZ CIR - PTZ 1 CIR - PTZ	-		(See Folloy Mariaar)		Ψυ.σσ	ψ0.00	Ψ0.22	ψ0.41		ψο.στ			
A cut Adjustments and Reallocations to Cost Center Costs F721 CR Audit Adjustments (\$381,577) (\$63,344) \$0 \$0 \$1,152 (\$343,519) \$343,220 \$33,000													
As Filed Cost Center Costs (GLPL) As Filed PY21 GLPF Rpt As Filed PY21 CR Cost Center Costs After Author Adjustments FY21 Audited CR FY21 A		· · · · · · · · · · · · · · · · · · ·	·		' ' '	·	' '	' '		, ,		. ,	\$0
As Filed Cost Center Costs (Taues and Insurance) As Filed FY21 C/R Cost Center Costs (Taues and Insurance) As Filed FY21 C/R Cost Center Costs After Adult Adjustments FY21 Audited C/R Days 2 Total Nutring Facility (Days As Filed Days = 21,609 Total Nutring Facility (Days GL-PL Ins. Rpt As Filed Days = 21,609 Total Nutring Facility (Days GL-PL Ins. Rpt As Filed Days = 21,609 Not Per Diems prior to Model Adjustm to Routine Stross Inn 2 days of Fired 1 days and Filed Days = 21,609 Respective of Fired 1 days and Filed Days = 21,609 Not Per Diems sprior to Model Adjustm to Routine Stross RS = Ln 7 (Ln 8 Col a \$217.99 \$112.73 \$0.00 \$17.89 \$28.82 (with L4H) \$29.67 \$15.84 \$12.15 \$1.38 \$1.38 \$1.38 \$1.39 \$1.	6	, and the second	•	(\$381,577)	(\$6,344)	\$0	\$0	\$0	\$1,152	(\$343,519)		(\$32,866)	
FY21 Audited C/R		(,	·								\$343,220		#20.000
As Flied Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Nursing Facility Days GL-PL Ins. Rpt Days Lin / 1/L Days — 21,669 Total Days — 21,669 Total Days — 21,669 Total Days — 21,669 Total Days GL-PL Ins. Rpt Days GL-PL Ins. R	7	, , , , , , , , , , , , , , , , , , ,		¢4 722 270	¢2 442 700	¢ο	\$207 CO4	¢612.442	¢1 150	\$642.90E	¢242.220	¢262 240	
Total Nursing Facility Days GL-PL Ins. Rpt	ρ /	,			φ2,442,700	Φ0	\$307,004	φ012, 44 2	\$1,132	φ042,093	\$343,220	Ф203,249	φ30,000
9 Net Per Diems prior to Model Adjistmit to Routine Srvcs In 7 / Ln 8 Col a S217.98 S112.73 S0.00 S17.89 S28.32 (with L8tr) S29.67 S15.84 S12.15 S1.38 10 Base Period Facility Model for Add-ons For What Per Diems after Model Adjistmit to Routine Srvcs R8 - Ln 11, All Office - Ln 19 R8 - Ln 11, All Office - Ln 19 S85.69 S0.00 S17.89 S28.32 S29.67 S15.84 S12.15 S1.38 S26.82 S33.28 S36.91 S0.00 NA Desperiod Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S188.95 S85.69 S0.00 S17.89 S28.32 S29.67 S15.84 S12.15 S1.38 S26.82 S33.28 S36.91 S0.00 NA Lesser of Ln 12 or Ln 13 S188.95 S85.69 S0.00 S17.89 S28.32 S29.67 S15.84 S12.15 S1.38 S26.82 S33.28 S36.91 S0.00 NA Duarterly Per Diem Rate Prior to Add-ons Courterly Facility Model Adjusted Allowed Per Diem Ln 14 x Growth Allowed Per Diem (After Growth Allowance Add-on) Ln 14 x Ln 15 S188.95 S85.69 S0.00 S0	0		•	21,009							21 660		
Base Period Facility Model for All Residents	q			\$217.98	\$112.73	\$0.00	\$17.89	\$28.32	(with I &H)	\$29.67	1 1	\$12 1 5	\$1 38
11 Routine Srvcs Model Adjistd (CMA) Net Per Diem		·		Ψ217.00		ψ0.00	ψ17.00	Ψ20.02	(Mar Earl)	Ψ20.01	Ψ10.04	Ψ12.10	Ψ1.00
Net Per Diems after Model Adjustmt to Routine Sinces RS = Ln 11, AllOthr = Ln 9 \$85.69 \$0.00 \$17.89 \$28.32 \$29.67 \$15.84 \$12.15 \$1.38 \$1			•										
13 Per Diem Standards (After Statewide CMA for Routine Sivos) Per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$188.95 \$85.69 \$0.00 \$17.89 \$28.32 \$29.67 \$15.84 10.16 \$1.38 Growth Allowance Percentage = 0.00% Ln 14 × Grwth Allowance Percentage = 0.00% Ln 14 × Grwth Allowance Percentage = 0.00% So.00 So.00 So.00 So.00 So.00 So.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$188.95 \$85.69 \$0.00 \$17.89 \$28.32 \$0.00 \$29.67 \$15.84 \$10.16 \$1.38 17 Quarterly Facility Model for Medicaid Residents per Current Off End 1.2800 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$212.94 \$109.68 \$0.00 \$17.89 \$28.32 \$0.00 \$29.67 \$15.84 \$10.16 \$1.38 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem So.55% (to Routine Sive) Ln 19 Col b x CPS Add-on \$6.03 \$6.03 20 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Sive) Ln 19 Col b x Sting Add-on \$5.48 \$5.48 21 Nursing Home Provider Fee (Foad Amount) \$17.10 22 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$30.14 \$12.04 \$0.00 \$0.02 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 23 So.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$30.14 \$12.04 \$0.00 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 25 So.00 \$0.00 \$			RS = Ln 11, AllOthr = Ln 9			\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	\$12.15	\$1.38
Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$188.95 \$85.69 \$0.00 \$17.89 \$28.32 \$29.67 \$15.84 10.16 \$1.38		· ·	per Peer Group Limits			,	1	1			1		,
Quarterly Per Diem Rate Prior to Add-ons Crowth Allowance Percentage = 0.00% Ln 14 x Grwth Allwnc % \$0.00 \$0	14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.95	\$85.69	\$0.00	\$17.89	\$28.32		\$29.67	\$15.84	10.16	\$1.38
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allowance So.00												(FRV)	
Comparison of the Comparison	15		In 14 v Gruth Alliunc %	00.00	0.00	የሰ ሰሰ	\$0.00	\$0.00	\$0.00	\$0.00	NI/A	NI/A	NI/A
17 Quarterly Facility Model for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$109.68 \$										· ·	1		
18 Ortrly Routine Srvcs Model Adjstd (CMA) Net Per Diem				\$100.93		ψ0.00	\$17.09	Ψ20.32	Ψ0.00	Ψ29.01	ψ13.04	ψ10.10	ψ1.50
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem [(Stnd - Alwd] x.75, up to max, or 0) 11 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) 23 Nursing Home Provider Fee (Fixed Amount) 24 Total Quarterly Per Diem Add-on Amounts RS = Ln 18, AllOthr = Ln 16 \$212.94 \$109.68 \$0.00 \$17.89 \$28.32 \$0.00 \$29.67 \$15.84 \$10.16 \$1.38			·										
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([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 \$6.03 \$6.03 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$5.48 \$5.48 \$5.48 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$30.14 \$12.04 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00				\$212.94		\$0.00	\$17.89	\$28.32	\$0.00	\$29.67	\$15.84	\$10.16	\$1.38
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) [Stee Policy Manual]		,			,	,	,	,	,	,	, , , ,	,	,
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$6.03 \$6.03 22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (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 \$30.14 \$12.04 \$0.00 \$0.00 \$17.47 \$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 \$5.48 \$5.48 \$5.48 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$30.14 \$12.04 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00			` · · · ·			\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10													
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$30.14 \$12.04 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00			, and the second se		\$5.48					¢17.10			
			, , ,		\$12.04	ድብ በብ	\$0.22	\$0.41	\$0.00		1	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate Ln 19 + Ln 24 \$243.08 \$121.72 \$0.00 \$18.11 \$28.73 \$0.00 \$47.14 \$15.84 \$10.16 \$1.38												-	•

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$169.49

Provider: GATEWAY HEALTH AND REHAB Prvdr ID: 00140786A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 25.00%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (ta_	PDPM Facility 1.3911 1.1876	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folloy Maridar)		ψ0.00	φο.σσ	ψ0.22	ψ0.41		ψο.στ			
Base Period Per Diem Allowed Amounts	A 51 15104 0/D 5104 01/DLD	00.040.740	***		0000 004	* 440 000		A 500.000		****	
As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,816,748	' ' '	\$0		\$418,630	\$0	\$586,622		\$251,602	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$98,306)	(\$215)	\$0	\$0	\$0	\$0	(\$89,285)	#00.070	(\$8,806)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$93,373		044.440
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,823,257	\$2,220,075	\$0	\$339,604	\$418,630	\$0	\$497,337	\$93,373	\$242,796	\$11,442 \$11,442
8 Total Nursing Facility Days As Filed Days = 15,216	FY21 Audited C/R Days	15,216	φ2,220,073	φ0	\$339,004	φ410,030	φ0	φ491,331	φ93,373	φ242,790	φ11,442
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,216	FY21 GL-PL Ins Rpt Days	13,210							15,216		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$251.27	\$145.90	\$0.00	\$22.32	\$27.51	(with L&H)	\$32.69	\$6.14	\$15.96	\$0.75
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	, , ,	1.3911	, ,	,	V =1.12.1		, ve=	****	******	455
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.88								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$104.88	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	\$15.96	\$0.75
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$201.79	\$104.63	\$0.00	\$22.32	\$27.51		\$32.69	\$6.14	7.75	\$0.75
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$201.79	\$104.63	\$0.00	1	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1876								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.26								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.42	\$124.26	\$0.00	\$22.32	\$27.51	\$0.00	\$32.69	\$6.14	\$7.75	\$0.75
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24			+0	, ,,,,,			+0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.07	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$244.49	\$129.23	\$0.00	\$22.54	\$27.92	\$0.00	\$50.16	\$6.14	\$7.75	\$0.75
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.54		I	l		I	I	l		I

	rovider: DAWSON HEALTH AND REHABILITATION rvdr ID: 00140808A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 21.57%	Add-on Percent 0.00% 1.0% 4.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.3011 1.2811	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
D	DDM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u>Pi</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0% \$0.22	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0.</i> 53	\$0.00	\$0.22	\$0.41		φ0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,035,241	\$2,042,645	\$0	\$447,494	\$470,551	\$0	\$699,322		\$375,229	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$170,413)	(\$27,395)	\$0	(\$501)	(\$5,967)	(\$950)	(\$110,986)		(\$24,614)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$77,797		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,550
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R		\$2,015,250	\$0	\$446,993	\$464,584	(\$950)	\$588,336	\$77,797	\$350,615	\$24,550
8	Total Nursing Facility Days As Filed Days = 17,520	FY21 Audited C/R Days	17,636							47.000		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,520	FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$224.95	\$114.27	\$0.00	\$25.35	\$26.29	(with 1911)	\$33.36	17,636 \$4.41	¢40.00	¢4.20
10	Net Per Diems prior to Model Adjstmt to Routine Srvcs Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$224.95		\$0.00	\$20.30	\$20.29	(with L&H)	\$33.30	\$4.41	\$19.88	\$1.39
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3011 \$87.83								
12	, , ,	RS = Ln 11, AllOthr = Ln 9		\$87.83	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	\$19.88	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψ1.55
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.97	\$87.83	\$0.00	\$25.35	\$26.29		\$33.36	\$4.41	10.34	\$1.39
			V.00.0.	ψοσσ	40.00	420.00	\$20.20		\$55.55	4	(FRV)	Ų
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.97	\$87.83	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.2811								
18	, , ,	RS = Ln 18, AllOthr = Ln 16	\$213.66	\$112.52 \$112.52	\$0.00	\$25.35	\$26.29	\$0.00	\$33.36	\$4.41	\$10.34	\$1.39
19	Quarterly Medicaid CIMA Allowed Per Dieffi	K3 = Eli 16, AllOttii = Eli 16	φ213.00	\$112.52	φυ.υυ	\$25.55	\$20.29	\$0.00	φ 33.30	φ4.41	φ10.34	φ1.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.50	\$4.50								
23		(Fixed Amount)	\$17.10						\$17.10		_	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.92	\$118.68	\$0.00	\$25.57	\$26.70	\$0.00	\$50.83	\$4.41	\$10.34	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.62									

Provider: CARROLLTON MANOR, INCORPORATED Prvdr ID: 00140852A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 28.05%	Add-on Percent 		Facility Mod Base Period (ıta_	PDPM Facility 1.3559 1.4267	PDPM_ Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Ded Sizes	All Ded Oizes	All Ded Oizes	All Ded Sizes	All Ded Sizes	All Ded Sizes			
Peer Group Standards & Efficiency Measure Limits	(and Deline Magnet)		00.00/	90.0%	90.0%	85.0%		50.0%			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
								·			
Base Period Per Diem Allowed Amounts	A 51 15/04 0/B 5/04 01/B B	05.440.440	00 444 700		0000 044	*****		\$704.000		# 0.40.000	
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,416,140	' ' '	\$0	\$692,914	\$606,621	\$0	\$761,266		\$240,636	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$247,056)	(\$13,646)	\$0	\$0	\$0	\$0	(\$172,290)		(\$61,120)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$180,187		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$61,120
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,410,391	\$3,101,057	\$0	\$692,914	\$606,621	\$0	\$588,976	\$180,187	\$179,516	\$61,120
8 Total Nursing Facility Days As Filed Days = 29,737	FY21 Audited C/R Days	29,737									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,737	FY21 GL-PL Ins Rpt Days								29,737		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$181.95	\$104.28	\$0.00	\$23.30	\$20.40	(with L&H)	\$19.81	\$6.06	\$6.04	\$2.06
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3559</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.91								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.91	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	\$6.04	\$2.06
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.70	\$76.91	\$0.00	\$23.30	\$20.40		\$19.81	\$6.06	12.16	\$2.06
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.70	\$76.91	\$0.00		\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4267	-				·			
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.73								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.52	\$109.73	\$0.00	\$23.30	\$20.40	\$0.00	\$19.81	\$6.06	\$12.16	\$2.06
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$1.10	\$1.10								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29					^			
Nursing Home Provider Fee	(Fixed Amount)	\$17.10		*		***		\$17.10	45.55	A	^
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.02	\$4.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$216.54	\$114.65	\$0.00	\$23.52	\$20.81	\$0.00	\$37.28	\$6.06	\$12.16	\$2.06
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.58									

PDPM PDPM Facility Add-on EARLY MEMORIAL NURSING FACILITY Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00140874A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.2253 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 32.10% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.2923 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 2 0% 2.42 Plant Admin Property A&G - GL/PL Sources / Routine Special Laundry & Taxes and Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) 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 Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$5,393,189 \$3,423,538 \$0 \$966,214 \$137,875 \$10,025 \$609,334 \$246,203 \$0 FY21 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$42,106) \$0 \$0 \$0 \$7,272 \$529 (\$49,907)\$0 As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$46,907 As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R \$0 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$5.397.990 \$3,423,538 \$0 \$966,214 \$145,147 \$10.554 \$559,427 \$46,907 \$246.203 \$0 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 31,597 31,597 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31.597 31,597 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$170.84 \$108.35 \$30.58 \$4.93 (with L&H) \$17.71 \$1.48 \$7.79 \$0.00 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.2253 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$88.43 RS = Ln 11, AllOthr = Ln 9 \$7.79 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$17.71 \$88.43 \$0.00 \$30.58 \$4.93 \$1.48 \$0.00 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$37.13 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$153.73 \$88.43 \$4.93 10.60 \$30.58 \$17.71 \$1.48 \$0.00 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$153.73 \$88.43 \$0.00 \$4.93 \$17.71 \$30.58 \$0.00 \$1.48 \$10.60 \$0.00 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.2923 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$114.28 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$179.58 \$114.28 \$30.58 \$4.93 \$17.71 \$10.60 \$0.00 \$0.00 \$1.48 \$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 = In 19 Col b x CPS Add-on \$2.86 \$2.86 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.20 \$2.29 23 (Fixed Amount) Nursing Home Provider Fee \$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

PDPM Shadow Rates. This is not your rate.

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Quarterly Model Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$202.95

\$119.96

\$0.00

\$30.80

\$4.93

\$0.00

\$35.18

\$10.60

\$0.00

\$1.48

	ovider: EASTVIEW NURSING CENTER ovdr ID: 00140885A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per (re:	N/A 34.00%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C	Overall:	ita_	PDPM Facility 1.4283 1.3047	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PL	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , ,				,	,					
_	Base Period Per Diem Allowed Amounts	As Filed EVO4 C/D EVO4 CL/DL Det	#2.42C.0C0	£4 CEO 4EO	¢0	£400 500	ФЕ 7 0 4 7 0	ф <u>о</u>	# 057,000		¢00.007	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts		\$1,652,452	\$0 \$0	\$466,580 \$173	\$570,179 \$499	\$0 \$623	\$657,930		\$88,927	\$0
О	Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$192,223)	(\$8,683)	Φ0	\$173	\$499	\$623	(\$133,453)	\$95,629	(\$51,382)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ95,629		\$50,507
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,389,981	\$1,643,769	\$0	\$466,753	\$570,678	\$623	\$524,477	\$95,629	\$37,545	\$50,507
8	Total Nursing Facility Days As Filed Days = 18,919	FY21 Audited C/R Days	18,919	ψ1,010,100	Ψ	ψ100,100	φοιο,σιο	ψ020	Ψ021,111	φοσ,σ2σ	ψον, σιο	φου,συτ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,919	FY21 GL-PL Ins Rpt Days								18,919		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.17	\$86.88	\$0.00	\$24.67	\$30.20	(with L&H)	\$27.72	\$5.05	\$1.98	\$2.67
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4283								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.83								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.83	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	\$1.98	\$2.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.11	\$60.83	\$0.00	\$24.67	\$30.20		\$27.72	\$5.05	8.97	\$2.67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.11	\$60.83	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3047								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.65	\$79.36	\$0.00	\$24.67	\$30.20	\$0.00	\$27.72	\$5.05	\$8.97	\$2.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$1.98	\$1.98	4 3.30	45:22			ψ3.37		# 0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$201.64	\$84.25	\$0.00	\$24.89	\$30.61	\$0.00	\$45.19	\$5.05	\$8.97	\$2.67
						1						

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$138.41

	ovider: EFFINGHAM CARE & REHABILITATION CENTER ovdr ID: 00140907A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 38.89%	Add-on Percent 0.00% 2.5% 7.0%		Facility Mod Base Period (Quarterly Med	Overall:	ata_	PDPM Facility 1.2956 1.3829	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
	I III BACED ITATE GALGGEATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(cook and manager)			70.00	75	, , , , , ,		,,,,,,,			
_	Base Period Per Diem Allowed Amounts	A. Filed EVOA O/D EVOA OL/DI Dea	***	Ø5 400 544	# 0	\$070.700	\$000 04F	\$004 F00	#4 000 450		#4 554 000	•
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,565,244	\$5,182,544	\$0 \$0	\$673,798	\$223,315	\$231,533	\$4,699,156		\$1,554,898	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$1,243,873)	(\$538,754)	\$0	\$383,447	\$114,276	\$469,312	(\$683,697)	\$44	(\$988,457)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$44		\$30,598
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,352,013	\$4,643,790	\$0	\$1,057,245	\$337,591	\$700,845	\$4,015,459	\$44	\$566,441	\$30,598
8	Total Nursing Facility Days As Filed Days = 32,205	FY21 Audited C/R Days	32,205	Ψ1,010,700	ΨΟ	Ψ1,007,240	φοστ,σστ	ψ100,040	ψ4,010,400	ΨΨΨ	φοσο, 4-11	φου,σοσ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,205	FY21 GL-PL Ins Rpt Days	02,200							32,205		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$352.48	\$144.19	\$0.00	\$32.83	\$32.24	(with L&H)	\$124.68	\$0.00	\$17.59	\$0.95
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2956								·
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.29								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$111.29	\$0.00	\$32.83	\$32.24		\$124.68	\$0.00	\$17.59	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.44	\$104.63	\$0.00	\$32.83	\$32.24		\$36.91	\$0.00	11.88	\$0.95
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.44	\$104.63	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3829								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$259.50	\$144.69	\$0.00	\$32.83	\$32.24	\$0.00	\$36.91	\$0.00	\$11.88	\$0.95
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$3.62	\$3.62	40	, , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				+v	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$10.13	\$10.13								
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	\$31.48	\$13.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$290.98	\$158.44	\$0.00	\$33.05	\$32.65	\$0.00	\$54.01	\$0.00	\$11.88	\$0.95
\vdash			+			I	I	I .	l			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$205.41

	rovider: SOUTHERN PINES rvdr ID: 00140918A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 11.11%	Add-on Percent 0.00% 0.0% 3.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.5520 1.4777	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
D.	DIM DAGED DATE OAL OUR ATIONS		a	b	С	d	е	f	g	g	h	i
PL	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		<i>\$0.</i> 53	\$0.00	\$0.22	\$0.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,849,570		\$0	\$374,773	\$555,680	\$0	\$749,144		\$182,532	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$192,599)	\$0	\$0	\$0	(\$436)	(\$443)	(\$98,230)		(\$93,490)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,553		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R						40				\$93,342
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R		\$1,987,441	\$0	\$374,773	\$555,244	(\$443)	\$650,914	\$92,553	\$89,042	\$93,342
8	Total Nursing Facility Days As Filed Days = 16,384	FY21 Audited C/R Days	16,384							40.004		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,384	FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$234.54	\$121.30	\$0.00	\$22.87	\$33.86	(i4b 911)	\$39.73	16,384 \$5.65	\$5.43	\$5.70
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$234.54	·	\$0.00	\$22.87	\$33.00	(with L&H)	\$39.73	φο.σο	\$ 5.43	φο./0
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.5520 \$78.16								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.16	\$0.00	\$22.87	\$33.86		\$39.73	\$5.65	\$5.43	\$5.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψ3.70
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.69	\$78.16	\$0.00	\$22.87	\$33.28		\$36.91	\$5.65	35.12	\$5.70
	2400 1 01000 1110000 1 114,00000 1 110 110 110 110 110 110 110 110		Q2.1.100	ψ.σσ	ψ0.00	V 22.01	\$55.25		455.5	ψο.σσ	(FRV)	ψοσ
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.69	\$78.16	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.4777								
18 19	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.03	\$115.50 \$115.50	\$0.00	\$22.87	\$33.28	\$0.00	\$36.91	\$5.65	\$35.12	\$5.70
19	Quarterly Medicaid CMA Allowed Fet Dieffi	K3 = Eli 16, AllOttii = Eli 16	\$255.05	\$115.50	φυ.υυ	\$22.07	φ33.20	\$0.00	φ30.91	φ5.05	φ33.12	φ3.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (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	\$21.31	\$3.99	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$276.34	\$119.49	\$0.00	\$23.09	\$33.28	\$0.00	\$54.01	\$5.65	\$35.12	\$5.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$194.43									

	rovider: EMANUEL COUNTY NURSING HOME rvdr ID: 00140929A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce: re:	N/A 14.71%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period (Quarterly Med		uta_	PDPM Facility 1.4172 1.3376	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DI	DOM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u> </u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
1		(See Folicy Ivialidal)		φυ.55	φ0.00	φ0.22	φυ.+1		φυ.57			
_	Base Period Per Diem Allowed Amounts	As Filed EVOA C/D. EVOA CI/DI Dat	£4.057.070	CO 044 C44	(C)	ΦΕΩ4 7ΕΕ	₽007 700	#200 COC	#000 440		CO7 404	C O
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt		\$2,041,614	\$0	\$581,755	\$297,700	\$229,696	\$820,110		\$87,104	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$6,902)	\$0	\$0	\$0	\$0	\$0	(\$6,902)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$6,902		* 0
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,057,979	\$2.041.614	\$0	\$581,755	\$297,700	\$229,696	\$813,208	\$6,902	\$87,104	\$0 \$0
8	Total Nursing Facility Days As Filed Days = 13,428	FY21 Audited C/R Days	13,428	Ψ2,041,014	ΨΟ	ψ301,733	Ψ231,100	Ψ229,090	ψ013,200	ψ0,902	ψ07,104	ΨΟ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,428	FY21 GL-PL Ins Rpt Days	10,120							13,428		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$302.20	\$152.04	\$0.00	\$43.32	\$39.28	(with L&H)	\$60.56	\$0.51	\$6.49	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4172							•	
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.28								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$107.28	\$0.00	\$43.32	\$39.28		\$60.56	\$0.51	\$6.49	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.15	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$0.51	16.69	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.15	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3376</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$264.48	\$139.95	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.51	\$16.69	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$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	\$21.30	\$4.20	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$285.78	\$144.15	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$0.51	\$16.69	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$201.51									

Possible	Provider: PRUITTHEALTH - BLUE RIDGE Prvdr ID: 00140973A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 12.28%	Add-on Percent 0.00% 0.0% 5.0%		Facility Mod Base Period (ata	PDPM Facility 1.3733 1.3546	PDPM Statewide 1.4210 1.3706
Pop Mark Rase Date Calculations Control Pear Groups Control Pear Groups Control Pear Groups Control Pear Groups A Positions Affective Pear Groups AF	Line # Description		Totals		•	Dietary	,	Operatns	and		and	
Cost Center Peer Groups Dee Policy Manual) De			a	b	С	d	е	f	g	g	h	i
Process Proc	PDPM BASED RATE CALCULATIONS											
Peace Founce Peac	1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Peer Group Standards & Efficiency Measure Limits Sama Policy Mentals Sama Policy M						"						
2 Pem Croang Standmarts: Analysis Geoe Policy Manual) George Policy Corn College (George Constitute) George Policy Corn College (George Constitute) George Policy Corn College (George Constitute) George College (Geor				All Deu Sizes	All Deu Sizes	All Deu Sizes	All Deu Sizes	All Deu Sizes	All bed Sizes			
Second S	· · · · · · · · · · · · · · · · · · ·			00.00/	00.00/	00.00/	05.00/		50.00/			
Bisse Period Per Diem Allowed Amounts See Period Per Diem (See Period Per Diem Allowed Amounts See Period Period Amounts See Perio												
Base Period Per Diem Allowed Amounts As Filed Prizt CNF-Prizt GUFF-Rpt S5,725,000 \$3,087,338 \$9 \$410,677 \$810,443 \$0 \$1,192,709 \$233,840 \$9 \$40,843 \$10,220 \$1,192,709 \$233,840 \$9 \$40,843 \$10,220 \$1,192,709 \$233,840 \$10,220 \$1,192,709 \$233,840 \$10,220 \$1,192,709 \$233,840 \$10,220 \$1,192,709 \$3,182,840 \$1,192,709 \$1,192,7	· · · · · · · · · · · · · · · · · · ·											
Society As Filed Cost Center Costs (Routen & Spacial Since Combinator) As Filed PYZI CR - PYZI OLPH Risk Sp. 223,083 Sp. 2410,677 Sp. 2410,777		,										
		A. Elled EVOA O/D EVOA OL/DL Det	#5 705 000	#0.007.000	*	0440.077	#040 440		₩4.400.700		# 000 000	# 0
As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (GLPL) As Filed P721 GLPL Rpt As Filed Ost Center Costs (GLPL) As Filed P721 GLPL Rpt As Filed Ost Center Costs (Africated Adjustments) FYCH Audited CR		·					. ,			1	, ,	\$0
As Filed Cost Center Costs. (Tawas and Insurance) As Filed Cost Center Costs. (Tawas and Insurance) First Audited OR Sp. 22,881 Total Nursing Facility Days Cost Center Costs. (Tawas and Insurance) Total Nursing Facility Days T		•	(\$476,214)	(\$52,343)	\$0	\$0	\$8,744	\$10,262	(\$411,037)		(\$31,840)	
Cost Center Costs After Audit Adjustments		·								\$438,859		
B	, , , , , , , , , , , , , , , , , , ,					• • • • • • • • • • • • • • • • • • • •						
Total Nursing Facility Days GL-PL Ins. Rpt	·			\$3,034,995	\$0	\$410,677	\$819,187	\$10,262	\$781,672	\$438,859	\$192,023	\$32,586
Society Soci		•	22,881									
10 Base Period Facility Model for All Residents from 2 qirs of FY21										1		
11 Routine Srvcs Model Adjistr (DMA) Nat Per Diem			\$249.99		\$0.00	\$17.95	\$36.25	(with L&H)	\$34.16	\$19.18	\$8.39	\$1.42
12 Net Per Diems after Model Adjistmt to Routine Srvcs		·										
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)												
14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$212.29 \$96.58 \$0.00 \$17.95 \$33.28 \$34.16 \$19.18 9.72 \$1.42	,	,			\$0.00							\$1.42
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allowance Percentage = 0.00% Ln 14 x Grwth Allowance S0.00 S0		1								1		
Counterly Per Diem Rate Prior to Add-ons Converting Per Diem R	14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.29	\$96.58	\$0.00	\$17.95	\$33.28		\$34.16	\$19.18		\$1.42
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Model for Medicaid Residents 18 Quarterly Facility Model for Medicaid Residents 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 20 Efficiency Add-on Per Diem = 0.0% (to Routine Srvcs) 21 BIMS Add-on Per Diem = 0.0% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Augusterly Per Diem Add-on Amounts 26 Augusterly Per Diem Add-on Per Diem = 5.0% (to Routine Srvcs) 27 Cixed Amount) 28 Sum of Lns 20 thru 23 29 Sum of Lns 20 thru 23 20 Sum of Lns 20 thru 23 20 Sum of Lns 20 thru 23 20 Sum of Lns 20 thru 23 21 Sum of Lns 20 thru 23 22 Sum of Sum of Sum of Lns 20 thru 23 23 Sum of Lns 20 thru 23 24 Total Quarterly Per Diem Add-on Amounts 25 Sum of Lns 20 thru 23 26 Sum of Lns 20 thru 23 27 Sum of Sum	Quarterly Per Diem Rate Prior to Add-ons										(/ /\ V)	
17 Quarterly Facility Model for Medicaid Residents 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem (Istnd - Alwd] x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 0.0% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Sum of Lns 20 thru 23 26 Sum of Lns 20 thru 23 27 Sum of Lns 20 thru 23 28 Sun of Lns 20 thru 23 29 Sun of Lns 20 thru 23 20 Sun of Lns 20 thru 23 21 Sun of Lns 20 thru 23 22 Sun of Lns 20 thru 23 23 Sun of Lns 20 thru 23 24 Sun of Lns 20 thru 23 25 Sun of Lns 20 thru 23 26 Sun of Lns 20 thru 23 27 Sun of Lns 20 thru 23 28 Sun of Lns 20 thru 23 28 Sun of Lns 20 thru 23 28 Sun of Lns 20 thru 23 29 Sun of Lns 20 thru 23 20 Sun of Lns 20 thru 24 20 Sun of Lns 20 thru 25 20 Sun of Lns 20 thru 25 20 Sun of Lns 20 thru 25 20 Su	15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
18	16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.29	\$96.58	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42
19 Quarterly Medicaid CMA Allowed Per Diem	17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3546								
Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts \$ 0.00 \$ 0	18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.83								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.12 \$0.53 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.0	19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.54	\$130.83	\$0.00	\$17.95	\$33.28	\$0.00	\$34.16	\$19.18	\$9.72	\$1.42
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Sum of Lns 20 thru 23 Sum of Lns 20 thru 23 Sun of Lns 20 thru 23 Sun of Lns 20 thru 23 \$0.00	Quarterly Per Diem Add-on Amounts											
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 \$6.54 \$6.54 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 \$24.76 \$7.07 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00		(see Policy Manual)	\$1 12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$6.54 \$6.54 \$17.10 Nursing Home Provider Fee \$17.10 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.76 \$7.07 \$0.00 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00		· · · ·			Ψ0.00	Ψ0.22	ψ0.00	ψ0.00	Ψυ.57		ψ0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10												
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.76 \$7.07 \$0.00 \$0.22 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00		· ·		Ψ0.04					\$17.10			
		,		\$7.07	\$0.00	\$0.22	\$0.00	\$0.00			\$0.00	\$0.00
								-				
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$190.65	26 Quarterly Per Diem Rate for Bed Hold and Leave Days			, , , , ,		, 52.7				, , , , ,	,	,

	ovider: FIFTH AVENUE HEALTH CARE odr ID: 00140984A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 29.82%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.2949 1.5160	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1 1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	,	(ess i sile) manaal)		ψυ.σσ	ψ0.00	φσ.22	φο. 77		φυ.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,044,298	\$3,224,925	\$0	\$572,551	\$750,171	\$0	\$940,930		\$555,721	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$139,390)	\$24	\$0	\$0	\$2,776	\$2,004	(\$128,473)		(\$15,721)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$155,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,821
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,076,536	\$3,224,949	\$0	\$572,551	\$752,947	\$2,004	\$812,457	\$155,807	\$540,000	\$15,821
8	Total Nursing Facility Days As Filed Days = 24,771	FY21 Audited C/R Days	24,771									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,771	FY21 GL-PL Ins Rpt Days								24,771		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$245.31	\$130.19	\$0.00	\$23.11	\$30.48	(with L&H)	\$32.80	\$6.29	\$21.80	\$0.64
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2949</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.54								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.54	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	\$21.80	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.40	\$100.54	\$0.00	\$23.11	\$30.48		\$32.80	\$6.29	11.54	\$0.64
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.40	\$100.54	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5160								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$152.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$257.28	\$152.42	\$0.00	\$23.11	\$30.48	\$0.00	\$32.80	\$6.29	\$11.54	\$0.64
	Quarterly Per Diem Add-on Amounts	(B F M)	04.50	00.50	00.00	40.00	00.44	00.00	00.07		40.00	
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 = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.57	\$4.57					64740			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10		ው ስ ስስ	60.00	@0.44	#0.00	\$17.10 \$17.47	60.00	ድ ስ ስር	фо оо
24	Total Quarterly Per Diem Add-on Amounts		\$24.72	\$6.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$282.00	\$159.04	\$0.00	\$23.33	\$30.89	\$0.00	\$50.27	\$6.29	\$11.54	\$0.64
1 1			1	1								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$198.68

	ovider: PRUITTHEALTH - FITZGERALD vdr ID: 00140995A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS scor Nurse Hrs per 0	re:	N/A 20.69%	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period (Quarterly Med	Overall:	ta_	PDPM Facility 1.4242 1.3510	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	DOM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
PL	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0%		50.0% 105.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	100.0% \$0.41		\$0.37			
	·	(occ : oloy manaal)		ψο.σσ	φοισσ	φυ	φο		φο.σ.			
_	Base Period Per Diem Allowed Amounts						.					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,832,856	\$2,571,613	\$0	\$377,959	\$635,141	\$0	\$1,038,051		\$210,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$364,340)	(\$105,060)	\$0	\$0	\$0	\$1,040	(\$235,242)		(\$25,078)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$337,481		
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	04.004.075	© 0.400.550	# 0	#077.0F0	****	# 4.040	#000 000	#007.404	# 405.044	\$25,078
/	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	' ' '	\$2,466,553	\$0	\$377,959	\$635,141	\$1,040	\$802,809	\$337,481	\$185,014	\$25,078
8	Total Nursing Facility Days As Filed Days = 22,670	FY21 Audited C/R Days	22,670							00.070		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,670	FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$213.10	\$108.80	\$0.00	\$16.67	\$28.06	(with L&H)	\$35.41	22,670 \$14.89	\$8.16	\$1.11
	Net Per Diems prior to Model Adjstmt to Routine Srvcs	from 2 qtrs of FY21	\$213.10		\$0.00	\$10.07	\$20.00	(WIUI L&II)	\$35.41	\$14.69	\$6.16	\$1.11
10	Base Period Facility Model for All Residents Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.4242 \$76.39								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.39	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	\$8.16	\$1.11
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	φ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	φ1.11
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.77	\$76.39	\$0.00	\$16.67	\$28.06		\$35.41	\$14.89	12.24	\$1.11
'-	Dasc I clied woder Adjusted Allowed I of Dictif	200001 01 211 12 01 211 10	ψ104.77	Ψ10.55	ψ0.00	ψ10.07	Ψ20.00		Ψ55.+1	ψ14.03	(FRV)	Ψι.ιι
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.77	\$76.39	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3510</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.58	\$103.20	\$0.00	\$16.67	\$28.06	\$0.00	\$35.41	\$14.89	\$12.24	\$1.11
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.13	\$4.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.79	\$5.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.37	\$108.89	\$0.00	\$16.89	\$28.47	\$0.00	\$52.88	\$14.89	\$12.24	\$1.11

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$163.70

	ovider: FOLKSTON PARK CARE AND REHABILITATION C vdr ID: 00141006A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 33.33%	Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period C		ita_	PDPM Facility 1.2675 1.3445	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
P	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,838,739	\$2,905,162	\$0	\$414,523	\$411,877	\$0	\$724,920		\$382,257	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$99,488)	(\$922)	\$0	(\$2,386)	(\$1,601)	\$3,325	(\$72,051)		(\$25,853)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$55,877		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,753
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,820,881	\$2,904,240	\$0	\$412,137	\$410,276	\$3,325	\$652,869	\$55,877	\$356,404	\$25,753
8	Total Nursing Facility Days As Filed Days = 27,366	FY21 Audited C/R Days	27,366									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,366	FY21 GL-PL Ins Rpt Days	047040	£400.40	#0.00	#45.00	* 45.44	(:4 1010	#00.00	27,366	# 40.00	# 0.04
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 2 qtrs of FY21	\$176.16	\$106.13	\$0.00	\$15.06	\$15.11	(with L&H)	\$23.86	\$2.04	\$13.02	\$0.94
10	Base Period Facility Model for All Residents	Ln 9 / Ln 10		1.2675 \$83.73								
12	Routine Srvcs Model Adjstd (CMA) Net Per Diem Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.73	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	\$13.02	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	φυ.υυ	\$26.82	\$33.28		\$36.91	\$0.00	\$13.02 N/A	φ0.94
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.91	\$83.73	\$0.00	\$15.06	\$15.11		\$23.86	\$2.04	9.17	\$0.94
	, and the second		ψ140.01	ψοσ.70	ψ0.00	ψ10.00	Ψισ.τι		Ψ20.00	Ψ2.04	(FRV)	ψ0.04
45	Quarterly Per Diem Rate Prior to Add-ons	Lo 14 v Cruth Alluro 9/	\$0.00	0.00	#0.00	#0.00	\$0.00	#0.00	#0.00	NI/A	N1/A	N1/A
15	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00 \$149.91	0.00 \$83.73	\$0.00 \$0.00	\$0.00 \$15.06	\$0.00 \$15.11	\$0.00 \$0.00	\$0.00 \$23.86	N/A \$2.04	N/A \$9.17	N/A \$0.94
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$149.91	1.3445	φ0.00	\$15.00	φ15.11	φυ.υυ	φ23.00	\$2.04	φ9.17	φ0.94
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.76	\$112.57	\$0.00	\$15.06	\$15.11	\$0.00	\$23.86	\$2.04	\$9.17	\$0.94
					-							
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢4 F0	₽ 0 E 0	ድ ስ ስስ	фо оо	<u></u>	#0.00	фо o 7		ድር ዕር	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$2.81	\$0.53 \$2.81	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.20					\$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
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.45	\$118.16	\$0.00	\$15.28	\$15.52	\$0.00	\$41.33	\$2.04	\$9.17	\$0.94

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$139.01

	ovider: PRUITTHEALTH - FORSYTH vdr ID: 00141017A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS scor Nurse Hrs per (re:	N/A 17.78%	Add-on Percent 0.00% 0.0% 5.0%		Facility Mod Base Period C	Overall:	<u>ita</u>	PDPM Facility 1.3869 1.4353	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,169,233	\$2,273,036	\$0	\$331,959	\$509,569	\$0	\$861,365		\$193,304	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$378,059)	(\$68,537)	\$0	\$1,588	(\$1,269)	(\$1,085)	(\$279,357)		(\$29,399)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$309,354		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,140
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,119,668	\$2,204,499	\$0	\$333,547	\$508,300	(\$1,085)	\$582,008	\$309,354	\$163,905	\$19,140
8	Total Nursing Facility Days As Filed Days = 17,576	FY21 Audited C/R Days	17,576									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,576	FY21 GL-PL Ins Rpt Days								17,576		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$234.40	\$125.43	\$0.00	\$18.98	\$28.86	(with L&H)	\$33.11	\$17.60	\$9.33	\$1.09
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3869</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.44								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.44	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	\$9.33	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits Lesser of Ln 12 or Ln 13	£400.04	\$104.63	#0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	C4.00
14	Base Period Model Adjusted Allowed Per Diem	Lessel of Lif 12 of Lif 13	\$199.31	\$90.44	\$0.00	\$18.98	\$28.86		\$33.11	\$17.60	9.23 (FRV)	\$1.09
	Quarterly Per Diem Rate Prior to Add-ons										(,	
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.31	\$90.44	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4353</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$238.68	\$129.81	\$0.00	\$18.98	\$28.86	\$0.00	\$33.11	\$17.60	\$9.23	\$1.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$6.49	\$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	\$25.12	\$7.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$263.80	\$136.83	\$0.00	\$19.20	\$29.27	\$0.00	\$50.58	\$17.60	\$9.23	\$1.09

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$185.03

	rovider: FORT VALLEY HEALTH AND REHAB rvdr ID: 00141028A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 32.56%	Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period (ata_	PDPM Facility 1.5163 1.4350	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u> I	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All bed Sizes	All Deu Sizes	All bed Sizes	All bed Sizes	All Deu Sizes	All bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4 142 305	\$1,705,446	\$0	\$332,714	\$360,456	\$0	\$1,085,380		\$658,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$99,711)		\$0	\$332,714	\$300,430	\$0	(\$43,878)		(\$44,763)	ΨΟ
0		As Filed FY21 GL/PL Rpt	(\$99,711)	(\$11,070)	φυ	φ0	φ0	φ0	(\$45,676)		(\$44,703)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$36,153		\$44,763
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,123,600	\$1,694,376	\$0	\$332,714	\$360,456	Φ0	\$1,041,502	\$36,153	\$613,636	\$44,763
8	Total Nursing Facility Days As Filed Days = 18,587	FY21 Audited C/R Days	18,587	\$1,094,370	φυ	φ332,714	\$300,430	φ0	\$1,041,302	φ30,133	φ013,030	φ44,703
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,367 As Filed Days = 18,587	FY21 GL-PL Ins Rpt Days	10,307							18,587		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$221.85	\$91.16	\$0.00	\$17.90	\$19.39	(with L&H)	\$56.03		\$33.01	\$2.41
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ221.03	1.5163	Ψ0.00	ψ17.50	ψ19.59	(With Lot 1)	ψ30.03	ψ1.95	ψ33.01	Ψ2.41
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.12								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.12	\$0.00	\$17.90	\$19.39		\$56.03	\$1.95	\$33.01	\$2.41
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	Ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ2.41
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.55	\$60.12	\$0.00	\$17.90	\$19.39		\$36.91	\$1.95	9.87	\$2.41
'-	Saco I Strod Model Adjusted Allowed For Dieth		ψ140.33	ψου.12	Ψ0.00	ψ17.30	ψ13.39		ψ.υ	ψ1.93	(FRV)	Ψ2.41
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.55	\$60.12	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4350</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.70	\$86.27	\$0.00	\$17.90	\$19.39	\$0.00	\$36.91	\$1.95	\$9.87	\$2.41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73								
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	\$22.15	\$4.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$196.85	\$90.69	\$0.00	\$18.12	\$19.80	\$0.00	\$54.01	\$1.95	\$9.87	\$2.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.81			1	1	1	1	ı	l	

	rovider: PRUITTHEALTH - FRANKLIN rvdr ID: 00141039A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 18.87%	Add-on Percent 0.00% 0.0% 5.0%		Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.2461 1.3209	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
РГ	DPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
				_	_							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,598,729	\$2,512,963	\$0	\$386,052	\$467,195	\$0	\$959,198		\$273,321	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$413,210)	(\$78,686)	\$0	(\$141)	(\$1,645)	(\$2,125)	(\$308,243)		(\$22,370)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$336,460		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R		^	•			(00.100)				\$17,292
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,539,271	\$2,434,277	\$0	\$385,911	\$465,550	(\$2,125)	\$650,955	\$336,460	\$250,951	\$17,292
8	Total Nursing Facility Days As Filed Days = 22,332 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,332	FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days	22,332							22,332		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,332 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$203.26	\$109.00	\$0.00	\$17.28	\$20.75	(with L&H)	\$29.15	\$15.07	\$11.24	\$0.77
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ203.20	1.2461	Ψ0.00	\$17.20	Ψ20.73	(With Earl)	Ψ29.13	ψ13.07	Ψ11.24	Ψ0.77
11	Routine Srvcs Model Adjistd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	\$11.24	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.62	\$87.47	\$0.00	\$17.28	\$20.75		\$29.15	\$15.07	11.13	\$0.77
	,			·							(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	¢0.00	\$0.00	NI/A	NI/A	NI/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$181.62	0.00 \$87.47	\$0.00 \$0.00	\$0.00 \$17.28	\$0.00 \$20.75	\$0.00 \$0.00	\$0.00 \$29.15	N/A \$15.07	N/A \$11.13	N/A \$0.77
17	Quarterly Facility <u>Model for Medicaid Residents</u>	per Current Qtr End	ψ101.02	1.3209	Ψ0.00	\$17.20	Ψ20.73	ψ0.00	Ψ29.13	ψ13.07	Ψ11.13	Ψ0.77
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.69	\$115.54	\$0.00	\$17.28	\$20.75	\$0.00	\$29.15	\$15.07	\$11.13	\$0.77
	Overteels Day Diegs Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	Ψ0.00	Ψ0.22	Ψ0.41	Ψ0.00	Ψ0.57		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$5.78	\$5.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	÷5 5					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.41	\$6.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	·	Ln 19 + Ln 24	\$234.10	\$121.85	\$0.00	\$17.50	\$21.16	\$0.00	\$46.62	\$15.07	\$11.13	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.75		<u> </u>	I .	I	I	<u> </u>	<u> </u>		

	ovider: NEW HORIZONS LANIER PARK ovdr ID: 00141072A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 20.48%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (Quarterly Med		ita_	PDPM Facility 1.9212 1.5253	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,							,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rot	£40.740.000	\$5.630.388	r ₀	₾4 C40 045	Ф 7 00 0 7 0	£4.450.000	#0.007.757		Φ4 5 00 040	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$12,712,389 (\$158,521)	\$5,630,388	\$0 \$0	\$1,619,315 \$0	(\$2,283)	\$1,152,033 \$0	\$2,097,757 (\$132,778)		\$1,506,818 (\$25,743)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$150,521)	φ2,203	φυ	\$0	(\$2,203)	φ0	(\$132,770)	\$79,984	(\$25,745)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$79,964		\$25,743
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,659,595	\$5,632,671	\$0	\$1,619,315	\$703.795	\$1,152,033	\$1,964,979	\$79,984	\$1,481,075	\$25,743
8	Total Nursing Facility Days As Filed Days = 36,236	FY21 Audited C/R Days	36,236	ψ0,002,071	ΨΟ	ψ1,013,313	ψ105,155	ψ1,102,000	Ψ1,504,575	Ψ1 3,304	ψ1,401,073	Ψ25,7 45
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,236	FY21 GL-PL Ins Rpt Days	00,200							36,236		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$349.37	\$155.44	\$0.00	\$44.69	\$51.22	(with L&H)	\$54.23	\$2.21	\$40.87	\$0.71
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.9212				, ,	·			
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.91								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.91	\$0.00	\$44.69	\$51.22		\$54.23	\$2.21	\$40.87	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.37	\$80.91	\$0.00	\$37.13	\$33.28		\$36.91	\$2.21	21.22	\$0.71
	Overteb Ber Birm Bete Bries to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.37	\$80.91	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	42.2.3.	1.5253	40.00	,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$5.50	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\ \		40
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$254.87	\$123.41	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.21	\$21.22	\$0.71
20	Quarterly Per Diem Add-on Amounts	(coo Policy Manual)	\$0.50	₽ 0 E 0	ድ ስ ስስ	#0.00	60.00	#0.00	#0.00		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.53 \$1.23	\$0.53 \$1.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψυ					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$5.46	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$277.43	\$128.87	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.21	\$21.22	\$0.71
20	Additions injuici pasculi of picini Nate	LII IVT LII ZT	φ211.43	φ120.01	φυ.υυ	ψ31.13	ψ33.20	φυ.υυ	φυ4.01	Ψ Ζ.Ζ Ι	ΨΖ1.ΖΖ	φυ./ ι

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$195.25

Page		ovider: DOUGLASVILLE NURSING AND REHABILITATION ovider ID: 00141083A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 44.63%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (Quarterly Med		ita_	PDPM Facility 1.5641 1.5531	PDPM Statewide 1.4210 1.3706
PopPM BASED RATE CALCULATIONS 1	Line #	Description		Totals		•	Dietary	•	Operatns	and		and	Taxes and Insurance
Cost Center Peer Groups	PD	PM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
All Facilities All						_	_	_	_	_			
Peer Group Standarder's Analysie (see Policy Manual) (see Po	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing		All Facilities				
3 Perc Groups Standards Audiplier (see Policy Manual) (see P		,											
Size Period Per Diem Allowed Amounts See Period Per Diem Rate Period Control Costs (sub-N) As Flied FY21 GR - FY21 GLP- Right Side Adjustments and Reallocations to Cost Center Costs (sub-N) As Flied FY21 GR - FY21 GLP- Right Side Adjustments and Reallocations to Cost Center Costs (sub-N) As Flied FY21 GR - FY21 GLP- Right As Flied Cost Center Costs (sub-N) As Flied PY21 GR - FY21 GLP- Right As Flied Cost Center Costs (sub-N) As Flied Days - 70.776 FY21 Audited CVR Side Amounts Side Amount		,											
Base Period Per Diem Allowed Amounts As Fied Pier LOR. PT21 CIR. PT21 CI		·											
As Filed Cost Center Costs (Routine & Special Sixes Combined) As Filed Pi21 CR - Pi21 OLPH-Rix \$14,05,411 \$9,437,945 \$0 \$1,223,059 \$1,287,180 \$0 \$2,080,778 \$785,549 \$3,447 \$4,475,475 \$4,4			, , ,			,	,			·			
Audit Adjustments and Reallocations to Cost Center Costs (ULPL)	_		As Filed FV24 C/D FV24 CL/DL Det	C44 005 444	Φ0 407 04F	r ₀	£4 000 050	£4 007 400	# 0	#0.000.770		Ф 7 05 540	¢o.
As Filed Cost Center Costs (CLPL) As Filed Crost Center Costs (Tases and Insurance) As Filed Crost Center Costs (Tases and Insurance) As Filed Crost Center Costs (Arth-Audit Aglustments Cost Center Costs After Audit Aglustments Total Nursing Facility Days As Filed Days = 70,776 Total Nursing Facility Days As Filed Days = 70,776 Total Nursing Facility Days As Filed Days = 70,776 Not Per Diems prior to Model Adjustmit to Routine Sirves Ln. 7 (Ln. R RCI Days Total Nursing Facility Days CL-PL Ins. R Pt. Bays Total Nursing Facility Days As Filed Days = 70,776 Not Per Diems prior to Model Adjustmit to Routine Sirves Ln. 7 (Ln. R RCI Days Total Nursing Facility Days Total Nursing Facility Days As Filed Days = 70,776 Not Per Diems prior to Model Adjustmit to Routine Sirves Ln. 7 (Ln. R RCI Days Total Nursing Facility Days As Filed Days = 70,776 PY21 Adjusted Cit Days Total Nursing Facility Day		• • • • • • • • • • • • • • • • • • • •	·	' ' '	. , ,		' ' '						\$0
As Filed Cost Center Costs (Taxes and Insurance) As Filed PC21 C/R 7 Cost Center Costs (Taxes and Insurance) FY21 Audited C/R FY22 Audited C/R FY22 Audited C/R FY23 Audited C/R FY24 Audited C/R FY25 Audited C/R FY25 Audited C/R FY25 Audited C/R FY25 Audited C/R FY26 Audited C/R FY26 Audited C/R FY27 Audited C/R	6	•	•	(\$300,171)	φο,υσο	Φ0	(\$2,043)	(\$0,232)	(Φ1,961)	(\$100,441)		(\$137,330)	
Total Nursing Facility Days		` '	·								\$102,391		¢130 225
B Total Nursing Facility Days	7	,		\$14,789,856	\$9,446,003	\$0	\$1,221,914	\$1.288.928	(\$1.961)	\$1,914,337	\$162,391	\$628.019	
Total Nursing Facility Days GL-PL Ins. Rpt	8	·	FY21 Audited C/R Days		ψο, ο, σσσ	40	4 1,22 1,01 1	ψ·,200,020	(ψ.,σσ.)	\$ 1,0 1 1,00	ψ.σ <u>2</u> ,σσ.	ψ0 2 0,0.0	\$.55,225
9 Net Per Diems prior to Model Adjistmit to Routine Srvcs Ln 7 / Ln 8 Col a \$208.95 \$133.46 \$0.00 \$17.26 \$18.18 (with L8H) \$27.05 \$2.29 \$8.87 \$1.6 10 Base Period Facility Model for All Residents Ln 9 / Ln 10 \$85.32 \$1.00 \$17.26 \$18.18 \$27.05 \$2.29 \$8.87 \$1.6 11 Routine Srvcs Model Adjistmit to Routine Srvcs RS = Ln 1 , AllOthr = Ln 9 \$85.32 \$0.00 \$17.26 \$18.18 \$27.05 \$2.29 \$8.87 \$1.6 12 Net Per Diems after Model Adjistmit to Routine Srvcs RS = Ln 1 , AllOthr = Ln 9 \$85.32 \$0.00 \$17.26 \$18.18 \$27.05 \$2.29 \$8.87 \$1.6 13 Per Diem Standards (After Statewards CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 NA 14 Base Period Model Adjistmot Add-ons \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 NA 15 Growth Allowards Per Erecantage = 0.00% Ln 14 x Grwth Allowards Per Current Oir End Ln 14 Ln 15 \$165.64 \$85.32 \$0.00 \$17.26 \$18.18 \$0.00 \$27.05 \$2.29 \$13.70 \$1.6 15 Growth Allowards Per Diem (After Growth Allowards Add-on) Ln 14 + Ln 15 \$165.64 \$85.32 \$0.00 \$17.26 \$18.18 \$0.00 \$27.05 \$2.29 \$13.70 \$1.6 16 CMA Allowed Per Diem (After Growth Allowards Add-on) Ln 16 x Ln 17 \$132.51 \$0.00 \$17.26 \$18.18 \$0.00 \$27.05 \$2.29 \$13.70 \$1.6 16 Cuarterly Per Diem Add-on Amounts Carrent Oir End Ln 16 x Ln 17 \$132.51 \$0.00 \$17.26 \$18.18 \$0.00 \$27.05 \$2.29 \$13.70 \$1.8 18 Cuarterly Per Diem Add-on Amounts Carrent Oir End C			FY21 GL-PL Ins Rpt Days								70,776		
Routine Srvcs Model Adjstd (CMA) Net Per Diem	9		Ln 7 / Ln 8 Col a	\$208.95	\$133.46	\$0.00	\$17.26	\$18.18	(with L&H)	\$27.05		\$8.87	\$1.84
12 Net Per Dierms after Model Adjistmit to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$85.32 \$0.00 \$17.26 \$18.18 \$27.05 \$2.29 \$8.87 \$1.8 \$1.8 \$27.05 \$2.29 \$8.87 \$1.8 \$1.8 \$27.05 \$2.29 \$8.87 \$1.8 \$1.8 \$27.05 \$2.29 \$8.87 \$1.8 \$1.8 \$27.05 \$2.29 \$8.87 \$1.8 \$1.8 \$2.00 \$1.20 \$1.8 \$1.8 \$2.00 \$1.20 \$1.8 \$1.8 \$2.00 \$1.20 \$1.8 \$1.8 \$2.00 \$1.20 \$1.8 \$1.8 \$1.20 \$1.8 \$1.8 \$1.20 \$1.8 \$1.20 \$1.8 \$1.20 \$1.8 \$1.20 \$	10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5641</u>								
Per Diem Standards (After Statewide CMA for Routine Sixes)	11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.32								
14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$165.64 \$85.32 \$0.00 \$17.26 \$18.18 \$27.05 \$2.29 13.70 \$1.8 \$27.05 \$2.29 13.70 \$1.8 \$27.05 \$2.29 13.70 \$1.8 \$27.05 \$2.29 13.70 \$1.8 \$27.05 \$2.29 13.70 \$1.8 \$27.05 \$2.29 \$13.70 \$1.8 \$2.25 \$2.29 \$13.70 \$1.8 \$2.25 \$	12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.32	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29	\$8.87	\$1.84
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allownce % \$0.00 0.00 \$0.00	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons CMA Allowance Percentage = 0.00% Ln 14 x Grwth Allowance Percentage = 0.00% Ln 14 x Grwth Allowance Add-on S165.64 \$85.32 \$0.00	14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.64	\$85.32	\$0.00	\$17.26	\$18.18		\$27.05	\$2.29		\$1.84
15 Growth Allowance Percentage = 0.00% Ln 14 x Growth Allowance \$0.00 \$0.0		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
16 CMA Allowed Per Diem (Atter Growth Allowance Add-on) Ln 14 + Ln 15 \$165.64 \$85.32 \$0.00 \$17.26 \$18.18 \$0.00 \$27.05 \$2.29 \$13.70 \$1.80 17 Quarterly Facility Model for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$132.51 18 Quarterly Routine Srvcs Model Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 \$132.51 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$212.83 \$132.51 \$0.00 \$17.26 \$18.18 \$0.00 \$27.05 \$2.29 \$13.70 \$1.80 Quarterly Per Diem Add-on Amounts Carrent Qtr End Ln 16 x Ln 17 \$132.51 \$0.00 \$17.26 \$18.18 \$0.00 \$27.05 \$2.29 \$13.70 \$1.80 Quarterly Per Diem Add-on Amounts Carrent Qtr End Ln 18, AllOthr = Ln 16 \$212.83 \$132.51 \$0.00 \$17.26 \$18.18 \$0.00 \$27.05 \$2.29 \$13.70 \$1.80 Quarterly Per Diem Add-on Amounts Carrent Qtr End Ln 18 x Ln 17 \$1.80		-	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
17 Quarterly Facility Model for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$132.51 \$132.51 \$132.51 \$19 Quarterly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$132.51 \$132.51 \$132.51 \$10.00 \$17.26 \$18.18 \$0.00 \$27.05 \$2.29 \$13.70 \$1.60			Ln 14 + Ln 15										\$1.84
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$212.83 \$132.51 \$0.00 \$17.26 \$18.18 \$0.00 \$27.05 \$2.29 \$13.70 \$1.80	17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.5531</u>								
Quarterly 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 \$3.31 \$3.31 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 \$25.92 \$7.82 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.51								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.0	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.83	\$132.51	\$0.00	\$17.26	\$18.18	\$0.00	\$27.05	\$2.29	\$13.70	\$1.84
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.0		Quarterly Per Diem Add-on Amounts											
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$3.31 \$3.31 \$3.31 \$3.31 \$3.31 \$3.98 \$3		-	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.98 \$3.98 \$3.98 \$17.10 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10			Ln 19 Col b x CPS Add-on			-		•					
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$25.92 \$7.82 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$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	\$3.98	\$3.98								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Model Based Per Diem Rate Ln 19 + Ln 24 \$238.75 \$140.33 \$0.00 \$17.48 \$18.59 \$0.00 \$44.52 \$2.29 \$13.70 \$1.80	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.92	\$7.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.75	\$140.33	\$0.00	\$17.48	\$18.59	\$0.00	\$44.52	\$2.29	\$13.70	\$1.84

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$166.24

Provider: GIBSON HEALTH AND REHABILITATION Prvdr ID: 00141116A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 28.85%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (ata	PDPM Facility 1.4855 1.2687	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Ded Sizes	All Ded Sizes	All Ded Oizes	All Ded Sizes	All Ded Sizes	All Ded Gizes			
Peer Group Standards & Efficiency Measure Limits	(and Deline Magnet)		00.00/	90.0%	90.0%	85.0%		50.0%			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	100.0%	100.0%	85.0% 100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Dage Deviced Day Diem Alleward Amounts											
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,857,963	¢2 500 627	* 0	£474 020	\$486,778	\$0	\$868,437		\$428,189	60
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs	·	' ' '	' ' '	\$0 \$0	\$474,932 (\$641)	. ,	\$1,358	' '		, ,	\$0
	FY21 C/R Audit Adjstmts	(\$177,617)	(\$2,841)	\$0	(\$641)	\$1,766	\$1,336	(\$141,623)		(\$35,636)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$109,399		***
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	\$4.005.050	*** *** *** ***		0.71.001	0400 544	04.050	0700.044	*	4000 550	\$35,907
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,825,652	\$2,596,786	\$0	\$474,291	\$488,544	\$1,358	\$726,814	\$109,399	\$392,553	\$35,907
8 Total Nursing Facility Days As Filed Days = 22,439	FY21 Audited C/R Days	22,623									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,439	FY21 GL-PL Ins Rpt Days	2010.00	044470		400.00	***	(;; , , , , , , , , , , , , , , , , , ,	000.40	22,623	0.47.05	0.4.50
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.32	\$114.79	\$0.00	\$20.96	\$21.66	(with L&H)	\$32.13	\$4.84	\$17.35	\$1.59
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4855								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.27							•	
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.27	\$0.00	\$20.96	\$21.66		\$32.13		\$17.35	\$1.59
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.43	\$77.27	\$0.00	\$20.96	\$21.66		\$32.13	\$4.84	10.98 (FRV)	\$1.59
Quarterly Per Diem Rate Prior to Add-ons										(/ /\ V)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.43	\$77.27	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2687								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.03								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.19	\$98.03	\$0.00	\$20.96	\$21.66	\$0.00	\$32.13	\$4.84	\$10.98	\$1.59
Quarterly Per Diem Add-on Amounts											
	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.53	φυ.υυ	Ψ0.22	Ψυ.41	ψυ.υυ	ψ0.57		ψυ.υυ	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$4.90	\$4.90								
23 Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ4.30					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.70	\$104.44	\$0.00		\$22.07	\$0.00	\$49.60		\$1 0.98	\$1.59
20 Qualitary model based rel bient hate	LII 19 T LII 24	φ214.70	\$104.44	\$0.00	ΨZ1.10	φ ∠ ∠.U/	φυ.υυ	Ψ+3.00	Ψ4.04	\$1U.30	φ1.39
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.20									

Provider: PARKSIDE CENTER FOR NURSING AND REHAB A Prvdr ID: 00141127A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 17.86%	Add-on Percent 0.00% 0.0% 4.0%		Facility Mod Base Period (ata_	PDPM Facility 1.8631 1.4098	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	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											
Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	(coo, one, manage,		75.55	, , , ,	77.22	,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,438,715	' ' '	\$0	\$567,507	\$716,689	\$0	' ' '		\$161,827	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$194,832)	\$0	\$0	\$0	(\$3,063)	(\$18,575)	(\$79,166)		(\$94,028)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$79,166		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$92,837
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,415,886	\$3,393,185	\$0	\$567,507	\$713,626	(\$18,575)	\$1,520,341	\$79,166	\$67,799	\$92,837
8 Total Nursing Facility Days As Filed Days = 32,051	FY21 Audited C/R Days	32,051									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,051	FY21 GL-PL Ins Rpt Days								32,051		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$200.20	\$105.87	\$0.00	\$17.71	\$21.69	(with L&H)	\$47.44	\$2.47	\$2.12	\$2.90
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.8631</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.82								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.82	\$0.00	\$17.71	\$21.69		\$47.44	\$2.47	\$2.12	\$2.90
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.42	\$56.82	\$0.00	\$17.71	\$21.69		\$36.91	\$2.47	19.92	\$2.90
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.42	\$56.82	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	7.00.12	1.4098	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	,=	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	V =100
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.10								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.70	\$80.10	\$0.00	\$17.71	\$21.69	\$0.00	\$36.91	\$2.47	\$19.92	\$2.90
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,=	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	V =100
Quarterly 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 = <u>0.0%</u> (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	\$3.20	\$3.20								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.46	\$3.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$203.16	\$83.83	\$0.00	\$17.93	\$22.10	\$0.00	\$54.01	\$2.47	\$19.92	\$2.90
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.55									

	ovider: COMFORT CREEK NURSING AND REHABILITATIO vdr ID: 00141138A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q			N/A 0.00% Base Period Overall: 30.56% 2.5% Q 2.61 3.0% Quarterly Medicaid:			<u>ta</u>	PDPM Facility 1.2145 1.2368	PDPM Statewide 1.4210 1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,032,177	\$2,677,046	\$0	\$405,477	\$472,929	\$0	\$731,285		\$745,440	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$116,246)	\$0	\$0	\$0	(\$1,541)	(\$1,056)	(\$91,097)		(\$22,552)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$73,086		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$22,428
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,011,445	\$2,677,046	\$0	\$405,477	\$471,388	(\$1,056)	\$640,188	\$73,086	\$722,888	\$22,428
8	Total Nursing Facility Days As Filed Days = 29,778	FY21 Audited C/R Days	29,778									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,778	FY21 GL-PL Ins Rpt Days								29,778		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.29	\$89.90	\$0.00	\$13.62	\$15.79	(with L&H)	\$21.50	\$2.45	\$24.28	\$0.75
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2145</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.02								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.02	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	\$24.28	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.68	\$74.02	\$0.00	\$13.62	\$15.79		\$21.50	\$2.45	9.55	\$0.75
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Cardh Allana 07									.	21/2
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.68	\$74.02	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2368								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0455.04	\$91.55	***	040.00	645.7 0	# 0.00	604.50	00.45	#0.55	φο 7 5
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.21	\$91.55	\$0.00	\$13.62	\$15.79	\$0.00	\$21.50	\$2.45	\$9.55	\$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$178.88	\$97.12	\$0.00	\$13.84	\$16.20	\$0.00	\$38.97	\$2.45	\$9.55	\$0.75
					<u> </u>	1	<u> </u>	I	1			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$121.34

Provider: GLENN-MOR NURSING HOME Prvdr ID: 00141149A PDPM Shadow Rates. For informational use of PDPM Per Diem Rate Effective Data MDS & Nurse Hrs Data per Quarter Ending		4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: 24		N/A 24.59%	Score Percent N/A 0.00% 24.59% 1.0%		Facility Model (PDPI Base Period Overall: Quarterly Medicaid:			PDPM Facility 1.3383 1.3753	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
FL	PIN BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,934,848	\$2,660,083	\$0	\$590,775	\$438,034	\$387,448	' ' '		\$627,084	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$36,477)	\$0	\$0	\$0	\$0	\$0	(\$28,900)	1	(\$7,577)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$28,900		<u></u>
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	\$5,004,040	ma aga aga		# 500 775	# 400.004	*********	#4 000 F04	#00.000	0040 507	\$7,577
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 19,782	FY21 Audited C/R FY21 Audited C/R Days	\$5,934,848 19,782	\$2,660,083	\$0	\$590,775	\$438,034	\$387,448	\$1,202,524	\$28,900	\$619,507	\$7,577
0	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,782 As Filed Days = 19,782	FY21 GL-PL Ins Rpt Days	19,762							19,782		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$300.01	\$134.47	\$0.00	\$29.86	\$41.73	(with L&H)	\$60.79	\$1.46	\$31.32	\$0.38
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	φοσοίστ	1.3383	ψ0.00	Ψ20.00	Ψ1.70	(Will Earl)	φου.7 σ	Ψ1.40	ψ01.02	Ψ0.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.48								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.48	\$0.00	\$29.86	\$41.73		\$60.79	\$1.46	\$31.32	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	,,,,,,	\$37.13	\$33.28		\$36.91	\$0.00	N/A	, , , , , ,
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.71	\$100.48	\$0.00	\$29.86	\$33.28		\$36.91	\$1.46	10.34	\$0.38
	Overteels Bas Bissa Bata Briss to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.71	\$100.48	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ2.12 1	1.3753	ψο.σσ	Ψ20.00	400.20	ψ0.00	φοσ.σ τ	ψο	Ψ10.01	ψ0.00
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.42	\$138.19	\$0.00	\$29.86	\$33.28	\$0.00	\$36.91	\$1.46	\$10.34	\$0.38
	Curatash Par Piara Add an Arrasunta											
20	Quarterly Per Diem Add-on Amounts 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	\$1.38	\$1.38	φυ.υυ	Ψ0.22	φυ.υυ	ψ0.00	φυ.υυ		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$4.15	\$4.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	+					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$6.06	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	·	Ln 19 + Ln 24	\$273.80	\$144.25	\$0.00	\$30.08		\$0.00	\$54.01	\$1.46	\$10.34	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$192.53		I	I	I	<u> </u>	1			

	ovider: GLENVUE HEALTH AND REHAB vdr ID: 00141171A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q			N/A 0.00% Base Period Overall: 20.78% 1.0% Quarterly Medicaid:			ta_	PDPM Facility 1.3458 1.3721	PDPM Statewide 1.4210 1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
'	, , , , , , , , , , , , , , , , , , ,	(See Felloy Mariada)		ψο.σσ	ψ0.00	ψ0.22	φο. τ τ		ψο.σ,			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,037,880	\$3,925,428	\$0	\$753,985	\$708,663	\$0	\$1,219,205		\$1,430,599	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$305,313)	(\$26,848)	\$0	\$0	\$0	\$0	(\$194,565)		(\$83,900)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$221,413		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$83,900
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,037,880	\$3,898,580	\$0	\$753,985	\$708,663	\$0	\$1,024,640	\$221,413	\$1,346,699	\$83,900
8	Total Nursing Facility Days As Filed Days = 37,057	FY21 Audited C/R Days	37,057									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,057	FY21 GL-PL Ins Rpt Days								37,057		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$216.89	\$105.20	\$0.00	\$20.35	\$19.12	(with L&H)	\$27.65	\$5.97	\$36.34	\$2.26
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3458</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.17								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.17	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	\$36.34	\$2.26
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.45	\$78.17	\$0.00	\$20.35	\$19.12		\$27.65	\$5.97	9.93	\$2.26
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.45	\$78.17	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3721</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.54	\$107.26	\$0.00	\$20.35	\$19.12	\$0.00	\$27.65	\$5.97	\$9.93	\$2.26
	Constants Bas Billion Add an America											
20	Quarterly Per Diem Add-on Amounts Efficiency Add on Per Diem ((Stad. Alud) v. 75, up to may or 0)	(see Policy Manual)	¢4 E0	ድ ስ ድዕ	ድ ለ ለለ	¢0.00	© ∩ 44	\$0.00	¢0.07		ድ ስ ስዕ	
20 21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$1.07	\$0.53 \$1.07	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψυ.ΖΖ					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$215.46	\$112.08	\$0.00	\$20.57	\$19.53	\$0.00	\$45.12	\$5.97	\$9.93	\$2.26
20	additions insuce based i or broth nate	LI 13 1 LI127	φ213.40	ψ112.00	φυ.υυ	ψ 2 0.37	ψ13.J3	φυ.υυ	Ψ-3.12	φ3.31	ψ3.33	Ψ2.20

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$148.77

	ovider: GRACEMORE NURSING AND REHAB ovdr ID: 00141182A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		N/A 0.00% 46.67% 5.5%			Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:			PDPM Facility 1.3752 1.3150	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PC	PPM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
•		(ooc i oloy manaal)		0.00	φο.σσ	V 0.22	φ0		φο.σ.			
_	Base Period Per Diem Allowed Amounts				•				^-			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,201,032	' ' '	\$0	\$394,635	\$412,961	\$0	\$515,840		\$64,902	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$75,132)	\$0	\$0	\$0	\$0	\$0	(\$51,858)		(\$23,274)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$51,253		#00.074
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,200,427	\$1,812,694	\$0	\$394,635	\$412,961	\$0	\$463,982	\$51,253	\$41,628	\$23,274 \$23,274
8	Total Nursing Facility Days As Filed Days = 11,573	FY21 Audited C/R Days	11,573	\$1,012,094	φυ	\$394,633	Ф412,901	φ0	Φ403,902	φ01,200	Ф41,020	Φ23,214
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,573	FY21 GL-PL Ins Rpt Days	11,575							11,573		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$276.54	\$156.63	\$0.00	\$34.10	\$35.68	(with L&H)	\$40.09	\$4.43	\$3.60	\$2.01
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	427 010 1	1.3752	Ψ0.00	ψοο	ψοσ.σσ	(**************************************	ψ.σ.σσ	4	ψο.σσ	Ψ=.σ.
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$113.89								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$113.89	\$0.00	\$34.10	\$35.68		\$40.09	\$4.43	\$3.60	\$2.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.40	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$4.43	8.32	\$2.01
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.40	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$0.00 \$36.91	\$4.43	\$8.32	\$2.01
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ210.40	1.3150	ψ0.00	Ψ20.02	ψ55.20	ψ0.00	ψ30.51	Ψ5	ψ0.32	Ψ2.01
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.36	\$137.59	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.43	\$8.32	\$2.01
20	Quarterly Per Diem Add-on Amounts	(coo Policy Manual)	фо oo	60.00	ድ ስ ስዕ	#0.00	ም ስ ስስ	#0.00	\$0.00		фо оо	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.00 \$7.57	\$0.00 \$7.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$6.88	\$6.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψυ.υυ					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.55	\$14.45	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$280.91	\$152.04	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$4.43	\$8.32	\$2.01
23	additionly injuried based i of bigin hate	LII IV I LII 27	φ200.31	φ132.U4	φυ.υυ	Ψ20.02	φυυ.20	φυ.υυ	φυ4.01	φ+.43	ψυ.32	Ψ ∠. U I

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$197.86

	rovider: PRUITTHEALTH - GRANDVIEW rvdr ID: 00141215A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 13.56%	Add-on Percent 0.00% 0.0% 5.0%		Facility Mod Base Period (ta_	PDPM Facility 1.4721 1.4144	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			22.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,										
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,254,657	\$2,952,020	\$0	\$434,245	\$551,216	\$0	\$1,009,079		\$308,097	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$438,626)	(\$25,884)	\$0	\$0	(\$1,073)		(\$327,858)		(\$84,533)	Ψ0
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$450,020)	(ψ23,004)	ΨΟ	ΨΟ	(ψ1,073)	Ψ122	(ψ321,030)	\$309,461	(ψ04,555)	
	As Filed Cost Center Costs (GEFL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$309,401		\$93,760
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,219,252	\$2,926,136	\$0	\$434,245	\$550,143	\$722	\$681,221	\$309,461	\$223,564	\$93,760
8	Total Nursing Facility Days As Filed Days = 20,768	FY21 Audited C/R Days	20,768	ψ2,920,130	ΨΟ	ψ 4 54,245	ψ550,145	Ψ122	ψ001,221	ψ309,401	Ψ223,304	ψ93,700
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,768	FY21 GL-PL Ins Rpt Days	20,700							20,768		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$251.30	\$140.90	\$0.00	\$20.91	\$26.52	(with L&H)	\$32.80	\$14.90	\$10.76	\$4.51
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ201.00	1.4721	ψ0.00	Ψ20.01	Ψ20.02	(War Earl)	ψ02.00	Ψ14.50	Ψ10.70	Ψ-1.01
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.71								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.71	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	\$10.76	\$4.51
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ-1.01
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.91	\$95.71	\$0.00	\$20.91	\$26.52		\$32.80	\$14.90	11.56	\$4.51
	Base Folia Made Adjusted Allowed Folia Bloth		Ψ200.01	φοσ ι	ψ0.00	ψ20.01	Ψ20.02		ψ02.00	Ψ11.00	(FRV)	ψ1.01
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.91	\$95.71	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4144</u>								
18	, , ,	Ln 16 x Ln 17		\$135.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.57	\$135.37	\$0.00	\$20.91	\$26.52	\$0.00	\$32.80	\$14.90	\$11.56	\$4.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (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	\$25.40	\$7.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$271.97	\$142.67	\$0.00	\$21.13	\$26.93	\$0.00	\$50.27	\$14.90	\$11.56	\$4.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.15			1			ı			

	ovider: GRANDVIEW HEALTH CARE CENTER ovdr ID: 00141226A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage Growth Allowance:		N/A 13.64%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.7526 1.5485	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PE	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(000 / 000)			70.00	75	, , , , , ,		*****			
_	Base Period Per Diem Allowed Amounts	As Filed FY/OA O/D FY/OA OL/DL Dea	* * * * * * * * * *	*** • • • • • • • • • • • • • • • • • •	.	* 400.004	\$000.074	# 0	* 057.070		#050 700	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,521,942	\$2,077,995	\$0	\$426,984	\$306,371	\$0 \$0	\$857,870		\$852,722	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$250,988)	(\$46,341)	\$0	\$0	\$0	\$0	(\$151,978)		(\$52,669)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$94,211		¢4.40.225
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,514,490	\$2,031,654	\$0	\$426,984	\$306,371	\$0	\$705,892	\$94,211	\$800,053	\$149,325 \$149,325
8	Total Nursing Facility Days As Filed Days = 19,328	FY21 Audited C/R Days	19,328	ψ2,031,034	ΨΟ	ψ420,904	ψ300,371	ΨΟ	ψ703,09Z	ψ94,211	ψουυ,υσσ	Ψ149,323
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,328	FY21 GL-PL Ins Rpt Days	10,020							19,328		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$233.56	\$105.11	\$0.00	\$22.09	\$15.85	(with L&H)	\$36.52	\$4.87	\$41.39	\$7.73
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.7526	,	,	,		****		,	, -
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.97								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.97	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	\$41.39	\$7.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.05	\$59.97	\$0.00	\$22.09	\$15.85		\$36.52	\$4.87	12.02	\$7.73
	Overtarly Par Diam Rate Brief to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.05	\$59.97	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.5485</u>	,	,	,	, , , , ,	****		,	, -
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.95	\$92.86	\$0.00	\$22.09	\$15.85	\$0.00	\$36.52	\$4.87	\$12.02	\$7.73
	Overteely Per Pierr Add on Assessed											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.45	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.29		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	ψυ.υυ	Ψ0.22	Ψ0.41	ψυ.υυ	Ψ0.29		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	•=•					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.34	\$3.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$213.29	\$96.18	\$0.00	\$22.31	\$16.26	\$0.00	\$53.91	\$4.87	\$12.02	\$7.73
	·		<u> </u>		-	<u> </u>		_				

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$147.14

	ovider: AZALEALAND NURSING HOME odr ID: 00141237A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q			Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.5445 1.5400	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,778,899	\$3,383,451	\$0	\$850,612	\$541,510	\$0	\$1,155,510		\$847,816	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$200,925)	\$0	\$0	\$0	\$0	\$0	(\$104,445)		(\$96,480)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$104,445		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$96,480
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,778,899	\$3,383,451	\$0	\$850,612	\$541,510	\$0	\$1,051,065	\$104,445	\$751,336	\$96,480
8	Total Nursing Facility Days As Filed Days = 24,829	FY21 Audited C/R Days	24,829									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,829	FY21 GL-PL Ins Rpt Days								24,829		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$273.03	\$136.27	\$0.00	\$34.26	\$21.81	(with L&H)	\$42.33	\$4.21	\$30.26	\$3.89
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5445</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.23								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.23	\$0.00	\$34.26	\$21.81		\$42.33	\$4.21	\$30.26	\$3.89
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.52	\$88.23	\$0.00	\$26.82	\$21.81		\$36.91	\$4.21	17.65	\$3.89
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Cardo Albara 67					* 0.00	# 0.00			N 1/A	21/2
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.52	\$88.23	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.5400								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	CO47.40	\$135.87	#0.00	#00 00	CO4.04	фо оо	#20.04	£4.04	047.0 5	Ф 2 00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Lit 18, AllOttil = Lit 18	\$247.16	\$135.87	\$0.00	\$26.82	\$21.81	\$0.00	\$36.91	\$4.21	\$17.65	\$3.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = <u>5.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.47	\$7.47								
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	\$29.59	\$12.08	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$276.75	\$147.95	\$0.00	\$26.82	\$22.22	\$0.00	\$54.01	\$4.21	\$17.65	\$3.89
					<u> </u>	1			I			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$194.74

Provider: ROSWELL NURSING & REHAB CENTER Prvdr ID: 00141248A PDPM Shadow Rates. For informational use o PDPM Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending		4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		N/A 31.06%	Add-on Percent 0.00% 2.5% 2.0%	Facility Model (PDPN Base Period Overall:			ata	PDPM Facility 1.4937 1.3435	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$15,974,874 (\$222,941)	\$8,604,791 (\$66,917)	\$0 \$0	\$1,270,308 \$0	\$1,240,686 \$0	\$0 \$0	\$2,517,876 \$39,541		\$2,341,213 (\$195,565)	\$0
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		, ,	, ,	,,,,,	\$27,376	(, ,,,,,,,,	\$195,565
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$15,974,874	\$8,537,874	\$0	\$1,270,308	\$1,240,686	\$0	\$2,557,417	\$27,376	\$2,145,648	\$195,565
8	Total Nursing Facility Days As Filed Days = 65,953	FY21 Audited C/R Days	65,953									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,953	FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$242.22	\$129.45	\$0.00	\$19.26	\$18.81	(with L&H)	\$38.78	65,953 \$0.42	\$32.53	\$2.97
10	Net Per Diems prior to Model Adjstmt to Routine Srvcs Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$242.22	\$129.45 1.4937	\$0.00	\$19.20	\$10.01	(WILLI L&FI)	\$30.76	\$0.42	Φ32.33	\$2.97
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.67								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.67	\$0.00	\$19.26	\$18.81		\$38.78	\$0.42	\$32.53	\$2.97
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	·
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.26	\$86.67	\$0.00	\$19.26	\$18.81		\$36.91	\$0.42	10.22 (FRV)	\$2.97
4.5	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	фо co	0.00	<u></u>	#0.00	* 0.00	фо. oo	#0.00	NI/A	N1/6	NI/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwhc % Ln 14 + Ln 15	\$0.00 \$175.26	0.00 \$86.67	\$0.00 \$0.00	\$0.00 \$19.26	\$0.00 \$18.81	\$0.00 \$0.00	\$0.00 \$36.91	N/A \$0.42	N/A \$10.22	N/A \$2.97
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End	\$175.20	1.3435	φυ.υυ	\$19.20	φ10.01	φυ.υυ	φ30.91	\$0.42	\$10.22	Ψ2.91
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.03	\$116.44	\$0.00	\$19.26	\$18.81	\$0.00	\$36.91	\$0.42	\$10.22	\$2.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.50	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$228.53	\$122.21	\$0.00	\$19.48	\$19.22	\$0.00	\$54.01	\$0.42	\$10.22	\$2.97

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$158.57

Facility Add-on <u>PDPM</u> **PDPM** PREMIER ESTATES OF DUBLIN, LLC Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00141281A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.7178 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 20.97% 1.0% Quarterly Medicaid: 1.4000 1.3706 Nurse Hrs per On-Site Day/Q MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 0.0% no data Plant Admin Property Sources / A&G - GL/PL Routine Special Laundry & Taxes and Totals Dietary Operatns Line and and Calculations Description Services Services Houskpng Insurance Insurance & Maint General Related PDPM BASED RATE CALCULATIONS 1 Cost Center Peer Groups (see Policy Manual) 2 All Facilities Type of Facility within Peer Group All Facilities Free Standing All Facilities All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile 90.0% (see Policy Manual) 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts**

26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.15									
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$185.30	\$82.02	\$0.00	\$21.45	\$18.68	\$0.00	\$46.55	\$6.87	\$8.80	\$0.93
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.44	\$1.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
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								
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
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	
	Quarterly Per Diem Add-on Amounts											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.86	\$80.68	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.68								
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4000</u>								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.81	\$57.63	\$0.00	\$21.23	\$18.27	\$0.00	\$29.08	\$6.87	\$8.80	\$0.93
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
	Quarterly Per Diem Rate Prior to Add-ons											
14	Base Period Model Adjusted Allowed Per Diem	Lessel of Lit 12 of Lit 13	\$142.81	φοιισφ	φυ.00	\$21.23	φ10.27		\$29.08	φ0.87	(FRV)	φυ.93
14		Lesser of Ln 12 or Ln 13	\$142.81	\$104.63	\$0.00	\$20.62	\$33.26 \$18.27		\$29.08	\$6.87	8.80	\$0.93
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	φυ.00	\$21.23	\$33.28		\$29.08	\$0.00	\$38.35 N/A	φυ.93
12	Routine Srvcs Model Adjstd (CMA) Net Per Diem Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.63	\$0.00	\$21.23	\$18.27		\$29.08	\$6.87	\$38.35	\$0.93
10	Base Period Facility Model for All Residents	Ln 9 / Ln 10		1.7178 \$57.63								
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	from 2 qtrs of FY21	\$213.72	\$98.99	\$0.00	\$21.23	\$18.27	(with L&H)	\$29.08	\$6.87	\$38.35	\$0.93
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,950	Ln 7 / Ln 8 Col a	¢212.70	\$00.00	ድስ ስስ	¢24.22	¢10.07	(with 1911)	\$20.00	28,950 \$6.97		\$ 0.03
8	Total Nursing Facility Days As Filed Days = 28,950	FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days	28,950							00.050		
/	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,187,345	\$2,865,720	\$0	\$614,525	\$528,902	\$0	\$841,985	\$198,863	\$1,110,312	\$27,038
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R			•			•				\$27,038
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$198,863		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$272,945)	(\$14,796)	\$0	\$0	\$0	\$0	(\$232,851)		(\$25,298)	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,234,389	\$2,880,516	\$0	\$614,525	\$528,902	\$0	+ /- /		\$1,135,610	\$0
	Dase I cliou I el Dielli Allowed Allioulits											

	ovider: HABERSHAM HOME odr ID: 00141292A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 45.10%	Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.3241 1.2449	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DL	PPM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
<u>FL</u>	PIN BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·				,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	DC 474 464	\$2.921.139	r ₀	£4.000.00F	ФС40.40F	CO24 470	64 407 544		¢405.440	ФО.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$6,474,464	* ,- ,	\$0 \$0	\$1,066,995 \$0	\$649,165 (\$41,648)	\$234,472 \$0	\$1,137,544 (\$59,284)		\$465,149 \$35,425	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$65,507)	Φ0	φυ	Φ0	(\$41,040)	φ0	(\$39,204)	\$59,284	φ35,425	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$39,264		\$12,136
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,480,377	\$2,921,139	\$0	\$1,066,995	\$607,517	\$234,472	\$1,078,260	\$59,284	\$500,574	\$12,136
8	Total Nursing Facility Days As Filed Days = 22,956	FY21 Audited C/R Days	22,951	Ψ2,021,100	ΨΟ	ψ1,000,555	ψ007,517	ΨΖΟΨ,Ψ1Ζ	ψ1,070,200	ψ55,204	ψ500,57 +	Ψ12,100
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,956	FY21 GL-PL Ins Rpt Days								22,951		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$282.36	\$127.28	\$0.00	\$46.49	\$36.69	(with L&H)	\$46.98	\$2.58	\$21.81	\$0.53
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3241				, ,	·			,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.12								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.12	\$0.00	\$46.49	\$36.69		\$46.98	\$2.58	\$21.81	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.64	\$96.12	\$0.00	\$37.13	\$33.28		\$36.91	\$2.58	10.09	\$0.53
	Overteels Box Disc. Buts Britants Add see										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.64	\$96.12	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	42.000	1.2449	Ψ0.00	Q 00	\$55.25	ψ5.55	ψοσιο .	\$2.00	ψ.σ.σσ	ψ0.00
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.18	\$119.66	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.58	\$10.09	\$0.53
20	Quarterly Per Diem Add-on Amounts Efficiency Add on Per Diem (ISted Alyelly, 75 up to may or 0)	(see Policy Manual)	¢0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.53 \$6.58	\$6.58	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψο.οο					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.80	\$10.70	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$267.98	\$130.36	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.58	\$10.09	\$0.53
20	and the second of Stoll Italia		\$207.30	ψ100.00	ψ0.00	ψ07.13	ψ00.20	ψ0.00	Ψ04.01	Ψ2.00	ψ.υ.υυ	ψυ.υυ

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$188.16

PDPM PDPM Facility Add-on WARNER ROBINS REHABILITATION CENTER Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00141303A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3939 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 35.96% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.3647 1.3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 3.20 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$6,336,438 \$3,154,181 \$0 \$515,942 \$570,813 \$0 \$1,350,391 \$745,111 \$0 FY21 C/R Audit Adistmts \$0 Audit Adjustments and Reallocations to Cost Center Costs (\$379,562) (\$19,394) \$0 \$0 \$0 (\$251,852) (\$108,316) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$268,835 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$108,316 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$6.334.027 \$3.134.787 \$0 \$515,942 \$570,813 \$1,098,539 \$268.835 \$636,795 \$108,316 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 35,381 35,381 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35.381 35,381 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$179.02 \$88.60 \$0.00 \$14.58 \$16.13 (with L&H) \$31.05 \$7.60 \$18.00 \$3.06 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3939 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$63.56 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$63.56 \$16.13 \$0.00 \$14.58 \$31.05 \$7.60 \$18.00 \$3.06 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$149.02 \$63.56 \$14.58 \$16.13 \$31.05 \$7.60 13.04 \$3.06 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$149.02 \$63.56 \$16.13 \$7.60 \$0.00 \$14.58 \$0.00 \$31.05 \$13.04 \$3.06 17 per Current Qtr End 1.3647 Quarterly Facility Model for Medicaid Residents \$86.74 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$172.20 \$86.74 \$14.58 \$16.13 \$7.60 \$0.00 \$0.00 \$31.05 \$13.04 \$3.06 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$2.17 \$2.17 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$3.47 \$3.47 23 (Fixed Amount) \$17.10 Nursing Home Provider Fee \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.27 \$6.17 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00

PDPM Shadow Rates. This is not your rate.

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Quarterly Model Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$196.47

\$92.91

\$0.00

\$14.80

\$16.54

\$0.00

\$48.52

\$13.04

\$3.06

\$7.60

PDPM PDPM Facility Add-on Provider: HARALSON NSG & REHAB CENTER Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00141325A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3602 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 31.25% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.3199 1.3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 3.0% 3.08 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$7,103,239 \$3,545,933 \$0 \$668,035 \$582,522 \$0 \$1,325,035 \$981,714 \$0 FY21 C/R Audit Adistmts (\$30,335) Audit Adjustments and Reallocations to Cost Center Costs (\$54,162) \$0 \$0 (\$6,105)\$6,684 (\$12,258)(\$12,148) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$12,258 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$29 748 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$7,091,083 \$3.545.933 \$0 \$655,887 \$576,417 \$1,312,777 \$12,258 \$951,379 \$29,748 \$6,684 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 35,692 35,692 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,692 35,692 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$198.68 \$99.35 \$0.00 \$18.38 \$16.34 (with L&H) \$36.78 \$0.34 \$26.66 \$0.83 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3602 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$73.04 RS = Ln 11, AllOthr = Ln 9 \$73.04 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$16.34 \$36.78 \$0.00 \$18.38 \$0.34 \$26.66 \$0.83 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$155.17 \$73.04 \$16.34 \$18.38 \$36.78 \$0.34 9.46 \$0.83 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$155.17 \$73.04 \$16.34 \$36.78 \$0.34 \$0.00 \$18.38 \$0.00 \$9.46 \$0.83 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.3199 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$96.41 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$178.54 \$96.41 \$18.38 \$16.34 \$36.78 \$0.34 \$0.00 \$0.00 \$9.46 \$0.83 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.26 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.10 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$2.41 \$2.41 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$2.89 \$2.89

PDPM Shadow Rates. This is not your rate.

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

\$17.10

\$23.66

\$202.20

\$5.83

\$102.24

\$0.00

\$0.00

\$0.22

\$18.60

\$0.41

\$16.75

\$0.00

\$0.00

\$0.00

\$9.46

\$0.00

\$0.83

\$0.00

\$0.34

\$17.10

\$17.20

\$53.98

	rovider: NANCY HART CENTER FOR NURSING AND HEALI rvdr ID: 00141336A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 25.53%	Add-on Percent 0.00% 1.0% 0.0%		Facility Mod Base Period (ata	PDPM Facility 1.4269 1.1893	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All bed Sizes	All Deu Sizes	All bed Sizes	All bed Sizes	All Deu Sizes	All bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,907,829	\$1.392.816	\$0	\$302,899	\$265,236	\$0	\$771,981		\$174,897	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$88,650)	(\$3,775)	\$0	\$0	\$0	\$0	(\$61,967)		(\$22,908)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψου,σου)	(ψο, 110)	ΨΟ	Ψ0	Ψ0	Ψ0	(ψο1,σο1)	\$61,967	(ψ22,000)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ01,307		\$22,908
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,904,054	\$1,389,041	\$0	\$302,899	\$265,236	\$0	\$710,014	\$61,967	\$151,989	\$22,908
8	Total Nursing Facility Days As Filed Days = 15,358	FY21 Audited C/R Days	15,358	ψ1,000,011	Ψ	\$602,000	\$200,200		ψι το,στ τ	ψο1,007	Ψ101,000	Ψ22,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,358	FY21 GL-PL Ins Rpt Days	10,000							15,358		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.08	\$90.44	\$0.00	\$19.72	\$17.27	(with L&H)	\$46.23	1	\$9.90	\$1.49
10	, ,	from 2 qtrs of FY21	V100.00	1.4269	ψ0.00	Ų10.12	Ų 17.127	(111.1.1.1)	ψ10.20	ψσσ	ψ0.00	Ψ1.10
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.38								
12		RS = Ln 11, AllOthr = Ln 9		\$63.38	\$0.00	\$19.72	\$17.27		\$46.23	\$4.03	\$9.90	\$1.49
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψσ
14		Lesser of Ln 12 or Ln 13	\$151.29	\$63.38	\$0.00	\$19.72	\$17.27		\$36.91	\$4.03	8.49	\$1.49
			V 101120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****		****		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	(FRV)	*****
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$151.29	\$63.38	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49
17	, , <u> </u>	per Current Qtr End		1.1893								
18		Ln 16 x Ln 17		\$75.38	^		A . = . =				A. 15	A
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.29	\$75.38	\$0.00	\$19.72	\$17.27	\$0.00	\$36.91	\$4.03	\$8.49	\$1.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.75	\$0.75								
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	\$19.01	\$1.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$182.30	\$76.66	\$0.00	\$19.94	\$17.68	\$0.00	\$54.01	\$4.03	\$8.49	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.90							<u>. </u>		

	ovider: HEART OF GEORGIA NURSING HOME vdr ID: 00141358A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 35.38%	Add-on Percent 0.00% 2.5% 6.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.8650 1.3216	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,138,687	\$3,293,600	\$0	\$548,265	\$440,474	\$0	\$905,326		\$1,951,022	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$108,812)	\$0	\$0	\$0	\$0	\$0	(\$66,626)		(\$42,186)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$66,626		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,186
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,138,687	\$3,293,600	\$0	\$548,265	\$440,474	\$0	\$838,700	\$66,626	\$1,908,836	\$42,186
8	Total Nursing Facility Days As Filed Days = 28,916	FY21 Audited C/R Days	28,916									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,916	FY21 GL-PL Ins Rpt Days								28,916		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$246.86	\$113.90	\$0.00	\$18.96	\$15.23	(with L&H)	\$29.00	\$2.30	\$66.01	\$1.46
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.8650</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.07								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.07	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	\$66.01	\$1.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.16	\$61.07	\$0.00	\$18.96	\$15.23		\$29.00	\$2.30	13.14	\$1.46
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Le 14 v Cruth Alluma 9/	#0.00	0.00	#0.00	#0.00	#0.00	фо oo	#0.00	NI/A	N1/A	NI/A
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$141.16	\$61.07 1.3316	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46
17		Ln 16 x Ln 17		1.3216								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	¢160.00	\$80.71	¢0.00	¢40.00	#45.00	የ ስ ስስ	¢20.00	#2.20	¢42.44	¢4.46
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Lit 18, AllOttil = Lit 16	\$160.80	\$80.71	\$0.00	\$18.96	\$15.23	\$0.00	\$29.00	\$2.30	\$13.14	\$1.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.02	\$2.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (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	\$25.49	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$186.29	\$88.10	\$0.00	\$19.18	\$15.64	\$0.00	\$46.47	\$2.30	\$13.14	\$1.46
					<u> </u>	<u> </u>			I	<u> </u>		

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$126.89

PDPM PDPM Facility Add-on PRUITTHEALTH - VALDOSTA. LLC Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00141369A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.5291 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 26.15% 1.0% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.5674 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 5.0% 3.60 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$5,026,206 \$2,431,674 \$0 \$383,270 \$719,562 \$0 \$1,131,782 \$359,918 \$0 FY21 C/R Audit Adistmts (\$45,999) \$0 Audit Adjustments and Reallocations to Cost Center Costs (\$505,962) \$0 (\$597)\$564 (\$411,063) (\$48,867) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$425,444 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$45,919 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$4.991.607 \$2.385.675 \$0 \$383,270 \$718.965 \$564 \$720,719 \$425,444 \$311,051 \$45,919 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 24,247 24,247 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,247 24,247 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$205.86 \$98.39 \$15.81 \$29.67 (with L&H) \$29.72 \$17.55 \$12.83 \$1.89 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.5291 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$64.34 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$15.81 \$29.67 \$64.34 \$0.00 \$29.72 \$17.55 \$12.83 \$1.89 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$170.26 \$64.34 \$29.67 \$17.55 11.28 \$15.81 \$29.72 \$1.89 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$170.26 \$64.34 \$0.00 \$29.67 \$29.72 \$15.81 \$0.00 \$17.55 \$11.28 \$1.89 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.5674 \$100.85 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$206.76 \$100.85 \$15.81 \$29.67 \$29.72 \$17.55 \$0.00 \$0.00 \$11.28 \$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 = In 19 Col b x CPS Add-on \$1.01 \$1.01 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$5.04 \$5.04 23 (Fixed Amount) Nursing Home Provider Fee \$17.10 \$17.10

PDPM Shadow Rates. This is not your rate.

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

24

\$24.68

\$231.44

\$6.58

\$107.43

\$0.00

\$0.00

\$0.22

\$16.03

\$0.41

\$30.08

\$0.00

\$0.00

\$17.47

\$47.19

\$0.00

\$11.28

\$0.00

\$1.89

\$0.00

\$17.55

	ovider: PRUITTHEALTH - ATHENS HERITAGE ovider ID: 00141391A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	Score N/A 21.43% 3.07	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4901 1.3800	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DL	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
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_	Base Period Per Diem Allowed Amounts	A- El-J EVO4 O/D EVO4 O//DL D-4	\$7,000,000	* * * * * * * * * * * * * * * * * * *	# 0	# 500.040	#004 F00	*	#4 400 704		# 000 000	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$7,638,029 (\$596,814)	\$4,036,911 (\$124,782)	\$0 \$0	\$536,642 \$0	\$981,533 \$5,847	\$0 \$8,202	\$1,480,734 (\$351,953)		\$602,209 (\$134,128)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$590,614)	(\$124,702)	ΦΟ	φ0	φ5,647	\$0,202	(\$331,933)	\$447,689	(\$134,120)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ447,009		\$14,702
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,503,606	\$3,912,129	\$0	\$536,642	\$987,380	\$8,202	\$1,128,781	\$447,689	\$468,081	\$14,702
8	Total Nursing Facility Days As Filed Days = 29,720	FY21 Audited C/R Days	29,720	ψο,σ12,12σ	Ψ	φοσο,σ 12	ψοσ, σοσ	ψ0,202	ψ1,120,701	Ψ117,000	Ψ100,001	Ψ11,702
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,720	FY21 GL-PL Ins Rpt Days								29,720		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$252.47	\$131.63	\$0.00	\$18.06	\$33.50	(with L&H)	\$37.98	\$15.06	\$15.75	\$0.49
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4901								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.33								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.33	\$0.00	\$18.06	\$33.50		\$37.98	\$15.06	\$15.75	\$0.49
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.18	\$88.33	\$0.00	\$18.06	\$33.28		\$36.91	\$15.06	16.05	\$0.49
	Overtanty Day Diam Date Dries to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$208.18	\$88.33	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3800	,	,	, , , ,	,	****	,	,	, , ,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.75	\$121.90	\$0.00	\$18.06	\$33.28	\$0.00	\$36.91	\$15.06	\$16.05	\$0.49
	Overteels Day Dions Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	\$1.22	\$1.22	ψ0.00	Ψ0.22	Ψ0.00	Ψ0.00	ψ0.00		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$23.95	\$6.63	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$265.70	\$128.53	\$0.00	\$18.28	\$33.28	\$0.00	\$54.01	\$15.06	\$16.05	\$0.49
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$186.45

	ovider: MAGNOLIA MANOR OF ST SIMONS REHAB & NUR ovdr ID: 00141402A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 27.27%	Add-on Percent 0.00% 1.0% 3.0%		_Facility Mod Base Period (Quarterly Med		ita_	PDPM Facility 1.8379 1.7226	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
-												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0% 100.0%	90.0%	90.0%	85.0%		50.0% 105.0%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	100.0% \$0.00	\$0.22	100.0% \$0.41		\$0.37			
		(,		, , , , , ,	,	, ,	, -		,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	#C 200 400	₾0.044.700	r ₀	ФE00 704	Ф74.4.404	# 0	¢4 000 047		CO04 40C	C O
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$337,808)	\$2,811,730 \$0	\$0 \$0	\$598,724 \$0	\$714,181 \$0	\$0 \$0	\$1,280,347 (\$201,609)		\$924,126 (\$136,199)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$337,606)	Φ0	Φυ	\$0	φυ	φ0	(\$201,609)	\$201,609	(\$130,199)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$201,009		\$136,199
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,329,108	\$2,811,730	\$0	\$598,724	\$714,181	\$0	\$1,078,738	\$201,609	\$787,927	\$136,199
8	Total Nursing Facility Days As Filed Days = 24,040	FY21 Audited C/R Days	24,040	42,011,100	Ų.	4000,121	Q 111,101		ψ·,σ·σ,·σσ	4201,000	ψ. σ. ,σΞ.	ψ.σσ,.σσ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,040	FY21 GL-PL Ins Rpt Days								24,040		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$263.29	\$116.96	\$0.00	\$24.91	\$29.71	(with L&H)	\$44.87	\$8.39	\$32.78	\$5.67
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.8379</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.64								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.64	\$0.00	\$24.91	\$29.71		\$44.87	\$8.39	\$32.78	\$5.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.85	\$63.64	\$0.00	\$24.91	\$29.71		\$36.91	\$8.39	10.62	\$5.67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.85	\$63.64	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.7226								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.83	\$109.63	\$0.00	\$24.91	\$29.71	\$0.00	\$36.91	\$8.39	\$10.62	\$5.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$1.10	\$1.10	,		,	, , , ,			, ,,,,,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$22.65	\$4.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.48	\$114.55	\$0.00	\$25.13	\$30.12	\$0.00	\$54.01	\$8.39	\$10.62	\$5.67
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$173.54

Provider: HARTWELL HEALTH AND REHABILITATION Prvdr ID: 00141413A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 30.36%	Add-on Percent 0.00% 2.5% 6.0%		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.4315 1.4208	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DDDM DACED DATE CALCUL ATIONS		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	φυ.υυ	φ0.22	φ <i>0.41</i>		φ0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,224,966	\$2,865,430	\$0	\$625,559	\$530,533	\$0	\$980,711		\$222,733	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$147,234)	(\$2,836)	\$0	(\$2,306)	\$0	(\$493)	(\$129,139)		(\$12,460)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,680		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$14,071
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,187,483	\$2,862,594	\$0	\$623,253	\$530,533	(\$493)	\$851,572	\$95,680	\$210,273	\$14,071
8 Total Nursing Facility Days As Filed Days = 24,307	FY21 Audited C/R Days	24,307									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,307	FY21 GL-PL Ins Rpt Days								24,307		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.42	\$117.77	\$0.00	\$25.64	\$21.81	(with L&H)	\$35.03	\$3.94	\$8.65	\$0.58
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4315</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.27								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.27	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	\$8.65	\$0.58
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.17	\$82.27	\$0.00	\$25.64	\$21.81		\$35.03	\$3.94	9.90 (FRV)	\$0.58
Quarterly Per Diem Rate Prior to Add-ons										(11(4)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.17	\$82.27	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4208</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.89								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.79	\$116.89	\$0.00	\$25.64	\$21.81	\$0.00	\$35.03	\$3.94	\$9.90	\$0.58
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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								
Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (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	\$28.56	\$10.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.35	\$127.35	\$0.00	\$25.86	\$22.22	\$0.00	\$52.50	\$3.94	\$9.90	\$0.58
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.94					1				

Provider: PRUITTHEALTH - MONROE Prvdr ID: 00141468A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 30.00%	Add-on Percent 0.00% 2.5% 4.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3293 1.2456	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folloy Maridar)		ψ0.00	φο.σσ	ψ0.22	ψ0.41		ψο.στ			
Base Period Per Diem Allowed Amounts	A- Fil- I FV04 O/D FV04 O/ /DI D-1	#5 470 450	#0.000.000		***********	\$000.0 7 0	Φ0	# 000 440		#000 047	#0
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,173,158		\$0	\$388,472	\$628,273	\$0	\$980,410		\$236,317	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$394,537)	(\$42,972)	\$0	(\$1,140)	\$825	\$2,656	(\$334,089)	#050 700	(\$19,817)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$356,730		#04.004
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,156,382	\$2,896,714	\$0	\$387,332	\$629,098	\$2,656	\$646,321	\$356,730	\$216,500	\$21,031 \$21,031
8 Total Nursing Facility Days As Filed Days = 21,103	FY21 Audited C/R Days	21,103	φ2,090,714	φ0	φ307,332	φ029,090	φ2,030	φ040,321	φ330,730	φ210,300	φ21,031
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,103	FY21 GL-PL Ins Rpt Days	21,103							21,103		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.35	\$137.27	\$0.00	\$18.35	\$29.94	(with L&H)	\$30.63	\$16.90	\$10.26	\$1.00
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	V =15	1.3293	, ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V	, , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******	*******	*****
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.27								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$103.27	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	\$10.26	\$1.00
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$210.02	\$103.27	\$0.00	\$18.35	\$29.94		\$30.63	\$16.90	9.93	\$1.00
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$210.02	\$103.27	\$0.00	1	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2456								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.63								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.39	\$128.63	\$0.00	\$18.35	\$29.94	\$0.00	\$30.63	\$16.90	\$9.93	\$1.00
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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			+0	+0.00			, ,,,,,	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.15	\$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	\$27.00	\$8.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.39	\$137.53	\$0.00	\$18.57	\$30.35	\$0.00	\$48.10	\$16.90	\$9.93	\$1.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.97		I	l			I	l		I

Facility Add-on <u>PDPM</u> **PDPM** PRUITTHEALTH - HOLLY HILL, LLC Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00141479A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.4501 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 18.42% 0.0% Quarterly Medicaid: 1.4882 1.3706 Nurse Hrs per On-Site Day/Q MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 3.52 5.0% Plant Admin Property Sources / A&G - GL/PL Routine Special Laundry & Taxes and Totals Dietary Operatns Line and and Calculations Description Services Services Houskpng Insurance Insurance & Maint General Related PDPM BASED RATE CALCULATIONS 1 Cost Center Peer Groups (see Policy Manual) 2 All Facilities Type of Facility within Peer Group All Facilities All Facilities Free Standing All Facilities All Facilities Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile 90.0% (see Policy Manual) 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% (and Dollar Manual \$0.00 ¢0.22

4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,632,972	\$3,083,775	\$0	\$448,225	\$616,584	\$0	\$1,122,584		\$361,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$473,900)	(\$27,115)	\$0	\$0	\$0	\$1,183	(\$418,617)		(\$29,351)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$437,230		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$29,351
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,625,653	\$3,056,660	\$0	\$448,225	\$616,584	\$1,183	\$703,967	\$437,230	\$332,453	\$29,351
8	Total Nursing Facility Days As Filed Days = 25,871	FY21 Audited C/R Days	25,871									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,871	FY21 GL-PL Ins Rpt Days								25,871		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.45	\$118.15	\$0.00	\$17.33	\$23.88	(with L&H)	\$27.21	\$16.90	\$12.85	\$1.13
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4501</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.48								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.48	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	\$12.85	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$177.97	\$81.48	\$0.00	\$17.33	\$23.88		\$27.21	\$16.90	10.04	\$1.13
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.97	\$81.48	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4882	*****	******	V =0.00	*****	, , , , , ,	******	*****	*****
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.75	\$121.26	\$0.00	\$17.33	\$23.88	\$0.00	\$27.21	\$16.90	\$10.04	\$1.13
									·	·	·	,
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine 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	\$6.06	\$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	\$24.69	\$6.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.44	\$127.85	\$0.00	\$17.55	\$24.29	\$0.00	\$44.68	\$16.90	\$10.04	\$1.13

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$169.01

	ovider: WYNFIELD PARK HEALTH AND REHABILITATION ovdr ID: 00141512A PDPM Shadow Rates. For informational use onl	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 38.52%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.4146 1.3689	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PL	PM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(ess cas) manage,			7	75	7		73.2.			
	Base Period Per Diem Allowed Amounts	As Elled EVOA O D. EVOA O UD Date	\$40.500.545	Ø5 504 047	# 0	64 400 04 4	* 4 404 040	*	#4 007 000		#050.000	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,520,545	\$5,531,947	\$0	\$1,168,214	. , ,		\$1,807,633		\$850,808	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$253,688)	(\$5,514)	\$0	(\$1,349)	\$0	(\$1,628)	(\$213,976)		(\$31,221)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$194,935		\$31,221
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,493,013	\$5,526,433	\$0	\$1,166,865	¢1 161 0/13	(\$1.62 <u>8</u>)	\$1,593,657	\$194,935	\$819,587	\$31,221
8	Total Nursing Facility Days As Filed Days = 47,251	FY21 Audited C/R Days	47,251	φ5,520,455	φυ	\$1,100,000	\$1,101,943	(φ1,020)	φ1,595,057	\$194,933	φο 19,307	φ31,221
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,251 As Filed Days = 47,251	FY21 GL-PL Ins Rpt Days	47,231							47,251		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.09	\$116.96	\$0.00	\$24.70	\$24.56	(with L&H)	\$33.73	\$4.13	\$17.35	\$0.66
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	V	1.4146	ψο.σσ	Ψ=σ	Ψ=σσ	(**************************************	φσσ σ	V	Ųoo	ψο.σσ
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.68								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.68	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	\$17.35	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.84	\$82.68	\$0.00	\$24.70	\$24.56		\$33.73	\$4.13	24.38	\$0.66
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	00.00	0.00	00.00	\$0.00	\$0.00	\$0.00	\$0.00	NI/A	NI/A	NI/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$194.84	0.00 \$82.68	\$0.00 \$0.00	\$0.00 \$24.70	\$0.00 \$24.56	\$0.00 \$0.00	\$0.00 \$33.73	N/A \$4.13	N/A \$24.38	N/A \$0.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$194.04	1.3689	Ψ0.00	Ψ24.70	Ψ24.50	φ0.00	ψ55.75	ψ4.13	Ψ24.30	Ψ0.00
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.34	\$113.18	\$0.00	\$24.70	\$24.56	\$0.00	\$33.73	\$4.13	\$24.38	\$0.66
		-	,=====		+	,	<u></u>		,	, , , ,	,	,
	Quarterly Per Diem Add-on Amounts	(B : · · · · · ·			A.		^		^			
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 = 5.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$5.66 \$17.10	\$5.66					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$9.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
												•
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.46	\$122.20	\$0.00	\$24.92	\$24.97	\$0.00	\$51.20	\$4.13	\$24.38	\$0.66

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$176.52

Provider: MACON REHABILITATION AND HEALTHCARE Prvdr ID: 00141523A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 25.40%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (<u>ta</u>	PDPM Facility 1.5519 1.6548	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1 All Facilities	1 ^!!	2	1 ^!! [asilities	1 All Facilities	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,317,489	\$2,923,533	\$0	\$518,141	\$679,565	\$0	\$1,076,247		\$1,120,003	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$278,075)	\$0	\$0	\$0	\$670	\$650	(\$205,205)		(\$74,190)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$205,205	, ,	
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$74,334
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,318,953	\$2,923,533	\$0	\$518,141	\$680,235	\$650	\$871,042	\$205,205	\$1,045,813	\$74,334
8 Total Nursing Facility Days As Filed Days = 24,746	FY21 Audited C/R Days	24,746									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,746	FY21 GL-PL Ins Rpt Days								24,746		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$255.34	\$118.14	\$0.00	\$20.94	\$27.51	(with L&H)	\$35.20	\$8.29	\$42.26	\$3.00
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5519</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.12								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.12	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	\$42.26	\$3.00
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.22	\$76.12	\$0.00	\$20.94	\$27.51		\$35.20	\$8.29	11.16	\$3.00
Outstanks Box Dions Bate Brianta Add and										(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.22	\$76.12	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00
17 Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End	ψ102.22	1.6548	ψ0.00	Ψ20.54	Ψ27.01	ψ0.00	ψ00.20	ψ0.20	ψιιιο	φο.σσ
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.96								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.07	\$125.96	\$0.00	\$20.94	\$27.51	\$0.00	\$35.20	\$8.29	\$11.16	\$3.00
			,	****	,	, ,	,,,,,,	, , , ,	, -	,	,
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$1.26	\$1.26								
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					A. = -			
Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$255.74	\$131.53	\$0.00	\$21.16	\$27.92	\$0.00	\$52.67	\$8.29	\$11.16	\$3.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$178.98									

	ovider: FRIENDSHIP HEALTH AND REHAB odr ID: 00141567A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 37.84%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.3621 1.3986	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DL	PPM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
	FIN BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·				,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	©E 07E 400	to 044 000	r ₀	ФE07.404	CC00 404		Ф 7 СО ООС		6007.000	ФО.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$5,075,180 (\$153,208)	' ' '	\$0 \$0	\$507,404 \$0	\$620,401 \$757	\$0 \$857	\$769,086 (\$147,604)		\$367,260 (\$7,284)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$155,206)	\$00	φυ	Φ0	\$151	φου <i>τ</i>	(\$147,004)	\$138,503	(\$7,204)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed F121 GL/FL Kpt As Filed FY21 C/R								\$136,503		\$14,877
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,075,352	\$2,811,095	\$0	\$507,404	\$621,158	\$857	\$621,482	\$138,503	\$359,976	\$14,877
8	Total Nursing Facility Days As Filed Days = 18,694	FY21 Audited C/R Days	18,694	Ψ2,011,000	ΨΟ	ψ507,707	ψ021,100	ψοστ	ψ021,402	ψ130,303	ψ555,576	Ψ14,011
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,694	FY21 GL-PL Ins Rpt Days								18,694		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$271.49	\$150.37	\$0.00	\$27.14	\$33.27	(with L&H)	\$33.24	\$7.41	\$19.26	\$0.80
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3621					·			,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$110.40								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$110.40	\$0.00	\$27.14	\$33.27		\$33.24	\$7.41	\$19.26	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.89	\$104.63	\$0.00	\$26.82	\$33.27		\$33.24	\$7.41	8.72	\$0.80
	Overteels Bas Bissa Bata Britanta Add ann										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$214.89	\$104.63	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ21.1100	1.3986	Ψ0.00	V20.02	400.2	40.00	400.2 1	, , , , ,	ψο =	ψ0.00
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.59	\$146.34	\$0.00	\$26.82	\$33.27	\$0.00	\$33.24	\$7.41	\$8.72	\$0.80
20	Quarterly Per Diem Add-on Amounts	(one Policy Manual)	¢0.20	¢0.00	ድር ዕር	\$0.00	CO 04	#0.00	¢ο 27		ФО ОО	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.38 \$3.66	\$0.00 \$3.66	\$0.00	\$0.00	\$0.01	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$4.39	\$4.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ-1.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.53	\$8.05	\$0.00	\$0.00	\$0.01	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$282.12	\$154.39	\$0.00	\$26.82	\$33.28	\$0.00	\$50.71	\$7.41	\$8.72	\$0.80
20	and the second of Stori Hate		Ψ202.12	ψ104.00	ψ0.00	Ψ 2 0.02	ψ33.20	ψ0.00	ψου 1	Ψ1.71	Ψ3.12	ψυ.υυ

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$198.77

Prov Prvd	ider: MIONA GERIATRIC & DEMENTIA CENTER IT ID: 00141578A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 52.05%	Add-on Percent 0.00% 5.5% 5.0%		Facility Mod Base Period (ata_	PDPM Facility 1.3930 1.4203	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PDP	M BASED RATE CALCULATIONS											
1 0	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
	Bed Size Range within Peer Group			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 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	ase Period Per Diem Allowed Amounts											
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,076,229	\$3,008,561	\$0	\$525,566	\$729,538	\$0	\$692,626		\$119,938	\$0
	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	' ' '		\$0 \$0	\$525,566	\$729,538	\$0	' '			\$0
	,	As Filed FY21 GL/PL Rpt	(\$99,580)	\$0	\$0	\$0	\$0	\$0	(\$61,474)		(\$38,106)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GLFL Rpt As Filed FY21 C/R								\$65,298		# 00.400
	As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	ΦΕ 000 0E2	#2 000 FG1	\$0	\$ E0E E66	₽ 720 €20	\$0	¢624.452	 €€ 200	\$81,832	\$38,106 \$38,106
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 28,845	FY21 Audited C/R Days	\$5,080,053 28,845	\$3,008,561	\$0	\$525,566	\$729,538	\$0	\$631,152	\$65,298	φο1,03∠	\$36,106
0		FY21 GL-PL Ins Rpt Days	20,043							28,845		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,845 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.11	\$104.30	\$0.00	\$18.22	\$25.29	(with L&H)	\$21.88	\$2.26	\$2.84	\$1.32
	,	from 2 qtrs of FY21	\$176.11		\$0.00	\$10.22	\$25.29	(WIUI L&H)	φ∠1.00	\$2.20	\$2.04	\$1.32
10	Base Period Facility Model for All Residents	Ln 9 / Ln 10		1.3930 \$74.00								
	Routine Srvcs Model Adjstd (CMA) Net Per Diem Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.88	\$0.00	¢40.00	₽ 25 20		¢04.00	Фо ос	ФО 04	¢4.22
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$74.88	\$0.00	\$18.22	\$25.29		\$21.88	\$2.26	\$2.84 N/A	\$1.32
	`	Lesser of Ln 12 or Ln 13	¢455.76	\$104.63	¢ 0.00	\$26.82	\$33.28 \$25.29		\$36.91	\$0.00 \$2.26	11.91	¢4.22
14	Base Period Model Adjusted Allowed Per Diem	Lessel of Eli 12 of Eli 13	\$155.76	\$74.88	\$0.00	\$18.22	\$25.29		\$21.88	\$2.20	(FRV)	\$1.32
C	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.76	\$74.88	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4203</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.24	\$106.35	\$0.00	\$18.22	\$25.29	\$0.00	\$21.88	\$2.26	\$11.91	\$1.32
c	Quarterly Per Diem Add-on Amounts											
	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	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.85	\$5.85								
	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.32	\$5.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$29.80	\$11.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 C	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.04	\$118.05	\$0.00	\$18.44	\$25.70	\$0.00	\$39.35	\$2.26	\$11.91	\$1.32
26 C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.96			I	I	1	I	1		

	rovider: THE PLACE AT DEANS BRIDGE rvdr ID: 00141589A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 47.69%	Add-on Percent 0.00% 5.5% 3.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.3221 1.2492	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
	DDM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
PI	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0% \$0.22	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0.</i> 53	\$0.00	\$0.22	\$0.41		φ0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,325,230	\$2,913,015	\$0	\$472,602	\$466,941				\$319,334	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$567,505)	\$0	\$0	\$0	(\$2,919)	(\$32,489)	(\$465,311)		(\$66,786)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$438,194		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$65,871
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,261,790	\$2,913,015	\$0	\$472,602	\$464,022	(\$32,489)	\$688,027	\$438,194	\$252,548	\$65,871
8	Total Nursing Facility Days As Filed Days = 24,384	FY21 Audited C/R Days	24,384							04.004		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,384	FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$215.79	\$119.46	\$0.00	\$19.38	\$17.70	(i4b 911)	\$28.22	24,384 \$17.97	£40.26	\$2.70
10	Net Per Diems prior to Model Adjstmt to Routine Srvcs Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$215.79	·	\$0.00	\$19.36	\$17.70	(with L&H)	\$20.22	\$17.97	\$10.36	\$2.70
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3221 \$90.35								
12	, , ,	RS = Ln 11, AllOthr = Ln 9		\$90.35	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	\$10.36	\$2.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ2.70
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.62	\$90.35	\$0.00	\$19.38	\$17.70		\$28.22	\$17.97	10.30	\$2.70
			Ų.00.0 <u>2</u>	ψου.σσ	\$5.55	V.0.00	V		\$20.22	Ψσ.	(FRV)	4 2 3
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.62	\$90.35	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.2492								
18	, , ,	RS = Ln 18, AllOthr = Ln 16	\$209.14	\$112.87 \$112.87	\$0.00	\$19.38	\$17.70	\$0.00	\$28.22	\$17.97	\$10.30	\$2.70
13	Quarterly Medicald CMA Allowed Fel Dieffi	10 - 21 10,7410411 - 21 10	Ψ209.14	ψ112.07	ψ0.00	ψ19.30	φ17.70	ψ0.00	Ψ20.22	Ψ17.97	Ψ10.50	Ψ2.70
	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	\$6.21	\$6.21								
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		(Fixed Amount)	\$17.10	.					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.23	\$10.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.37	\$123.00	\$0.00	\$19.60	\$18.11	\$0.00	\$45.69	\$17.97	\$10.30	\$2.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.20									

	rovider: HARBORVIEW HEALTH SYSTEMS JESUP rvdr ID: 00141611A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 17.14%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period (ıta_	PDPM Facility 1.3049 1.3835	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Bed Size Range Within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			22.00/	00.00/	00.007	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,205,318	\$2.469.051	\$0	\$454,044	\$460,136	\$0	\$1,009,554		\$813,533	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$117,003)	\$28,153	\$0	(\$5,310)	' '	\$5,048	(\$94,884)		(\$50,010)	φυ
0	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$117,003)	\$20,133	φυ	(\$5,510)	\$0	φ5,046	(\$94,004)	\$100,136	(\$50,010)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$100,136		\$50,272
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,238,723	\$2,496,204	\$0	\$448,734	\$460,136	\$5,048	\$914,670	\$100,136	\$763,523	\$50,272 \$50,272
8	Total Nursing Facility Days As Filed Days = 29,664	FY21 Audited C/R Days	29,664	φ2,490,204	φυ	φ440,734	φ400,130	φ5,046	φ914,070	\$100,130	φ/03,323	φ50,272
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,664	FY21 GL-PL Ins Rpt Days	29,004							29,664		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.60	\$84.15	\$0.00	\$15.13	\$15.68	(with L&H)	\$30.83	\$3.38	\$25.74	\$1.69
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	ψ170.00	1.3049	ψ0.00	Ψ10.10	ψ10.00	(Mar Earl)	φου.σο	ψ0.00	Ψ20.7 -	Ψ1.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.49								
12		RS = Ln 11, AllOthr = Ln 9		\$64.49	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	\$25.74	\$1.69
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ1.00
14		Lesser of Ln 12 or Ln 13	\$139.73	\$64.49	\$0.00	\$15.13	\$15.68		\$30.83	\$3.38	8.53	\$1.69
	Base Forest Medel Majastes Miller and Forest Brown		\$100.10	ψο 1. 10	ψ0.00	V10.10	V10.00		ψου.ου	ψο.σσ	(FRV)	Ψ1.00
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$139.73	\$64.49	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$1.69
17	, , <u> </u>	per Current Qtr End		1.3835								
18		Ln 16 x Ln 17		\$89.22	^				^		A =	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.46	\$89.22	\$0.00	\$15.13	\$15.68	\$0.00	\$30.83	\$3.38	\$8.53	\$1.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine 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	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.31	\$3.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$185.77	\$92.43	\$0.00	\$15.35	\$16.09	\$0.00	\$48.30	\$3.38	\$8.53	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.50									

DEMONSTRATION ONLY

Provider: JOE ANNE BURGIN NURS HOME Prvdr ID: 00141633A PDPM Shadow Rate For informational use only. This is NOT y H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/24		ata and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 30.9% 3.70	Add-on Percent 0.00% 2.5% 6.0%	- Qrtrly I	Case Mix Inde Base Perio Mcaid PDPM w RU	d Overall PDPM:		Facility Specific 1.6108 1.2788	State- wide 1.5751 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS				_	2			ا ب ا		ı	1 1
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group			1 All Facilities	1 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			All Bea Sizes	All Bea Sizes	All Bea Sizes	All Bea Sizes	All Bea Sizes	All Bea Sizes			
Peer Group Standards & Efficiency weasure Ellinis Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Percentile 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			ψ0.55	ψ0.00	Ψ0.22	Ψ0.41		ψυ.57			
Net Historical Cost 2020	FY2020 C/R -FY 2020 GL-PL Rpt		2,532,516		761.413	199,305	325.294	605,208	19.350	147,736	7,583
Inflation (July 2021) @ 4.30%			108.898		32.741	22,558	020,20 .	26,024	.0,000	1,. 00	326
Patient Days	FY 2020 Cost Rpt		25,878		25,878	25,878		25,878		25,878	25,878
Total Nursing Facility Days GL-PL Ins. Rpt	FY 20 GL-PL Ins Rpt Days								25,878		_==,===
Inflated NHC/ Patient Days			102.07		30.69	21.14		24.39	0.75	5.71	0.31
Base Period Facility CMI for all Residents			1.6108								
Routine Services Case Mix Adjusted Net Per Diem			\$63.37								
Net Per Diems After Case Mix Adjustments		\$146.35	\$63.37		\$30.69	\$21.14		\$24.39	\$0.75	\$5.71	0.31
Per Diem Standards			\$104.63		\$37.13	\$33.28		\$36.91			
Base Period Case Mix Adjusted Allowed Per Diem		\$161.63	\$63.37		\$30.69	\$21.14		\$24.39	\$0.75	20.98	0.31
Quarterly Per Diem Rate Prior to Add-Ons										(FRV Rate)	
Growth Allowance 0.00%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem After Growth Allowance		\$161.62	\$63.37		\$30.69	\$21.14		\$24.39	\$0.75	\$20.98	\$0.31
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.2788</u>								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$81.04								
Quarterly Medicaid CMA Allowed Per Diem		\$179.29	\$81.04		\$30.69	\$21.14		\$24.39	\$0.75	\$20.98	\$0.31
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 = 2.5% (to Routine Srvs)		\$2.03	2.03								
Nurse Staff Hrs / Quality Add-on Per Diem = 6.0%		\$4.86	4.86								
Nursing Home Provider Fee		\$ 17.10 \$25.52						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts Quarterly Case Mix Based Per Diem Rate		\$25.52 \$204.81	\$88.46		\$30.91	\$21.55		\$41.86	\$0.75	\$20.98	\$0.31
Quarterry Case with Daseu Fer Dielli hate		⇒∠∪4.61	\$00.4b		\$3U.91	⊅∠1.⊃⊃		\$41.80	φυ./5	⊅∠∪.98	a∪.31

Provider: SCOTT HEALTH & REHABILITATION Prvdr ID: 00141644A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 37.21%	Add-on Percent 0.00% 2.5% 6.0%		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.3260 1.2627	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			7 200 0.200	7 III 200 0.200	7 11 200 0.200	7 200 0.200	7 117 200 01200	7 III 200 0.200			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3 3/10 310	\$1.978.163	\$0	\$342,818	\$357,732	\$0	\$557,849		\$112,757	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$96,975)	, , , , , , , , ,	\$0 \$0	(\$462)	(\$444)	\$1,135	(\$78,856)		(\$14,517)	ΨΟ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$90,973)	(ψ3,031)	ΨΟ	(\$402)	(4444)	ψ1,133	(ψ/ 0,030)	\$73,276	(ψ14,517)	
As Filed Cost Center Costs (GLFL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ13,210		\$14,484
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,340,104	\$1,974,332	\$0	\$342,356	\$357,288	\$1,135	\$478,993	\$73,276	\$98,240	\$14,484
8 Total Nursing Facility Days As Filed Days = 16,167	FY21 Audited C/R Days	16,167	ψ1,574,552	ΨΟ	ψ042,000	ψ551,200	ψ1,133	ψ470,333	Ψ10,210	Ψ50,240	ψ14,404
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,167	FY21 GL-PL Ins Rpt Days	10,107							16,167		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$206.61	\$122.12	\$0.00	\$21.18	\$22.17	(with L&H)	\$29.63	\$4.53	\$6.08	\$0.90
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ200.01	1.3260	ψ0.00	ΨΖ1.10	ΨΖΖ.17	(War Zarr)	Ψ20.00	ψ4.00	ψ0.00	φ0.50
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.10								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$92.10	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	\$6.08	\$0.90
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	Ψ0.00 N/A	Ψ0.50
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.17	\$92.10	\$0.00	\$21.18	\$22.17		\$29.63	\$4.53	11.66	\$0.90
Buse I clied Model / Agusted / Mowed I of Bielli		ψ102.17	ψ32.10	ψ0.00	ΨΖ1.10	Ψ22.17		Ψ20.00	ψ4.00	(FRV)	ψ0.50
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	\$182.17	\$92.10	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2627</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.29								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.37	\$116.29	\$0.00	\$21.18	\$22.17	\$0.00	\$29.63	\$4.53	\$11.66	\$0.90
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$2.91	\$2.91								
Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.98	\$6.98								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.52	\$10.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$234.89	\$126.71	\$0.00	\$21.40	\$22.58	\$0.00	\$47.10	\$4.53	\$11.66	\$0.90
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.34						1			

	ovider: KEYSVILLE NURSING HOME & REHAB ovdr ID: 00141655A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 53.33%	Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.5691 1.3786	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
						_			_			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,046,663	\$2,228,108	\$0	\$498,115	\$531,229	\$0	\$435,519		\$353,692	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$106,004)	' ' '	\$0	\$490,115	\$031,229	\$0	(\$71,610)		(\$34,394)	ΦΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$100,004)	φυ	φυ	φ0	\$0	φ0	(\$71,010)	\$69,986	(\$34,394)	
	As Filed Cost Center Costs (GL/FL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$09,900		\$34,394
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,045,039	\$2,228,108	\$0	\$498,115	\$531,229	\$0	\$363,909	\$69,986	\$319,298	\$34,394
8	Total Nursing Facility Days As Filed Days = 17,969	FY21 Audited C/R Days	17,969	ψ2,220,100	Ψ	ψ 100,110	\$601,220		φοσο,σσο	φοσ,σσσ	ψο το,200	ψο 1,00 1
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,969	FY21 GL-PL Ins Rpt Days								17,969		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.10	\$124.00	\$0.00	\$27.72	\$29.56	(with L&H)	\$20.25	\$3.89	\$17.77	\$1.91
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5691</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$27.72	\$29.56		\$20.25	\$3.89	\$17.77	\$1.91
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.65	\$79.03	\$0.00	\$26.82	\$29.56		\$20.25	\$3.89	13.19	\$1.91
	Quartarly Par Diam Bata Briar to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.65	\$79.03	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	, ,	1.3786	,	,	,	,,,,,,	,		,	, -
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.58	\$108.95	\$0.00	\$26.82	\$29.56	\$0.00	\$20.25	\$3.89	\$13.19	\$1.91
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢1 21	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.31 \$5.99	\$5.99	φυ.υυ	φυ.υυ	φυ.41	φυ.υυ	φυ.57		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	45.27					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.67	\$9.79	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.25	\$118.74	\$0.00	\$26.82	\$29.97	\$0.00	\$37.72	\$3.89	\$13.19	\$1.91
		2 - 2 2	4202.20	7.10.17	40.00	720.02	1 720.07	\$5.50	40.11.2	40.00	Ţ.00	4

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$161.36

	ovider: COUNTRYSIDE HEALTH CENTER vdr ID: 00141666A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS scor Nurse Hrs per 0	re:	N/A 22.22%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.2796 1.1997	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	·	, , ,										
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2.506.425	\$1,903,180	* 0	¢220.072	¢204_444	\$0	\$615,544		\$277,687	\$0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$75,778)	\$1,903,180	\$0 \$0	\$328,273 \$0	\$381,441 (\$3,192)	(\$2,720)	(\$52,651)		(\$17,215)	20
0	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$75,776)	ΦΟ	φυ	φ0	(φ3,192)	(φ2,720)	(\$32,031)	\$41,170	(Φ17,213)	
	As Filed Cost Center Costs (GDPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								Ψ41,170		\$16,948
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,488,465	\$1.903.180	\$0	\$328,273	\$378,249	(\$2,720)	\$562,893	\$41,170	\$260,472	\$16,948
8	Total Nursing Facility Days As Filed Days = 18,982	FY21 Audited C/R Days	18,982	\$ 1,000,100	Ψ.	ψο20,2. σ	φσ. σ, <u>-</u> .σ	(\$2,:20)	400 2,000	Ų, o	Ψ=00,=	ψ.ο,ο.ο
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,982	FY21 GL-PL Ins Rpt Days								18,982		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$183.76	\$100.26	\$0.00	\$17.29	\$19.78	(with L&H)	\$29.65	\$2.17	\$13.72	\$0.89
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2796</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.35								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.35	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	\$13.72	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.82	\$78.35	\$0.00	\$17.29	\$19.78		\$29.65	\$2.17	6.69	\$0.89
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.82	\$78.35	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$0.89
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1997								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.47	\$94.00	\$0.00	\$17.29	\$19.78	\$0.00	\$29.65	\$2.17	\$6.69	\$0.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$0.94	\$0.94			·					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.88	\$1.88								
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	\$21.45	\$3.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$191.92	\$97.35	\$0.00	\$17.51	\$20.19	\$0.00	\$47.12	\$2.17	\$6.69	\$0.89
			1			1						

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$131.12

	bovider: LAKE CITY NURSING AND REHABILITATION CENT ovdr ID: 00141699A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 30.99%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.2891 1.3047	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,865,210	\$6,792,481	\$0	\$1,179,706	\$1,247,209	\$0	\$1,729,109		\$916,705	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$420,402)	\$0	\$0	(\$4,779)	(\$1,625)	\$1,640	(\$317,003)		(\$98,635)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$163,807		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$98,225
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,706,840	\$6,792,481	\$0	\$1,174,927	\$1,245,584	\$1,640	\$1,412,106	\$163,807	\$818,070	\$98,225
8	Total Nursing Facility Days As Filed Days = 66,454	FY21 Audited C/R Days	66,454									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,454	FY21 GL-PL Ins Rpt Days								66,454		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.16	\$102.21	\$0.00	\$17.68	\$18.77	(with L&H)	\$21.25	\$2.46	\$12.31	\$1.48
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2891</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.29								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.29	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	\$12.31	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.33	\$79.29	\$0.00	\$17.68	\$18.77		\$21.25	\$2.46	9.40	\$1.48
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Les 4.4 v. Centille Alliume 0/	# 0.00	0.00	# 0.00	# 0.00	# 0.00	# 0.00	# 0.00	N1/A	N1/A	N1/A
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$150.33	\$79.29	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$1.48
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.3047								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	¢474.40	\$103.45	\$0.00	¢47.60	¢40.77	የ ስ ስስ	¢04.05	₽0.46	¢0.40	¢4.40
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Lii 16, AllOthi = Lii 16	\$174.49	\$103.45	\$0.00	\$17.68	\$18.77	\$0.00	\$21.25	\$2.46	\$9.40	\$1.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.32	\$6.22	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$198.81	\$109.67	\$0.00	\$17.90	\$19.18	\$0.00	\$38.72	\$2.46	\$9.40	\$1.48
						I			I			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$136.28

Facility

Add-on

PRUITTHEALTH - LAKEHAVEN. LLC Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00141721A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.5651 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 26.23% 1.0% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.4082 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 6.0% 3.21 Plant Admin Property A&G - GL/PL Sources / Routine Special Laundry & Taxes and Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$5,356,538 \$2,621,786 \$0 \$471,967 \$713,306 \$0 \$1,094,924 \$454,555 \$0 FY21 C/R Audit Adistmts (\$71,293) \$223 Audit Adjustments and Reallocations to Cost Center Costs (\$440,708) \$0 \$0 \$0 (\$331,601) (\$38,037) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$390,803 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$39,983 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$5.346.616 \$2.550.493 \$0 \$471,967 \$713.306 \$223 \$763.323 \$390,803 \$416,518 \$39,983 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 24,826 24,826 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24.826 24,826 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$215.36 \$102.73 \$19.01 \$28.74 (with L&H) \$30.75 \$15.74 \$16.78 \$1.61 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.5651 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$65.64 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$28.74 \$65.64 \$0.00 \$19.01 \$30.75 \$15.74 \$16.78 \$1.61 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$170.27 \$28.74 \$15.74 8.78 \$65.64 \$19.01 \$30.75 \$1.61 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$170.27 \$65.64 \$0.00 \$28.74 \$30.75 \$15.74 \$19.01 \$0.00 \$8.78 \$1.61

PDPM Shadow Rates. This is not your rate.

per Current Qtr End

Ln 16 x Ln 17

RS = Ln 18, AllOthr = Ln 16

(see Policy Manual)

In 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

1.0% (to Routine Srvs)

Quarterly Facility Model for Medicaid Residents

Quarterly Medicaid CMA Allowed Per Diem

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

Quarterly Per Diem Add-on Amounts

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)

17

18

20

21

22

23

24

1.4082

\$92.43

\$92.43

\$0.53

\$0.92

\$5.55

\$7.00

\$99.43

\$19.01

\$0.22

\$0.22

\$19.23

\$0.00

\$0.00

\$0.00

\$0.00

\$28.74

\$0.41

\$0.41

\$29.15

\$30.75

\$0.37

\$17.10

\$17.47

\$48.22

\$0.00

\$0.00

\$0.00

\$0.00

\$15.74

\$0.00

\$15.74

\$8.78

\$0.00

\$0.00

\$8.78

\$1.61

\$0.00

\$1.61

\$197.07

\$1.53

\$0.92

\$5.55

\$17.10

\$25.10

\$222.17

PDPM

PDPM

	ovider: SGMC LAKELAND VILLA ovdr ID: 00141732A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS scor Nurse Hrs per 0	re:	Facility Score N/A 28.85% 3.02	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period C Quarterly Med	Overall:	ta_	PDPM Facility 1.3710 1.3865	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		(,	,		, -		,			
_	Base Period Per Diem Allowed Amounts	As Filed EVO4 C/D EVO4 CL/DL Det	#C 504 700	Ф2 000 F0F	r ₀	Φ4 050 4C4	#240 702	# 007 000	¢700 040		ФОБ 4 О 4 Б	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$6,564,739	\$3,086,595 \$27,411	\$0 \$0	\$1,350,164 \$0	\$319,703 \$0	\$667,383	\$786,649		\$354,245	\$0
О	Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$75,987)	\$27,411	\$0	\$0	Φ0	(\$13,008)	(\$75,063)	\$44,625	(\$15,327)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ44,023		\$15,327
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,548,704	\$3,114,006	\$0	\$1,350,164	\$319,703	\$654,375	\$711,586	\$44,625	\$338,918	\$15,327
8	Total Nursing Facility Days As Filed Days = 21,984	FY21 Audited C/R Days	21,984	φο, τι τ,σσσ	Ψ	ψ1,000,101	ψο το, του	ψου 1,010	ψ1 11,000	ψ11,020	φοσο,στο	ψ10,021
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,984	FY21 GL-PL Ins Rpt Days								21,984		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$297.90	\$141.65	\$0.00	\$61.42	\$44.31	(with L&H)	\$32.37	\$2.03	\$15.42	\$0.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3710								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.32								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$103.32	\$0.00	\$61.42	\$44.31		\$32.37	\$2.03	\$15.42	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.13	\$103.32	\$0.00	\$37.13	\$33.28		\$32.37	\$2.03	29.30	\$0.70
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.13	\$103.32	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3865					•			
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$278.06	\$143.25	\$0.00	\$37.13	\$33.28	\$0.00	\$32.37	\$2.03	\$29.30	\$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$1.43	\$1.43	40.00	\$3.50	40.00	45.50	ψ0.01		# 0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.30	\$4.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$6.26	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$301.79	\$149.51	\$0.00	\$37.13	\$33.28	\$0.00	\$49.84	\$2.03	\$29.30	\$0.70
-												

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$213.52

PDPM PDPM Facility Add-on THE OAKS - LIMESTONE Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00141743A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3364 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 36.59% 2.5% Quarterly Medicaid: 1.3706 Nurse Hrs per On-Site Day/Q 1.2674 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 5.0% 3.31 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$6,946,082 \$3,387,685 \$0 \$509,397 \$869,370 \$0 \$1,430,648 \$748,982 \$0 FY21 C/R Audit Adistmts (\$56,275) \$0 Audit Adjustments and Reallocations to Cost Center Costs (\$522,348) \$9,984 \$13,256 (\$400,058) (\$89,255) \$0 As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$451,216 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$80,327 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$6.955.277 \$3,331,410 \$0 \$509,397 \$879,354 \$13.256 \$1,030,590 \$451,216 \$659,727 \$80,327 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 23,828 23,828 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23.828 23,828 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$291.90 \$139.81 \$0.00 \$21.38 \$37.46 (with L&H) \$43.25 \$18.94 \$27.69 \$3.37 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3364 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$104.62 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$104.62 \$37.46 \$43.25 \$0.00 \$21.38 \$18.94 \$27.69 \$3.37 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$252.59 \$33.28 34.09 \$104.62 \$21.38 \$36.9 \$18.94 \$3.37 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$252.59 \$104.62 \$0.00 \$33.28 \$21.38 \$0.00 \$36.91 \$18.94 \$34.09 \$3.37 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.2674 \$132.60 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$280.56 \$132.60 \$21.38 \$33.28 \$36.91 \$18.94 \$0.00 \$0.00 \$34.09 \$3.37 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.23 \$0.01 \$0.00 \$0.22 \$0.00 \$0.00 \$0.00 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$3.31 \$3.31 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$6.63 \$6.63 \$17.10 23 (Fixed Amount) Nursing Home Provider Fee \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.27 \$9.95 \$0.00 \$0.22 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00

PDPM Shadow Rates. This is not your rate.

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Quarterly Model Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$142.55

\$0.00

\$21.60

\$33.28

\$0.00

\$54.01

\$307.83

\$34.09

\$3.37

\$18.94

	ovider: RENAISSANCE CENTER FOR NURSING AND HEAL odr ID: 00141754A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 38.14%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.5135 1.4350	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1 1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	,	(coo i oloy mandal)		ψυ.σσ	ψ0.00	φυ.ΣΣ	φο. τ τ		ψο.στ			
	Base Period Per Diem Allowed Amounts								.		•	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,985,589	\$3,997,645	\$0	\$741,115	\$700,762	\$0	\$1,371,525		\$1,174,542	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$303,405)	(\$11,043)	\$0	\$0	(\$4,960)	(\$6,998)	(\$173,982)		(\$106,422)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$173,982		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$104,607
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,960,773	\$3,986,602	\$0	\$741,115	\$695,802	(\$6,998)	\$1,197,543	\$173,982	\$1,068,120	\$104,607
8	Total Nursing Facility Days As Filed Days = 38,284	FY21 Audited C/R Days	38,284									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,284	FY21 GL-PL Ins Rpt Days								38,284		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$207.93	\$104.13	\$0.00	\$19.36	\$17.99	(with L&H)	\$31.28	\$4.54	\$27.90	\$2.73
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5135</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.80								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.80	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	\$27.90	\$2.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.44	\$68.80	\$0.00	\$19.36	\$17.99		\$31.28	\$4.54	8.74	\$2.73
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.44	\$68.80	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4350			·					
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.37	\$98.73	\$0.00	\$19.36	\$17.99	\$0.00	\$31.28	\$4.54	\$8.74	\$2.73
	Quarterly Per Diem Add-on Amounts	(and Deline Manual)	04.50	#0.50	# 0.00	#0.00	00.44	# 0.00	#0.07		# 0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$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)		\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$4.94 \$17.10	\$4.94					\$17.10			
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$7.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
	•											•
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$209.41	\$106.67	\$0.00	\$19.58	\$18.40	\$0.00	\$48.75	\$4.54	\$8.74	\$2.73

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$144.23

	rovider: MAGNOLIA MANOR OF MARION COUNTY rvdr ID: 00141809A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce: re:	N/A 39.34%	Add-on Percent 0.00% 2.5% 5.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.4617 1.6310	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PL	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
7		(see Folicy Intalitial)		φυ.55	φυ.υυ	φ0.22	φυ.41		ψ0.57			
_	Base Period Per Diem Allowed Amounts	A E' LEVOLOUR EVOLOUR R		40.070.000		0445 774	0404.470	40	4700 770		# 200 400	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,313,241	\$2,373,339	\$0	\$415,774	\$461,170	\$0	\$723,776		\$339,182	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$82,821)	\$0	\$0	\$0	\$0	\$0	(\$63,565)	#00 F0F	(\$19,256)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$63,565		\$19,256
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,313,241	\$2,373,339	\$0	\$415,774	\$461,170	\$0	\$660,211	\$63,565	\$319,926	\$19,256
8	Total Nursing Facility Days As Filed Days = 19,058	FY21 Audited C/R Days	19,058	Ψ2,070,000	ΨΟ	Ψ10,774	ψ+01,170	ΨΟ	ψ000,211	ψ05,505	ψ515,520	Ψ13,230
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,058	FY21 GL-PL Ins Rpt Days	10,000							19,058		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.33	\$124.53	\$0.00	\$21.82	\$24.20	(with L&H)	\$34.64	\$3.34	\$16.79	\$1.01
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4617								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.20								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.20	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	\$16.79	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.42	\$85.20	\$0.00	\$21.82	\$24.20		\$34.64	\$3.34	28.21	\$1.01
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.42	\$85.20	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6310								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$252.18	\$138.96	\$0.00	\$21.82	\$24.20	\$0.00	\$34.64	\$3.34	\$28.21	\$1.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$6.95	\$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	\$29.05	\$10.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$281.23	\$149.91	\$0.00	\$22.04	\$24.61	\$0.00	\$52.11	\$3.34	\$28.21	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$198.10			1	1	1	1	ı l		

	ovider: LEGACY TRANSITIONAL CARE & REHABILITATIO vdr ID: 00141831A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	Score N/A 30.56% 2.90	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.2389 1.1696	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	OPM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
FL												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·	,	,		,			
_	Base Period Per Diem Allowed Amounts	As Filed EV24 C/D, EV24 C//DI Dat	£44.000.045	\$5.864.808	ΦO	фого ост	¢4 454 000	# 0	€4.774.5 00		¢4 540 700	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$11,269,045	\$5,864,808	\$0 \$0	\$959,365 \$0	\$1,151,626 (\$2,424)	\$0 (\$3.050)	\$1,774,523		\$1,518,723	\$0
0	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$505,991)	Φ0	ΦΟ	φ0	(\$3,131)	(\$3,959)	(\$356,566)	\$356,566	(\$142,335)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ330,300		\$141,458
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,261,078	\$5,864,808	\$0	\$959,365	\$1,148,495	(\$3,959)	\$1,417,957	\$356,566	\$1,376,388	\$141,458
8	Total Nursing Facility Days As Filed Days = 57,702	FY21 Audited C/R Days	57,702	ψο,σο 1,σσσ	Ψ	φυσυ,σου	ψ1,110,100	(ψο,σσσ)	ψ1,111,001	φοσο,σσσ	Ψ1,010,000	Ψ111,100
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,702	FY21 GL-PL Ins Rpt Days	31,132							57,702		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$195.16	\$101.64	\$0.00	\$16.63	\$19.84	(with L&H)	\$24.57	\$6.18	\$23.85	\$2.45
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2389								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.04								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.04	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	\$23.85	\$2.45
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.00	\$82.04	\$0.00	\$16.63	\$19.84		\$24.57	\$6.18	11.29	\$2.45
	Ougstasky Box Diam Data Drias to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.00	\$82.04	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	, , , , ,	1.1696	,	,	,	,	,	, , ,	,	, -
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.91	\$95.95	\$0.00	\$16.63	\$19.84	\$0.00	\$24.57	\$6.18	\$11.29	\$2.45
	Ouestasky Ber Biem Add en America											
20	Quarterly Per Diem Add-on Amounts 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	\$2.40	\$2.40	ψ0.00	Ψ0.22	ψυ1	ψ0.00	ΨΟ.Ο		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$200.82	\$101.76	\$0.00	\$16.85	\$20.25	\$0.00	\$42.04	\$6.18	\$11.29	\$2.45
						I						

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$137.79

	ovider: SADIE G. MAYS HEALTH & REHABILITATION CEN odr ID: 00141842A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 35.25%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.4865 1.4028	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,838,245	\$7,033,832	\$0	\$1,193,278	\$2,068,329	\$0	\$3,263,748		\$279,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$782,166)	\$0	\$0	\$0	(\$1,592)	(\$2,356)	(\$685,973)		(\$92,245)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$599,867		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,655,946	\$7,033,832	\$0	\$1,193,278	\$2,066,737	(\$2,356)	\$2,577,775	\$599,867	\$186,813	\$0
8	Total Nursing Facility Days As Filed Days = 54,832	FY21 Audited C/R Days	54,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,832	FY21 GL-PL Ins Rpt Days								54,832		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$249.05	\$128.28	\$0.00	\$21.76	\$37.65	(with L&H)	\$47.01	\$10.94	\$3.41	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4865</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.30								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.30	\$0.00	\$21.76	\$37.65		\$47.01	\$10.94	\$3.41	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Model Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$200.94	\$104.63 \$86.30	\$0.00	\$26.82 \$21.76	\$33.28 \$33.28		\$36.91 \$36.91	\$0.00 \$10.94	N/A 11.75	\$0.00
14	base Fellod Model Adjusted Allowed Fel Dietii	Lessel of Life 12 of Life 13	\$200.94	\$00.30	\$0.00	\$21.70	φ33.20		φ30.91	\$10.94	(FRV)	φυ.υυ
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.94	\$86.30	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4028								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	2005.70	\$121.06	00.00	004.70	***			040.04	044.75	Φο οο
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.70	\$121.06	\$0.00	\$21.76	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$3.03	\$3.03								
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)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.83	\$9.61	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.53	\$130.67	\$0.00	\$21.98	\$33.28	\$0.00	\$36.91	\$10.94	\$11.75	\$0.00

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$184.15

	ovider: MCRAE MANOR NURSING HOME odr ID: 00141853A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending: 4	1/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		N/A 30.26%	Add-on Percent 0.00% 2.5% 5.0%	Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:				PDPM Facility 1.2861 1.4021	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities All Bed Sizes			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bea Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	,	(,			, , , , ,		, ,		,			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,342,472	\$3,655,039	\$0	\$657,194	\$790,531	\$0	\$1,173,879		\$65,829	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$466,576)	' ' '	\$0	\$1,624	(\$2,306)	(\$5,474)			(\$49,391)	ΦΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$400,570)	(\$177,043)	φυ	\$1,024	(\$2,300)	(\$5,474)	(\$255,100)	\$379,000	(\$45,351)	
	,	As Filed FY21 C/R								φ3/9,000		ΦE4 026
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,305,932	\$3,477,196	\$0	\$658,818	\$788,225	(\$5,474)	\$940,693	\$379,000	\$16,438	\$51,036 \$51,036
8	Total Nursing Facility Days As Filed Days = 30,818	FY21 Audited C/R Days	30,818	φ3,477,190	φυ	φ030,010	\$100,223	(\$5,474)	φ940,093	φ379,000	φ10,430	φ51,030
	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,818	FY21 GL-PL Ins Rpt Days	30,616							30,818		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$204.62	\$112.83	\$0.00	\$21.38	\$25.40	(with L&H)	\$30.52	\$12.30	\$0.53	\$1.66
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ204.02	1.2861	ψ0.00	Ψ21.50	Ψ23.40	(Will Edil)	Ψ00.02	Ψ12.50	ψ0.55	Ψ1.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.73								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.73	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	\$0.53	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψ1.00
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.02	\$87.73	\$0.00	\$21.38	\$25.40		\$30.52	\$12.30	11.03	\$1.66
	Zaco i cinca mocco i rajustica i ci zicini		Ų.00.0 <u>2</u>	406	ψ0.00	425	Ψ200		Ψ00.02	Ų . <u>_</u>	(FRV)	ψσσ
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.02	\$87.73	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4021								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.29	\$123.01	\$0.00	\$21.38	\$25.40	\$0.00	\$30.52	\$12.30	\$11.03	\$1.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (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	\$6.15	\$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	\$27.86	\$9.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$253.15	\$132.77	\$0.00	\$21.60	\$25.81	\$0.00	\$47.99	\$12.30	\$11.03	\$1.66
						1	1	ı		1		

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$177.04

	rovider: MEADOWBROOK HEALTH AND REHAB rvdr ID: 00141864A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		N/A 45.24%	Add-on Percent 0.00% 5.5% 2.0%		Facility Mod Base Period (PDPM Facility 1.4967 1.7648	PDPM_ Statewide 1.4210 1.3706		
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	100.0% \$0.00	\$0.22	\$0.41		\$0.37			
		(,			,							
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,775,217	\$2,911,472	\$0	\$611,951	\$802,799	\$0	' ' '		\$2,048,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$274,660)	(\$2,428)	\$0	\$12,900	\$0	(\$12,900)	(\$121,896)		(\$150,336)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$118,078		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$150,336
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,768,971	\$2,909,044	\$0	\$624,851	\$802,799	(\$12,900)	\$2,278,759	\$118,078	\$1,898,004	\$150,336
8	Total Nursing Facility Days As Filed Days = 35,771	FY21 Audited C/R Days	35,771									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,771	FY21 GL-PL Ins Rpt Days								35,771		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$245.13	\$81.32	\$0.00	\$17.47	\$22.08	(with L&H)	\$63.70	\$3.30	\$53.06	\$4.20
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4967</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.33								
12	,	RS = Ln 11, AllOthr = Ln 9		\$54.33	\$0.00	\$17.47	\$22.08		\$63.70	\$3.30	\$53.06	\$4.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.56	\$54.33	\$0.00	\$17.47	\$22.08		\$36.91	\$3.30	15.27	\$4.20
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	T	Ln 14 + Ln 15	\$153.56	\$54.33	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20
17		per Current Qtr End		1.7648								
18		Ln 16 x Ln 17		\$95.88								
19		RS = Ln 18, AllOthr = Ln 16	\$195.11	\$95.88	\$0.00	\$17.47	\$22.08	\$0.00	\$36.91	\$3.30	\$15.27	\$4.20
00	Quarterly Per Diem Add-on Amounts	(and DelinoManual)	04.40	#0.50	# 0.00	#0.00	00.44	#0.00	#0.00		# 0.00	
20		(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	\$5.27	\$5.27								
22		Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92					P47.40			
23		(Fixed Amount)	\$17.10	ф 	фо оо	# 0.00	00.44	#0.00	\$17.10	# 0.00	# 0.00	#0.00
24	•	Sum of Lns 20 thru 23	\$25.45	\$7.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$220.56	\$103.60	\$0.00	\$17.69	\$22.49	\$0.00	\$54.01	\$3.30	\$15.27	\$4.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.60									

DEMONSTRATION ONLY

Provider: Ridgecrest Rehab and Skilled Nursing Center Prvdr ID: 00141886A PDPM Shadow Rate For informational use only. 1 H/B 2: No Case Mix Per Diem Rate Effective Date:	This is NOT your rate	Add-on D	ata and Percentages Growth Allowance: BIMS:	Facility Score N/A 40.0%	Add-on Percent 0.00% 2.5%		Case Mix Index Base Period	(CMI) Data Overall PDPM:		Facility Specific 1.4491	State- wide 1.5751
H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Hours per On-Site	Day/Quality Incentive:	4.76	3.0%	Qrtrly Mca	d PDPM w RUC	Wght Options:		1.2825	1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups per Selected Options			1	1	2	1	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			90.0%	00.00/	00.00/	85.0%		50.0%			
Peer Group Standards: Percentile				90.0%	90.0%						
Peer Group Standards: Multiplier			100.0% \$0.53	100.0%	100.0% \$0.22	100.0%		105.0% \$0.37			
Efficiency Measures (Maximums) Per Diem Costs and Add-ons			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
GL-PL- Insurance Costs	FY2021 GL-PL Ins. Rpt								\$ 119,604		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2021 GL-PL Ins. Rpt								31,299		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2021 GL-FL IIIs. Apt		\$104.63		\$26.82	\$33.28		\$36.91	31,299	\$39.98	\$1.2
Allowed @ 95% of Std	1 1 20211 eer Group Linnt	\$232.78	\$99.40		\$25.48	\$31.62		\$35.06		\$39.98	
Growth Allowance 0.0%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00		φοσ.σο	ή Ψ1.2
CMA Allowed Per Diem (After Growth Allowance)		\$236.60	\$99.40		\$25.48	\$31.62		\$35.06		\$39.98	\$1.24
Quarterly Facility Case Mix Index for Medicaid Residents		Ψ200.00	1.2825		ψ20.10	φσσ2		φοσ.σσ	0.02	(FRV Rate)	Ų
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$127.48							(**************************************	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$265.05	\$127.48		\$25.48	\$31.62		\$35.06	\$ 4.19	\$39.98	\$1.24
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$3.19	\$3.19								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.82	\$3.82								
Nursing Home Provider Fee		\$17.10	***					17.10			
Total Quarterly Per Diem Add-On Amounts		\$24.11									
Quarterly Case Mix Based Per Diem Rate		\$289.16	\$134.49		\$25.48	\$31.62		\$52.16	\$4.19	\$39.98	\$1.24
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$204.05										

^{* 1002.3}B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

	ovider: PRUITTHEALTH - MACON vdr ID: 00141908A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending: 4	Add-on Data and Percentage Inly. This is NOT your effective rate. Growth Allowance: Qtrly BIMS score:		N/A 23.78%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C Quarterly Med	ta_	PDPM Facility 1.5225 1.4730	PDPM Statewide 1.4210 1.3706		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	,	(444.7 5.1.4)		,,,,,	70.00	75	70		70.0.			
	Base Period Per Diem Allowed Amounts				•		4.				^	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,492,499	\$6,952,216	\$0	\$896,303	\$1,592,716	\$0	\$2,524,205		\$527,059	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$1,405,478)	(\$262,561)	\$0	(\$433)	(\$43,890)	(\$46,658)	(\$942,775)		(\$109,161)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$981,353		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,983
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,100,357	\$6,689,655	\$0	\$895,870	\$1,548,826	(\$46,658)	\$1,581,430	\$981,353	\$417,898	\$31,983
8	Total Nursing Facility Days As Filed Days = 58,499	FY21 Audited C/R Days	55,171									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,499	FY21 GL-PL Ins Rpt Days								55,171		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$219.32	\$121.25	\$0.00	\$16.24	\$27.23	(with L&H)	\$28.66	\$17.79	\$7.57	\$0.58
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5225</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.64								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.64	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	\$7.57	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.73	\$79.64	\$0.00	\$16.24	\$27.23		\$28.66	\$17.79	8.59	\$0.58
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.73	\$79.64	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4730								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.40	\$117.31	\$0.00	\$16.24	\$27.23	\$0.00	\$28.66	\$17.79	\$8.59	\$0.58
	Quarterly Per Diem Add-on Amounts	(and Delive Manual)	0.4 50	mo 50	# 0.00	ma 00	© 0.44	#0.00	#0.0 7		# 0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$1.17	\$0.53 \$1.17	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	\											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$5.87 \$17.10	\$5.87					\$17.10			
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$7.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	•					-						•
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.07	\$124.88	\$0.00	\$16.46	\$27.64	\$0.00	\$46.13	\$17.79	\$8.59	\$0.58

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$168.73

	ovider: MEMORIAL MANOR NURSING HOME vdr ID: 00141919A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	Add-on Data and Percentage only. This is NOT your effective rate. E: 4/1/2024 Growth Allowance: Qtrly BIMS score: 33		N/A 33.96%	Score Percent N/A 0.00% 33.96% 2.5%		_ Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:				PDPM Statewide 1.4210 1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM 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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Linciency ineasure maximums (see line 20 for actual)	(See Folicy Manual)		φυ.υσ	φυ.υυ	φυ.22	φυ.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,232,667	\$3,313,777	\$0	\$1,313,453	\$348,525	\$448,007	\$603,871		\$205,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$79,884)	\$0	\$0	\$0	\$0	\$0	(\$28,876)		(\$51,008)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$28,876		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$51,008
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,232,667	\$3,313,777	\$0	\$1,313,453	\$348,525	\$448,007	\$574,995	\$28,876	\$154,026	\$51,008
8	Total Nursing Facility Days As Filed Days = 31,435	FY21 Audited C/R Days	31,435									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,435	FY21 GL-PL Ins Rpt Days								31,435		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$198.27	\$105.42	\$0.00	\$41.78	\$25.34	(with L&H)	\$18.29	\$0.92	\$4.90	\$1.62
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4043								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.07								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.07	\$0.00	\$41.78	\$25.34		\$18.29	\$0.92	\$4.90	\$1.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.32	\$75.07	\$0.00	\$37.13	\$25.34		\$18.29	\$0.92	10.95	\$1.62
	Overteely Per Pierr Pete Pries to Add one										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.32	\$75.07	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ103.32	1.2445	ψ0.00	ψ57.15	Ψ20.04	ψ0.00	Ψ10.23	Ψ0.52	ψ10.55	Ψ1.02
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.67	\$93.42	\$0.00	\$37.13	\$25.34	\$0.00	\$18.29	\$0.92	\$10.95	\$1.62
.5	ass.co., modelad on the money of broth		ψ107.07	Ψ00.42	ψ0.00	\$07.10	Ψ20.04	ψ0.00	Ψ10.20	ΨΟ.ΟΣ	ψ10.00	ψ1.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$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	\$2.34	\$2.34								
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	\$23.55	\$5.67	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$211.22	\$99.09	\$0.00	\$37.13	\$25.75	\$0.00	\$35.76	\$0.92	\$10.95	\$1.62
				·		•	•					

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$145.59

	ovider: MEDICAL MANAGEMENT HEALTH AND REHAB CE ovdr ID: 00141941A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	nly. This is NOT your effective rate. Grow Qtrly		Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		Add-on Percent 0.00% 0.0% 3.0%	Percent Facility Model (PDPM) D 0.00% Base Period Overall: 0.0%		Overall:	PDPM Facility 1.1603 1.0418		PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Lindendy ineasure maximums (see line 20 for addar)	(See Folicy Maridar)		φυ.σσ	φυ.υυ	ψ0.22	φυ.41		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,418,953	\$2,477,295	\$0	\$397,350	\$520,399	\$0	\$757,029		\$266,880	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$120,542)	(\$13,314)	\$0	\$0	\$0	\$0	(\$44,860)		(\$62,368)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$62,368
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,360,779	\$2,463,981	\$0	\$397,350	\$520,399	\$0	\$712,169	\$0	\$204,512	\$62,368
8	Total Nursing Facility Days As Filed Days = 26,697	FY21 Audited C/R Days	26,697									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,697	FY21 GL-PL Ins Rpt Days								26,697		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163.34	\$92.29	\$0.00	\$14.88	\$19.49	(with L&H)	\$26.68	\$0.00	\$7.66	\$2.34
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.1603</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.54								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.54	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	\$7.66	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.44	\$79.54	\$0.00	\$14.88	\$19.49		\$26.68	\$0.00	8.51	\$2.34
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.44	\$79.54	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.0418	40.00			\$5.55	+-0.00	\$3.00	43.0 1	Ψ=.0 .
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.76	\$82.86	\$0.00	\$14.88	\$19.49	\$0.00	\$26.68	\$0.00	\$8.51	\$2.34
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****	,	,	,	*	, , , , ,	*	, -
	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 = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49					647 46			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ma ac	# 0.00	# 0.00	00.44	#0.00	\$17.10	#0.00	#0.00	60.00
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.12	\$3.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$175.88	\$85.88	\$0.00	\$15.10	\$19.90	\$0.00	\$44.15	\$0.00	\$8.51	\$2.34
1			1	I								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$119.09

	ovider: WARM SPRINGS MEDICAL CENTER NURSING HO ovdr ID: 00141952A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		N/A 29.85%	Add-on Percent 0.00% 1.0% 2.0%		Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:			PDPM Facility 1.3077 1.2615	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
<u></u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , ,			·	,	,					
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	CF 240 700	\$3.019.329	r ₀	ФО 7 Е 4 7 О	€070.004	\$004 FF0	#000 F40		CO40 400	¢ο
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$3,019,329	\$0 \$0	\$675,173 \$0	\$279,021 \$2,927	\$294,559 \$3,088	\$830,546 (\$40,843)		\$218,132 (\$8,500)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$43,328)	Φυ	Φυ	φυ	φ2,92 <i>1</i>	φ3,000	(\$40,643)	\$40,843	(\$0,500)	
	As Filed Cost Center Costs (GL/FL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ40,043		\$8,356
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,322,631	\$3,019,329	\$0	\$675,173	\$281,948	\$297,647	\$789,703	\$40,843	\$209,632	\$8,356
8	Total Nursing Facility Days As Filed Days = 26,843	FY21 Audited C/R Days	26,843	\$0,0.0,020	40	ψο. σ, σ	ψ201,010	ψ207,017	ψ. σση. σσ	4 10,0 10	4 200,002	ψο,σσσ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,843	FY21 GL-PL Ins Rpt Days								26,843		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$198.28	\$112.48	\$0.00	\$25.15	\$21.59	(with L&H)	\$29.42	\$1.52	\$7.81	\$0.31
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3077</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.01								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.01	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	\$7.81	\$0.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.75	\$86.01	\$0.00	\$25.15	\$21.59		\$29.42	\$1.52	11.75	\$0.31
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.75	\$86.01	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2615</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.24	\$108.50	\$0.00	\$25.15	\$21.59	\$0.00	\$29.42	\$1.52	\$11.75	\$0.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 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	\$21.89	\$3.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$220.13	\$112.29	\$0.00	\$25.37	\$22.00	\$0.00	\$46.89	\$1.52	\$11.75	\$0.31

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$152.27

Provider: AZALEA HEALTH AND REHABILITATION Prvdr ID: 00141963A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 34.88%	Add-on Percent 0.00% 2.5% 6.0%		Facility Mod Base Period C		ita_	PDPM Facility 1.3794 1.2602	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,154,269	\$2,269,168	\$0	\$468,391	\$418,142	\$0	\$735,637		\$262,931	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$183,453)	(\$2,523)	\$0	(\$617)	\$0	(\$528)	(\$122,650)		(\$57,135)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt						, ,	,	\$115,188		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,135
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,143,139	\$2,266,645	\$0	\$467,774	\$418,142	(\$528)	\$612,987	\$115,188	\$205,796	\$57,135
8 Total Nursing Facility Days As Filed Days = 21,621	FY21 Audited C/R Days	21,621									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,621	FY21 GL-PL Ins Rpt Days								21,621		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$191.64	\$104.84	\$0.00	\$21.64	\$19.32	(with L&H)	\$28.35	\$5.33	\$9.52	\$2.64
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3794								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.00								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.00	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	\$9.52	\$2.64
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.42	\$76.00	\$0.00	\$21.64	\$19.32		\$28.35	\$5.33	11.14	\$2.64
Overtente Per Pierre Pete Priente Add and										(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.42	\$76.00	\$0.00		\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64
17 Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End	ψ104.4 <u>2</u>	1.2602	ψ0.00	Ψ21.04	Ψ10.02	φ0.00	Ψ20.00	φσ.σσ	Ψιπιτ	Ψ2.04
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.78								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.19	\$95.78	\$0.00	\$21.64	\$19.32	\$0.00	\$28.35	\$5.33	\$11.14	\$2.64
			,	****	, ,	,	, , , , , ,	,	,	,	, -
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.75	\$5.75					.			
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	\$8.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$210.96	\$104.45	\$0.00	\$21.86	\$19.73	\$0.00	\$45.82	\$5.33	\$11.14	\$2.64
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.40									

PDPM PDPM Facility Add-on **EASTMAN HEALTHCARE & REHAB** Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00141974A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.1803 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 30.23% 2.5% Quarterly Medicaid: 1.3706 Nurse Hrs per On-Site Day/Q 1.2512 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 3.0% 2.60 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$5,370,214 \$2,885,350 \$0 \$558,912 \$533,885 \$0 \$742,094 \$649,973 \$0 FY21 C/R Audit Adistmts (\$15,891) \$0 Audit Adjustments and Reallocations to Cost Center Costs (\$118,132) \$0 (\$2,752)(\$4,494) (\$52,565)(\$42,430) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$49,865 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$46,640 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$5.348.587 \$2.869.459 \$0 \$558,912 \$531,133 \$689,529 \$49,865 \$607,543 (\$4.494) \$46,640 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 32,650 32,643 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32.650 32,643 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$163.84 \$87.90 \$17.12 \$16.13 (with L&H) \$21.12 \$1.53 \$18.61 \$1.43 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.1803 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$74.47 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$74.47 \$17.12 \$16.13 \$0.00 \$21.12 \$1.53 \$18.61 \$1.43 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$140.73 \$74.47 8.93 \$17.12 \$16.13 \$21.12 \$1.53 \$1.43 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$140.73 \$74.47 \$0.00 \$16.13 \$21.12 \$1.53 \$17.12 \$0.00 \$8.93 \$1.43 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.2512 \$93.18 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$159.43 \$93.18 \$17.12 \$16.13 \$1.53 \$8.93 \$0.00 \$0.00 \$21.12 \$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 = In 19 Col b x CPS Add-on \$2.33 \$2.33 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$2.80 \$2.80 \$17.10 23 (Fixed Amount) Nursing Home Provider Fee \$17.10

PDPM Shadow Rates. This is not your rate.

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

24

\$23.76

\$183.19

\$5.66

\$98.84

\$0.00

\$0.00

\$0.22

\$17.34

\$0.41

\$16.54

\$0.00

\$0.00

\$17.47

\$38.59

\$0.00

\$8.93

\$0.00

\$1.43

\$0.00

\$1.53

DEMONSTRATION ONLY

Provider: Magnolia Manor of Midway Prvdr ID: 00141985A PDPM Shadow Rate For informational use only. H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/24		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 31.8% 4.64	Add-on Percent 0.00% 2.5% 3.0%			(CMI) Data Overall PDPM: Wght Options:		Facility Specific 1.1860 1.3048	State- wide 1.5751 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2021 Peer Group Limit	\$211.81 \$0.00 \$215.56	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$104.63 \$99.40 \$0.00 \$99.40 1.3048 \$129.70	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$26.82 \$25.48 \$0.00 \$25.48	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$33.28 \$31.62 \$0.00 \$31.62	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$36.91 \$35.06 \$0.00 \$35.06		\$15.21 \$15.21 \$15.21 (FRV Rate)	\$5.04 \$5.04
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$246.30 \$3.24 \$3.89 \$17.10 \$24.23	\$129.70 \$3.24 \$3.89		\$25.48	\$31.62		\$35.06 17.10		\$15.21	\$5.04
Quarterly Case Mix Based Per Diem Rate		\$270.53	\$136.83		\$25.48	\$31.62		\$52.16	\$4.19	\$15.21	\$5.04
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$190.07 PDPM Shadow Rate. Thi	s is not vour rate.									

^{* 1002.3}B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

	ovider: MILLER NURSING HOME vdr ID: 00141996A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 59.31%	Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period (Quarterly Med		<u>ıta</u>	PDPM Facility 3.1148 3.0515	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
'	Type of Facility within Peer Group Bed Size Range within Peer Group	(See Folicy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-	Efficiency Measure Maximums (See line 20 for actual)	(See Folicy Maridar)		ψ0.55	φ0.00	φ0.22	φυ.41		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,740,757	\$3,456,475	\$0	\$852,412	\$337,257	\$488,072			\$944,060	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$136,051)	\$21,293	\$0	\$0	(\$11,859)	(\$16,124)	(\$99,935)		(\$29,426)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,303		
7	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	\$0,606,200	€0 477 760	\$0	COEO 440	#20E 200	¢474.040	\$2,562,546	#c0 202	#044 624	\$22,381 \$22,381
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 21,882	FY21 Audited C/R FY21 Audited C/R Days	\$8,696,390 21,893	\$3,477,768	\$0	\$852,412	\$325,398	\$471,948	\$2,562,546	\$69,303	\$914,634	\$22,381
0	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,882	FY21 GL-PL Ins Rpt Days	21,093							21,893		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$397.23	\$158.85	\$0.00	\$38.94	\$36.42	(with L&H)	\$117.05	\$3.17	\$41.78	\$1.02
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψουν20	3.1148	ψ0.00	φοσ.σ τ	φοσ. 12	(17.07.20.7)	ψ117.00	ψο. 17	Ψ11.70	Ψ1.02
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.00								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.00	\$0.00	\$38.94	\$36.42		\$117.05	\$3.17	\$41.78	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.41	\$51.00	\$0.00	\$37.13	\$33.28		\$36.91	\$3.17	22.90	\$1.02
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.41	\$51.00	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	,	3.051 <u>5</u>	****	, , ,	, , , ,	,	, , , ,		,	, -
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$155.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$290.03	\$155.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.17	\$22.90	\$1.02
	Overstanks Box Biom Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$8.56	\$8.56	ψ0.00	Ψ0.00	ψ0.00	ψ0.00	Ψ0.00		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.67	\$4.67								
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	\$30.86	\$13.76	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$320.89	\$169.39	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$3.17	\$22.90	\$1.02
	•			· ·						-	-	*

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$227.84

	rovider: NEW HORIZONS LIMESTONE rvdr ID: 00142007A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 10.00%	Add-on Percent 0.00% 0.0% 2.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.4928 1.3962	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DI	DDM DAGED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
FL	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0% \$0.22	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		<i>\$0.</i> 53	\$0.00	\$0.22	\$0.41		φ0.37			
_	Base Period Per Diem Allowed Amounts	A 51 15/01 0/D 5/01 0/ D 5	044.544.054	05.040.074	40	A4 007 000	A 507.007	4000.040	0.1 770 500		***	40
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,544,251	\$5,840,974	\$0	' ' '	\$527,667	\$963,810	\$1,773,598		\$811,196	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$144,368)	(\$5,804)	\$0	\$0	\$0	\$0	(\$132,778)		(\$5,786)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$63,292		ФE 700
7	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	\$11,468,961	\$5,835,170	\$0	\$1,627,006	\$527,667	\$963,810	\$1,640,820	\$63,292	\$805,410	\$5,786 \$5,786
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 36,802	FY21 Audited C/R Days	36,802	φ5,055,170	φυ	\$1,027,000	φ321,001	φ903,010	\$1,040,020	φ03,292	φουσ,410	φ3,760
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,802	FY21 GL-PL Ins Rpt Days	30,002							36,802		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$311.65	\$158.56	\$0.00	\$44.21	\$40.53	(with L&H)	\$44.59	\$1.72	\$21.88	\$0.16
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	753335	1.4928	******	••••			*******	, , , , ,	4 = 1100	*****
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$106.22								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$106.22	\$0.00	\$44.21	\$40.53		\$44.59	\$1.72	\$21.88	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.68	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$1.72	11.85	\$0.16
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.68	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3962								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$267.13	\$146.08	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.72	\$11.85	\$0.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine 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	\$2.92	\$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	\$20.02	\$2.92	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$287.15	\$149.00	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.72	\$11.85	\$0.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$202.54			1	ı	ı	1	<u> </u>	I	

	rovider: MITCHELL CONVALESCENT CENTER rvdr ID: 00142018A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 36.11%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (ata	PDPM Facility 1.3060 1.4379	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group Bed Size Range 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			00.00/	22.22	00.007	05.00/		50.00/			
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	, ,										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,495,941	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$607,272		\$258,160	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$6,807	\$0	\$0	\$000,904	\$0	\$0	\$11,261		(\$4,454)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	φ0,007	Ψ0	ΨΟ	ΨΟ	Ψ0	ΨΟ	ψ11,201	\$14,813	(ψ4,454)	
	As Filed Cost Center Costs (GEPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$14,613		\$5,716
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,523,277	\$2,357,148	\$0	\$586,904	\$295,474	\$390,983	\$618,533	\$14,813	\$253,706	\$5,716
8	Total Nursing Facility Days As Filed Days = 15,621	FY21 Audited C/R Days	15,621	ψ2,337,140	ΨΟ	\$300,304	Ψ235,474	ψ530,305	ψ010,333	ψ14,013	Ψ233,700	ψ5,710
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,621	FY21 GL-PL Ins Rpt Days	10,021							15,621		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$289.57	\$150.90	\$0.00	\$37.57	\$43.94	(with L&H)	\$39.60	\$0.95	\$16.24	\$0.37
10	, ,	from 2 qtrs of FY21	Ψ200.07	1.3060	ψ0.00	φοι.σι	φ-10.0-1	(Mar Earl)	ψοσ.σσ	ψ0.56	Ψ10.2-	ψο.στ
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.54								
12		RS = Ln 11, AllOthr = Ln 9		\$115.54	\$0.00	\$37.57	\$43.94		\$39.60	\$0.95	\$16.24	\$0.37
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$37.13	\$33.28		\$36.91	\$0.00	N/A	ψο.σ7
14		Lesser of Ln 12 or Ln 13	\$225.55	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$0.95	12.28	\$0.37
' '	Base Forest Medel Majastes Miller and Forest Brown		Ψ220.00	ψ101.00	ψ0.00	φοιτισ	400.20		φοσιστ	Ψοίοσ	(FRV)	ψο.στ
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$225.55	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37
17	, , <u> </u>	per Current Qtr End		<u>1.4379</u>								
18		Ln 16 x Ln 17		\$150.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$271.37	\$150.45	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$0.95	\$12.28	\$0.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$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)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.37	\$8.27	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$296.74	\$158.72	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$0.95	\$12.28	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$209.73			•	•	•	•			

	ovider: MONTEZUMA HEALTH CARE CENTER ovdr ID: 00142062A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 45.61%	Add-on Percent 		Facility Mod Base Period C		ta_	PDPM Facility 1.6659 1.3516	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PL	PM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(200 - 200)			7	,,,,,	, , , , , ,		*****			
	Base Period Per Diem Allowed Amounts	As Elled EVOA O'D, EVOA O' DI Dea	* * * * * * * * * *	#0.050.000	# 0	\$005 474	# 504.045	Ф.	# 004 000		#474.050	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,249,124	\$2,352,696	\$0	\$395,474	\$524,915	\$0	\$801,683		\$174,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$127,148)	(\$2,210)	\$0	(\$541)	\$0	(\$551)	(\$113,601)		(\$10,245)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$105,560		\$10,245
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,237,781	\$2,350,486	\$0	\$394,933	\$524,915	(\$551)	\$688,082	\$105,560	\$164,111	\$10,245
8	Total Nursing Facility Days As Filed Days = 18,941	FY21 Audited C/R Days	18,941	φ2,330,400	φυ	φ394,933	φ524,915	(\$331)	φ000,002	\$105,500	φ104,111	\$10,245
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,941	FY21 GL-PL Ins Rpt Days	10,541							18,941		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$223.73	\$124.10	\$0.00	\$20.85	\$27.68	(with L&H)	\$36.33	\$5.57	\$8.66	\$0.54
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	4220	1.6659	ψο.σσ	V20.00	ψ2σ	(**************************************	φοσισσ	40.07	ψο.σσ	Ψο.σ.
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$74.49								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.49	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	\$8.66	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	·
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.46	\$74.49	\$0.00	\$20.85	\$27.68		\$36.33	\$5.57	13.00	\$0.54
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	00.00	0.00	00.00	\$0.00	\$0.00	\$0.00	¢0.00	NI/A	N/A	N/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$178.46	0.00 \$74.49	\$0.00 \$0.00	\$20.85	\$0.00 \$27.68	\$0.00 \$0.00	\$0.00 \$36.33	N/A \$5.57	\$13.00	\$0.54
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$170.40	1.3516	ψ0.00	Ψ20.03	Ψ27.00	ψ0.00	ψ50.55	Ψ3.57	Ψ13.00	ψ0.54
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.65	\$100.68	\$0.00	\$20.85	\$27.68	\$0.00	\$36.33	\$5.57	\$13.00	\$0.54
		·	, , ,		+		,		,,,,,,,		,	,
	Quarterly Per Diem Add-on Amounts				A.				^			
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	\$5.54 \$5.03	\$5.54 \$5.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$5.03 \$17.10	\$5.03					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$11.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
			-				-		-			-
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$233.85	\$111.78	\$0.00	\$21.07	\$28.09	\$0.00	\$53.80	\$5.57	\$13.00	\$0.54

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$162.56

	ovider: AVALON HEALTH AND REHABILITATION vdr ID: 00142084A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 49.09%	Add-on Percent 0.00% 5.5% 5.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.3227 1.2562	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,189,417	\$2,922,926	\$0	\$457,786	\$523,612	\$0	\$932,115		\$352,978	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL)	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$111,476)	(\$2,530)	\$0	(\$619)	\$0	(\$508)	(\$98,461)	\$93,600	(\$9,358)	
	As Filed Cost Center Costs (CETE) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								Ψοσ,σσσ		\$9,358
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,180,899	\$2,920,396	\$0	\$457,167	\$523,612	(\$508)	\$833,654	\$93,600	\$343,620	\$9,358
8	Total Nursing Facility Days As Filed Days = 21,679	FY21 Audited C/R Days	21,679									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,679	FY21 GL-PL Ins Rpt Days								21,679		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$238.98	\$134.71	\$0.00	\$21.09	\$24.13	(with L&H)	\$38.45	\$4.32	\$15.85	\$0.43
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3227</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.85								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$101.85	\$0.00	\$21.09	\$24.13		\$38.45	\$4.32	\$15.85	\$0.43
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.89	\$101.85	\$0.00	\$21.09	\$24.13		\$36.91	\$4.32	11.16	\$0.43
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.89	\$101.85	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2562</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.98	\$127.94	\$0.00	\$21.09	\$24.13	\$0.00	\$36.91	\$4.32	\$11.16	\$0.43
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$7.04	\$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	\$31.70	\$13.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$257.68	\$141.91	\$0.00	\$21.31	\$24.54	\$0.00	\$54.01	\$4.32	\$11.16	\$0.43
						L	<u> </u>	<u> </u>	<u> </u>			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$180.44

Provider: PRUITTHEALTH - MOULTRIE Prvdr ID: 00142095A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 26.92%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.4573 1.4127	PDPM_ Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Ded Oizes	All Ded Oizes	All Ded Gizes	All Dea Gizes	All Dea Gizes	All Ded Gizes			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile	(and Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,458,182	\$2,293,688	\$0	\$328,039	\$539,175	\$0	\$958,542		\$338,738	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$334,364)	(\$95,713)	\$0 \$0	\$0	\$60	\$939	(\$210,146)		(\$29,504)	ΨΟ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ354,364)	(ψ93,713)	ΨΟ	Ψ0	φ00	ψ939	(ψ210,140)	\$294,958	(Ψ29,304)	
As Filed Cost Center Costs (GEFE) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								Ψ294,930		\$31,162
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,449,938	\$2,197,975	\$0	\$328,039	\$539,235	\$939	\$748,396	\$294,958	\$309,234	\$31,162
8 Total Nursing Facility Days As Filed Days = 19,366	FY21 Audited C/R Days	19,366	ψ2,137,373	ΨΟ	ψ320,033	ψ000,200	Ψ333	ψ1 40,000	Ψ204,000	ψ505,254	ψ01,102
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,366	FY21 GL-PL Ins Rpt Days	10,000							19,366		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$229.78	\$113.50	\$0.00	\$16.94	\$27.89	(with L&H)	\$38.64	\$15.23	\$15.97	\$1.61
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$220.10	1.4573	ψο.σσ	V.0.0	ψ=σ	(**************************************	ψοσιο .	ψ.σ. <u>2</u> σ	ψ.σ.σ.	ψσ.
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.88								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.88	\$0.00	\$16.94	\$27.89		\$38.64	\$15.23	\$15.97	\$1.61
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψο.σσ	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψσ.
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.33	\$77.88	\$0.00	\$16.94	\$27.89		\$36.91	\$15.23	18.87	\$1.61
		V.00.00	\$ 777.00	ψ0.00	V.0.0	ψσσ		ψοσιο .	ψ.σ.Ξσ	(FRV)	ψσ.
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.33	\$77.88	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4127								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.02	***		***				* • • • •	
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.47	\$110.02	\$0.00	\$16.94	\$27.89	\$0.00	\$36.91	\$15.23	\$18.87	\$1.61
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$1.10	\$1.10								
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.50	\$5.50								
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	\$24.86	\$7.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.33	\$117.15	\$0.00	\$17.16	\$28.30	\$0.00	\$54.01	\$15.23	\$18.87	\$1.61
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.42									

	rovider: RIVER BROOK HEALTHCARE CENTER rvdr ID: 00142106A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 22.06%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period (Overall:	ata	PDPM Facility 1.2870 1.2728	PDPM_ Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,394,405	\$2,434,629	\$0	\$413,877	\$400,278	\$0	\$851,953		\$293,668	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$244,944)	' ' '	\$0	\$0	\$00,278	\$0	(\$222,899)		(\$24,645)	ΨΟ
"	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ244,944)	Ψ2,000	ΨΟ	ΨΟ	Ψ0	Ψ0	(ψ222,099)	\$56,973	(ψ24,043)	
	As Filed Cost Center Costs (GEFL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ50,975		\$24,645
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4 231 070	\$2,437,229	\$0	\$413,877	\$400,278	\$0	\$629,054	\$56,973	\$269,023	\$24,645
8	Total Nursing Facility Days As Filed Days = 29,341	FY21 Audited C/R Days	29,341	ψ2,437,223	ΨΟ	Ψ10,077	ψ+00,270	ΨΟ	ψ023,034	ψ50,575	Ψ203,023	Ψ24,040
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,341	FY21 GL-PL Ins Rpt Days	20,041							29,341		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$144.21	\$83.07	\$0.00	\$14.11	\$13.64	(with L&H)	\$21.44	\$1.94	\$9.17	\$0.84
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	Ų <u>2</u> .	1.2870	ψ0.00	V	V10.01	(11.0.1.20.1.)	Ψ2	ψ	ΨΟ	Ψ0.01
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.54								
12		RS = Ln 11, AllOthr = Ln 9		\$64.54	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	\$9.17	\$0.84
13	·	per Peer Group Limits		\$104.63	******	\$26.82	\$33.28		\$36.91	\$0.00	N/A	V
14		Lesser of Ln 12 or Ln 13	\$123.87	\$64.54	\$0.00	\$14.11	\$13.64		\$21.44	\$1.94	7.36	\$0.84
				, ,	***	,	,		,		(FRV)	, , ,
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$123.87	\$64.54	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84
17	, , <u> </u>	per Current Qtr End		1.2728								
18	, , ,	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	M444 40	\$82.15	<u></u>	04444	640.04	#0.00	PO4.44	M4 04	Ф7 00	фо о 4
19	Quarterly Medicaid CMA Allowed Per Diem	KS = LII 10, AllOttil = LII 10	\$141.48	\$82.15	\$0.00	\$14.11	\$13.64	\$0.00	\$21.44	\$1.94	\$7.36	\$0.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.09	\$2.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$162.57	\$85.14	\$0.00	\$14.33	\$14.05	\$0.00	\$38.91	\$1.94	\$7.36	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.10									

	ovider: ORCHARD VIEW REHABILITATION & SKILLED NU ovdr ID: O0142117A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 41.18%	Add-on Percent 0.00% 2.5% 3.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.4735 1.4150	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
Di	ADM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
PL	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(ecc. c.ic) mandai,		φυ.σσ	\$5.55	V0.22	J		φοιο:			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14,105,160	\$7,647,314	\$0	\$1,235,685	\$1,587,195	\$0	\$1,713,262		\$1,921,704	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$229,643)	\$53,664	\$0	\$1,233,083	\$1,367,193	\$0	(\$243,839)		(\$39,468)	φυ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ223,043)	ψ55,004	ΨΟ	ΨΟ	ΨΟ	ΨΟ	(ψ2+3,033)	\$244,401	(ψυυ, του)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ244,401		\$39,468
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,159,386	\$7,700,978	\$0	\$1,235,685	\$1,587,195	\$0	\$1,469,423	\$244,401	\$1,882,236	\$39,468
8	Total Nursing Facility Days As Filed Days = 46,768	FY21 Audited C/R Days	46,768									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,768	FY21 GL-PL Ins Rpt Days								46,768		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$302.76	\$164.66	\$0.00	\$26.42	\$33.94	(with L&H)	\$31.42	\$5.23	\$40.25	\$0.84
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4735</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$111.75								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$111.75	\$0.00	\$26.42	\$33.94		\$31.42	\$5.23	\$40.25	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.45	\$104.63	\$0.00	\$26.42	\$33.28		\$31.42	\$5.23	36.63	\$0.84
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$238.45	\$104.63	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4150</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$281.87	\$148.05	\$0.00	\$26.42	\$33.28	\$0.00	\$31.42	\$5.23	\$36.63	\$0.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = $\frac{2.5\%}{2.5\%}$ (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.70	\$3.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.44	\$4.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.83	\$8.14	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$307.70	\$156.19	\$0.00	\$26.64	\$33.28	\$0.00	\$48.89	\$5.23	\$36.63	\$0.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$217.95									

Description		rovider: SUMMERHILL ELDERLIVING HOME & CARE rvdr ID: 00142139A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 40.21%	Add-on Percent 0.00% 2.5% 6.0%		Facility Mod Base Period (ata	PDPM Facility 1.3194 1.3142	PDPM Statewide 1.4210 1.3706
PPPM BASED RATE CALCULATIONS 1 Cost Center Peer Groups (soo Policy Manual) 1 1 1 1 1 1 1 1 1	Line	Description		Totals		•	Dietary	1	Operatns	and		and	Taxes and Insurance
Cost Center Peer Groups				a	b	С	d	е	f	g	g	h	i
Type of Facility within Piece Group All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Bed Sizes	<u>PI</u>	DPM BASED RATE CALCULATIONS											
Bod Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Peer Group Standards & Efficiency Measure Limits See Policy Manual 90.0% 90.0% 90.0% 90.0% 100.0%							"	1					
2 Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 85.0% 100.0%		веа Size Range witnin ⊬eer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
3 Peer Group Standards: Multiplier (see Policy Manual) (so 0.00 \$0.00					22.00/	00.00/	00.004	05.00/		50.00/			
## Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) ## Base Period Per Diem Allowed Amounts ## As Filed Cost Center Costs (Routine & Special Struce Combined) ## As Filed FY21 CIR - FY21 GLPL Rpt As Filed Cost Center Costs (Routine & Special Struce Combined) ## As Filed Cost Center Costs (GuPL) As Filed Cost Center Costs (GuPL) ## As Filed Cost Center Costs (GuPL) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed Cost Center Costs (Taxes and Insurance) ## As Filed FY21 GLPL Rpt As Filed FY21 GLPL Rpt As Filed Cost Center Costs (Taxes and Insurance) ## As Filed FY21 GLPL Rpt A		,	, , , , , , , , , , , , , , , , , , , ,										
Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sirves Combined) As Filed FY21 Cir. FY21 GL/PL Rpt \$12,405.251 \$7,721.271 \$0 \$1,292.895 \$1,443,085 \$0 \$1,576,152 \$371,848 \$1,445,085 \$1,443,085 \$, ,	, , , , , , , , , , , , , , , , , , , ,										
As Filed Cost Center Costs (Routine & Special Srvos Combined) As Filed Cost Center Costs (Routine & Special Srvos Combined) As Filed FY21 C/R - FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (GL/PL) As Filed FY21 G/R Cost Center Costs (Taxes and Insurance) FY21 Audited C/R Total Nursing Facility Days As Filed Days = 49,289 FY21 Audited C/R Days FY21 GL/PL Ins Rpt Days FY21 Audited C/R Days FY21 GL/PL Ins Rpt Days FY21													
As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments Total Nursing Facility Days Total Nursing Facility Days FY21 Audited C/R Base Period Facility Model Adjistmt to Routine Srvcs FY21 Filed FY21 CR In Plan In In Inditr = Ln 9 FY21 Audited C/R September Standards (After Statewide CMA for Routine Srvcs) FY21 Audited C/R FY21 Audited C/R F	_		As Filed EV21 C/P EV21 CI /PI Pot	¢12.405.251	¢7 701 071	\$ 0	¢1 202 905	¢1 112 005	0.0	¢1 576 150		¢274 040	0.0
As Filed Cost Center Costs (GL/PL) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 49,289 9 Net Per Diems prior to Model Adjistmt to Routine Srvcs 10 Base Period Model Adjistmt to Routine Srvcs 11 Routine Srvcs Model Adjistmt to Routine Srvcs 12 Net Per Diems after Model Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 Per Peer Group Limits Base Period Model Adjisted Allowed Per Diem 15 Growth Allowance Percentage = 0.00% As Filed FY21 GL/PL Rpt As Filed FY21 C/R \$90,68: \$90,68: \$12,339,811 \$7,595,564 \$0 \$1,292,895 \$1,449,475 \$6,457 \$1,392,818 \$235,416 \$276,503 \$90,68: \$90,68: \$90,68: \$90,68: \$90,68: \$90,68: \$90,68: \$90,68: \$1,449,475 \$6,457 \$1,392,818 \$235,416 \$276,503 \$90,68: \$90,6			·			·				' ' '			Φ0
As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R Cost Center Costs After Audit Adjustments FY21 Audited C/R FY21 Aud	0	•	,	(\$391,539)	(\$125,707)	\$0	\$0	\$6,390	\$6,457	(\$163,334)		(\$95,345)	
Total Nursing Facility Days As Filed Days = 49,289 FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days FY21 GL-PL Ins			F.								\$235,416		# 00.000
Total Nursing Facility Days As Filed Days 49,289 FY21 Audited C/R Days 49,289 FY21 GL-PL Ins. Rpt As Filed Days 49,289 FY21 GL-PL Ins. Rpt As Filed Days 49,289 FY21 GL-PL Ins. Rpt Days	7			£42.220.044	Φ7 F0F F64		¢4 202 205	¢1 440 475	↑ C 4E7	£4 202 040	\$225 446	\$276 F02	
Total Nursing Facility Days GL-PL Ins. Rpt	,	,			\$7,090,004	\$0	\$1,292,695	\$1,449,475	\$6,457	\$1,392,616	\$235,416	\$276,503	\$90,063
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs 10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adjstmt to Routine Srvcs 12 Net Per Diems after Model Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Model Adjusted Allowed Per Diem 15 Growth Allowance Percentage = 0.00% 10 Net Per Diems after to Routine Srvcs 10 Routine Srvcs 11 Routine Srvcs Model Adjstmt to Routine Srvcs 12 Net Per Diems after Model Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Model Adjusted Allowed Per Diem 15 Growth Allowance Percentage = 0.00% 16 N/A	0			49,269							40.200		
10 Base Period Facility Model for All Residents from 2 qtrs of FY21 Ln 9 / Ln 10 \$116.80 \$116.				¢250.26	¢15410	¢0.00	¢26.22	¢20.54	(with LOLI)	\$20.26		¢ E 61	¢1 01
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9 Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allownc % S116.80 \$116.80 \$116.80 \$116.80 \$116.80 \$116.80 \$116.80 \$10.00 \$26.23 \$29.54 \$28.26 \$4.78 \$5.61 \$1.86 \$1.8		, ,		\$250.36		\$0.00	\$20.23	\$29.54	(WIUI L&H)	\$20.20	\$4.76	φ3.01	\$1.04
12 Net Per Diems after Model Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$116.80 \$0.00 \$26.23 \$29.54 \$28.26 \$4.78 \$5.61 \$1.84		_	·										
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Model Adjusted Allowed Per Diem 15 Growth Allowance Percentage = 0.00% 16 Per Diem Standards (After Statewide CMA for Routine Srvcs) 17 Per Diem Standards (After Statewide CMA for Routine Srvcs) 18 \$104.63 \$104.63 \$26.82 \$33.28 \$33.28 \$36.91 \$28.26 \$4.78 \$17.37 (FRV) ** ** ** ** ** ** ** ** **					· .	¢ 0.00	¢26.22	\$20.E4		\$20.0C	¢4.70	ΦE G4	¢4 04
14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$212.65 \$104.63 \$0.00 \$26.23 \$29.54 \$28.26 \$4.78 17.37 (FRV) Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allwnc % \$0.00 <t< td=""><td></td><td></td><td>, ,</td><td></td><td></td><td>\$0.00</td><td></td><td></td><td></td><td></td><td>1 ' 1</td><td></td><td>\$1.84</td></t<>			, ,			\$0.00					1 ' 1		\$1.84
Quarterly Per Diem Rate Prior to Add-ons		· · · · · · · · · · · · · · · · · · ·	' '	#242.6F	· .	¢ 0.00							¢4 04
Quarterly Per Diem Rate Prior to Add-ons	14	Base Period Model Adjusted Allowed Per Dieffi	Lessel of Lif 12 of Lif 13	\$212.05	\$104.63	\$0.00	\$20.23	\$29.54		\$20.20	\$4.76		\$1.04
		Quarterly Per Diem Rate Prior to Add-ons										, ,	
16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$212.65 \$104.63 \$0.00 \$28.26 \$4.78 \$17.37 \$1.80	15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
10 OWA Allowed Fel Dictif (Alter Glowal Allowal Fel Dictif (Alter Glowal Fel Dictif (Alter G	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.65	\$104.63	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84
17 Quarterly Facility Model for Medicaid Residents per Current Qtr End 1.3142	17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3142</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$137.50	18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.50								
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$245.52 \$137.50 \$0.00 \$26.23 \$29.54 \$0.00 \$28.26 \$4.78 \$17.37 \$1.84	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.52	\$137.50	\$0.00	\$26.23	\$29.54	\$0.00	\$28.26	\$4.78	\$17.37	\$1.84
Quarterly Per Diem Add-on Amounts		Quarterly 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 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	20		(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 \$3.44 \$3.44			, , ,			,				,		, ,,,,,	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$8.25 \$8.25			Ln 19 Col b x Stfng Add-on										
23 Nursing Home Provider Fee \$17.10			_		,					\$17.10			
			Sum of Lns 20 thru 23		\$11.69	\$0.00	\$0.22	\$0.41	\$0.00			\$0.00	\$0.00
			Ln 19 + Ln 24				-	-			1		\$1.84
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$193.66			(Ln 25 - Ln 23) * 0.75	\$193.66		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			

PDPM PDPM Facility Add-on HERITAGE INN HEALTH AND REHABILITATION Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00142161A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.2536 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 26.53% 1.0% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.3160 1.3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 2.89 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$4,157,996 \$2,130,530 \$0 \$408,906 \$443,942 \$0 \$725,502 \$449,116 \$0 FY21 C/R Audit Adistmts (\$2,480)(\$385) (\$36,452) Audit Adjustments and Reallocations to Cost Center Costs (\$144,412) \$0 (\$607)\$0 (\$104,488) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$96,980 As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R \$36,452 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$4,147,016 \$2.128.050 \$0 \$408,299 \$443.942 (\$385) \$621,014 \$96,980 \$412,664 \$36,452 FY21 Audited C/R Days Total Nursing Facility Days 21,255 As Filed Days = 21,255 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21.255 21,255 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$195.10 \$100.12 \$19.21 \$20.87 (with L&H) \$29.22 \$4.56 \$19.41 \$1.71 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.2536 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$79.87 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$79.87 \$20.87 \$1.71 \$0.00 \$19.21 \$29.22 \$4.56 \$19.41 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$163.55 \$79.87 \$20.87 \$19.21 \$29.22 \$4.56 8.11 \$1.71 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$163.55 \$79.87 \$0.00 \$19.21 \$20.87 \$29.22 \$0.00 \$4.56 \$8.11 \$1.71 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.3160 \$105.11 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$188.79 \$105.11 \$19.21 \$20.87 \$29.22 \$4.56 \$0.00 \$0.00 \$1.71 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$1.05 \$1.05 1.0% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.20 \$4.20 23 (Fixed Amount) Nursing Home Provider Fee \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.88 \$5.78 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 **Quarterly Model Based Per Diem Rate** Ln 19 + Ln 24 \$212.67 \$110.89 \$0.00 \$19.43 \$21.28 \$0.00 \$46.69 \$4.56 \$8.11 \$1.71

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

	rovider: NURSE CARE OF BUCKHEAD rvdr ID: 00142183A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 26.06%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period (Quarterly Med		<u>ıta</u>	PDPM Facility 1.4957 1.3170	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PI	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5 6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$17,057,883 (\$733,377)	\$8,890,668 \$0	\$0 \$0	\$1,166,679 \$0	\$1,364,231 \$0	\$0 \$0	\$2,652,055 (\$433,198)		\$2,984,250 (\$300,179)	\$0
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$433,198		\$300,179
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$17,057,883	\$8,890,668	\$0	\$1,166,679	\$1.364.231	\$0	\$2,218,857	\$433,198	\$2,684,071	\$300,179
8	Total Nursing Facility Days As Filed Days = 65,552	FY21 Audited C/R Days	65,552	,,,,,,,,,,,	**	41,122,213	7 1,00 1,00	, ,	4 —,— : 2 , 2 2 :	7,	4 =,000,000	4555,115
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 65,552	FY21 GL-PL Ins Rpt Days								65,552		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$260.23	\$135.63	\$0.00	\$17.80	\$20.81	(with L&H)	\$33.85	\$6.61	\$40.95	\$4.58
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4957</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.68								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.68	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	\$40.95	\$4.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$186.05	\$90.68	\$0.00	\$17.80	\$20.81		\$33.85	\$6.61	11.72 (FRV)	\$4.58
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,,	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$186.05	\$90.68	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3170</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.79	\$119.43	\$0.00	\$17.80	\$20.81	\$0.00	\$33.85	\$6.61	\$11.72	\$4.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39					_			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		A.				\$17.10		22.25	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.21	\$4.11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.00	\$123.54	\$0.00	\$18.02	\$21.22	\$0.00	\$51.32	\$6.61	\$11.72	\$4.58

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$164.93

	ovider: PINEWOOD NURSING CENTER odr ID: 00142205A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 25.86%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.1128 1.0937	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1 1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
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	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,571,023	\$1,315,027	\$0	\$294,641	\$502,095	\$0	\$924,040		\$535,220	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$110,995)	(\$91,179)	\$0	\$0	\$0	\$0	\$43,155		(\$62,971)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$48,024		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$62,971
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,571,023	\$1,223,848	\$0	\$294,641	\$502,095	\$0	\$967,195	\$48,024	\$472,249	\$62,971
8	Total Nursing Facility Days As Filed Days = 17,934	FY21 Audited C/R Days	17,934									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,934	FY21 GL-PL Ins Rpt Days								17,934		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.12	\$68.24	\$0.00	\$16.43	\$28.00	(with L&H)	\$53.93	\$2.68	\$26.33	\$3.51
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.1128</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.43	\$28.00		\$53.93	\$2.68	\$26.33	\$3.51
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.11	\$61.33	\$0.00	\$16.43	\$28.00		\$36.91	\$2.68	8.25	\$3.51
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.11	\$61.33	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.0937								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.85	\$67.08	\$0.00	\$16.43	\$28.00	\$0.00	\$36.91	\$2.68	\$8.25	\$3.51
	Quarterly Per Diem Add-on Amounts	(B F M)	04.40	00.50	00.00	40.00	00.44	**	00.00		00.00	
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	\$0.67	\$0.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$1.34	\$1.34					64740			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	¢0.54	ድ ለ ለለ	¢0.00	¢0.44	\$0.00	\$17.10 \$17.10	60.00	¢ 0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$20.27	\$2.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$183.12	\$69.62	\$0.00	\$16.65	\$28.41	\$0.00	\$54.01	\$2.68	\$8.25	\$3.51
1			1	1								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$124.52

	ovider: OAKVIEW HEALTH AND REHABILITATION vdr ID: 00142238A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 29.57%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.3249 1.2956	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
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	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,273,122	\$4,682,254	\$0	\$844,483	\$970,368	\$0	\$1,627,084		\$1,148,933	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$348,370)	(\$5,304)	\$0	(\$1,298)	\$0	(\$1,150)	(\$293,700)		(\$46,918)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$157,040		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$46,918
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,128,710	\$4,676,950	\$0	\$843,185	\$970,368	(\$1,150)	\$1,333,384	\$157,040	\$1,102,015	\$46,918
8	Total Nursing Facility Days As Filed Days = 45,457	FY21 Audited C/R Days	45,457									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,457	FY21 GL-PL Ins Rpt Days								45,457		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$200.81	\$102.89	\$0.00	\$18.55	\$21.32	(with L&H)	\$29.33	\$3.45	\$24.24	\$1.03
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3249</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.66								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	\$24.24	\$1.03
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.18	\$77.66	\$0.00	\$18.55	\$21.32		\$29.33	\$3.45	15.84	\$1.03
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.18	\$77.66	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2956	*	,	, ,	,	,	,	,	,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.14	\$100.62	\$0.00	\$18.55	\$21.32	\$0.00	\$29.33	\$3.45	\$15.84	\$1.03
	Quarterly Per Diem Add-on Amounts	(B : W)	04.50	00.50	00.00	40.00	00.44	**	** • • • • • • • • • • • • • • • • • •		40.00	
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	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$5.03					#0.00			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$0.00	фc г-7	ው ስ ስስ	60.00	@0.44	ФО ОС	\$0.00	#0.00	ቀ ስ ስስ	#0.00
24	Total Quarterly Per Diem Add-on Amounts		\$7.57	\$6.57	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$197.71	\$107.19	\$0.00	\$18.77	\$21.73	\$0.00	\$29.70	\$3.45	\$15.84	\$1.03
1			1	ı								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$148.28

PDPM PDPM Facility Add-on OAK VIEW HOME, INC Score Percent Facility Model (PDPM) Data Facility Statewide Provider: Add-on Data and Percentage Prvdr ID: 00142249A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.2490 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 38.46% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.2176 1.3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 3.30 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$5,941,829 \$3,346,932 \$0 \$499,134 \$706,400 \$0 \$1,067,721 \$321,642 \$0 FY21 C/R Audit Adistmts (\$3,375)Audit Adjustments and Reallocations to Cost Center Costs (\$148,513) \$0 (\$826) \$0 (\$528) (\$117,596) (\$26,188) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$107,380 As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R \$26,188 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$5.926.884 \$3.343.557 \$0 \$498,308 \$706,400 \$950,125 \$107,380 \$295,454 \$26,188 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 28,920 28,920 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,920 28,920 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$204.94 \$115.61 \$17.23 \$24.41 (with L&H) \$32.85 \$3.71 \$10.22 \$0.91 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.2490 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$92.56 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$92.56 \$0.00 \$17.23 \$24.41 \$32.85 \$3.71 \$10.22 \$0.91 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$181.92 \$92.56 \$24.41 \$32.85 \$3.71 10.25 \$17.23 \$0.91 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$181.92 \$92.56 \$0.00 \$32.85 \$3.71 \$17.23 \$24.41 \$0.00 \$10.25 \$0.91 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.2176 \$112.70 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$202.06 \$112.70 \$17.23 \$24.41 \$32.85 \$3.71 \$0.00 \$0.00 \$10.25 \$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) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$2.82 \$2.82 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$4.51 \$4.51

PDPM Shadow Rates. This is not your rate.

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

\$17.10

\$25.96

\$228.02

\$7.86

\$120.56

\$0.00

\$0.00

\$0.22

\$17.45

\$0.41

\$24.82

\$0.00

\$0.00

\$0.00

\$10.25

\$0.00

\$0.91

\$0.00

\$3.7

\$17.10

\$17.47

\$50.32

	ovider: THE OAKS NURSING HOME, INC. vdr ID: 00142271A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 47.50%	Add-on Percent 0.00% 5.5% 5.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.3983 1.5177	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,907,828	\$2,248,981	\$0	\$416,970	\$588,897	\$0	\$610,061		\$42,919	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$80,874)	(\$370)	\$0	\$0	\$0	\$0	(\$48,592)		(\$31,912)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$44,590		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,912
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,903,456	\$2,248,611	\$0	\$416,970	\$588,897	\$0	\$561,469	\$44,590	\$11,007	\$31,912
8	Total Nursing Facility Days As Filed Days = 21,095	FY21 Audited C/R Days	21,095									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,095	FY21 GL-PL Ins Rpt Days								21,095		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.04	\$106.59	\$0.00	\$19.77	\$27.92	(with L&H)	\$26.62	\$2.11	\$0.52	\$1.51
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3983								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.23								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.23	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	\$0.52	\$1.51
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.15	\$76.23	\$0.00	\$19.77	\$27.92		\$26.62	\$2.11	14.99	\$1.51
	·										(FRV)	
4-	Quarterly Per Diem Rate Prior to Add-ons	Lo 14 v Courth Alliuma 0/	***	0.00	***	00.00	#0.00	# 0.00	***	N1/A	11/A	N1/A
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00 \$160.15	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$169.15	\$76.23	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.5177								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem		¢200 c2	\$115.69	#0.00	¢40.77	фо 7 00	фо oo	¢00.00	CO 44	¢44.00	¢4.54
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.62	\$115.69	\$0.00	\$19.77	\$27.92	\$0.00	\$26.62	\$2.11	\$14.99	\$1.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$6.36	\$6.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.78	\$5.78								
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	\$30.77	\$12.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$239.39	\$128.36	\$0.00	\$19.99	\$28.33	\$0.00	\$44.09	\$2.11	\$14.99	\$1.51
					<u> </u>	1	<u> </u>	I	<u> </u>			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$166.72

	rovider: PRUITTHEALTH - OLD CAPITOL rvdr ID: 00142304A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 53.62%	Add-on Percent 0.00% 5.5% 5.0%		Facility Mod Base Period (Overall:	ata_	PDPM Facility 1.3011 1.3376	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>Pl</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	• •										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,393,979	\$3,331,999	\$0	\$580,828	\$718,360	\$0	\$1,452,836		\$309,956	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$726,950)		\$0	\$1,793	(\$2,226)	(\$2,344)			(\$48,562)	ΨΟ
"	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$720,930)	(ψ113,202)	ΨΟ	ψ1,793	(ΨΖ,ΖΖΟ)	(ψ2,544)	(\$302,329)	\$615,542	(ψ40,302)	
	As Filed Cost Center Costs (GEFL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ015,542		\$7,309
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,289,880	\$3,218,717	\$0	\$582,621	\$716,134	(\$2,344)	\$890,507	\$615,542	\$261,394	\$7,309
8	Total Nursing Facility Days As Filed Days = 35,467	FY21 Audited C/R Days	35,467	ψ0,210,717	ΨΟ	ψ302,021	Ψ7 10,104	(ψ2,544)	ψ030,307	ψ010,042	Ψ201,334	Ψ1,505
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,467	FY21 GL-PL Ins Rpt Days	00,407							35,467		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$177.36	\$90.75	\$0.00	\$16.43	\$20.13	(with L&H)	\$25.11	\$17.36	\$7.37	\$0.21
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	V6	1.3011	ψ0.00	4.01.0	420	(**************************************	Ψ20111	Ų	ψσ.	Ψ0.2.
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.75								
12		RS = Ln 11, AllOthr = Ln 9		\$69.75	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	\$7.37	\$0.21
13	,	per Peer Group Limits		\$104.63	****	\$26.82	\$33.28		\$36.91	\$0.00	N/A	, ,
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.31	\$69.75	\$0.00	\$16.43	\$20.13		\$25.11	\$17.36	8.32	\$0.21
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Les 4.4 v. Countle Alliuma 0/	# 0.00	0.00	# 0.00	* ***********************************	# 0.00	# 0.00	# 0.00	N1/A	N1/A	N1/0
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15 per Current Qtr End	\$157.31	\$69.75	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21
17	, , <u> </u>	per Current Qtr Ena Ln 16 x Ln 17		1.3376								
18		Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$180.85	\$93.30 \$93.30	\$0.00	\$16.43	\$20.13	\$0.00	\$25.11	\$17.36	\$8.32	\$0.21
19	Quarterly Medicald CIMA Allowed Fet Dieffi	K3 = Eli 16, Allouii = Eli 10	\$100.03	φ93.30	φυ.υυ	\$10.43	\$20.13	\$0.00	φ25.11	\$17.30	φο.32	Φ0.21
	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 = <u>5.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.13	\$5.13								
22	· — ·	Ln 19 Col b x Stfng Add-on	\$4.66	\$4.66								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.42	\$10.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$209.27	\$103.62	\$0.00	\$16.65	\$20.54	\$0.00	\$42.58	\$17.36	\$8.32	\$0.21
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.13									

	ovider: PRUITTHEALTH - OCILLA odr ID: 00142315A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 18.97%	Add-on Percent 0.00% 0.0% 4.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4770 1.5230	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	ADM DASED DATE CALCUL ATIONS		a	b	С	d	е	f	g	g	h	i
FL	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt			\$0	\$278,422	\$648,735	\$0	\$1,004,514		\$189,990	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$406,896)	(\$94,774)	\$0	\$0	\$26	(\$150)	(\$281,208)		(\$30,790)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$358,452		
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	0.4.575.70.4	# 0.000.040	ФО.	#070 400	0040.704	(04.50)	#700 000	#050 450	#450.000	\$26,863
8	Cost Center Costs After Audit Adjustments	FY21 Audited C/R FY21 Audited C/R Days	\$4,575,764	\$2,380,910	\$0	\$278,422	\$648,761	(\$150)	\$723,306	\$358,452	\$159,200	\$26,863
0	Total Nursing Facility Days As Filed Days = 20,479 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,479	FY21 GL-PL Ins Rpt Days	20,479							20,479		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$223.43	\$116.26	\$0.00	\$13.60	\$31.67	(with L&H)	\$35.32	\$17.50	\$7.77	\$1.31
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ220.40	1.4770	ψ0.00	ψ10.00	φοτιστ	(Will Earl)	ψ00.02	Ψ17.00	Ψί.ιι	Ψ1.01
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.71								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.71	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	\$7.77	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	****	\$26.82	\$33.28		\$36.91	\$0.00	N/A	, -
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.19	\$78.71	\$0.00	\$13.60	\$31.67		\$35.32	\$17.50	10.08	\$1.31
	Overtark Par Diam Data Brianta Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.19	\$78.71	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$100.10	1.5230	ψ0.00	V10.00	ψο τ.σ.	ψ0.00	Ψ00.02	Ψ11.00	Ψ10.00	Ψ1.01
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$229.36	\$119.88	\$0.00	\$13.60	\$31.67	\$0.00	\$35.32	\$17.50	\$10.08	\$1.31
	Overteely Per Pierr Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	ψ0.00	Ψ0.22	Ψ0.41	ψυ.υυ	ψ0.57		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$4.80	\$4.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	÷55					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	·	Ln 19 + Ln 24	\$252.79	\$125.21	\$0.00	\$13.82		\$0.00	\$52.79	\$17.50	\$10.08	\$1.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.77			1						

Por PM BASED RATE CALCULATIONS		ovider: PALEMON GASKINS MEM NSG HOME vdr ID: 00142326A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 35.29%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.1108 1.3036	PDPM Statewide 1.4210 1.3706
POPM BASED RATE CALCULATIONS 1 Core Content Peer Groups Type of Frequency when here Groups Type of Frequency Type of Fre		Description		Totals	Services			,	Operatns	and		and	Taxes and Insurance
Cost Center Peer Groups (see Policy Manual) Fig. F				a	b	С	d	е	f	g	g	h	i
Afficiency Aff	PD	PPM BASED RATE CALCULATIONS											
Base Period Fertilinary Measures Limits (see Policy Names) (see Po	1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
Peer Group Standards & Efficiency Measure Limits		fr f					· '						
2 Peur Group, Standarftz-Facronate 1660 Proton Manual) 166		Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
3 Peru Group Standards: Multiplier (see Policy Manual) (se		•											
Base Period Pr Diem Allowed Amounts Sample Priod Pr Diem Allowed Amounts Sample Priod Prior Allowed Amounts Sample Prior Control Costs (GLPC) As Flied Cost Center Costs (GLPC) As Flied Prior Costs (GLPC) As Flied Diagram State Costs (GLPC) As Flied		,			1 1								
Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (fluxuline & Special Score Continues) As Filed Cost Center Costs (fluxuline & Special Score Center Costs (fluxuline & Special Score Center Costs (fluxuline) Special Score		·			1 1								
A Filed Cost Center Costs (Routine & Special Sirves Combined) A Filed Cost Center Costs (SUP) As Filed Cost Center Costs (Traus and Insurance) As Filed FY21 GUP. Rept As Filed Cost Center Costs (Traus and Insurance) As Filed FY21 GUP. Rept Total Nursing Facility Days GL-PL Ins. Rept As Filed Days = 9.231 FY21 Audited CR Days 9.231 Total Nursing Facility Days GL-PL Ins. Rept As Filed Days = 9.231 FY21 GUP. Put Not Rob Days 9.231 Total Nursing Facility Days GL-PL Ins. Rept As Filed Days = 9.231 FY21 GUP. Put Not Rob Days 9.231 Total Nursing Facility Days GL-PL Ins. Rept As Filed Days = 9.231 FY21 GUP. Put Not Rob Days 9.231 Total Nursing Facility Days GL-PL Ins. Rept As Filed Days = 9.231 FY21 GUP. Put Not Rob Days 9.231 Total Nursing Facility Days GL-PL Ins. Rept As Filed Days = 9.231 FY21 GUP. Put Not Rob Days 9.231 Total Nursing Facility Days GL-PL Ins. Rept As Filed Cost Center Costs (Ins. Rept As Filed FY21 GUP. Put Not Rob Days 9.231 Total Nursing Facility Days GL-PL Ins. Rept As Filed Gays = 9.231 FY21 GUP. Put Not Rob Days 9.231 Total Nursing Facility Days GL-PL Ins. Rept As Filed Days = 9.231 FY21 GUP. Put Not Rob Days 9.231 Total Nursing Facility Days 9.231 Total Nursin	'	, , ,	(acc r one) manachy		ψυ.σσ	ψ0.00	φυ.ΣΣ	φο. τ τ		ψ0.07			
A A Filed Cost Center Costs FY21 CIR Audit Adjustments and Realitocations to Cost Center Costs A Filed PY21 CIR Pub A Filed Days = 8.231 FY21 Audited CIR Pub Py21 CIR Pub Py2													
As Filed Cost Center Costs. (GLPL) As Filed Cost Center Costs. (Take and Insurance) As Filed Cost Center Costs. (Take and Insurance) As Filed Cost Center Costs. (Take and Insurance) FP21 Audited CR FP21 Aud		,	·	' ' '	' ' '								\$0
As Filed Cost Center Costs (Tawas and Insurance) As Filed Cost Center Costs (Tawas and Insurance) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 9,231 Total Nursing Facility Days As Filed Days = 9,231 FY21 Audited CR FY21 Audited C	6	,	•	(\$189,736)	(\$19,967)	\$0	(\$238,717)	(\$26,039)	(\$22,647)	(\$1,927)		\$119,561	
F271 Audited CR		` '	·								\$12,560		
Total Nursing Facility Days As Field Days = 9,231 FY21 Audited CR Days 9,231		,											\$2,963
Total Nursing Facility Days GL-PL Ins. Rpt	-	•		' ' '	\$1,282,763	\$0	\$285,741	\$58,010	\$193,666	\$521,119	\$12,560	\$73,262	\$2,963
9 Net Per Diems prior to Model Adjistmit to Routine Srvcs	8		•	9,231									
Base Period Facility Model for All Residents from 2 qtrs of FY21 L1108 S125.10			• •										
Routine Strock Model Adjistd (CMA) Net Per Diem	9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$263.24	\$138.96	\$0.00	\$30.95	\$27.26	(with L&H)	\$56.45	\$1.36	\$7.94	\$0.32
12 Net Per Diems after Model Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$125.10 \$0.00 \$30.95 \$27.26 \$56.45 \$1.36 \$7.94 \$1.36 \$7.94 \$1.36 \$7.94 \$1.36 \$1.36 \$7.94 \$1.36	10	Base Period Facility Model for All Residents	from 2 qtrs of FY21										
Per Diem Standards (After Statewide CMA for Routine Srvcs)	11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$125.10								
Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$216.79 \$104.63 \$0.00 \$30.95 \$27.26 \$36.91 \$1.36 \$15.36 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$125.10	\$0.00	\$30.95	\$27.26		\$56.45	\$1.36	\$7.94	\$0.32
Counterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allowance Percentage = 0.00% Ln 14 x Grwth Allowance Percentage = 0.00% Ln 14 x Grwth Allowance Add-on) Ln 14 + Ln 15 \$216.79 \$104.63 \$0.00 \$30.00	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwanc % \$0.00 0.00 \$0	14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.79	\$104.63	\$0.00	\$30.95	\$27.26		\$36.91	\$1.36		\$0.32
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allowance S0.00		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
CMA Allowed Per Diem (After Growth Allowance Add-on)	15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
17 Quarterly Facility Model for Medicaid Residents per Current Qtr End 1.3036 (20 kg)			Ln 14 + Ln 15										\$0.32
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem		Quarterly Facility Model for Medicaid Residents	per Current Qtr End					·					,
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee RS = Ln 18, AllOthr = Ln 16 \$248.56 \$136.40 \$0.00 \$0.00 \$30.95 \$27.26 \$0.00 \$1.36			Ln 16 x Ln 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) \$0.63 \$0.00 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$3.41 \$3.41 \$3.41 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.09 \$4.09 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10			RS = Ln 18, AllOthr = Ln 16	\$248.56		\$0.00	\$30.95	\$27.26	\$0.00	\$36.91	\$1.36	\$15.36	\$0.32
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 25 (Fixed Amount) 30.63 \$0.00 \$0.0													
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$3.41 \$3.41 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.09 \$4.09 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10		•	(B : W)				40.00	00.44	**	00.00		40.00	
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.09 Nursing Home Provider Fee \$17.10		•	, , ,			\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
23 Nursing Home Provider Fee \$17.10 \$17.10		` ' ' '											
		-			\$4.09					¢47.40			
		-	(Fixed Amount) Sum of Lns 20 thru 23		¢7.50	ድ ለ ሰና	¢0.00	© ∩ 44	\$0.00		\$0.00	ድ ስ ስስ	\$0.00
		•											\$0.00
25 Quarterly Model Based Per Diem Rate	25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$273.79	\$143.90	\$0.00	\$31.17	\$27.67	\$0.00	\$54.01	\$1.36	\$15.36	\$0.32

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$192.52

	ovider: PRUITTHEALTH - PALMYRA odr ID: 00142337A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending: 4	1/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 38.76%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4443 1.3036	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	,			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	(B ! M 1)		00.00/	00.00/	00.00/	05.00/		FO 00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,416,323	\$6,519,324	\$0	\$866,244	\$1.414.439	\$0	\$2,685,974		\$930,342	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$1,100,307)	' ' '	\$0	\$0	(\$6,023)	(\$2,497)			(\$81,483)	**
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(, , , ,	**	, ,	(+-,,	(+ , - ,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,001,633	(+- ,,	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$60,422
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,378,071	\$6,388,145	\$0	\$866,244	\$1,408,416	(\$2,497)	\$1,806,849	\$1,001,633	\$848,859	\$60,422
8	Total Nursing Facility Days As Filed Days = 54,779	FY21 Audited C/R Days	54,779			. ,					, ,	, ,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 54,779	FY21 GL-PL Ins Rpt Days								54,779		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.96	\$116.62	\$0.00	\$15.81	\$25.67	(with L&H)	\$32.98	\$18.28	\$15.50	\$1.10
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4443								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.75								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.75	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	\$15.50	\$1.10
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.38	\$80.75	\$0.00	\$15.81	\$25.67		\$32.98	\$18.28	9.79	\$1.10
	Overstanks Dee Diene Dete Briegete Add one										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.38	\$80.75	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ10-1.00	1.3036	ψ0.00	\$10.01	Ψ20.01	ΨΟ.ΟΟ	Ψ02.00	ψ10.20	ψ5.75	Ψι.ιο
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.90	\$105.27	\$0.00	\$15.81	\$25.67	\$0.00	\$32.98	\$18.28	\$9.79	\$1.10
												,
00	Quarterly Per Diem Add-on Amounts	(aca Daliau Manual)	£4.50	фо го	# 0.00	#0.00	CO 44	#0.00			(C) 00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$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 Stfng Add-on	\$2.63	\$2.63 \$5.26								
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = <u>5.0%</u> (to Routine Srvcs) Nursing Home Provider Fee	(Fixed Amount)	\$5.26 \$17.10	φυ.20					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.52	\$8.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.42	\$113.69	\$0.00	\$16.03	\$26.08	\$0.00	\$50.45	\$18.28	\$9.79	\$1.10
25	waarterry model based Fer Dielli Nate	LII 13 T LII 24	φ 2 35.42	\$113.09	φυ.υυ	\$10.03	φ∠0.08	\$0.00	φου.40	φ10.20	ФЭ.19	φ1.10

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$163.74

	ovider: WELLSTAR PAULDING NURSING CTR ovdr ID: 00142359A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 39.25%	Add-on Percent 0.00% 2.5% 4.0%		Facility Mod Base Period (Quarterly Med		ita_	PDPM Facility 1.3937 1.2936	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PE	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		,			·	,	,		,			
_	Base Period Per Diem Allowed Amounts	As Filed EVO4 C/D, EVO4 C//DI Dat	#04.407.000	\$9.766.596	ΦO	#0.000.040	₾4_4 7 0_0 7 5	#0.050.057	#0.740.004		Φ4 500 404	ФО.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$24,127,338 (\$136,931)	(\$2,677)	\$0 \$0	\$2,369,012	\$1,478,875 (\$1,553)	\$2,256,357	\$3,748,064		\$4,508,434 \$0	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$130,931)	(\$2,677)	ΦΟ	φ0	(\$1,555)	(\$2,370)	(\$130,331)	\$130,331	ΦΟ	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$130,331		0.0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$24,120,738	\$9,763,919	\$0	\$2,369,012	\$1,477,322	\$2,253,987	\$3,617,733	\$130,331	\$4,508,434	\$0 \$0
8	Total Nursing Facility Days As Filed Days = 42,862	FY21 Audited C/R Days	42,862	ψ3,703,313	ΨΟ	ψ2,505,012	Ψ1,-77,022	Ψ2,200,001	ψ5,017,755	ψ100,001	ψτ,500,+54	ΨΟ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,862	FY21 GL-PL Ins Rpt Days	.2,002							42,862		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$562.74	\$227.80	\$0.00	\$55.27	\$87.05	(with L&H)	\$84.40	\$3.04	\$105.18	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3937				, ,	·			,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$163.45								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$163.45	\$0.00	\$55.27	\$87.05		\$84.40	\$3.04	\$105.18	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.29	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$3.04	10.30	\$0.00
	Overtale Bea Bissa Bata Britanta Addison										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$225.29	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	4220.20	1.2936	ψο.σσ	ψοσ	ψουσ	ψο.σσ	ψοσιο .	ψο.σ.	ψ.σ.σσ	ψ0.00
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.01	\$135.35	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
20	Quarterly Per Diem Add-on Amounts Efficiency Add on Per Diem (ISted Alyelly, 75 up to may or 0)	(see Policy Manual)	#0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00 \$3.38	\$3.38	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$5.41	\$5.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00	ψυ1					\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8.79	\$8.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$264.80	\$144.14	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$3.04	\$10.30	\$0.00
20	and the second of Stoll Italia		\$204.00	Ψ177.17	ψυ.υυ	Ψ07.13	Ψ00.20	Ψ0.00	Ψ00.01	ψ0.04	ψ.υ.υυ	ψυ.υυ

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$198.60

	ovider: THE LODGE ovdr ID: 00142381A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 25.00%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (Quarterly Med		ita_	PDPM Facility 1.4795 1.5650	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·							
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	ΦE 407.740	#0.000.040	r ₀	ФEC4 700	Ф704 470		Φ4 400 C00		¢407.Γ07	ФО.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$5,467,748 (\$174,200)	' ' '	\$0 \$0	\$564,763 \$0	\$761,176 \$0	\$0 \$0	\$1,120,692 (\$156,782)		\$137,507 (\$3,471)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$174,200)	(\$13,947)	φυ	Φ0	\$0	Φ0	(\$150,762)	\$148,646	(\$3,471)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$146,040		\$3,471
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,445,665	\$2,869,663	\$0	\$564,763	\$761,176	\$0	\$963,910	\$148,646	\$134,036	\$3,471
8	Total Nursing Facility Days As Filed Days = 21,311	FY21 Audited C/R Days	21,311	Ψ2,000,000	ΨΟ	ψ504,705	ψ/01,170	ΨΟ	ψ303,310	ψ140,040	Ψ104,000	ψο,τι
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,311	FY21 GL-PL Ins Rpt Days	2.,0							21,311		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$255.54	\$134.66	\$0.00	\$26.50	\$35.72	(with L&H)	\$45.23	\$6.98	\$6.29	\$0.16
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4795								,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.02								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.02	\$0.00	\$26.50	\$35.72		\$45.23	\$6.98	\$6.29	\$0.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.08	\$91.02	\$0.00	\$26.50	\$33.28		\$36.91	\$6.98	34.23	\$0.16
	Overteels Box Disc. Buts Britants Add see										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.08	\$91.02	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	Ψ220.00	1.5650	ψ0.00	Ψ20.00	400.20	ψ0.00	φοσιστ	ψο.σσ	ψο 1.20	φοσ
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$280.50	\$142.45	\$0.00	\$26.50	\$33.28	\$0.00	\$36.91	\$6.98	\$34.23	\$0.16
20	Quarterly Per Diem Add-on Amounts Efficiency Add on Per Diem (ISted Alyelly, 75 up to may or 0)	(see Policy Manual)	₽0.7 5	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.75 \$1.42	\$1.42	φυ.υυ	φυ.∠∠	φυ.υυ	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$4.27	\$4.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψτ.Σ1					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.54	\$6.22	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$304.04	\$148.67	\$0.00	\$26.72	\$33.28	\$0.00	\$54.01	\$6.98	\$34.23	\$0.16
20	additions intodo buood i or bioin hate	EII TO T EITET	Ψ-0-1-0-4	Ψ1-0.01	Ψ0.00	Ψ20.12	ψ33.20	Ψ0.00	ψυ-τ.υ Ι	ψ0.30	ψ υ-1. Δυ	ψυ. 10

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$215.21

	rovider: PELHAM PARKWAY NURSING HM rvdr ID: 00142425A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 31.82%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (ata_	PDPM Facility 1.2280 1.2386	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM 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											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		(200 - 200),		75.55	, , , , ,	70.22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,			
_	Base Period Per Diem Allowed Amounts	As Filed EVOA O/D EVOA OL/DL Dat	# 0.004.000	₩4.500.400	*	***	#570.000	# 000 004	#4 400 005		# 570.044	Φ0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,891,809	' ' '	\$0	\$946,633	\$576,683	\$828,394	\$1,403,395		\$570,211	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$52,542)	\$0	\$0	\$0	\$0	\$0	(\$39,254)		(\$13,288)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$39,254		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,288
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R		\$4,566,493	\$0	\$946,633	\$576,683	\$828,394	\$1,364,141	\$39,254	\$556,923	\$13,288
8	Total Nursing Facility Days As Filed Days = 35,116	FY21 Audited C/R Days	35,116									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,116	FY21 GL-PL Ins Rpt Days								35,116		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$253.22	\$130.04	\$0.00	\$26.96	\$40.01	(with L&H)	\$38.85	\$1.12	\$15.86	\$0.38
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2280</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.90								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$105.90	\$0.00	\$26.96	\$40.01		\$38.85	\$1.12	\$15.86	\$0.38
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.49	\$104.63	\$0.00	\$26.96	\$33.28		\$36.91	\$1.12	13.21	\$0.38
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.49	\$104.63	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$13.21	\$0.38
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2386								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.45	\$129.59	\$0.00	\$26.96	\$33.28	\$0.00	\$36.91	\$1.12	\$13.21	\$0.38
	Ougraphy Day Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	
20		Ln 19 Col b x CPS Add-on	\$0.22 \$3.24	\$0.00 \$3.24	φυ.υυ	φυ.22	φυ.υυ	φυ.υυ	φυ.υυ		φυ.υυ	
22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.24	\$3.24								
	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φ3.09					\$17.10			
23	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$7.13	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
							-					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$265.90	\$136.72	\$0.00	\$27.18	\$33.28	\$0.00	\$54.01	\$1.12	\$13.21	\$0.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$186.60									

PDPM PDPM Facility Add-on PRUITTHEALTH - JASPER Score Percent Facility Model (PDPM) Data Facility Statewide Provider: Add-on Data and Percentage Prvdr ID: 00142436A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.5543 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 22.45% 1.0% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.3156 1.3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 6.0% 3.73 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$4,438,050 \$2,274,309 \$0 \$354,292 \$517,467 \$0 \$921,246 \$370,736 \$0 FY21 C/R Audit Adistmts (\$89,390) \$0 \$1,222 Audit Adjustments and Reallocations to Cost Center Costs (\$308,470) \$0 \$319 (\$183,858) (\$36,763) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$258,122 As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R \$11,314 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$4,399,016 \$2,184,919 \$0 \$354,292 \$518,689 \$319 \$737,388 \$258,122 \$333,973 \$11,314 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 17,241 17,24 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,241 17,241 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$255.15 \$126.73 \$0.00 \$20.55 \$30.10 (with L&H) \$42.77 \$14.97 \$19.37 \$0.66 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.5543 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$81.54 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$81.54 \$30.10 \$42.77 \$0.00 \$20.55 \$14.97 \$19.37 \$0.66 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$201.29 \$81.54 \$20.55 \$30.10 16.56 \$36.9 \$14.97 \$0.66 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$201.29 \$81.54 \$30.10 \$0.00 \$20.55 \$0.00 \$36.91 \$14.97 \$16.56 \$0.66 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.3156 \$107.27 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$227.03 \$107.27 \$20.55 \$30.10 \$36.91 \$14.97 \$0.00 \$0.00 \$16.56 \$0.66 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$1.07 \$1.07 1.0% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$6.44 \$6.44 23 (Fixed Amount) Nursing Home Provider Fee \$17.10 \$17.10

PDPM Shadow Rates. This is not your rate.

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

24

\$25.77

\$252.80

\$8.04

\$115.31

\$0.00

\$0.00

\$0.22

\$20.77

\$0.41

\$30.51

\$0.00

\$0.00

\$17.10

\$54.01

\$0.00

\$16.56

\$0.00

\$0.66

\$0.00

\$14.97

	ovider: HARBORVIEW PIERCE COUNTY vdr ID: 00142447A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 26.32%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.4814 1.6144	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,266,768	\$2,580,529	\$0	\$418,018	\$566,810	\$0	\$808,783		\$892,628	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$173,608)	\$22,407	\$0	(\$3,990)	\$0	\$3,990	(\$96,314)		(\$99,701)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$92,429		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$109,872
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,295,461	\$2,602,936	\$0	\$414,028	\$566,810	\$3,990	\$712,469	\$92,429	\$792,927	\$109,872
8	Total Nursing Facility Days As Filed Days = 21,606	FY21 Audited C/R Days	21,606									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,606	FY21 GL-PL Ins Rpt Days								21,606		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$245.10	\$120.47	\$0.00	\$19.16	\$26.42	(with L&H)	\$32.98	\$4.28	\$36.70	\$5.09
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4814</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.32								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.32	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	\$36.70	\$5.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.18	\$81.32	\$0.00	\$19.16	\$26.42		\$32.98	\$4.28	17.93	\$5.09
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Le 4.4 v. Crestle Alliuma ()/	#0.00	0.00	*	# 0.00	# 0.00	# 0.00	# 0.00	N1/A	N 1/A	N1/A
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$187.18	\$81.32	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.6144</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0007.44	\$131.28	* 0.00	040.40	#00.40	# 0.00	#00.00		047.00	#5.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.14	\$131.28	\$0.00	\$19.16	\$26.42	\$0.00	\$32.98	\$4.28	\$17.93	\$5.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$5.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$261.02	\$137.06	\$0.00	\$19.38	\$26.83	\$0.00	\$50.45	\$4.28	\$17.93	\$5.09
					<u> </u>	1			I			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$182.94

Provider: PINE KNOLL NURSING & REHAB CTR Prvdr ID: 00142458A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 18.99%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period (<u>ta</u>	PDPM Facility 1.4035 1.4049	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DDDM DACED DATE CALCUL ATIONS		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,199,970	\$3,741,343	\$0	\$643,896	\$618,949	\$0	\$1,370,049		\$825,733	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$53,813)	\$0	\$0	\$0	\$0	\$0	(\$12,462)		(\$41,351)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	,					·	,	\$12,462	,	
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								, , -		\$41,351
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,199,970	\$3,741,343	\$0	\$643,896	\$618,949	\$0	\$1,357,587	\$12,462	\$784,382	\$41,351
8 Total Nursing Facility Days As Filed Days = 34,574	FY21 Audited C/R Days	34,574									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,574	FY21 GL-PL Ins Rpt Days								34,574		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.25	\$108.21	\$0.00	\$18.62	\$17.90	(with L&H)	\$39.27	\$0.36	\$22.69	\$1.20
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4035								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.10								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.10	\$0.00	\$18.62	\$17.90		\$39.27	\$0.36	\$22.69	\$1.20
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.78	\$77.10	\$0.00	\$18.62	\$17.90		\$36.91	\$0.36	8.69	\$1.20
Outstanks Box Dions Bate Brianta Add and										(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$160.78	\$77.10	\$0.00		\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20
17 Quarterly Facility <u>Model for Medicaid Residents</u>	per Current Qtr End	φ100.76	1.4049	ψυ.υυ	ψ10.02	ψ17.30	ψυ.υυ	φ50.31	ψυ.30	ψυ.υσ	ψ1.20
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.32								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.00	\$108.32	\$0.00	\$18.62	\$17.90	\$0.00	\$36.91	\$0.36	\$8.69	\$1.20
Quarterly Per Diem Add-on Amounts											
	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	ψυ.υυ	Ψ0.22	Ψυ.+1	ψυ.υυ	φυ.υυ		ψυ.υυ	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ0.20					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.51	\$3.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$213.51	\$112.10	\$0.00		\$18.31	\$0.00	\$54.01	\$0.36	\$8.69	\$1.20
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.31		1				<u> </u>			-

PDPM PDPM Facility Add-on **CROSSVIEW CARE CENTER** Score Percent Facility Model (PDPM) Data Facility Statewide Provider: Add-on Data and Percentage Prvdr ID: 00142502A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.1258 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 31.82% 2.5% Quarterly Medicaid: 1.0714 Nurse Hrs per On-Site Day/Q 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 2 0% 3.05 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$4,648,464 \$2,377,800 \$0 \$406,497 \$397,972 \$0 \$731,834 \$734,361 \$0 FY21 C/R Audit Adistmts \$0 Audit Adjustments and Reallocations to Cost Center Costs (\$99,268) \$0 (\$1,662)(\$1,489)(\$75,173) (\$20,944) \$0 As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$61,316 As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R \$20,779 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$4,631,291 \$2,377,800 \$0 \$406,497 \$396,310 \$656,661 \$61,316 \$713,417 \$20,779 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 22,910 22,910 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22.910 22,910 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$202.15 \$103.79 \$17.74 \$17.23 (with L&H) \$28.66 \$2.68 \$31.14 \$0.91 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.1258 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$92.19 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$17.74 \$17.23 \$92.19 \$0.00 \$28.66 \$2.68 \$31.14 \$0.91 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$168.02 \$92.19 \$17.23 \$17.74 \$28.66 \$2.68 8.61 \$0.91 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$168.02 \$92.19 \$17.74 \$17.23 \$28.66 \$2.68 \$0.00 \$0.00 \$8.61 \$0.91 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.0714 \$98.77 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$174.60 \$98.77 \$17.74 \$17.23 \$28.66 \$2.68 \$0.00 \$0.00 \$8.61 \$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) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$2.47 \$2.47 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$1.98 \$1.98 23 (Fixed Amount) Nursing Home Provider Fee \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.08 \$4.98 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00

PDPM Shadow Rates. This is not your rate.

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Quarterly Model Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$197.68

\$103.75

\$0.00

\$17.96

\$17.64

\$0.00

\$46.13

\$8.61

\$0.91

\$2.68

Provider: PINEWOOD MANOR NURSING HOME & REHABILI' Prvdr ID: 00142513A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		y. This is NOT your effective rate. 4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q Add-on Data and Percentage Score A1.18% 4.36		Score Percent N/A 0.00% 41.18% 2.5%		Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:				PDPM Statewide 1.4210 1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			,				,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	ΦΕ Ε42 20C	₾0 440 7 00	r ₀	0047 707	€040.070	\$004 COF	#4.450.004		¢444 700	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$5,543,206 (\$69,429)	` ' '	\$0 \$0	\$917,767 \$0	\$310,979 \$0	\$294,695 \$0	\$1,159,264 (\$50,456)		\$441,732 (\$18,973)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$69,429)	Φ0	φυ	φυ	Φ0	φ0	(\$30,436)	\$50,456	(\$10,973)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$50,456		\$18,973
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,543,206	\$2,418,769	\$0	\$917,767	\$310,979	\$294,695	\$1,108,808	\$50,456	\$422,759	\$18,973
8	Total Nursing Facility Days As Filed Days = 26,672	FY21 Audited C/R Days	26,672	Ψ2,410,703	ΨΟ	ΨΟ17,707	ψ510,575	Ψ254,055	ψ1,100,000	ψ50,450	Ψ422,733	Ψ10,575
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,672	FY21 GL-PL Ins Rpt Days	20,0.2							26,672		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$207.83	\$90.69	\$0.00	\$34.41	\$22.71	(with L&H)	\$41.57	\$1.89	\$15.85	\$0.71
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4551</u>				, ,	·			·
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0.00	\$34.41	\$22.71		\$41.57	\$1.89	\$15.85	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.91	\$62.33	\$0.00	\$34.41	\$22.71		\$36.91	\$1.89	9.95	\$0.71
	Overtante Per Diana Pete Prior to Add one										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.91	\$62.33	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	V.00.0 .	1.3847	ψ0.00	ΨΦ	V	ψ5.55	ψοσιο .	V.133	ψο.σσ	Ψο
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.89	\$86.31	\$0.00	\$34.41	\$22.71	\$0.00	\$36.91	\$1.89	\$9.95	\$0.71
00	Quarterly Per Diem Add-on Amounts	(and Deliau Manual)	£4.4C	фо. го	# 0.00	#0.00	CO 44	#0.00	#0.00		ФО ОО	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16 \$2.16	\$0.53 \$2.16	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.01	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$215.90	\$91.59	\$0.00	\$34.63	\$23.12	\$0.00	\$54.01	\$1.89	\$9.95	\$0.71
20	additions insuce based i or bloin hate	LII 10 1 LII 27	φ213.30	ψ31.33	φυ.υυ	ΨJ 1 .UJ	Ψ 2 3.12	φυ.υυ	φJ4.01	φ1.03	ψ3.33	ψυ./ 1

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$149.10

Provider: LILLIAN G CARTER HEALTH AND REHAL Prvdr ID: 00142524A PDPM Shadow Rates. For informa PDPM Per Diem Rate E MDS & Nurse Hrs Data per Qu	tional use only. This is NOT your effective rate. Iffective Date: 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 58.14%	Add-on Percent 0.00% 5.5% 2.0%		Facility Mod Base Period (ata	PDPM Facility 1.5771 1.3993	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,673,939	\$3,167,559	\$0	\$506,123	\$577,514	\$0	\$898,852		\$523,891	\$0
	FY21 C/R Audit Adjstmts		' ' '	\$0 \$0		' '		' '		. ,	Φ0
6 Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 GL/PL Rpt	(\$152,551)	(\$3,158)	\$0	(\$774)	\$0	(\$541)	(\$115,510)	1	(\$32,568)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$105,950		#20.500
As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	ΦΕ CEO 00C	P2 464 404		PEOE 240	0 577.544	(\$541)	€702.242	¢105.050	\$491,323	\$32,568 \$32,568
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 27		\$5,659,906 27,064	\$3,164,401	\$0	\$505,349	\$577,514	(\$541)	\$783,342	\$105,950	φ491,323	\$32,300
8 Total Nursing Facility Days As Filed Days = 27 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27		27,004							27,064		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$209.11	\$116.92	\$0.00	\$18.67	\$21.32	(with L&H)	\$28.94	\$3.91	\$18.15	\$1.20
	from 2 qtrs of FY21	\$209.11		φυ.υυ	φ10.07	φ21.32	(WIUI L&H)	φ20.94	ф3.91	φ10.10	φ1.20
10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.5771 \$74.14								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.14	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	\$18.15	\$1.20
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	φ0.00	\$26.82	\$33.28		\$36.91	\$0.00	\$18.13 N/A	φ1.20
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.86	\$74.14	\$0.00	\$18.67	\$21.32		\$28.94	\$3.91	10.68	\$1.20
Dase i elloù Model Adjusted Allowed i el Dielli	200001 01 211 12 01 211 10	\$150.00	Ψ/4.14	Ψ0.00	φ10.07	Ψ21.32		Ψ20.94	ψ5.91	(FRV)	Ψ1.20
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.86	\$74.14	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3993								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.74								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.47	\$103.74	\$0.00	\$18.67	\$21.32	\$0.00	\$28.94	\$3.91	\$10.68	\$1.20
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	
	Routine Srvs) Ln 19 Col b x CPS Add-on	\$5.71	\$5.71								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvo	s) Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.41	\$8.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.88	\$112.05	\$0.00	\$18.89	\$21.73	\$0.00	\$46.41	\$3.91	\$10.68	\$1.20
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.34		<u> </u>	I	I	I	I			

	ovider: THE PLACE AT MARTINEZ ordr ID: 00142535A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 21.15%	Add-on Percent 0.00% 1.0% 3.0%		Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:				PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·				,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	ΦΕ ΕΕΩ 02E	₾0.055.000	r ₀	ФЕ4E 407	£470.000	# 0	#4.400.000		£400,404	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$5,553,835 (\$552,500)	\$2,955,002 (\$4,249)	\$0 \$0	\$515,467 \$0	\$478,603 (\$532)	\$0 (\$621)	\$1,166,332 (\$457,619)		\$438,431 (\$89,479)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$552,500)	(\$4,249)	φυ	Φ0	(\$552)	(\$621)	(\$457,619)	\$407,626	(\$09,479)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed F121 GL/FL Kpt As Filed FY21 C/R								\$407,626		\$89,264
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,498,225	\$2,950,753	\$0	\$515,467	\$478,071	(\$621)	\$708,713	\$407,626	\$348,952	\$89,264
8	Total Nursing Facility Days As Filed Days = 22,683	FY21 Audited C/R Days	22,683	Ψ2,000,700	ΨΟ	ψ515,407	Ψ470,071	(ψ021)	ψ/00,/10	ψ+07,020	ψ040,002	ψ03,204
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,683	FY21 GL-PL Ins Rpt Days								22,683		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$242.39	\$130.09	\$0.00	\$22.72	\$21.05	(with L&H)	\$31.24	\$17.97	\$15.38	\$3.94
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3238				, ,	·			·
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.27								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.27	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	\$15.38	\$3.94
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.52	\$98.27	\$0.00	\$22.72	\$21.05		\$31.24	\$17.97	11.33	\$3.94
	Overteels Per Piers Pete Private Add over										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.52	\$98.27	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	Ψ200.02	1.2069	ψ0.00	V222	Ψ21.00	φ0.00	ψ01.21	ψ17.07	ψ11.00	ψο.σ ι
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.85	\$118.60	\$0.00	\$22.72	\$21.05	\$0.00	\$31.24	\$17.97	\$11.33	\$3.94
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢4.50	₽ 0 E 0	ድ ስ ስዕ	#0.30	60.44	#0.00	фо o 7		ФО ОО	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$1.19	\$0.53 \$1.19	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.56	\$3.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψυ.υυ					\$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
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$250.23	\$123.88	\$0.00	\$22.94	\$21.46	\$0.00	\$48.71	\$17.97	\$11.33	\$3.94
20	wallerry model based i et bietit Nate	LII IS T LII 27	φ230.23	ψ123.00	φυ.υυ	φ 22.34	φ21.40	φυ.υυ	φ40.71	φ11.31	φ11.33	φ3.3 4

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$174.85

	ovider: PLEASANT VIEW NURSING CENTER vdr ID: 00142546A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	N/A 29.59%	Add-on Percent 0.00% 1.0% 2.0%					PDPM Facility 1.2147 1.0802	PDPM Statewide 1.4210 1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1 1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
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	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,876,385	\$3,081,078	\$0	\$479,023	\$638,241	\$0	\$1,054,581		\$623,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$159,905)	\$0	\$0	\$0	\$0	\$0	(\$103,136)		(\$56,769)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$80,018		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,769
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,853,267	\$3,081,078	\$0	\$479,023	\$638,241	\$0	\$951,445	\$80,018	\$566,693	\$56,769
8	Total Nursing Facility Days As Filed Days = 38,223	FY21 Audited C/R Days	38,223									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,223	FY21 GL-PL Ins Rpt Days								38,223		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153.14	\$80.61	\$0.00	\$12.53	\$16.70	(with L&H)	\$24.89	\$2.09	\$14.83	\$1.49
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2147</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.36								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.36	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	\$14.83	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.75	\$66.36	\$0.00	\$12.53	\$16.70		\$24.89	\$2.09	9.69	\$1.49
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.75	\$66.36	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.0802								,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.08	\$71.68	\$0.00	\$12.53	\$16.70	\$0.00	\$24.89	\$2.09	\$9.69	\$1.49
	Quarterly Per Diem Add-on Amounts	(B F M)	04.50	00.50		40.00	00.44	**	00.07		00.00	
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	\$0.72	\$0.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$1.43	\$1.43					64740			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	¢0.60	ድ ለ ለሰ	¢0.00	¢0.44	\$0.00	\$17.10 \$17.47	60.00	¢ 0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$20.78	\$2.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$159.86	\$74.36	\$0.00	\$12.75	\$17.11	\$0.00	\$42.36	\$2.09	\$9.69	\$1.49
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$107.07

Provider: CEDAR VALLEY NSG & REHAB CTR Prvdr ID: 00142557A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 35.19%	Add-on Percent 0.00% 2.5% 3.0%		Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:			PDPM Facility 1.4166 1.2845	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,501,761	\$2,628,706	\$0	\$519,462	\$525,174	\$0	\$1,077,078		\$751,341	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$45,855)	(\$81,570)	\$0	(\$14,056)	\$0	\$14,056	\$71,355		(\$35,640)	Ψ.
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	,	,		,				\$10,215	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$35,640
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,501,761	\$2,547,136	\$0	\$505,406	\$525,174	\$14,056	\$1,148,433	\$10,215	\$715,701	\$35,640
8 Total Nursing Facility Days As Filed Days = 27,936	FY21 Audited C/R Days	27,936									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY21 GL-PL Ins Rpt Days								27,936		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.95	\$91.18	\$0.00	\$18.09	\$19.30	(with L&H)	\$41.11	\$0.37	\$25.62	\$1.28
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4166</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$64.36	#0.00	#40.00	£40.00		C 44.44	₽0.07	ФО Б СО	¢4.00
 Net Per Diems after Model Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) 	per Peer Group Limits		\$64.36 \$104.63	\$0.00	\$18.09 \$26.82	\$19.30 \$33.28		\$41.11 \$36.91	\$0.37 \$0.00	\$25.62 N/A	\$1.28
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.22	\$64.36	\$0.00	\$18.09	\$19.30		\$36.91	\$0.00	9.91	\$1.28
Date Fellou Model Adjusted Allowed Fell Dielli		ψ100.22	φο τ.σσ	ψ0.00	ψ10.00	ψ13.00		φοσ.στ	ΨΟ.Ο1	(FRV)	ψ1.20
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) 17 Quarterly Facility Model for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End	\$150.22	\$64.36 1.2845	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28
 17 Quarterly Facility Model for Medicaid Residents 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem 	Ln 16 x Ln 17		1.2845 \$82.67								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.53	\$82.67	\$0.00	\$18.09	\$19.30	\$0.00	\$36.91	\$0.37	\$9.91	\$1.28
		, 1100							, , , , , ,	*	, ,
Quarterly Per Diem Add-on Amounts	(one Delice Manual)	04.40	Φ0.50	#0.00	#0.00	⊕ 0.44	#0.00	#0.00		#0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16 \$2.07	\$0.53 \$2.07	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.40					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$191.34	\$87.75	\$0.00	\$18.31	\$19.71	\$0.00	\$54.01	\$0.37	\$9.91	\$1.28

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$130.68

Provider: PRESBYTERIAN HOME, QUITMAN, IN Prvdr ID: 00142579A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowa Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 44.80%	Add-on Percent 0.00% 2.5% 3.0%	Percent Facility Model (PDPM) Data 0.00% Base Period Overall: 2.5%				PDPM Facility 1.4246 1.4769	PDPM_ Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Ded Sizes	All Ded Gizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Gizes			
Peer Group Standards & Efficiency Measure Limits	(and Delian Manual)		00.00/	90.0%	90.0%	85.0%		50.0%			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	A 5" 15 (64 0/D 5) (64 0) (DLD 1	A 40.000.000	\$7 004 400		A4 000 500	* 4 * 00 000		00.074.007		47. 40.044	
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,239,689	' ' '	\$0	, , , , , , , , , ,	\$1,508,200	\$0	\$2,274,227		\$746,611	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$100,742)	\$0	\$0	\$0	\$0	\$0	(\$71,846)		(\$28,896)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$100,151		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,896
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,267,994	\$7,021,129	\$0	\$1,689,522	\$1,508,200	\$0	\$2,202,381	\$100,151	\$717,715	\$28,896
8 Total Nursing Facility Days As Filed Days = 59,903	FY21 Audited C/R Days	59,903									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 59,903	FY21 GL-PL Ins Rpt Days								59,903	.	
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$221.49	\$117.21	\$0.00	\$28.20	\$25.18	(with L&H)	\$36.77	\$1.67	\$11.98	\$0.48
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4246								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.28								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.28	\$0.00	\$28.20	\$25.18		\$36.77	\$1.67	\$11.98	\$0.48
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.14	\$82.28	\$0.00	\$26.82	\$25.18		\$36.77	\$1.67	18.94 (FRV)	\$0.48
Quarterly Per Diem Rate Prior to Add-ons										(/ /\ V)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.14	\$82.28	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4769								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.52								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.38	\$121.52	\$0.00	\$26.82	\$25.18	\$0.00	\$36.77	\$1.67	\$18.94	\$0.48
Countries Box Diago Add an Amazanta											
Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.04	¢0.53	\$0.00	\$0.00	¢0.44	\$0.00	¢0.10		\$0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.04 \$3.04	\$0.53 \$3.04	\$0.00	\$0.00	\$0.41	\$0.00	\$0.10		\$0.00	
21 Bin/S Add-on Per Diem = 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
23 Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$0.00	φ3.03					\$0.00			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.73	\$7.22	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Ln 19 + Ln 24					·					
25 Quarterly Model Based Per Diem Rate	LII 19 + LII 24	\$239.11	\$128.74	\$0.00	\$26.82	\$25.59	\$0.00	\$36.87	\$1.67	\$18.94	\$0.48
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.33									

	ovider: BRYANT HEALTH AND REHABILITATION CENTER of ID: 00142601A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	1/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 21.57%	Add-on Percent 0.00% 1.0% 3.0%	Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:				PDPM Facility 1.1534 1.3354	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	φ0.22	φυ.41		φ0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,225,762	\$1,902,038	\$0	\$332,453	\$415,172	\$0	\$855,900		\$720,199	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$400,121)	\$0	\$0	\$0	\$0	\$0	(\$371,520)		(\$28,601)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$95,751		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,601
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,949,993	\$1,902,038	\$0	\$332,453	\$415,172	\$0	\$484,380	\$95,751	\$691,598	\$28,601
8	Total Nursing Facility Days As Filed Days = 20,952	FY21 Audited C/R Days	20,952									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,952	FY21 GL-PL Ins Rpt Days								20,952		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.54	\$90.78	\$0.00	\$15.87	\$19.82	(with L&H)	\$23.12	\$4.57	\$33.01	\$1.37
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.1534</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.71								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.71	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	\$33.01	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.14	\$78.71	\$0.00	\$15.87	\$19.82		\$23.12	\$4.57	9.68	\$1.37
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Lo 44 v Cruth Allino 0/	#0.00	0.00	# 0.00	# 0.00	# 0.00	# 0.00	# 0.00		N1/A	N1/0
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$153.14	\$78.71	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3354								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0.70 5.4	\$105.11	00.00	045.07		00.00	***	04.57	00.00	4.07
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.54	\$105.11	\$0.00	\$15.87	\$19.82	\$0.00	\$23.12	\$4.57	\$9.68	\$1.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$4.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.37	\$109.84	\$0.00	\$16.09	\$20.23	\$0.00	\$40.59	\$4.57	\$9.68	\$1.37
						I	l		1			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$138.95

Provider: PROVIDENCE HEALTHCARE Prvdr ID: 00142612A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 31.67%	Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4823 1.3691	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(ccc r chey mandar)		ψο.σσ	φοισσ	40.22	φο. τ		φο.σ7			
Base Period Per Diem Allowed Amounts As Filed Cost Costs (Costs (Daylins & Costs) Street Costs (Costs)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,420,119	\$2,642,259	\$0	\$461,992	\$525,857	\$0	\$892,338		\$897,673	\$0
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$150,658)	\$2,042,259	\$0	\$401,992	(\$1,610)	(\$1,576)			(\$19,764)	ΦΟ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$150,056)	\$0	φ0	φ0	(\$1,610)	(\$1,576)	(\$127,700)	\$110,694	(\$19,764)	
As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$110,694		\$19,644
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,399,799	\$2,642,259	\$0	\$461,992	\$524,247	(\$1,576)	\$764,630	\$110,694	\$877,909	\$19,644
8 Total Nursing Facility Days As Filed Days = 25,628	FY21 Audited C/R Days	25,628	Ψ2,042,200	Ψ0	Ψ+01,002	ψυΖτ,Ζτι	(ψ1,070)	Ψ104,000	ψ110,004	φοιι,σοσ	Ψ10,044
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,628	FY21 GL-PL Ins Rpt Days	20,020							25,628		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$210.71	\$103.10	\$0.00	\$18.03	\$20.39	(with L&H)	\$29.84	\$4.32	\$34.26	\$0.77
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4823			·	, ,			·	,
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.55								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.55	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	\$34.26	\$0.77
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.65	\$69.55	\$0.00	\$18.03	\$20.39		\$29.84	\$4.32	8.75	\$0.77
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.65	\$69.55	\$0.00		\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$0.77
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3691								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.22								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.32	\$95.22	\$0.00	\$18.03	\$20.39	\$0.00	\$29.84	\$4.32	\$8.75	\$0.77
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$2.38	\$2.38								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90								
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	\$22.91	\$4.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$200.23	\$100.03	\$0.00	\$18.25	\$20.80	\$0.00	\$47.31	\$4.32	\$8.75	\$0.77
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.35		1			ı	ı	I		1

DEMONSTRATION ONLY

Provider: Providence HC Sparta Prvdr ID: 00142623A PDPM Shadow Rate For informational use only. This is NOT Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/24		ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 12.2% 2.82	Add-on Percent 0.00% 0.0% 2.0%	Qrtrly N	Case Mix Inde: Base Perio Icaid PDPM w RU	d Overall PDPM:		Facility Specific 1.3209 1.2837	State-wide 1.3617 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Base Period Per Diem Allowed Amounts			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Net Historical Cost 2020 Inflation (July 2012) @ 4.30% Patient Days	FY2020 C/R -FY 2020 GL-PL Rpt FY 2020 Cost Rpt		1,764,172 75,859 19,899		381,955 16,424 19,899	403,459 17,095 19,899	(5,910)	712,778 30,649 19,899	56,970	502,948 19,899	29,364 1,263 19,899
Total Nursing Facility Days GL-PL Ins. Rpt Inflated NHC/ Patient Days Base Period Facility CMI for all Residents Routine Services Case Mix Adjusted Net Per Diem	FY 20 GL-PL Ins Rpt Days		92.47 <u>1.3209</u> \$70.00		20.02	20.84		37.36	19,899 2.86	25.28	1.54
Net Per Diems After Case Mix Adjustments Per Diem Standards		\$177.90	\$70.00 \$104.63		\$20.02 \$26.82	\$20.84 \$33.28		\$37.36 \$36.91	\$2.86	\$25.28	1.54
Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-Ons Growth Allowance 0.00%		\$161.96 \$0.00	\$70.00 \$0.00		\$20.02 \$0.00	\$20.84 \$0.00		\$36.91 \$0.00	\$2.86	9.79 (FRV Rate)	1.54
CMA Allowed Per Diem After Growth Allowance Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$161.96	\$70.00 <u>1.2837</u> \$89.86		\$20.02	\$20.84		\$36.91	\$2.86	\$9.79	\$1.54
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$181.82 \$1.16	\$89.86		\$20.02 \$0.22	\$20.84 \$0.41		\$36.91 \$0.00	\$2.86	\$9.79	\$1.54
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0) BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$0.00 \$1.80	\$0.53 0.00 1.80		φυ.22	φυ.41					
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$ 17.10 \$20.06	ф00.10.		\$00.04	*01.05		\$ 17.10	#0.00	*0.70	61.54
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$138.59	\$201.88	\$92.19		\$20.24	\$21.25		\$54.01	\$2.86	\$9.79	\$1.54
Leave/Ded noid Per Diem nate (Per Diem nate - PVdr Fee) X 75%	PDPM Shadow Rate This is no	t wour roto									

	ovider: GREENE POINT HEALTH AND REHABILITATION ovdr ID: 00142634A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 12.20%	Add-on Percent 0.00% 0.0% 5.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.2927 1.2421	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DI	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u>F1</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	, , , , , , , , , , , , , , , , , , ,	(see Policy Manual)		φυ.53	\$0.00	φ0.22	φυ.41		φυ.37			
_	Base Period Per Diem Allowed Amounts	As Filed FVOA O/D FVOA O/ /DI Det	#0.050.057	64 040 000	•	0040.040	0407.044		# 040 400		# 000 040	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$3,659,957	\$1,949,398	\$0	\$342,213	\$467,011	\$0	\$612,486		\$288,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 GL/PL Rpt	(\$78,315)	(\$1,768)	\$0	(\$433)	\$0	(\$363)	(\$58,195)		(\$17,556)	
	As Filed Cost Center Costs (GL/PL)	As Filed F121 GL/PL Rpt As Filed FY21 C/R								\$52,845		\$17,556
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,652,043	\$1 047 630	\$0	\$341,780	\$467,011	(\$363)	\$554,291	\$52,845	\$271,293	\$17,556
8	Total Nursing Facility Days As Filed Days = 15,146	FY21 Audited C/R Days	15,146	ψ1,947,030	Ψ0	ψ341,700	φ407,011	(ψ303)	ψ334,291	ψ32,043	Ψ271,293	Ψ17,550
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,146	FY21 GL-PL Ins Rpt Days	10,110							15,146		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$241.13	\$128.59	\$0.00	\$22.57	\$30.81	(with L&H)	\$36.60	\$3.49	\$17.91	\$1.16
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2927								,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.47								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.47	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	\$17.91	\$1.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.13	\$99.47	\$0.00	\$22.57	\$30.81		\$36.60	\$3.49	13.03	\$1.16
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$207.13	\$99.47	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2421								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.21	\$123.55	\$0.00	\$22.57	\$30.81	\$0.00	\$36.60	\$3.49	\$13.03	\$1.16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (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	\$6.18	\$6.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.67	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$255.88	\$130.26	\$0.00	\$22.79	\$31.22	\$0.00	\$53.93	\$3.49	\$13.03	\$1.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$179.09			•		•				

DEMONSTRATION ONLY

Provider: Warrenton H&R Prvdr ID: 00142645A H/B ?: No PDPM Shadow Rate For informational use only. This is NOT Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/24		ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 15.6% 3.48	Add-on Percent 0.00% 0.0% 3.0%	Qrtrly M	Case Mix Inde: Base Perio Icaid PDPM w RU	d Overall PDPM:		Facility Specific 1.3209 0.6500	State- wide 1.3617 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Base Period Per Diem Allowed Amounts			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Net Historical Cost 2020 Inflation (July 2021) @ 4.30% Patient Days	FY2020 C/R -FY 2020 GL-PL Rpt FY 2020 Cost Rpt		1,819,480 78,238 23.097		414,160 17,809 23,097	504,946 21,786 23.097	1,715	668,786 28,758 23.097	86,784	656,976 23.097	44,295 1,905 23,097
Total Nursing Facility Days GL-PL Ins. Rpt Inflated NHC/ Patient Days	FY 2020 Cost Rpt FY 20 GL-PL Ins Rpt Days		82.16		18.70	23,097		30.20	23,097 3.76	28.44	23,097
Base Period Facility CMI for all Residents Routine Services Case Mix Adjusted Net Per Diem Net Per Diems After Case Mix Adjustments		\$168.19	1.3209 \$62.20 \$62.20		\$18.70	\$22.88		\$30,20	\$3.76	\$28.44	2.00
Per Diem Standards			\$104.63		\$26.82	\$33.28		\$36.91	• • • •		
Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-Ons		\$148.65	\$62.20		\$18.70	\$22.88		\$30.20	\$3.76	8.91 (FRV Rate)	2.00
Growth Allowance 0.00% CMA Allowed Per Diem After Growth Allowance Quarterly Facility Case Mix Index for Medicaid Residents		\$0.00 \$148.65	\$0.00 \$62.20 <u>0.6500</u>		\$0.00 \$18.70	\$0.00 \$22.88		\$0.00 \$30.20	\$3.76	\$8.91	\$2.00
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$126.88	\$40.43 \$40.43		\$18.70	\$22.88		\$30.20	\$3.76	\$8.91	\$2.00
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0) BIMS Add-on Per Diem = 0.0% (to Routine Srvs)		\$1.53 \$0.00	\$0.53 0.00		\$0.22	\$0.41		\$0.37			
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$1.21 \$ 17.10 \$19.84	1.21					\$ 17.10			
Quarterly Case Mix Based Per Diem Rate		\$146.72	\$42.17		\$18.92	\$23.29		\$47.67	\$3.76	\$8.91	\$2.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$97.22 PDPM Shadow Rate. This is no	t vour rate									

Provider: ORCHARD HEALTH AND REHABILITATION Prvdr ID: 00142656A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 37.68%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.2429 1.2443	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			7 III BOO GIZOO	7 til 200 01200	7 til 200 01200	7111 200 01200	7111 2000 01200	7 III 200 01200			
Peer Group Standards & Efficiency Measure Limits 2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,735,805	\$2,710,319	\$0	\$501,104	\$527,424	\$0	\$794,131		\$202,827	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$147,870)	' ' '	\$0 \$0	(\$703)	\$327,424	(\$420)	(\$117,916)		(\$26,050)	φυ
	As Filed FY21 GL/PL Rpt	(\$147,870)	(\$2,784)	φυ	(\$703)	မှာ	(\$420)	(\$117,910)	£400.445	(φ20,030)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$109,415		# 22.700
As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,721,139	\$2,707,535	\$0	\$500,401	\$527,427	(\$420)	\$676,215	\$109,415	\$176,777	\$23,789 \$23,789
8 Total Nursing Facility Days As Filed Days = 24,631	FY21 Audited C/R Days	24,741	φ2,707,333	φυ	φ300,401	φ321,421	(\$420)	\$670,213	\$109,415	φ170,777	φ23,769
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,631	FY21 GL-PL Ins Rpt Days	24,741							24,741		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.83	\$109.44	\$0.00	\$20.23	\$21.30	(with L&H)	\$27.33	\$4.42	\$7.15	\$0.96
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$190.03	1.2429	ψ0.00	Ψ20.23	Ψ21.50	(With Earl)	Ψ21.55	Ψ4.42	Ψ1.13	ψ0.90
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.05								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.05	\$0.00	\$20.23	\$21.30		\$27.33	\$4.42	\$7.15	\$0.96
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	Ψ7.13 N/A	Ψ0.90
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.51	\$88.05	\$0.00	\$20.02	\$21.30		\$27.33	\$4.42	9.22	\$0.96
Dase Fellou Model Adjusted Allowed Fell Dieffi	200001 01 211 12 01 211 10	ψ171.51	ψ00.03	ψ0.00	Ψ20.23	Ψ21.50		Ψ21.55	Ψ4.42	(FRV)	Ψ0.90
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.51	\$88.05	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2443								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.56								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.02	\$109.56	\$0.00	\$20.23	\$21.30	\$0.00	\$27.33	\$4.42	\$9.22	\$0.96
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$2.74	\$2.74								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (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	\$26.85	\$8.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.87	\$118.31	\$0.00	\$20.45	\$21.71	\$0.00	\$44.80	\$4.42	\$9.22	\$0.96
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.08					1				

	ovider: HERITAGE INN OF SANDERSVILLE HEALTH AND II vdr ID: 00142678A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	7. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS scot Nurse Hrs per 0	re:	N/A 35.85%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.3351 1.2924	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(000 1 000)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,780,205	\$2,079,357	\$0	\$362,924	\$398,923	\$0	\$572,981		\$366,020	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$99,857)	(\$2,112)	\$0	(\$517)	\$0	(\$371)	(\$69,313)		(\$27,544)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,920		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$27,544
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,770,812	\$2,077,245	\$0	\$362,407	\$398,923	(\$371)	\$503,668	\$62,920	\$338,476	\$27,544
8	Total Nursing Facility Days As Filed Days = 18,097	FY21 Audited C/R Days	18,097									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,097	FY21 GL-PL Ins Rpt Days								18,097		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.36	\$114.78	\$0.00	\$20.03	\$22.02	(with L&H)	\$27.83	\$3.48	\$18.70	\$1.52
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3351</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.97								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.97	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	\$18.70	\$1.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$172.63	\$85.97	\$0.00	\$20.03	\$22.02		\$27.83	\$3.48	11.78	\$1.52
	·										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.63	\$85.97	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$1.52
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2924</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.11							.	.
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.76	\$111.11	\$0.00	\$20.03	\$22.02	\$0.00	\$27.83	\$3.48	\$11.78	\$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)	\$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	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.56	\$5.56								
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	\$26.97	\$8.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$224.73	\$119.98	\$0.00	\$20.25	\$22.43	\$0.00	\$45.30	\$3.48	\$11.78	\$1.52
									<u> </u>			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$155.72

Provider: JESUP HEALTH AND REHAB Prvdr ID: 00142689A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 22.22%	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.7621 1.7800	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folloy Maridar)		ψυ.σσ	φο.σσ	ψ0.22	ψ0.41		ψο.στ			
Base Period Per Diem Allowed Amounts	A- Fil- I FV04 O/D FV04 O/ /DI D-1	#0.050.000	#4.050.400		#000 0F0	* 440 * 40		0057.400		\$000.454	Φ0
As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,652,609	' ' '	\$0	' '	\$440,513	\$0	\$857,163		\$366,154	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$42,232)	(\$6,302)	\$0	\$0	\$0	\$0	(\$18,068)	# 40.000	(\$17,862)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$16,669		#47.000
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,644,908	\$1,652,821	\$0	\$329,656	\$440,513	\$0	\$839,095	\$16,669	\$348,292	\$17,862 \$17,862
8 Total Nursing Facility Days As Filed Days = 17,731	FY21 Audited C/R Days	17,731	\$1,032,021	φ0	\$329,030	φ440,513	φ0	φ039,093	\$10,009	φ340,292	\$17,002
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,731	FY21 GL-PL Ins Rpt Days	17,751							17,731		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$205.56	\$93.22	\$0.00	\$18.59	\$24.84	(with L&H)	\$47.32	\$0.94	\$19.64	\$1.01
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	,	1.7621	, ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V =		V	****	*****	****
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.90								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.90	\$0.00	\$18.59	\$24.84		\$47.32	\$0.94	\$19.64	\$1.01
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.13	\$52.90	\$0.00	\$18.59	\$24.84		\$36.91	\$0.94	7.94	\$1.01
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.13	\$52.90	\$0.00	1	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.7800								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.16								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.39	\$94.16	\$0.00	\$18.59	\$24.84	\$0.00	\$36.91	\$0.94	\$7.94	\$1.01
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$0.94	\$0.94							, ,	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	\$22.97	\$5.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$207.36	\$99.40	\$0.00	\$18.81	\$25.25	\$0.00	\$54.01	\$0.94	\$7.94	\$1.01
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.70		l	1		I	l	I		I

	ovider: COLQUITT REGIONAL SENIOR CARE & REHABILI ovider ID: 00142711A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 17.50%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.6431 1.3942	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DL	PM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		,			·							
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	©4.405.454	₾4 00F 400	¢o.	#220.070	C450.040		₽ 040 ₹40		ФГС4 7 04	ФО.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$4,135,451 (\$54,920)	\$1,865,160 (\$99,547)	\$0 \$0	\$330,376 \$0	\$459,646 \$0	\$0 \$1,050	\$918,548 \$94,873		\$561,721 (\$51,296)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$54,920)	(\$99,547)	Φ0	\$0	\$0	\$1,030	φ94,073	\$4,674	(\$31,290)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed F121 GL/FL Kpt As Filed FY21 C/R								\$4,674		\$51,296
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,136,501	\$1,765,613	\$0	\$330,376	\$459,646	\$1,050	\$1,013,421	\$4,674	\$510,425	\$51,296
8	Total Nursing Facility Days As Filed Days = 17,007	FY21 Audited C/R Days	17,007	ψ1,700,010	ΨΟ	ψ550,570	ψ+33,040	ψ1,030	ψ1,010,421	ΨΨ,ΟΙΨ	ψ510,425	ψ01,200
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,007	FY21 GL-PL Ins Rpt Days	,001							17,007		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$243.23	\$103.82	\$0.00	\$19.43	\$27.09	(with L&H)	\$59.59	\$0.27	\$30.01	\$3.02
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6431								,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.19								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.19	\$0.00	\$19.43	\$27.09		\$59.59	\$0.27	\$30.01	\$3.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.38	\$63.19	\$0.00	\$19.43	\$27.09		\$36.91	\$0.27	18.47	\$3.02
	Overteels Per Piers Pete Private Add over										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.38	\$63.19	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$100.00	1.3942	ψ0.00	ψ10.10	ψ21.00	ψ0.00	φοσιστ	ΨΟ.ΣΤ	Ψ10.11	Ψ0.02
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.29	\$88.10	\$0.00	\$19.43	\$27.09	\$0.00	\$36.91	\$0.27	\$18.47	\$3.02
20	Quarterly Per Diem Add-on Amounts	(one Policy Manual)	¢4.46	₽0.53	ድር ዕር	#0.00	CO 44	\$0.00	* 0.00		ФО ОО	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16 \$0.00	\$0.53 \$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.04					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.90	\$3.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.19	\$91.27	\$0.00	\$19.65	\$27.50	\$0.00	\$54.01	\$0.27	\$18.47	\$3.02
20	additions insuce based i or bloin hate	E1 10 1 E1127	Ψ214.13	Ψ31.21	φυ.υυ	\$13.03	φ21.30	φυ.υυ	φυυ Ι	Ψ0.21	Ψ10.41	ψ3.02

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$147.82

Facility

Add-on

BUCHANAN HEALTHCARE CENTER Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00142722A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3629 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 30.00% 2.5% Quarterly Medicaid: 1.4502 Nurse Hrs per On-Site Day/Q 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 2 0% 3.16 Plant Admin Property A&G - GL/PL Sources / Routine Special Laundry & Taxes and Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$4,229,239 \$1,887,153 \$0 \$292,845 \$357,025 \$0 \$1,348,128 \$344,088 \$0 FY21 C/R Audit Adistmts (\$23,335) \$0 (\$22,972) Audit Adjustments and Reallocations to Cost Center Costs (\$138,993) \$0 \$0 \$0 (\$92,686) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$92,686 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$22 972 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$4,205,904 \$1,863,818 \$0 \$292,845 \$357,025 \$1,255,442 \$92,686 \$321,116 \$22,972 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 17,870 17,870 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,870 17,870 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$235.37 \$104.30 \$0.00 \$16.39 \$19.98 (with L&H) \$70.25 \$5.19 \$17.97 \$1.29 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3629 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$76.53 RS = Ln 11, AllOthr = Ln 9 \$17.97 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$76.53 \$19.98 \$0.00 \$16.39 \$70.25 \$5.19 \$1.29 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$168.04 \$76.53 \$19.98 11.75 \$16.39 \$36.91 \$5.19 \$1.29 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$168.04 \$76.53 \$0.00 \$36.91 \$5.19 \$16.39 \$19.98 \$0.00 \$11.75 \$1.29 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.4502 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$110.98 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$202.49 \$110.98 \$16.39 \$19.98 \$36.91 \$11.75 \$0.00 \$0.00 \$5.19 \$1.29

PDPM Shadow Rates. This is not your rate.

(see Policy Manual)

In 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

2.5% (to Routine Srvs)

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)

Quarterly Per Diem Add-on Amounts

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

BIMS Add-on Per Diem =

Nursing Home Provider Fee

20

21

22

23

24

\$1.16

\$2.77

\$2.22

\$17.10

\$23.25

\$225.74

\$0.53

\$2.77

\$2.22

\$5.52

\$116.50

\$0.00

\$0.00

\$0.00

\$0.22

\$0.22

\$16.61

\$0.41

\$0.41

\$20.39

\$0.00

\$0.00

\$0.00

\$0.00

\$17.10

\$17.10

\$54.01

\$0.00

\$5.19

\$0.00

\$0.00

\$0.00

\$1.29

PDPM

PDPM

PDPM PDPM Facility Add-on Provider: THE RETREAT Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00142733A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.4209 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 31.58% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.2400 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 3.0% 3.97 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) 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 Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$4,631,443 \$2,548,680 \$0 \$780,988 \$217,448 \$274,882 \$591,372 \$218,073 \$0 FY21 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$15,820) \$0 \$0 \$0 \$0 \$0 (\$15,820) \$0 As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$15,820 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$0 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$4,631,443 \$2.548.680 \$0 \$780,988 \$217,448 \$274.882 \$575,552 \$15,820 \$218,073 \$0 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 19,704 19,704 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,704 19,704 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$235.06 \$129.35 \$0.00 \$39.64 \$24.99 (with L&H) \$29.21 \$0.80 \$11.07 \$0.00 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.4209 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$91.03 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$91.03 \$24.99 \$11.07 \$0.00 \$39.64 \$29.21 \$0.80 \$0.00 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$37.13 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$192.14 \$91.03 \$37.13 \$24.99 8.98 \$29.21 \$0.80 \$0.00 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$192.14 \$91.03 \$37.13 \$29.21 \$0.00 \$24.99 \$0.00 \$0.80 \$8.98 \$0.00 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.2400 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$112.88 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$213.99 \$112.88 \$37.13 \$24.99 \$29.21 \$0.80 \$0.00 \$0.00 \$8.98 \$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) \$1.31 \$0.53 \$0.00 \$0.00 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$2.82 \$2.82 2.5% (to Routine Srvs) 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 (Fixed Amount) Nursing Home Provider Fee \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.62 \$6.74 \$0.00 \$0.00 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 **Quarterly Model Based Per Diem Rate** Ln 19 + Ln 24 \$238.6 \$119.62 \$0.00 \$37.13 \$25.40 \$0.00 \$46.68 \$0.80 \$8.98 \$0.00

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

	ovider: RIDGEWOOD MANOR HEALTH AND REHABILITAT vdr ID: 00142744A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 34.43%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C	Overall:	ta_	PDPM Facility 1.4182 1.3000	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PE	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,749,025	\$3,476,594	\$0	\$588,761	\$786,901	\$0	\$1,538,059		\$358,710	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$186,534)	(\$3,505)	\$0	\$6,897	(\$77,554)	(\$2,843)	(\$109,529)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$51,996		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$10,318
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,624,805	\$3,473,089	\$0	\$595,658	\$709,347	(\$2,843)	\$1,428,530	\$51,996	\$358,710	\$10,318
8	Total Nursing Facility Days As Filed Days = 25,728	FY21 Audited C/R Days	25,728									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,728	FY21 GL-PL Ins Rpt Days								25,728		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$257.48	\$134.99	\$0.00	\$23.15	\$27.46	(with L&H)	\$55.52	\$2.02	\$13.94	\$0.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4182</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.19								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.19	\$0.00	\$23.15	\$27.46		\$55.52	\$2.02	\$13.94	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$194.99	\$95.19	\$0.00	\$23.15	\$27.46		\$36.91	\$2.02	9.86	\$0.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$194.99	\$95.19	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3000</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.55	\$123.75	\$0.00	\$23.15	\$27.46	\$0.00	\$36.91	\$2.02	\$9.86	\$0.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$3.09	\$3.09			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4 0		+	
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	\$25.06	\$7.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.61	\$131.08	\$0.00	\$23.37	\$27.87	\$0.00	\$54.01	\$2.02	\$9.86	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.63		I	I	I		<u> </u>			

	ovider: HARBORVIEW SATILLA vdr ID: 00142755A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 8.20%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.4025 1.5084	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PE	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,162,906	\$2,952,579	\$0	\$505,108	\$643,549	\$0	\$1,213,931		\$847,739	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$192,360)	(\$69,707)	\$0	\$0	\$0	(\$3,513)	(\$69,489)		(\$49,651)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$138,917		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$74,651
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,184,114	\$2,882,872	\$0	\$505,108	\$643,549	(\$3,513)	\$1,144,442	\$138,917	\$798,088	\$74,651
8	Total Nursing Facility Days As Filed Days = 29,283	FY21 Audited C/R Days	29,283									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,283	FY21 GL-PL Ins Rpt Days								29,283		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.18	\$98.45	\$0.00	\$17.25	\$21.86	(with L&H)	\$39.08	\$4.74	\$27.25	\$2.55
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4025								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.20		A					^	
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.20	\$0.00	\$17.25	\$21.86		\$39.08	\$4.74	\$27.25	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Model Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$167.12	\$104.63 \$70.20	\$0.00	\$26.82 \$17.25	\$33.28 \$21.86		\$36.91 \$36.91	\$0.00 \$4.74	N/A 13.61	\$2.55
14	base Fellod Model Adjusted Allowed Fel Dietii	Lesser of Eli 12 of Eli 13	\$107.12	\$70.20	φυ.υυ	\$17.25	\$21.00		φ30.91	Ф4.74	(FRV)	φ2.55
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.12	\$70.20	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5084								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	*********	\$105.89	# 0.00	0.17.05	004.00			0.71	0.40.04	00.55
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.81	\$105.89	\$0.00	\$17.25	\$21.86	\$0.00	\$36.91	\$4.74	\$13.61	\$2.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine 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	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		_			_	\$17.10		_	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.44	\$3.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$224.25	\$109.60	\$0.00	\$17.47	\$22.27	\$0.00	\$54.01	\$4.74	\$13.61	\$2.55

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$155.36

	ovider: ETOWAH LANDING vdr ID: 00142766A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 27.27%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.3342 1.6760	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,812,108	\$3,125,360	\$0	\$537,422	\$483,015	\$0	\$1,085,883		\$580,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$259,081)	(\$41,934)	\$0	\$0	(\$4,642)	(\$5,467)	(\$158,714)		(\$48,324)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$207,141		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$47,314
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,807,482	\$3,083,426	\$0	\$537,422	\$478,373	(\$5,467)	\$927,169	\$207,141	\$532,104	\$47,314
8	Total Nursing Facility Days As Filed Days = 29,460	FY21 Audited C/R Days	29,460									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,460	FY21 GL-PL Ins Rpt Days							*****	29,460		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$197.12	\$104.66	\$0.00	\$18.24	\$16.05	(with L&H)	\$31.47	\$7.03	\$18.06	\$1.61
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3342								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$78.44	\$0.00	¢40.04	¢16.05		004 47	¢7.02	¢49.06	\$1.61
12	Net Per Diems after Model Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$78.44 \$104.63	\$0.00	\$18.24 \$26.82	\$16.05 \$33.28		\$31.47 \$36.91	\$7.03 \$0.00	\$18.06 N/A	\$1.61
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.01	\$78.44	\$0.00	\$18.24	\$16.05		\$30.91	\$7.03	9.17	\$1.61
14	base renou would Adjusted Allowed retiblem	Eddaci of Eli 12 of Eli 10	\$102.01	\$70.44	φυ.υυ	\$10.24	\$10.03		φ31.47	φ1.03	(FRV)	φ1.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.01	\$78.44	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6760								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	2015.01	\$131.47	# 0.00	040.04	040.05		004.47	A 7.00	00.17	0.4.04
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.04	\$131.47	\$0.00	\$18.24	\$16.05	\$0.00	\$31.47	\$7.03	\$9.17	\$1.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.31	\$1.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.94	\$3.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$5.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.92	\$137.25	\$0.00	\$18.46	\$16.46	\$0.00	\$48.94	\$7.03	\$9.17	\$1.61

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$166.37

	ovider: ROBERTA HEALTH AND REHAB vdr ID: 00142777A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 48.21%	Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period C		<u>ıta</u>	PDPM Facility 1.3411 1.5619	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,984,403	\$1,898,551	\$0	\$338,555	\$447,229	\$0	\$1,570,690		\$729,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$114,175)	(\$11,911)	\$0	\$0	\$0	\$0	(\$44,529)		(\$57,735)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,750		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$57,735
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,971,713	\$1,886,640	\$0	\$338,555	\$447,229	\$0	\$1,526,161	\$43,750	\$671,643	\$57,735
8	Total Nursing Facility Days As Filed Days = 26,018	FY21 Audited C/R Days	26,018									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,018	FY21 GL-PL Ins Rpt Days								26,018		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$191.08	\$72.51	\$0.00	\$13.01	\$17.19	(with L&H)	\$58.66	\$1.68	\$25.81	\$2.22
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3411</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.07								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.07	\$0.00	\$13.01	\$17.19		\$58.66	\$1.68	\$25.81	\$2.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.08	\$54.07	\$0.00	\$13.01	\$17.19		\$36.91	\$1.68	8.00	\$2.22
	·										(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Cardh Allama (V						***			21/2	21/2
15	Growth Alloward Per Picer (Afric Count Alloward Add an)	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.08	\$54.07	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5619								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0400 40	\$84.45	***	640.04	047.40	# 0.00	# 20.04	64.00	#0.00	60.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.46	\$84.45	\$0.00	\$13.01	\$17.19	\$0.00	\$36.91	\$1.68	\$8.00	\$2.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.64	\$4.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$25.43	\$7.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$188.89	\$92.15	\$0.00	\$13.23	\$17.60	\$0.00	\$54.01	\$1.68	\$8.00	\$2.22
					I.	I	<u> </u>	l	<u> </u>			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$128.84

	rovider: TWIN FOUNTAINS HOME rvdr ID: 00142843A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 36.36%	Add-on Percent 0.00% 2.5% 3.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u>	PDPM Facility 1.2432 1.1385	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
	DDM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
PI	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ0.53	\$0.00	\$0.22	\$0.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,651,958	\$3,278,054	\$0	\$985,932	\$911,253	\$763,262	\$4,809,955		\$903,502	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$29,519)	\$286	\$0	\$751	\$368	\$444	(\$48,245)		\$16,877	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$49,751		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,672,190	\$3,278,340	\$0	\$986,683	\$911,621	\$763,706	\$4,761,710	\$49,751	\$920,379	\$0
8	Total Nursing Facility Days As Filed Days = 29,430	FY21 Audited C/R Days	29,430							00.400		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,430	FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$396.61	\$111.39	\$0.00	\$33.53	\$56.93	(with L&H)	\$161.80	29,430 \$1.69	\$31.27	\$0.00
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$390.01		\$0.00	\$33.53	φου.93	(WIUI L&H)	\$101.00	\$1.09	\$31.2 <i>1</i>	\$0.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.2432 \$89.60								
12	, , ,	RS = Ln 11, AllOthr = Ln 9		\$89.60	\$0.00	\$33.53	\$56.93		\$161.80	\$1.69	\$31.27	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$37.13	\$33.28		\$36.91	\$0.00	W/A	ψ0.00
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$206.84	\$89.60	\$0.00	\$33.53	\$33.28		\$36.91	\$1.69	11.83	\$0.00
			\$200.0 .	ψοσ.σσ	40.00	400.00	400.20		\$55.5 .	455	(FRV)	ψο.σσ
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$206.84	\$89.60	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.1385 \$102.01								
18	, , ,	RS = Ln 18, AllOthr = Ln 16	\$219.25	\$102.01	\$0.00	\$33.53	\$33.28	\$0.00	\$36.91	\$1.69	\$11.83	\$0.00
19	Quarterly Medicaid CIMA Allowed Per Dieffi	K3 = Eli 16, AllOttii = Eli 16	\$219.25	\$102.01	φυ.υυ	φ33.53	φ33.20	\$0.00	φ30.91	φ1.09	φ11.03	φυ.υυ
	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	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.06	\$3.06								
23		(Fixed Amount)	\$17.10			_			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.46	\$6.14	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.71	\$108.15	\$0.00	\$33.75	\$33.28	\$0.00	\$54.01	\$1.69	\$11.83	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.21									

	rovider: WINDER HEALTH CARE & REHAB CTR Prvdr ID: 00142854A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 17.86%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period (ata_	PDPM Facility 1.4068 1.3194	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,547,221	\$4,109,196	\$0	\$1,037,149	\$893,672	\$0	\$1.105.363		\$401,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$313,394)		\$0	(\$791)	' '	\$5,374	(\$246,193)		(\$54,173)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$515,534)	(ψ17,011)	ΨΟ	(ψ/ 91)	Ψ0	ψ5,574	(ψ240,193)	\$175,294	(ψυ4, 17 υ)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$175,294		\$54,173
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,463,294	\$4,091,585	\$0	\$1,036,358	\$893,672	\$5,374	\$859,170	\$175,294	\$347,668	\$54,173
8	Total Nursing Facility Days As Filed Days = 39,368	FY21 Audited C/R Days	39,368	ψ4,031,303	ΨΟ	ψ1,030,330	\$095,072	ψ5,574	φ039,170	\$175,234	ψ547,000	ψ54,175
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,368	FY21 GL-PL Ins Rpt Days	33,300							39,368		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$189.57	\$103.93	\$0.00	\$26.32	\$22.84	(with L&H)	\$21.82	'	\$8.83	\$1.38
10		from 2 qtrs of FY21	ψ100.07	1.4068	ψ0.00	Ψ20.02	Ψ22.04	(mar zarr)	Ψ21.02	ψ1.40	ψ0.00	Ψ1.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.88								
12		RS = Ln 11, AllOthr = Ln 9		\$73.88	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	\$8.83	\$1.38
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ1.00
14		Lesser of Ln 12 or Ln 13	\$163.51	\$73.88	\$0.00	\$26.32	\$22.84		\$21.82	\$4.45	12.82	\$1.38
	Base I shou meast hajastea hiishoo I sh Bhain		\$100.01	ψ10.00	ψ0.00	ψ20.02	V22.01		ΨΣ1.0Σ	ψο	(FRV)	ψ1.00
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$163.51	\$73.88	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38
17	, ,	per Current Qtr End		<u>1.3194</u>								
18		Ln 16 x Ln 17		\$97.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.11	\$97.48	\$0.00	\$26.32	\$22.84	\$0.00	\$21.82	\$4.45	\$12.82	\$1.38
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$208.66	\$100.93	\$0.00	\$26.54	\$23.25	\$0.00	\$39.29	\$4.45	\$12.82	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.67	'		•	•	•	•		-	

Provider: DADE HEALTH AND REHAB Prvdr ID: 00142865A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 36.67%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C	Overall:	ta_	PDPM Facility 1.3721 1.4808	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
Bed Size Range within Peer Group			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 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	P2 707 744	₽0 406 F07	¢ 0	¢224 027	\$405,828	60	\$558,642		\$294,810	\$0
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	•		\$2,126,507	\$0 \$0	\$321,927 \$0	\$405,828	\$0	, ,			20
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$89,779)	\$6,411	\$0	\$0	\$957	(\$5,067)	(\$84,418)		(\$7,662)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$110,492		040 700
As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	\$2.720.046	€0.422.040		¢224 027	¢406.705	(¢ E 067)	¢474 004	\$110,492	\$287,148	\$10,789 \$10,789
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 16,805	FY21 Audited C/R Days	16,805	\$2,132,918	\$0	\$321,927	\$406,785	(\$5,067)	\$474,224	\$110,492	φ201,140	\$10,769
	FY21 GL-PL Ins Rpt Days	10,805							16,805		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,805 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.50	\$126.92	\$0.00	\$19.16	\$23.90	(with L&H)	\$28.22	\$6.57	\$17.09	\$0.64
i i	from 2 qtrs of FY21	\$222.50		\$0.00	\$19.10	\$23.90	(WIUI L&H)	\$20.22	\$6.57	\$17.09	\$0.64
10 Base Period Facility Model for All Residents 11 Routine Srycs Model Adistd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3721								
, , , , ,	RS = Ln 11, AllOthr = Ln 9		\$92.50	\$0.00	¢10.16	\$23.90		¢20.22	ФС Б 7	¢47.00	\$0.64
·	per Peer Group Limits		\$92.50	\$0.00	\$19.16			\$28.22	\$6.57	\$17.09 N/A	\$0.64
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	Lesser of Ln 12 or Ln 13	£400.00	\$104.63	¢ 0.00	\$26.82	\$33.28 \$23.90		\$36.91	\$0.00 \$6.57		CO 64
14 Base Period Model Adjusted Allowed Per Diem	Lessel of Lif 12 of Lif 13	\$180.89	\$92.50	\$0.00	\$19.16	\$23.90		\$28.22	\$6.57	9.90 (FRV)	\$0.64
Quarterly Per Diem Rate Prior to Add-ons										(****)	
15 Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.89	\$92.50	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4808</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$136.97								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.37	\$136.97	\$0.00	\$19.16	\$23.90	\$0.00	\$28.22	\$6.57	\$9.90	\$0.64
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$3.42	\$3.42	,				42.37		ţ 3	
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	\$26.16	\$8.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$251.53	\$145.03	\$0.00	\$19.38	\$24.31	\$0.00	\$45.69	\$6.57	\$9.90	\$0.64
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.82		<u> </u>	I	I	I	<u> </u>	1		

	ovider: SAVANNAH BEACH HEALTH AND REHAB rvdr ID: 00142876A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per (ce:	N/A 33.33%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.1031 1.0242	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>P</u> [DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,891,420	\$1,476,360	\$0	\$223,024	\$394,382	\$0	\$376,869		\$420,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$99,623)	\$0	\$0	\$0	\$0	\$0	(\$47,254)		(\$52,369)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,639		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$52,369
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R		\$1,476,360	\$0	\$223,024	\$394,382	\$0	\$329,615	\$43,639	\$368,416	\$52,369
8	Total Nursing Facility Days As Filed Days = 14,564	FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days	14,564							44.504		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,564 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$198.29	\$101.37	\$0.00	\$15.31	\$27.08	(with L&H)	\$22.63	14,564 \$3.00	\$25.30	\$3.60
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$190.29	1.1031	ψ0.00	ψ13.51	Ψ27.00	(With Extr)	Ψ22.03	ψ3.00	Ψ20.30	ψ3.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.90								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.90	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	\$25.30	\$3.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.17	\$91.90	\$0.00	\$15.31	\$27.08		\$22.63	\$3.00	11.65	\$3.60
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.17	\$91.90	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.0242								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.39	\$94.12	\$0.00	\$15.31	\$27.08	\$0.00	\$22.63	\$3.00	\$11.65	\$3.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
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	\$23.80	\$5.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$201.19	\$99.82	\$0.00	\$15.53	\$27.49	\$0.00	\$40.10	\$3.00	\$11.65	\$3.60

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$138.07

	ovider: SEARS MANOR NURSING HOME ovdr ID: 00142898A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per (re:	N/A 30.77%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.4020 1.4014	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PL	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	,	, , ,				,	,					
_	Base Period Per Diem Allowed Amounts	As Filed EVO4 C/D EVO4 CL/DL Det	©E 704 004	ФО 074 700	¢0	#c20 F02	#coo.oco	ф <u>о</u>	#000.000		6040 407	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$5,791,321	\$3,374,723 \$0	\$0 \$0	\$630,503 \$0	\$630,862 \$0	\$0 \$0	\$808,806		\$346,427	\$0
О	Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$138,929)	Φ0	Φ0	\$0	\$0	\$0	(\$86,191)	\$86,191	(\$52,738)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$00,191		\$52,738
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,791,321	\$3,374,723	\$0	\$630,503	\$630,862	\$0	\$722,615	\$86,191	\$293,689	\$52,738
8	Total Nursing Facility Days As Filed Days = 22,338	FY21 Audited C/R Days	22,338	φο,οι 1,120	Ψ	ψοσο,σσσ	φοσο,σο2	Ψ0	Ψ122,010	φοσ,τοτ	Ψ200,000	ψ02,700
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,338	FY21 GL-PL Ins Rpt Days	,							22,338		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$259.27	\$151.08	\$0.00	\$28.23	\$28.24	(with L&H)	\$32.35	\$3.86	\$13.15	\$2.36
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4020								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$107.76								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$107.76	\$0.00	\$28.23	\$28.24		\$32.35	\$3.86	\$13.15	\$2.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.15	\$104.63	\$0.00	\$26.82	\$28.24		\$32.35	\$3.86	10.89	\$2.36
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.15	\$104.63	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4014</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$251.15	\$146.63	\$0.00	\$26.82	\$28.24	\$0.00	\$32.35	\$3.86	\$10.89	\$2.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.67	\$3.67	4 3.30	\$5.50		\$3.50	ψ3.37		# 0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.33	\$7.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	-					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.88	\$11.00	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$280.03	\$157.63	\$0.00	\$26.82	\$28.65	\$0.00	\$49.82	\$3.86	\$10.89	\$2.36
						l						

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$197.20

	ovider: SEMINOLE MANOR NURSING HOME odr ID: 00142909A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	1/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 22.00%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.2473 1.2393	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM 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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	<i>\$0.00</i>	φ0.22	φυ.41		φ0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,203,111	\$2,434,399	\$0	\$778,624	\$504,059	\$452,688	\$635,869		\$397,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$42,211)	\$0	\$0	\$0	(\$9,295)	(\$8,348)	(\$11,038)		(\$13,530)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$11,038		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$13,280
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,185,218	\$2,434,399	\$0	\$778,624	\$494,764	\$444,340	\$624,831	\$11,038	\$383,942	\$13,280
8	Total Nursing Facility Days As Filed Days = 20,968	FY21 Audited C/R Days	20,968									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,968	FY21 GL-PL Ins Rpt Days								20,968		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$247.29	\$116.10	\$0.00	\$37.13	\$44.79	(with L&H)	\$29.80	\$0.53	\$18.31	\$0.63
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2473</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.08								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$93.08	\$0.00	\$37.13	\$44.79		\$29.80	\$0.53	\$18.31	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.63	\$93.08	\$0.00	\$37.13	\$33.28		\$29.80	\$0.53	10.18	\$0.63
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	* 0.00	0.00	# 0.00	# 0.00	# 0.00	#0.00	# 0.00	N1/A	N1/A	N1/0
15	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	,	per Current Qtr End	\$204.63	\$93.08	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63
17	Quarterly Facility Model for Medicaid Residents	Ln 16 x Ln 17		1.2393								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	#200.00	\$115.35	#0.00	CO7.40	фор оо	фо oo	#00.00	#0.50	640.40	ФО CO
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 16, AllOthi = Ln 16	\$226.90	\$115.35	\$0.00	\$37.13	\$33.28	\$0.00	\$29.80	\$0.53	\$10.18	\$0.63
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
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	\$22.61	\$5.14	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.51	\$120.49	\$0.00	\$37.13	\$33.28	\$0.00	\$47.27	\$0.53	\$10.18	\$0.63
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$174.31

	ovider: VISTA PARK HEALTH AND REHABILITATION vdr ID: 00142931A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 35.14%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3688 1.3908	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(ccc : choy manada)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,541,806	\$4,273,183	\$0	\$850,820	\$827,728	\$0	\$1,445,290		\$1,144,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$316,410)	(\$4,832)	\$0	(\$1,183)	\$0	(\$1,236)	(\$248,192)		(\$60,967)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$174,720		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$60,967
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,461,083	\$4,268,351	\$0	\$849,637	\$827,728	(\$1,236)	\$1,197,098	\$174,720	\$1,083,818	\$60,967
8	Total Nursing Facility Days As Filed Days = 41,410	FY21 Audited C/R Days	41,410									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,410	FY21 GL-PL Ins Rpt Days								41,410		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$204.33	\$103.08	\$0.00	\$20.52	\$19.96	(with L&H)	\$28.91	\$4.22	\$26.17	\$1.47
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3688</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.31								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.31	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	\$26.17	\$1.47
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.88	\$75.31	\$0.00	\$20.52	\$19.96		\$28.91	\$4.22	21.49	\$1.47
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	ድ ስ ስሳ	\$0.00	\$0.00	\$0.00	ድ ስ ስስ	NI/A	NI/A	NI/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$171.88	0.00 \$75.31	\$0.00 \$0.00	\$0.00 \$20.52	\$0.00 \$19.96	\$0.00 \$0.00	\$0.00 \$28.91	N/A \$4.22	N/A \$21.49	N/A \$1.47
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	φ1/1.08	1.3908	φυ.υυ	φ20.52	φ13.30	φυ.υυ	φ20.91	φ4.∠∠	φ ∠ 1.49	φ1.41
18	Quarterly Pacinty Model for Wedicald Residents Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.31	\$104.74	\$0.00	\$20.52	\$19.96	\$0.00	\$28.91	\$4.22	\$21.49	\$1.47
13	Additions intollicate divin Allowed For Digiti	10 - 21 10,7410411 - 21 10	Ψ201.31	ψ104.74	ψυ.υυ	Ψ20.32	Ψ13.30	ψυ.υυ	ΨΖΟ.ΘΙ	ψ4.22	Ψ ∠ 1. 1 3	Ψ1.47
	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	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.24	\$5.24								
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	\$26.49	\$8.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$227.80	\$113.13	\$0.00	\$20.74	\$20.37	\$0.00	\$46.38	\$4.22	\$21.49	\$1.47

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$158.03

	ovider: ROSS MEMORIAL HEALTH CARE CTR vdr ID: 00142942A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS scor Nurse Hrs per 0	re:	N/A 45.00%	Add-on Percent 0.00% 5.5% 2.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.3695 1.3174	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PE	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,265,968	\$3,784,863	\$0	\$666,840	\$807,743	\$0	\$692,761		\$313,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$199,732)	(\$34,745)	\$0	\$0	\$0	\$0	(\$73,619)		(\$91,368)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$60,353		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$91,368
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,217,957	\$3,750,118	\$0	\$666,840	\$807,743	\$0	\$619,142	\$60,353	\$222,393	\$91,368
8	Total Nursing Facility Days As Filed Days = 24,946	FY21 Audited C/R Days	24,946							04.040		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,946	FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$249.25	\$150.33	\$0.00	\$26.73	\$32.38	(with L&H)	\$24.82	24,946 \$2.42	\$8.91	ФО СС
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$249.25	1.3695	\$0.00	\$20.73	\$32.36	(WIUI L&H)	\$24.82	\$2.42	ъо.91	\$3.66
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$109.77								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$109.77	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	\$8.91	\$3.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	φο.σσ
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.33	\$104.63	\$0.00	\$26.73	\$32.38		\$24.82	\$2.42	13.69	\$3.66
	, and the second						·		·		(FRV)	·
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	00.00	0.00	የ በ በበ	\$0.00	\$0.00	\$0.00	\$0.00	NI/A	NI/A	NI/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwiii Aliwiic 76	\$0.00 \$208.33	0.00 \$104.63	\$0.00 \$0.00	\$0.00 \$26.73	\$0.00 \$32.38	\$0.00 \$0.00	\$0.00 \$24.82	N/A \$2.42	N/A \$13.69	N/A \$3.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	Ψ200.33	1.3174	ψ0.00	Ψ20.75	Ψ32.30	Ψ0.00	Ψ24.02	Ψ2.42	ψ10.00	ψ3.00
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.54	\$137.84	\$0.00	\$26.73	\$32.38	\$0.00	\$24.82	\$2.42	\$13.69	\$3.66
	Quarterly Per Diem Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.85	\$0.00	\$0.00	\$0.07	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.58	\$7.58	ψ0.00	ΨΟ.ΟΙ	ΨΟ1	Ψ0.00	ψ0.57		Ψ0.00	
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	\$28.29	\$10.34	\$0.00	\$0.07	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.83	\$148.18	\$0.00	\$26.80	\$32.79	\$0.00	\$42.29	\$2.42	\$13.69	\$3.66

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$189.55

	ovider: PRUITTHEALTH - SHEPHERD HILLS vdr ID: 00142964A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	Score N/A 24.18% 3.26	Add-on Percent 		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4051 1.2390	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
РГ	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1.6												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0%		50.0% 105.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	100.0% \$0.41		\$0.37			
		(,,			,		, ,		,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6.948,476	\$3,897,971	\$0	\$592,947	€07E 440	\$0	¢4 250 072		¢004.070	\$0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$543,178)	' ' '	\$0 \$0	\$592,947	\$875,413 \$0	\$534	\$1,350,872 (\$375,162)		\$231,273 (\$54,066)	\$0
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$545,176)	(ψ114,404)	ΨΟ	φ0	ΨΟ	φυστ	(ψ373,102)	\$486,905	(ψ54,000)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								Ψ400,300		\$47,049
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,939,252	\$3,783,487	\$0	\$592,947	\$875,413	\$534	\$975,710	\$486,905	\$177,207	\$47,049
8	Total Nursing Facility Days As Filed Days = 34,759	FY21 Audited C/R Days	34,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,759	FY21 GL-PL Ins Rpt Days								34,759		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.64	\$108.85	\$0.00	\$17.06	\$25.20	(with L&H)	\$28.07	\$14.01	\$5.10	\$1.35
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4051</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.47								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.47	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	\$5.10	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.69	\$77.47	\$0.00	\$17.06	\$25.20		\$28.07	\$14.01	8.53 (FRV)	\$1.35
	Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.69	\$77.47	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2390</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.20	\$95.99	\$0.00	\$17.06	\$25.20	\$0.00	\$28.07	\$14.01	\$8.53	\$1.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.80	\$4.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.39	\$6.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.59	\$102.28	\$0.00	\$17.28	\$25.61	\$0.00	\$45.54	\$14.01	\$8.53	\$1.35

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$148.12

Provider: GOLD CITY HEALTH AND REHAB Prvdr ID: 00142975A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 32.84%	Add-on Percent 		Facility Mod Base Period C		ita_	PDPM Facility 1.5817 1.2913	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Ded Sizes	All Ded Sizes	All Ded Oizes	All Ded Sizes	All Ded Sizes	All Ded Sizes			
Peer Group Standards & Efficiency Measure Limits	(aca Dallau Marcual)		00.00/	90.0%	90.0%	85.0%		50.0%			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	100.0%	100.0%	85.0% 100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Dage Deviced Day Diego Allegand Amounts											
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	£4.004.800	#0 070 700	60	\$22E 0E0	\$430,900	\$0	₹705 600		\$166,438	ФО
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs	·	\$4,001,800	\$2,273,782	\$0 \$0	\$335,058 \$0	, ,	\$0	\$795,622		, ,	\$0
	FY21 C/R Audit Adjstmts	(\$98,136)	(\$25,445)	\$0	\$0	\$0	\$0	(\$42,068)	00	(\$30,623)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		# 00.000
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	f2 024 207	₾0 040 007		Фоог ого	£400.000	*	Ф 7 ГО ГГ 4	Φ0	0405.045	\$30,623
7 Cost Center Costs After Audit Adjustments		\$3,934,287	\$2,248,337	\$0	\$335,058	\$430,900	\$0	\$753,554	\$0	\$135,815	\$30,623
8 Total Nursing Facility Days As Filed Days = 26,865	FY21 Audited C/R Days	26,865							00.005		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,865	FY21 GL-PL Ins Rpt Days	©4.4C.4E	#00.00	₽0.00	£40.47	C4C 04	(i/L 0 I)	¢00.05	26,865	ሲ ሮ ዕር	¢4.44
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.45	\$83.69	\$0.00	\$12.47	\$16.04	(with L&H)	\$28.05	\$0.00	\$5.06	\$1.14
Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5817</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.91	# 0.00	040.47	# 40.04		#00.05	# 0.00	# F 00	*
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.91	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	\$5.06	\$1.14
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	0400.05	\$104.63	# 0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	**
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.05	\$52.91	\$0.00	\$12.47	\$16.04		\$28.05	\$0.00	9.44 (FRV)	\$1.14
Quarterly Per Diem Rate Prior to Add-ons										(,,,,,	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.05	\$52.91	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2913								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.32								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$135.46	\$68.32	\$0.00	\$12.47	\$16.04	\$0.00	\$28.05	\$0.00	\$9.44	\$1.14
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$1.71	\$1.71	\$0.00	1	40.11	\$0.00			ψ0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.37	\$1.37								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.71	\$3.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$157.17	\$71.93	\$0.00		\$16.45	\$0.00	\$45.52	\$0.00	\$9.44	\$1.14
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$105.05		<u> </u>	I	<u> </u>	I	I	1	<u> </u>	

	ovider: SIGNATURE HEALTHCARE OF MARIETTA vdr ID: 00142986A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 22.47%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.4270 1.3870	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	, , ,	(coor only manual)		ψυ.σσ	ψ0.00	φυ.ΣΣ	φο. τ τ		ψο.σ,			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,825,331	\$6,151,640	\$0	\$868,106	\$838,869	\$0	\$2,593,414		\$2,373,302	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$453,108)	(\$53,945)	\$0	(\$1,665)	(\$1,997)	(\$2,588)	(\$255,828)		(\$137,085)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$242,651		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$136,387
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$12,751,261	\$6,097,695	\$0	\$866,441	\$836,872	(\$2,588)	\$2,337,586	\$242,651	\$2,236,217	\$136,387
8	Total Nursing Facility Days As Filed Days = 43,226	FY21 Audited C/R Days	43,226									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,226	FY21 GL-PL Ins Rpt Days								43,226		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$294.99	\$141.07	\$0.00	\$20.04	\$19.30	(with L&H)	\$54.08	\$5.61	\$51.73	\$3.16
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4270</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.86								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.86	\$0.00	\$20.04	\$19.30		\$54.08	\$5.61	\$51.73	\$3.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.84	\$98.86	\$0.00	\$20.04	\$19.30		\$36.91	\$5.61	14.96	\$3.16
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.84	\$98.86	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3870			·			·		
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.10	\$137.12	\$0.00	\$20.04	\$19.30	\$0.00	\$36.91	\$5.61	\$14.96	\$3.16
	Quarterly Per Diem Add-on Amounts	(D : M)	04.40	00.50	00.00	40.00	00.44	**	# 0.00		00.00	
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	\$1.37	\$1.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$4.11	\$4.11					¢47.40			
23	Nursing Home Provider Fee Total Quarterly Per Diam Add on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	¢e 04	ድ ለ ሰር	¢0.00	© ∩ 44	\$0.00	\$17.10 \$17.10	\$0.00	¢0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$23.74	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.84	\$143.13	\$0.00	\$20.26	\$19.71	\$0.00	\$54.01	\$5.61	\$14.96	\$3.16
1			1	1								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$182.81

	rovider: PRUITTHEALTH - FAIRBURN rvdr ID: 00142997A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 12.28%	Add-on Percent 0.00% 0.0% 5.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4632 1.4161	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
D.	DIM DAGED DATE OAL OUR ATIONS		a	b	С	d	е	f	g	g	h	i
PL	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency weasure maximums (see line 20 for actual)	(see Policy Manual)		φυ.53	\$0.00	φυ.22	φυ.41		φυ.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,190,381	\$2,731,348	\$0	\$466,571	\$562,967	\$0	' ' '		\$317,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$414,313)	(\$98,721)	\$0	\$0	\$0	\$0	(\$257,279)	1 1	(\$58,313)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$356,000		
1_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R									4	\$58,313
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,190,381	\$2,632,627	\$0	\$466,571	\$562,967	\$0	\$854,838	\$356,000	\$259,065	\$58,313
8	Total Nursing Facility Days As Filed Days = 20,659 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,659	FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days	20,659							20,659		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,659 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$251.23	\$127.43	\$0.00	\$22.58	\$27.25	(with L&H)	\$41.38	\$17.23	\$12.54	\$2.82
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ231.23	1.4632	φυ.σσ	Ψ22.50	Ψ21.23	(With Latt)	Ψ41.50	ψ17.25	Ψ12.54	Ψ2.02
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.09								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.09	\$0.00	\$22.58	\$27.25		\$41.38	\$17.23	\$12.54	\$2.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	40.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	42.02
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$207.96	\$87.09	\$0.00	\$22.58	\$27.25		\$36.91	\$17.23	14.08	\$2.82
	,			·							(FRV)	·
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	* 0.00	0.00	* 0.00	# 0.00	# 0.00	#0.00	\$ 0.00	N1/A	N1/A	N1/A
15	Growth Allowance Percentage = 0.00% CMA Allowed Per Diom (After Crowth Allowance Add on)	Ln 14 + Ln 15	\$0.00	0.00	\$0.00 \$0.00	\$0.00	\$0.00 \$27.25	\$0.00 \$0.00	\$0.00	N/A	N/A \$14.08	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$207.96	\$87.09 1.4161	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82
18	Quarterly Facility Model of Medicard Residents Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$244.20	\$123.33	\$0.00	\$22.58	\$27.25	\$0.00	\$36.91	\$17.23	\$14.08	\$2.82
	quantity mountains of the control of	2, 27	Ψ= : ::=0	Ų. <u>_</u> 0.00	40.00	V22.00	427.120	40.00	\$55.5 .	ψ=σ	4 1.133	Ψ2.02
	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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$6.17	\$6.17					647.40			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$24.43	\$6.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts					-						•
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$268.63	\$130.03	\$0.00	\$22.80	\$27.66	\$0.00	\$54.01	\$17.23	\$14.08	\$2.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.65									

PDPM Facility Add-on SMITH MEDICAL NURSING CARE CTR Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00143008A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.2637 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 40.63% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.2332 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 0.0% 2.43 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$1,709,540 \$777,288 \$0 \$214,136 \$196,608 \$0 \$499,260 \$22,248 \$0 FY21 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$143,277) \$0 \$0 \$0 \$0 (\$9,064) (\$115,504) (\$18,709) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$74,360 As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R \$18,709 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$1.659.332 \$777,288 \$0 \$214,136 \$196,608 \$383,756 \$74,360 \$3,539 \$18,709 (\$9.064) FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 14,616 14,616 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14.616 14,616 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$113.53 \$53.18 \$14.65 \$12.83 (with L&H) \$26.26 \$5.09 \$0.24 \$1.28 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.2637 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$42.08 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$12.83 \$42.08 \$0.00 \$14.65 \$26.26 \$5.09 \$0.24 \$1.28 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$113.64 \$42.08 \$12.83 11.45 \$14.65 \$26.26 \$5.09 \$1.28 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$113.64 \$42.08 \$0.00 \$12.83 \$26.26 \$14.65 \$0.00 \$5.09 \$11.45 \$1.28 17 per Current Qtr End 1.2332 Quarterly Facility Model for Medicaid Residents 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$51.89 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$123.45 \$51.89 \$14.65 \$12.83 \$26.26 \$5.09 \$0.00 \$0.00 \$11.45 \$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 = In 19 Col b x CPS Add-on \$1.30 \$1.30 2.5% (to Routine Srvs)

PDPM Shadow Rates. This is not your rate.

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)

22

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

\$0.00

\$17.10

\$19.93

\$143.38

\$0.00

\$1.83

\$53.72

\$0.00

\$0.00

\$0.22

\$14.87

\$0.41

\$13.24

\$0.00

\$0.00

\$0.00

\$11.45

\$0.00

\$1.28

\$0.00

\$5.09

\$17.10

\$17.47

\$43.73

PDPM

Provider: SOCIAL CIRCLE NSG & REHAB CTR Prvdr ID: 00143041A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	O24 Qtrly BIMS score: 27.9			Add-on Percent 	Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:				PDPM Facility 1.4915 1.3081	PDPM_ Statewide 1.4210 1.3706
Line	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,761,260	\$2,724,490	\$0	\$371,838	\$392,363	\$0	\$765,392		\$507,177	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$24,707)	(\$8,085)	\$0	\$0	\$3,237	\$4,311	\$1,445		(\$25,615)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$6,640		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$26,108
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,769,301	\$2,716,405	\$0	\$371,838	\$395,600	\$4,311	\$766,837	\$6,640	\$481,562	\$26,108
8 Total Nursing Facility Days As Filed Days = 19,838	FY21 Audited C/R Days	19,838									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,838	FY21 GL-PL Ins Rpt Days								19,838		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$240.40	\$136.93	\$0.00	\$18.74	\$20.16	(with L&H)	\$38.65	\$0.33	\$24.27	\$1.32
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4915</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.81								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.81	\$0.00	\$18.74	\$20.16		\$38.65	\$0.33	\$24.27	\$1.32
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.99	\$91.81	\$0.00	\$18.74	\$20.16		\$36.91	\$0.33	10.72	\$1.32
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.99	\$91.81	\$0.00		\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3081								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.10								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.28	\$120.10	\$0.00	\$18.74	\$20.16	\$0.00	\$36.91	\$0.33	\$10.72	\$1.32
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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 = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.60	\$3.60								
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	\$23.06	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	1	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$231.34	\$125.43	\$0.00	\$18.96	\$20.57	\$0.00	\$54.01	\$0.33	\$10.72	\$1.32
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.68		I	1	1	I	I		1	I

	ovider: PRUITTHEALTH - GRIFFIN odr ID: 00143052A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	Score N/A 41.03% 4.04	Add-on Percent 0.00% 2.5% 6.0%		Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:				PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u>FL</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	,	(ccc : one) mandary		\$0.00	φοίου	φυ	φο		φσ.σ.			
	Base Period Per Diem Allowed Amounts					.	.		•			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,281,674	\$2,178,914	\$0	\$377,811	\$471,784	\$0	\$947,227		\$305,938	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$338,438)	(\$58,320)	\$0	\$0	\$0	\$0	(\$241,337)		(\$38,781)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$299,657		^
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	# 4.004.074	*** 400 *** 504	# 0	mo77 044	# 474 704	*	Ф 7 05 000	#000 0F7	0007.457	\$38,781
'	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,281,674	\$2,120,594	\$0	\$377,811	\$471,784	\$0	\$705,890	\$299,657	\$267,157	\$38,781
8	Total Nursing Facility Days As Filed Days = 17,315	FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days	17,315							47.045		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,315	Ln 7 / Ln 8 Col a	\$247.29	\$122.47	\$0.00	\$21.82	¢07.05	(with L&H)	\$40.77	17,315 \$17.31	¢45.40	#0.04
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	from 2 qtrs of FY21	\$247.29	'	\$0.00	\$21.62	\$27.25	(WIUI L&H)	\$40.77	\$17.31	\$15.43	\$2.24
10	Base Period Facility Model for All Residents Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.5139 \$80.90								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.90	\$0.00	\$21.82	\$27.25		\$40.77	\$17.31	\$15.43	\$2.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	φ0.00	\$26.82	\$33.28		\$36.91	\$0.00	Ψ15.43 N/A	φ2.24
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$196.04	\$80.90	\$0.00	\$21.82	\$27.25		\$36.91	\$17.31	9.61	\$2.24
'-	Dase Fellou Model Adjusted Allowed Fel Dielli	25550. 0. 2 12 0. 2 10	ψ150.04	ψου.50	ψ0.00	Ψ21.02	Ψ27.20		ψ50.51	ψ17.51	(FRV)	ΨΖ.Ζ-
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$196.04	\$80.90	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.5108</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.36	\$122.22	\$0.00	\$21.82	\$27.25	\$0.00	\$36.91	\$17.31	\$9.61	\$2.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.33	\$7.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.65	\$10.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$266.01	\$133.14	\$0.00	\$22.04	\$27.66	\$0.00	\$54.01	\$17.31	\$9.61	\$2.24

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$186.68

	rovider: SPARTA HEALTH AND REHABILITATION rvdr ID: 00143063A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 40.74%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (ata	PDPM Facility 1.1826 1.2961	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All bed Sizes	All Deu Sizes	All bed Sizes	All bed Sizes	All bed Sizes	All bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,462,080	\$1,695,629	\$0	\$348,853	\$385,889	\$0	\$628,924		\$402,785	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$139,575)	' ' '	\$0	(\$438)	' '	(\$395)	' '		(\$21,458)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ100,010)	(ψο-1,007)	ΨΟ	(ψ-100)	Ψ0	(ψοσο)	(ψοΣ,σστ)	\$85,088	(ψ21,400)	
	As Filed Cost Center Costs (CEnter) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ05,000		\$21,458
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,429,051	\$1,660,942	\$0	\$348,415	\$385,889	(\$395)	\$546,327	\$85,088	\$381,327	\$21,458
8	Total Nursing Facility Days As Filed Days = 15,341	FY21 Audited C/R Days	15,357	Ψ1,000,042	ΨΟ	φοτο,ττο	ψ000,000	(ψοσο)	ψ040,027	φοσ,σσσ	ψοσ1,σ21	Ψ21,400
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,341	FY21 GL-PL Ins Rpt Days	10,007							15,357		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$223.30	\$108.16	\$0.00	\$22.69	\$25.10	(with L&H)	\$35.58	\$5.54	\$24.83	\$1.40
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	, , , , , , , , , , , , , , , , , , , 	1.1826	******	7==:00	4=0.1.0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V =	*****
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.46								
12		RS = Ln 11, AllOthr = Ln 9		\$91.46	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	\$24.83	\$1.40
13	·	per Peer Group Limits		\$104.63	·	\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.24	\$91.46	\$0.00	\$22.69	\$25.10		\$35.58	\$5.54	9.47	\$1.40
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Land Adv. Care the Allerman Of	40.00		00.00						21/2	
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15 per Current Qtr End	\$191.24	\$91.46	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40
17	, , <u> </u>	per Current Qtr Ena Ln 16 x Ln 17		1.2961								
18		Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$218.32	\$118.54 \$118.54	\$0.00	\$22.69	\$25.10	\$0.00	\$35.58	\$5.54	\$9.47	\$1.40
19	Quarterly Medicald CIMA Allowed Fet Dieffi	N3 = Eli 10, Allouii = Eli 10	\$210.32	\$110.54	φυ.υυ	\$22.09	\$25.10	\$0.00	φ30.00	φυ.υ4	Ф9.47	\$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 = 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 = 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	\$27.52	\$9.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.84	\$127.96	\$0.00	\$22.91	\$25.51	\$0.00	\$53.05	\$5.54	\$9.47	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.56									

PDPM PDPM Facility Add-on **FULTON CENTER FOR REHABILITATION LLC** Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00143074A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.4990 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 20.83% 1.0% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.4340 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 3.35 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$7,179,162 \$3,288,881 \$0 \$584,888 \$686,376 \$0 \$1,413,983 \$1,205,034 \$0 FY21 C/R Audit Adistmts (\$53,771) (\$96,324) Audit Adjustments and Reallocations to Cost Center Costs (\$296,070) \$0 \$0 (\$3,397)(\$5,582)(\$136,996) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$183,642 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$95,064 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$7,161,798 \$3.235.110 \$0 \$584,888 \$682,979 \$1,276,987 \$183,642 \$1,108,710 \$95,064 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 35,671 35,67 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,671 35,671 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$200.78 \$90.69 \$0.00 \$16.40 \$18.99 (with L&H) \$35.80 \$5.15 \$31.08 \$2.67 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.4990 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$60.50 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$60.50 \$18.99 \$0.00 \$16.40 \$35.80 \$5.15 \$31.08 \$2.67 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$148.32 \$60.50 \$18.99 8.81 \$16.40 \$35.80 \$5.15 \$2.67 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$5.15 \$148.32 \$60.50 \$18.99 \$35.80 \$0.00 \$16.40 \$0.00 \$8.81 \$2.67 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.4340 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$86.76 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$174.58 \$86.76 \$18.99 \$35.80 \$5.15 \$0.00 \$16.40 \$0.00 \$8.81 \$2.67 **Quarterly Per Diem Add-on Amounts** 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$0.87 \$0.87 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$3.47 \$3.47

PDPM Shadow Rates. This is not your rate.

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

\$17.10

\$22.97

\$197.55

\$135.34

\$4.87

\$91.63

\$0.00

\$0.00

\$0.22

\$16.62

\$0.41

\$19.40

\$0.00

\$0.00

\$0.00

\$8.81

\$0.00

\$2.67

\$0.00

\$5.15

\$17.10

\$17.47

\$53.27

Provider: CARTERSVILLE CENTER FOR NURSING AND HEAP Prvdr ID: 00143085A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Growth Allowar Qtrly BIMS sco	Add-on Data and Percentage Score Percent Facility Model (PDPM) Growth Allowance: N/A 0.00% Base Period Overall: Otrly BIMS score: 14.08% 0.0% Utrly BIMS per On-Site Day/Q 2.75 4.0% Quarterly Medicaid:				Overall:	ıta_	PDPM Facility 1.3937 1.3915	PDPM Statewide 1.4210 1.3706	
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,032,690	\$3,608,089	\$0	\$675,571	\$541,888	\$0	\$1,275,549		\$931,593	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$257,495)	(\$5,300)	\$0	\$0	\$0	\$0	(\$160,041)		(\$92,154)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$160,041		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$92,154
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,027,390	\$3,602,789	\$0	\$675,571	\$541,888	\$0	\$1,115,508	\$160,041	\$839,439	\$92,154
8 Total Nursing Facility Days As Filed Days = 36,071	FY21 Audited C/R Days	36,071									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,071	FY21 GL-PL Ins Rpt Days								36,071		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.82	\$99.88	\$0.00	\$18.73	\$15.02	(with L&H)	\$30.93	\$4.44	\$23.27	\$2.55
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3937</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.67								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.67	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	\$23.27	\$2.55
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.09	\$71.67	\$0.00	\$18.73	\$15.02		\$30.93	\$4.44	14.75	\$2.55
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.09	\$71.67	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3915</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.73								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.15	\$99.73	\$0.00	\$18.73	\$15.02	\$0.00	\$30.93	\$4.44	\$14.75	\$2.55
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$4.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$208.77	\$104.25	\$0.00	\$18.95	\$15.43	\$0.00	\$48.40	\$4.44	\$14.75	\$2.55
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.75			1		1	1	1		

Facility

Add-on

PRUITTHEALTH - SPRING VALLEY Score Percent Facility Model (PDPM) Data Facility Statewide Provider: Add-on Data and Percentage Prvdr ID: 00143096A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3774 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 38.10% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.3095 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 2.88 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$3,826,766 \$2,062,813 \$0 \$313,177 \$446,791 \$0 \$816,348 \$187,637 \$0 FY21 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$293,687) (\$5,565)\$0 \$0 (\$3,469)(\$4,558) (\$261,890) (\$18,205) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$260,162 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$16,034 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$3.809.275 \$2,057,248 \$0 \$313,177 \$443.322 \$554,458 \$260,162 \$169,432 \$16,034 (\$4.558 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 17,382 17,382 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,382 17,382 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$219.16 \$118.36 \$18.02 \$25.24 (with L&H) \$31.90 \$14.97 \$9.75 \$0.92 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3774 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$85.93 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$25.24 \$85.93 \$0.00 \$18.02 \$31.90 \$14.97 \$9.75 \$0.92 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$187.25 \$85.93 \$25.24 10.27 \$18.02 \$31.90 \$14.97 \$0.92 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$187.25 \$85.93 \$25.24 \$0.00 \$18.02 \$0.00 \$31.90 \$14.97 \$10.27 \$0.92 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.3095 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$112.53 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$213.84 \$112.53 \$18.02 \$25.24 \$14.97 \$10.27 \$0.00 \$0.00 \$31.90 \$0.92 **Quarterly Per Diem Add-on Amounts**

PDPM Shadow Rates. This is not your rate.

(see Policy Manual)

In 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

2.5% (to Routine Srvs)

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)

20

21

22

23

24

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

\$1.53

\$2.81

\$4.50

\$17.10

\$25.94

\$239.78

\$0.53

\$2.81

\$4.50

\$7.84

\$120.37

\$0.00

\$0.00

\$0.00

\$0.22

\$0.22

\$18.24

\$0.41

\$0.41

\$25.65

\$0.00

\$0.00

\$0.00

\$0.37

\$17.10

\$17.47

\$49.37

\$0.00

\$14.97

\$0.00

\$0.00

\$10.27

\$0.00

\$0.92

PDPM

PDPM

Provider: WINTHROP HEALTH AND REHABILITATION Prvdr ID: 00143118A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 27.03%	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period C		<u>ıta</u>	PDPM Facility 1.3270 1.2920	PDPM_ Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
Bed Size Range within Peer Group			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 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,706,017	\$3,134,384	\$0	\$545,806	\$686,285	\$0	\$1,185,045		\$154,497	\$0
	FY21 C/R Audit Adjstmts		' ' '	\$0 \$0		' '		' ' '			\$0
,	As Filed FY21 GL/PL Rpt	(\$133,126)	(\$3,031)	\$0	(\$742)	\$0	(\$619)	(\$115,609)		(\$12,925)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GLFL Rpt As Filed FY21 C/R								\$104,650		# 40.005
As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	\$5,690,466	#2 424 2E2		©E4E064	\$606.00F	(\$640)	£4 000 000	\$404 GEO	\$141,572	\$12,925 \$12,925
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 25,977	FY21 Audited C/R Days	25,977	\$3,131,353	\$0	\$545,064	\$686,285	(\$619)	\$1,069,236	\$104,650	\$141,572	\$12,925
8 Total Nursing Facility Days As Filed Days = 25,977 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,977	FY21 GL-PL Ins Rpt Days	25,977							25,977		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$219.06	\$120.54	\$0.00	\$20.98	\$26.40	(with L&H)	\$41.16	\$4.03	\$5.45	\$0.50
· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	\$219.00	· .	φυ.υυ	\$20.90	\$20.40	(WIUI L&H)	φ41.16	φ4.03		φυ.50
 Base Period Facility Model for All Residents Routine Srvcs Model Adjstd (CMA) Net Per Diem 	Ln 9 / Ln 10		1.3270 \$90.83								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.83	\$0.00	\$20.98	\$26.40		\$41.16	\$4.03	\$5.45	\$0.50
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	φ0.00	\$26.82	\$33.28		\$36.91	\$0.00	φ5.45 N/A	φ0.50
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.36	\$90.83	\$0.00	\$20.82	\$26.40		\$36.91	\$4.03	18.71	\$0.50
Dase I ellou Model Adjusted Allowed I el Dielli	200001 01 211 12 01 211 10	ψ190.30	ψ90.03	Ψ0.00	Ψ20.90	ψ20.40		ψ50.91	Ψ4.03	(FRV)	ψ0.50
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.36	\$90.83	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$18.71	\$0.50
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2920</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.35								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.88	\$117.35	\$0.00	\$20.98	\$26.40	\$0.00	\$36.91	\$4.03	\$18.71	\$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.17	\$1.17								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.69	\$4.69								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.12	\$6.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.00	\$123.74	\$0.00	\$21.20	\$26.81	\$0.00	\$54.01	\$4.03	\$18.71	\$0.50
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.93		<u> </u>	I	I	I	I	1		

	ovider: SENIOR CARE CENTER - ST MARYS vdr ID: 00143129A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 23.08%	Add-on Percent 0.00% 1.0% 3.0%		_Facility Mod Base Period (Quarterly Med		uta_	PDPM Facility 1.4004 1.2406	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	DOM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
PL	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	, , , , , , , , , , , , , , , , , , ,	, ,							,			
_	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,269,926	\$3,046,378	\$0	\$668,551	\$737,249	\$0	\$1,588,944		\$228,804	\$0
5	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$183,561)	(\$10,332)	\$0	\$000,331	\$737,249	\$0	(\$161,358)		(\$11,871)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ100,001)	(ψ10,002)	ΨΟ	ΨΟ	ΨΟ	ΨΟ	(ψ101,330)	\$161,358	(ψ11,071)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								Ψ101,000		\$11,871
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,259,594	\$3,036,046	\$0	\$668,551	\$737,249	\$0	\$1,427,586	\$161,358	\$216,933	\$11,871
8	Total Nursing Facility Days As Filed Days = 17,919	FY21 Audited C/R Days	17,919									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,919	FY21 GL-PL Ins Rpt Days								17,919		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$349.32	\$169.43	\$0.00	\$37.31	\$41.14	(with L&H)	\$79.67	\$9.00	\$12.11	\$0.66
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4004</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$120.99								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$120.99	\$0.00	\$37.31	\$41.14		\$79.67	\$9.00	\$12.11	\$0.66
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.78	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$9.00	11.48	\$0.66
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.78	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2406								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.96	\$129.80	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$9.00	\$11.48	\$0.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
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	\$22.29	\$5.19	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.25	\$134.99	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$9.00	\$11.48	\$0.66

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$189.86

Provider: EAGLE HEALTH & REHABILITATION Prvdr ID: 00143151A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Growth Allowar Qtrly BIMS sco	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		lity Add-on per Percent 0.00% 2.5% 5.0% 5.0%	Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:				PDPM Facility 1.4147 1.2523	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folloy Maridar)		ψ0.00	ψο.σσ	ψ0.22	ψ0.41		ψο.στ			
Base Period Per Diem Allowed Amounts	A 51 15104 0/D 5104 01/DLD	00.047.400	04.050.557		2504.544	** ** * * * * * * * *		4705.004		****	
As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,947,192	' ' '	\$0	' '	\$442,449	\$0	\$735,001		\$291,671	\$0
A Standard Court Court of Court	FY21 C/R Audit Adjstmts	(\$177,823)	(\$1,797)	\$0	(\$451)	\$428	\$21	(\$130,617)	# 405.405	(\$45,407)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$125,165		045 544
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,040,045	\$1,951,760	\$0	\$524,063	\$442,877	\$21	\$604,384	\$125,165	\$246,264	\$45,511 \$45,511
8 Total Nursing Facility Days As Filed Days = 15,796	FY21 Audited C/R Days	15,879	\$1,931,700	φ0	\$524,003	φ442,07 <i>1</i>	ا عرب	\$004,304	\$125,165	φ240,204	φ45,511
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,796	FY21 GL-PL Ins Rpt Days	13,073							15,879		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$248.12	\$122.91	\$0.00	\$33.00	\$27.89	(with L&H)	\$38.06	\$7.88	\$15.51	\$2.87
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	V	1.4147	75.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V =1100		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******	******	4=.51
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.88								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.88	\$0.00	\$33.00	\$27.89		\$38.06	\$7.88	\$15.51	\$2.87
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$200.07	\$86.88	\$0.00	\$26.82	\$27.89		\$36.91	\$7.88	10.82	\$2.87
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.07	\$86.88	\$0.00	1	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2523								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.80								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.99	\$108.80	\$0.00	\$26.82	\$27.89	\$0.00	\$36.91	\$7.88	\$10.82	\$2.87
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$2.72	\$2.72								
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	\$26.20	\$8.69	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$248.19	\$117.49	\$0.00	\$26.82	\$28.30	\$0.00	\$54.01	\$7.88	\$10.82	\$2.87
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.32		ı	1	<u> </u>	1	1	1	1	1

	ovider: ARROWHEAD HEALTH AND REHAB vdr ID: 00143162A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	Score N/A 48.05% 3.86	Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period C		ita_	PDPM Facility 1.6306 1.7085	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
FL												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,779,080	\$2.416.403	\$0	\$517,015	\$775,149	\$0	\$1,862,587		\$1,207,926	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$137,141)	(\$6,589)	\$0	\$0	\$0	\$0	(\$58,985)		(\$71,567)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$131,111)	(\$0,000)	ų.		Ψ.		(400,000)	\$58,758	(\$7.1,007)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								, , , , , ,		\$71,567
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,772,264	\$2,409,814	\$0	\$517,015	\$775,149	\$0	\$1,803,602	\$58,758	\$1,136,359	\$71,567
8	Total Nursing Facility Days As Filed Days = 30,428	FY21 Audited C/R Days	30,428									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,428	FY21 GL-PL Ins Rpt Days								30,428		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$222.56	\$79.20	\$0.00	\$16.99	\$25.47	(with L&H)	\$59.27	\$1.93	\$37.35	\$2.35
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.6306</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.57								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.57	\$0.00	\$16.99	\$25.47		\$59.27	\$1.93	\$37.35	\$2.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.88	\$48.57	\$0.00	\$16.99	\$25.47		\$36.91	\$1.93	10.66 (FRV)	\$2.35
	Quarterly Per Diem Rate Prior to Add-ons										(1114)	
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.88	\$48.57	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.7085</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.29	\$82.98	\$0.00	\$16.99	\$25.47	\$0.00	\$36.91	\$1.93	\$10.66	\$2.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = <u>5.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.56	\$4.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$25.31	\$7.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$202.60	\$90.56	\$0.00	\$17.21	\$25.88	\$0.00	\$54.01	\$1.93	\$10.66	\$2.35

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$139.13

	povider: PRUITTHEALTH - SUNRISE vdr ID: 00143173A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 20.41%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C		<u>ıta</u>	PDPM Facility 1.6158 1.4430	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,686,045	\$1,978,744	\$0	\$308,108	\$427,769	\$0	\$807,196		\$164,228	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$290,009)	(\$9,354)	\$0	\$0	\$0	\$1,893	(\$263,649)		(\$18,899)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$260,644		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,788
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,676,468	\$1,969,390	\$0	\$308,108	\$427,769	\$1,893	\$543,547	\$260,644	\$145,329	\$19,788
8	Total Nursing Facility Days As Filed Days = 15,338	FY21 Audited C/R Days	15,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,338	FY21 GL-PL Ins Rpt Days								15,338		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$239.70	\$128.40	\$0.00	\$20.09	\$28.01	(with L&H)	\$35.44	\$16.99	\$9.48	\$1.29
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.6158</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.47								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.47	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	\$9.48	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.27	\$79.47	\$0.00	\$20.09	\$28.01		\$35.44	\$16.99	11.98	\$1.29
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Cardh Allana 07			•			**				21/2
15	Growth Alloward Per Picer (Afric Count Alloward Add an)	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.27	\$79.47	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4430								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	# 000 10	\$114.68	***	000.00	# 22.24	# 0.00	605.44	040.00	644.00	64.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.48	\$114.68	\$0.00	\$20.09	\$28.01	\$0.00	\$35.44	\$16.99	\$11.98	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine 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	\$25.51	\$7.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$253.99	\$122.09	\$0.00	\$20.31	\$28.42	\$0.00	\$52.91	\$16.99	\$11.98	\$1.29
					<u> </u>	<u> </u>	<u> </u>	I	<u> </u>			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$177.67

	ovider: MOUNTAIN VIEW HEALTH CARE ovdr ID: 00143184A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS scol Nurse Hrs per (ce:	N/A 35.42%	Add-on Percent 0.00% 2.5% 3.0%		Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:			PDPM Facility 1.3530 1.3478	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>P</u> [DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,069,042	\$2,739,274	\$0	\$481,156	\$684,376	\$0	\$859,997		\$304,239	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$174,145)	(\$39,612)	\$0	\$0	\$0	\$905	(\$100,609)		(\$34,829)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$0		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$28,901
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,923,798	\$2,699,662	\$0	\$481,156	\$684,376	\$905	\$759,388	\$0	\$269,410	\$28,901
8	Total Nursing Facility Days As Filed Days = 27,819	FY21 Audited C/R Days	27,819									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,819	FY21 GL-PL Ins Rpt Days	^			A				27,819	4	
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.99	\$97.04	\$0.00	\$17.30	\$24.63	(with L&H)	\$27.30	\$0.00	\$9.68	\$1.04
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21 Ln 9 / Ln 10		1.3530 \$71.72								
12	Routine Srvcs Model Adjstd (CMA) Net Per Diem Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.72 \$71.72	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	\$9.68	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	φυ.υυ	\$17.30	\$33.28		\$36.91	\$0.00	ъэ.00 N/A	Φ1.04
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.10	\$71.72	\$0.00	\$17.30	\$24.63		\$27.30	\$0.00	8.11	\$1.04
' '	, and the second		V100.10	Ψ2	ψ0.00	V17.00	ψ2 1.00		ψ27.00	ψο.σσ	(FRV)	ψ1.01
45	Quarterly Per Diem Rate Prior to Add-ons	La 44 v Cauth Alluma 9/	# 0.00	0.00	# 0.00	***	# 0.00	# 0.00	# 0.00	N 1/A	N1/0	N1/0
15	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00 \$0.00	\$0.00 \$17.30	\$0.00 \$24.63	\$0.00 \$0.00	\$0.00 \$27.30	N/A \$0.00	N/A \$8.11	N/A \$1.04
16	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End	\$150.10	\$71.72 <u>1.3478</u>	φυ.υυ	\$17.30	φ24.03	\$0.00	φ27.30	\$0.00	Ф0.11	\$1.04
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.04	\$96.66	\$0.00	\$17.30	\$24.63	\$0.00	\$27.30	\$0.00	\$8.11	\$1.04
				·					·			
20	Quarterly Per Diem Add-on Amounts	(coo Policy Manual)	Ø4 50	фо г о	ው ስ ስሳ	#0.20	₽ ∩ 44	#0.00	ФО 07		фо оо	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$2.42	\$0.53 \$2.42	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.30					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.95	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$198.99	\$102.51	\$0.00	\$17.52	\$25.04	\$0.00	\$44.77	\$0.00	\$8.11	\$1.04
	·			-		1			· .		.	

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$136.42

	rovider: PRUITTHEALTH - SWAINSBORO rvdr ID: 00143195A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 18.06%	Add-on Percent 0.00% 0.0% 5.0%		Facility Mod Base Period (ata_	PDPM Facility 1.3090 1.2376	PDPM_ Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PI	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
	веа Size Range witnin Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.007	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4.013.075	\$2,492,102	\$0	\$414,424	\$672,430	\$0	\$1,095,953		\$239,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$475,996)	' ' '	\$0	\$0	\$1,458	\$2,516	(\$378,143)		(\$25,657)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$473,990)	(ψ/0,1/0)	ΨΟ	ΨΟ	ψ1,430	ψ2,510	(\$370,143)	\$447,421	(ψ23,037)	
	As Filed Cost Center Costs (GLFL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ441,421		\$25,790
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,011,100	\$2,415,932	\$0	\$414,424	\$673,888	\$2,516	\$717,810	\$447,421	\$213,409	\$25,790
8	Total Nursing Facility Days As Filed Days = 20,111	FY21 Audited C/R Days	20,111	Ψ2,413,332	ΨΟ	ψ 4 14,424	ψ075,000	ψ2,310	Ψ717,010	Ψ447,421	Ψ213,409	Ψ25,790
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,111	FY21 GL-PL Ins Rpt Days	20,111							20,111		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.20	\$120.13	\$0.00	\$20.61	\$33.63	(with L&H)	\$35.69	\$22.25	\$10.61	\$1.28
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ244.20	1.3090	ψ0.00	Ψ20.01	φοσ.σσ	(War Early	φοσ.σσ	Ψ22.20	Ψ10.01	Ψ1.20
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.77								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.77	\$0.00	\$20.61	\$33.63		\$35.69	\$22.25	\$10.61	\$1.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ1.20
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$215.68	\$91.77	\$0.00	\$20.61	\$33.28		\$35.69	\$22.25	10.80	\$1.28
	Buse Foliou moust riajustou riionou Folioni		ψ210.00	Ψ01	ψ0.00	ψ20.01	400.20		φοσ.σσ	Ψ22.20	(FRV)	ψ1.20
	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	\$215.68	\$91.77	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$1.28
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2376</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.48	\$113.57	\$0.00	\$20.61	\$33.28	\$0.00	\$35.69	\$22.25	\$10.80	\$1.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine 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	\$5.68	\$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	\$23.90	\$6.21	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$261.38	\$119.78	\$0.00	\$20.83	\$33.28	\$0.00	\$53.16	\$22.25	\$10.80	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.21			1		1	1			

Provider: PRUITTHEALTH - SYLVESTER Prvdr ID: 00143206A PDPM Shadow Rates. For informational u PDPM Per Diem Rate Effective MDS & Nurse Hrs Data per Quarter En	Date: 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 20.56%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (ıta_	PDPM Facility 1.2695 1.2964	PDPM_ Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.007	05.00/		50.00/			
Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,966,529	\$3,697,330	\$0	\$555,160	\$848,045	\$0	\$1,415,538		\$450,456	\$0
·	FY21 C/R Audit Adjstmts		' ' '	\$0 \$0		' '		' ' '			\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 GL/PL Rpt	(\$520,760)	(\$134,505)	\$0	(\$1,250)	\$731	\$619	(\$358,212)		(\$28,143)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$505,437		#00.700
As Filed Cost Center Costs (Taxes and Insurance)	AS Filed FY21 C/R FY21 Audited C/R	\$6,984,929	\$3,562,825	\$0	PEED 040	¢0.40.776	#640	¢4 057 226	ΦΕΩΕ 427	\$422,313	\$33,723 \$33,723
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 30,648	FY21 Audited C/R Days	30,648	\$3,302,623	\$0	\$553,910	\$848,776	\$019	\$1,057,326	\$505,437	\$422,313	φ33,723
	FY21 GL-PL Ins Rpt Days	30,646							20.640		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,648 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$227.90	\$116.25	\$0.00	\$18.07	\$27.71	(with L&H)	\$34.50	30,648 \$16.49	\$13.78	\$1.10
,	from 2 qtrs of FY21	\$227.90		\$0.00	\$10.07	\$27.71	(WIUI L&H)	\$34.50	\$10.49	\$13.76	\$1.10
10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adistd (CMA) Net Per Diem	Ln 9 / Ln 10		1.2695								
, , , , , ,	RS = Ln 11, AllOthr = Ln 9		\$91.57	\$0.00	¢40.07	€07.74		\$24.FO	\$16.49	¢42.70	\$1.10
,	per Peer Group Limits		\$91.57 \$104.63	\$0.00	\$18.07 \$26.82	\$27.71 \$33.28		\$34.50 \$36.91	\$0.00	\$13.78 N/A	\$1.10
· · · · · · · · · · · · · · · · · · ·	Lesser of Ln 12 or Ln 13	\$200.26	\$104.63	\$0.00	\$18.07	\$27.71		\$34.50	\$16.49	10.82	\$1.10
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ell 12 of Ell 13	\$200.26	φ91.57	φυ.υυ	\$10.07	φ21.11		φ34.50	\$10.49	(FRV)	φ1.10
Quarterly Per Diem Rate Prior to Add-ons										, ,	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$200.26	\$91.57	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2964</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.71								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.40	\$118.71	\$0.00	\$18.07	\$27.71	\$0.00	\$34.50	\$16.49	\$10.82	\$1.10
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$5.94	\$5.94								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.76	\$7.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$253.16	\$126.37	\$0.00	\$18.29	\$28.12	\$0.00	\$51.97	\$16.49	\$10.82	\$1.10
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.05		<u> </u>	I	I	I	I	1		

Provider: TATTNALL HEALTHCARE CENTER Prvdr ID: 00143228A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 33.33%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.1913 1.1536	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folloy Maridar)		ψυ.σσ	φο.σσ	ψ0.22	ψ0.41		ψο.στ			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4.224.044	\$2.466.F00	0.0	\$272.220	£402 200	\$0	Ф672 074		¢240.044	60
As Filed Cost Center Costs (Routine & Special Srvcs Combined)	•	\$4,234,914	' ' '	\$0 \$0	\$372,220	\$402,280	·	\$673,974		\$319,841	\$0
A Filed Cost Costs Costs (CVC)	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$97,277)	(\$525)	\$0	(\$2,212)	(\$556)	\$3,293	(\$73,845)	Ф Г О 444	(\$23,432)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GLFL Rpt As Filed FY21 C/R								\$59,114		¢22.422
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,220,183	\$2,466,074	\$0	\$370,008	\$401,724	\$3,293	\$600,129	\$59,114	\$296,409	\$23,432 \$23,432
8 Total Nursing Facility Days As Filed Days = 24,355	FY21 Audited C/R Days	24,355	\$2,400,074	φ0	ψ370,000	ψ 4 01,724	Ψ5,295	\$000,129	ψ59,114	Ψ290,409	Ψ23,432
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,355	FY21 GL-PL Ins Rpt Days	2 1,000							24,355		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.28	\$101.26	\$0.00	\$15.19	\$16.63	(with L&H)	\$24.64	\$2.43	\$12.17	\$0.96
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	,	1.1913	, , , , ,	, , ,	,	, ,	, ,	, -	Ť	,
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.00								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.00	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	\$12.17	\$0.96
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.02	\$85.00	\$0.00	\$15.19	\$16.63		\$24.64	\$2.43	8.17	\$0.96
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.02	\$85.00	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.1536</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.06								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.07	\$98.06	\$0.00	\$15.19	\$16.63	\$0.00	\$24.64	\$2.43	\$8.17	\$0.96
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$2.45	\$2.45								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.02	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$190.09	\$103.98	\$0.00	\$15.41	\$17.04	\$0.00	\$42.11	\$2.43	\$8.17	\$0.96
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.74		1	1			1	ı		L

Description	i so
PDPM BASED RATE CALCULATIONS 1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier See Policy Manual) Policy Manual See Policy	i \$0
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier (see Policy Manual)	\$0
Type of Facilities Bed Size Range within Peer Group All Facilities All Facilities All Facilities All Bed Sizes Al	\$0
2 Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 85.0% 50.0% 3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0%	\$0
3 Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0%	\$0
	\$0
4 Emblericy integrate maximums (see line 20 for actual) (see Folicy manual) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$0
	\$0
Base Period Per Diem Allowed Amounts	.R∩ 1
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$7,056,508 \$3,963,200 \$0 \$665,449 \$834,286 \$0 \$908,708 \$684,865	ΨΟ
6 Audit Adjustments and Reallocations to Cost Center Costs FY21 C/R Audit Adjustmts (\$253,680) (\$100,065) \$0 (\$10,761) (\$798) (\$97,574) (\$44,482)	
As Filed Cost Center Costs (GL/PL) As Filed FY21 GL/PL Rpt \$134,037	
As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R TO A COST AND A STANDARD FOR THE ANGEL AND A STANDARD FOR THE A	\$41,941
7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$6,978,806 \$3,863,135 \$0 \$665,449 \$823,525 (\$798) \$811,134 \$134,037 \$640,383 8 Total Nursing Facility Days As Filed Days = 32,869 FY21 Audited C/R Days 32,872	\$41,941
8 Total Nursing Facility Days As Filed Days = 32,869 FY21 Audited C/R Days 32,872 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,869 FY21 GL-PL Ins Rpt Days 32,872	
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$212.31 \$117.52 \$0.00 \$20.24 \$25.03 (with L&H) \$24.68 \$4.08 \$19.48	\$1.28
10 Base Period Facility Model for All Residents from 2 qtrs of FY21	Ψ1.20
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$90.55	
12 Net Per Diems after Model Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$90.55 \$0.00 \$20.24 \$25.03 \$4.08 \$19.48	\$1.28
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A	, ,
14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$175.31 \$90.55 \$0.00 \$20.24 \$25.03 \$4.08 \$4.08 9.45	\$1.28
(FRV)	
Quarterly Per Diem Rate Prior to Add-ons	NI/A
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allowance \$0.00	N/A \$1.28
17 Quarterly Facility Model for Medicaid Residents per Current Qtr End	Ψ1.20
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$118.40	
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$203.16 \$118.40 \$0.00 \$20.24 \$25.03 \$0.00 \$24.68 \$4.08 \$9.45	\$1.28
Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Per Diem (IStnd - Alwd] x.75, up to max. or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0)	
21 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs) Ln 19 Col b x Stfng Add-on \$3.55 \$3.55	
23 Nursing Home Provider Fee \$17.10 \$17.10	
24 Total Quarterly Per Diem Add-on Amounts \$28.69 \$10.59 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate Ln 19 + Ln 24 \$231.85 \$128.99 \$0.00 \$20.46 \$25.44 \$0.00 \$42.15 \$4.08 \$9.45	\$1.28
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$161.06	

Provider: REHABILITATION CENTER OF SOUTH GEORGIA Prvdr ID: 00143283A PDPM Shadow Rates. For informational use PDPM Per Diem Rate Effective Da MDS & Nurse Hrs Data per Quarter Endi	only. This is NOT your effective rate. te: 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 26.09%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (ıta_	PDPM Facility 1.3912 1.4070	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All bed Sizes	All Deu Sizes	All bed Sizes	All bed Sizes	All Deu Sizes	All bed Sizes			
Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,040,869	\$5,127,617	\$0	\$966,768	\$1,101,490	\$0	\$1,219,327		\$625,667	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$279,565)		\$0	\$900,708	\$1,101,490	\$0	(\$90,726)		(\$68,224)	ΨΟ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$279,303)	(\$120,013)	φυ	φ0	φ0	φ0	(ψ90,720)	\$150,941	(\$00,224)	
As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$150,941		\$68,224
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,980,469	\$5,007,002	\$0	\$066.760	\$1,101,490	Φ0	\$1,128,601	\$150,941	\$557,443	\$68,224
8 Total Nursing Facility Days As Filed Days = 41,136	FY21 Audited C/R Days	41,136	φ5,007,002	φυ	\$900,700	\$1,101,490	φ0	\$1,120,001	\$150,941	φυυτ,440	φ00,224
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,136	FY21 GL-PL Ins Rpt Days	41,130							41,136		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$218.32	\$121.72	\$0.00	\$23.50	\$26.78	(with L&H)	\$27.44	\$3.67	\$13.55	\$1.66
	from 2 qtrs of FY21	\$210.32		φυ.υυ	\$23.50	φ20.76	(WILLI L&FI)	φ21.44	φ3.07	\$13.33	φ1.00
 Base Period Facility Model for All Residents Routine Srvcs Model Adjstd (CMA) Net Per Diem 	Ln 9 / Ln 10		1.3912 \$87.49								
	RS = Ln 11, AllOthr = Ln 9		\$87.49	\$0.00	\$23.50	\$26.78		\$27.44	\$3.67	\$13.55	\$1.66
12 Net Per Diems after Model Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	φυ.υυ	\$25.50	\$33.28		\$36.91	\$0.00	Ψ13.55 N/A	φ1.00
	Lesser of Ln 12 or Ln 13	\$180.33	\$87.49	\$0.00	\$20.82	\$26.78		\$27.44	\$3.67	9.79	\$1.66
14 Base Period Model Adjusted Allowed Per Diem	E00001 01 E11 12 01 E11 10	φ100.33	φο1.49	φυ.υυ	\$23.30	\$20.78		φ21.44	φ3.07	9.79 (FRV)	φ1.00
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	\$180.33	\$87.49	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4070</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.10								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.94	\$123.10	\$0.00	\$23.50	\$26.78	\$0.00	\$27.44	\$3.67	\$9.79	\$1.66
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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 Sn	s) 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	\$26.01	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.95	\$131.01	\$0.00	\$23.72	\$27.19	\$0.00	\$44.91	\$3.67	\$9.79	\$1.66
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.64		<u> </u>	I	1	I	1	1		

Provider: TIFTON HEALTH AND REHABILITATION CENTER Prvdr ID: 00143294A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 27.69%	Add-on Percent 0.00% 1.0% 3.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4336 1.4587	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile Research Standards: A Military	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folicy Maridar)		ψ0.00	ψο.σσ	ψ0.22	ψ0.41		ψο.στ			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	PC 420 740	P2 140 170	* 0	₽450 202	¢442.077	\$0	\$057.007		¢4 400 740	60
5 As Filed Cost Center Costs (Routine & Special Stress Combined)	FY21 C/R Audit Adjstmts	\$6,130,719	' ' '	\$0 \$0	1 ' '	\$443,277 \$1,433	\$2,853	\$957,227		\$1,122,713	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 GL/PL Rpt	\$150,013	(\$22,002)	\$0	(\$2,356)	\$1,433	\$2,853	\$210,305	¢474.400	(\$40,220)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GLFL Rpt As Filed FY21 C/R								\$174,400		¢40 504
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,495,633	\$3,126,177	\$0	\$456,967	\$444,710	\$2,853	\$1,167,532	\$174,400	\$1,082,493	\$40,501 \$40,501
8 Total Nursing Facility Days As Filed Days = 28,584	FY21 Audited C/R Days	28,584	ψ3,120,177	Ψ0	ψ430,907	Ψ444,710	ψ2,000	ψ1,107,332	\$174,400	ψ1,002,493	ψ40,301
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,584	FY21 GL-PL Ins Rpt Days	20,001							28,584		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$227.26	\$109.37	\$0.00	\$15.99	\$15.66	(with L&H)	\$40.85	\$6.10	\$37.87	\$1.42
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	,	1.4336	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , ,	,	, ,	,	, , ,	, ,	,
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.29								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.29	\$0.00	\$15.99	\$15.66		\$40.85	\$6.10	\$37.87	\$1.42
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163.13	\$76.29	\$0.00	\$15.99	\$15.66		\$36.91	\$6.10	10.76	\$1.42
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.13	\$76.29	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4587								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.28								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.13	\$111.28	\$0.00	\$15.99	\$15.66	\$0.00	\$36.91	\$6.10	\$10.76	\$1.42
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
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	\$22.71	\$4.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$220.84	\$116.26	\$0.00	\$16.21	\$16.07	\$0.00	\$54.01	\$6.10	\$10.76	\$1.42
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.81					1			1	1

	ovider: PRUITTHEALTH - TOCCOA odr ID: 00143305A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 0.00% Base Period Overall: 28.89% 1.0% e Day/Q 2.98 5.0% Quarterly Medicaid:			ta_	PDPM Facility 1.3703 1.3462	PDPM Statewide 1.4210 1.3706		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PL	PM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
<u> </u>				_		_	_		_			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	,	, ,			·	,			,			
_	Base Period Per Diem Allowed Amounts	As Filed FV24 C/D, FV24 CI /DL Dat	#0.500.670	ΦΕ ΕΩΕ 44C	ΦO	₩044 000	#000 700	¢o.	#4 000 504		¢205 000	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$9,583,670 (\$846,843)	\$5,585,116 (\$91,627)	\$0 \$0	\$814,380 \$0	\$889,763 \$0	\$0 \$893	\$1,928,521 (\$714,073)		\$365,890 (\$42,036)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$040,043)	(\$91,027)	ΦΟ	φ0	φυ	φοθο	(\$7.14,073)	\$785,660	(\$42,030)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$765,660		\$42,036
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,564,523	\$5,493,489	\$0	\$814,380	\$889,763	\$893	\$1,214,448	\$785,660	\$323,854	\$42,036
8	Total Nursing Facility Days As Filed Days = 44,956	FY21 Audited C/R Days	44,956	ψο, 100, 100	Ψ	ψο τ 1,000	φοσο,, σο	φοσο	ψ1,211,110	ψ, σο,σσσ	ψ020,001	ψ12,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,956	FY21 GL-PL Ins Rpt Days	,,,,,,							44,956		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$212.76	\$122.20	\$0.00	\$18.12	\$19.81	(with L&H)	\$27.01	\$17.48	\$7.20	\$0.94
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3703								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.18								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.18	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	\$7.20	\$0.94
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.58	\$89.18	\$0.00	\$18.12	\$19.81		\$27.01	\$17.48	7.04	\$0.94
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.58	\$89.18	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	,	1.3462	,	, -	,	,	•	, -	, -	, , ,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.45	\$120.05	\$0.00	\$18.12	\$19.81	\$0.00	\$27.01	\$17.48	\$7.04	\$0.94
	Overtarily Day Diam Add on America											
20	Quarterly Per Diem Add-on Amounts 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	ψ0.00	Ψ0.22	ΨΟΤΙ	ψ0.00	ψ0.07		ψο.σσ	
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	\$25.83	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.28	\$127.78	\$0.00	\$18.34	\$20.22	\$0.00	\$44.48	\$17.48	\$7.04	\$0.94
						<u> </u>		I				

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$164.39

Provider: OXLEY PARK HEALTH AND REHABILITATION Prvdr ID: 00143316A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 23.44%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3819 1.3541	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(coo : one) manaay		φυ.σσ	φο.σσ	75.22	Ψ		φοιο.			
Base Period Per Diem Allowed Amounts	As Filed FV24 C/D - FV24 C/ /D/ Dat	Ø5 040 700	#0.000.FF0	* 0	ФECO 000	#F00.000	ΦO	\$004.040		ФС40 000	¢o.
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,648,798	\$2,960,550	\$0 \$0	\$568,096	\$599,886 \$0	\$0 (\$768)	\$901,243		\$619,023	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$165,354)	(\$2,944)	\$0	(\$721)	\$0	(\$766)	(\$119,021)	¢440.400	(\$41,900)	
As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$110,108		\$41,900
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,635,452	\$2,957,606	\$0	\$567,375	\$599,886	(\$768)	\$782,222	\$110,108	\$577,123	\$41,900
8 Total Nursing Facility Days As Filed Days = 25,231	FY21 Audited C/R Days	25,231	Ψ2,007,000	Ψ0	φοσι,σισ	φοσσ,σσσ	(ψ100)	Ψ102,222	ψ110,100	φονν,τ2ο	Ψ+1,000
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,231	FY21 GL-PL Ins Rpt Days	20,20							25,231		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$223.35	\$117.22	\$0.00	\$22.49	\$23.75	(with L&H)	\$31.00	\$4.36	\$22.87	\$1.66
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3819			·	, ,			·	·
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.83								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.83	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	\$22.87	\$1.66
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.43	\$84.83	\$0.00	\$22.49	\$23.75		\$31.00	\$4.36	15.34	\$1.66
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$183.43	\$84.83	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3541</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.87								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.47	\$114.87	\$0.00	\$22.49	\$23.75	\$0.00	\$31.00	\$4.36	\$15.34	\$1.66
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$1.15	\$1.15								
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (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	\$25.52	\$7.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.99	\$122.29	\$0.00	\$22.71	\$24.16	\$0.00	\$48.47	\$4.36	\$15.34	\$1.66
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.42		I	1			I	I		

Power Developing Power		ovider: PRUITTHEALTH - PEAKE vdr ID: 00143327A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 0.00% Base Period Overall: 21.88% 1.0% Day/Q 3.02 5.0% Quarterly Medicaid:			ita_	PDPM Facility 1.4430 1.4593	PDPM Statewide 1.4210 1.3706		
POPM BASED RATE CALCULATIONS 1		Description		Totals		•	,		Operatns	and		and	Taxes and Insurance
Cost Center Peer Groups				а	b	С	d	е	f	g	g	h	i
## Processes A Financial Process A Finan	PD	OPM BASED RATE CALCULATIONS											
2 Peer Group Standards: Medium Standards: Peer Annual Gee Pelaly Manual) Gee Pelaly Manual) Gee Pelaly Manual) Geo Pelaly M	1	Type of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing						
Section Communication Co		·											
Base Period Profess Manual Manual (see No. 20 for Annual)		,											
Base Period Pet Diem Allowed Amounts Sa Filed Crost Center Costs (Routine & Special Series Constinents) As Filed Pr21 CIP. Pr21 GLPL Rpt Sa 670,477 Sa 8811,171 So 8887,998 \$1999,607 So \$1,886,875 \$485,826 Sa 685,826 S	4	·					l						
Society As Filed Cost Center Costs (Routine & Special Sives Combined) As Filed PC21 CR - PC21 GLPL Rpt \$8,670,477 \$4,811,171 \$0 \$867,988 \$999,607 \$0 \$1,685,875 \$456,626 \$6,407,846 \$4,600 \$4,800 \$4,800 \$6,4		, , , , , , , , , , , , , , , , , , ,	(oso rolloy manadi)		ψ0.00	φο.σσ	ψ0.22	φο. τ τ		φο.ον			
Audit Adjustments and Reallocations to Cost Center Costs F21 CIF Audit Adjustments S862,366 (\$103,831) \$0 \$0 \$6,718 \$6,550 (\$437,865) \$528,920 \$528,920 \$3528,920													
As Filed Cost Center Costs (GUPL) As Filed Cost Center Costs (Traves and Insurance) As Filed Cost Center Costs Africand Aguistments Total Nursing Facility Days As Filed Days – 34,126 Total Nursing Facility Days As Filed Days – 34,126 First Audited CIR S8,852,062 \$4,707,340 \$0 \$687,998 \$1,006,325 \$6,550 \$1,248,010 \$528,820 \$331,888 \$1,006,325 \$6,550 \$1,248,010 \$528,820 \$331,888 \$1,006,325 \$6,550 \$1,248,010 \$528,820 \$34,126 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days – 34,126 First Audited CIR Days – 34,126 First Days – 34,126 Fir		· · ·	·							' ' '			\$0
As Filed Cost Center Costs (Taxes and Insurance) As Filed Cost Center Costs (Taxes and Insurance) As Filed Cost Center Costs (Taxes and Insurance) FY21 Audited CR Rays S8,662,062 \$4,707,340 \$0 \$687,998 \$1,006,325 \$6,550 \$1,248,010 \$528,920 \$351,888 \$41,268 \$1,701 \$1,880 \$1,701 \$1,880 \$1,701 \$1,880 \$1,701 \$1,890 \$1,701 \$1,890 \$1,701 \$1,890 \$1,701 \$1,890 \$1,701 \$1,990 \$1,990 \$1,701 \$1,990 \$1,9	6	·	,	(\$662,366)	(\$103,831)	\$0	\$0	\$6,718	\$6,550	(\$437,865)		(\$133,938)	
Fig.		· · · · · ·	·								\$528,920		
8		·											\$115,031
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,126 9 Nat Per Diams prior to Model Adjustm to Routine Srvcs Ln 7 / Ln 8 Col a \$253.53 137.94 10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adjust to Routine Srvcs Nat Per Diams after Model Adjust to Routine Srvcs RS = Ln 1, 11, 100th = Ln 9 12 Nat Per Diams after Model Adjust to Routine Srvcs RS = Ln 1, 11, 11, 100th = Ln 9 S95.59 13 Per Diams Stater Model Adjusted Routine Srvcs RS = Ln 1, 11, 11, 100th = Ln 9 Lesser of Ln 12 or Ln 13 Per Diams Stater Model Adjusted Allowed Per Diam Lesser of Ln 12 or Ln 13 Per Diams Stater Model Adjusted Allowed Per Diam Lesser of Ln 12 or Ln 13 Per Diams Rate Prior to Add-ons Growth Allowance Percentage = 0.00% Courterly Per Diam Rate Prior to Add-ons To Quarterly Facility Model for Medicaid Residents Per Current Oir End Ln 14 x Grwth Allwance Ln 14 x Grwth Allwance Per Current Oir End Ln 14 x Ln 15 S216.89 S95.59 S0.00 S0.0	7	•			\$4,707,340	\$0	\$687,998	\$1,006,325	\$6,550	\$1,248,010	\$528,920	\$351,888	\$115,031
9 Net Per Diems prior to Model Adjistmt to Routine Srvcs	8		•	34,126									
Base Period Facility Model for All Residents from 2 qtrs of FV21											1		
11 Routine Srvcs Model Adjistd (CMA) Net Per Diem		· · · · · · · · · · · · · · · · · · ·		\$253.53		\$0.00	\$20.16	\$29.68	(with L&H)	\$36.57	\$15.50	\$10.31	\$3.37
12 Net Per Dierms after Model Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$95.59 \$0.00 \$20.16 \$29.68 \$36.57 \$15.50 \$10.31 3 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 4 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$216.89 \$95.59 \$0.00 \$20.16 \$29.68 \$36.57 \$15.50 N/A 5 Growth Allowance Percentage =			·										
Per Diem Standards (After Statewide CMA for Routine Sirves) Per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A		, , ,			·								
Lesser of Ln 12 or Ln 13 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$216.89 \$95.59 \$0.00 \$20.16 \$29.68 \$36.57 \$15.50 16.02 (FRV) Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$216.89 \$95.59 \$0.00 \$0		*	•			\$0.00					1		\$3.37
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allownc		· · · · · · · · · · · · · · · · · · ·	·								1		4
Counterly Per Diem Rate Prior to Add-ons Crowth Allowance Percentage = 0.00% Ln 14 x Grwth Allownce % \$0.00 0.00 \$0.	14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.89	\$95.59	\$0.00	\$20.16	\$29.68		\$36.57	\$15.50		\$3.37
CMA Allowed Per Diem (After Growth Allowance Add-on)		Quarterly Per Diem Rate Prior to Add-ons										(1114)	
17 Quarterly Facility Model for Medicaid Residents per Current Qtr End Ln 16 × Ln 17 S 139,49 S S S S S S S S S	15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
18 Ortrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$139.49 \$0.00 \$20.16 \$29.68 \$0.00 \$36.57 \$15.50 \$16.02	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$216.89	\$95.59	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$260.79 \$139.49 \$0.00 \$20.16 \$29.68 \$0.00 \$36.57 \$15.50 \$16.02	17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4593								
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.41 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.25 \$0.00 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.39 \$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 \$6.97 \$6.97 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.87 \$8.89 \$0.00 \$0.22 \$0.41 \$0.00 \$17.35 \$0.00	18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$139.49								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.41 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.25 \$0.00 \$1.39 \$1.39 \$1.39 \$1.41 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.25 \$0.00 \$1.41 \$0.00 \$0.00 \$0.00	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$260.79	\$139.49	\$0.00	\$20.16	\$29.68	\$0.00	\$36.57	\$15.50	\$16.02	\$3.37
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.41 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.25 \$0.00 \$1.39 \$1.39 \$1.39 \$1.41 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.25 \$0.00 \$1.41 \$0.00 \$0.00 \$0.00		Quarterly Per Diem Add-on Amounts											
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 \$6.97 \$6.97 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.87 \$8.89 \$0.00 \$0.22 \$0.41 \$0.00 \$17.35 \$0.00			(see Policy Manual)	\$1.41	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.25		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$6.97 \$6.97 \$6.97 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.87 \$8.89 \$0.00 \$0.22 \$0.41 \$0.00 \$17.35 \$0.00			Ln 19 Col b x CPS Add-on	\$1.39									
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.87 \$8.89 \$0.00 \$0.22 \$0.41 \$0.00 \$17.35 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.97	\$6.97								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Model Based Per Diem Rate Ln 19 + Ln 24 \$287.66 \$148.38 \$0.00 \$20.38 \$30.09 \$0.00 \$53.92 \$15.50 \$16.02	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.87	\$8.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.35	\$0.00	\$0.00	\$0.00
	25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$287.66	\$148.38	\$0.00	\$20.38	\$30.09	\$0.00	\$53.92	\$15.50	\$16.02	\$3.37

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$202.92

	ovider: CHATUGE REGIONAL NURSING HOME vdr ID: 00143338A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 29.33%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.4205 1.3435	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM 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											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	, , ,	()		, , , , ,	, , , , ,		, ,		,			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,061,735	\$4,456,500	\$0	\$1,385,333	\$423,452	\$838,365	\$1,597,623		\$360,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$140,726)	(\$34,634)	\$0	\$1,365,333	(\$2,733)	(\$5,412)	(\$97,937)		(\$10)	φυ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$140,720)	(\$54,054)	φυ	φ0	(φ2,733)	(\$5,412)	(\$97,937)	\$37,438	(\$10)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ37,430		\$10
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,958,457	\$4,421,866	90	\$1,385,333	\$420,719	\$832,953	\$1,499,686	\$37,438	\$360,452	\$10 \$10
8	Total Nursing Facility Days As Filed Days = 32,180	FY21 Audited C/R Days	32,081	ψ4,421,000	ΨΟ	ψ1,303,333	Ψ420,719	ψ032,933	ψ1,499,000	ψ57,430	ψ300,432	ΨΙΟ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,180	FY21 GL-PL Ins Rpt Days	32,001							32,081		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$279.25	\$137.83	\$0.00	\$43.18	\$39.08	(with L&H)	\$46.75	\$1.17	\$11.24	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψ2.70.20	1.4205	ψ0.00	V10.10	φοσ.σσ	(11.01.201.1)	ψ10.70	Ų	Ψ11.21	ψ0.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.03								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.03	\$0.00	\$43.18	\$39.08		\$46.75	\$1.17	\$11.24	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	******	\$37.13	\$33.28		\$36.91	\$0.00	N/A	70.00
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.40	\$97.03	\$0.00	\$37.13	\$33.28		\$36.91	\$1.17	11.88	\$0.00
	·						·		·		(FRV)	,
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.40	\$97.03	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3435								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	2050 70	\$130.36	00.00	007.40	***	**	# 00.04	04.47	**	# 0.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$250.73	\$130.36	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$1.17	\$11.88	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.91	\$3.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.84	\$5.74	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$273.57	\$136.10	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$1.17	\$11.88	\$0.00
				<u> </u>		-	•					

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$192.35

	ovider: TREUTLEN COUNTY HEALTH AND REHABILITATION ovdr ID: 00143349A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 48.84%	Add-on Percent 0.00% 5.5% 7.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.4059 1.3570	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DI	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u>FL</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
_	Base Period Per Diem Allowed Amounts		***	0.1 70.1 10.1		0054005	0010101		00000010		****	40
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,292,119		\$0	\$354,205	\$348,464	\$0	\$628,346		\$236,913	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$92,782)	(\$1,808)	\$0	(\$443)	\$0	(\$448)	(\$83,962)		(\$6,121)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,000		#0.404
7	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	\$3,257,458	¢1 700 202	\$0	\$353,762	\$348,464	(\$448)	\$544,384	\$52,000	\$230,792	\$6,121 \$6,121
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 15,502	FY21 Audited C/R Days	15,502	φ1,122,303	φ0	\$333,702	φ340,404	(φ440)	φ544,504	φ32,000	φ230,792	φ0,121
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,502	FY21 GL-PL Ins Rpt Days	13,302							15,502		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$210.13	\$111.11	\$0.00	\$22.82	\$22.45	(with L&H)	\$35.12	\$3.35	\$14.89	\$0.39
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	V	1.4059	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V		,,,,,,	75.55	*******	75.55
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$79.03								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.03	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	\$14.89	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.55	\$79.03	\$0.00	\$22.82	\$22.45		\$35.12	\$3.35	16.39	\$0.39
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.55	\$79.03	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3570</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.77	\$107.24	\$0.00	\$22.82	\$22.45	\$0.00	\$35.12	\$3.35	\$16.39	\$0.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$5.90	\$5.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.51	\$7.51								
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	\$32.04	\$13.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$239.81	\$121.18	\$0.00	\$23.04	\$22.86	\$0.00	\$52.59	\$3.35	\$16.39	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.03		1	ı	1	ı	1	<u> </u>		

Provider: BERRIEN NURSING CENTER Prvdr ID: 00143382A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 29.87%	Add-on Percent 0.00% 1.0% 3.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3658 1.3439	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DDDM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0% \$0.37			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ0.53	\$0.00	\$0.22	\$0.41		φ0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,313,335	\$2,896,223	\$0	\$717,550	\$747,265	\$0	\$1,193,561		\$758,736	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$247,603)	\$32,284	\$0	(\$4,740)	\$0	\$4,740	(\$233,637)		(\$46,250)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$201,353		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	\$0.040.005	#0 000 F07		6740.040	Ф 7.47 .005	04.740	#050.004	#004.0F0	Ф 7 40 400	\$46,250
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 27,782	FY21 Audited C/R FY21 Audited C/R Days	\$6,313,335	\$2,928,507	\$0	\$712,810	\$747,265	\$4,740	\$959,924	\$201,353	\$712,486	\$46,250
8 Total Nursing Facility Days As Filed Days = 27,782 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,782	FY21 GL-PL Ins Rpt Days	27,782							27,782		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$227.25	\$105.41	\$0.00	\$25.66	\$27.07	(with L&H)	\$34.55	\$7.25	\$25.65	\$1.66
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ227.20	1.3658	ψ0.00	Ψ20.00	Ψ27.07	(Will Earl)	φο-ι.σσ	Ψ1.20	Ψ20.00	Ψ1.00
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.18								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.18	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	\$25.65	\$1.66
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	,,,,,,	\$26.82	\$33.28		\$36.91	\$0.00	N/A	,
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.50	\$77.18	\$0.00	\$25.66	\$27.07		\$34.55	\$7.25	14.13	\$1.66
										(FRV)	
Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	00.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	NI/A	NI/A	NI/A
15 Growth Allowance Percentage = 0.00% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$187.50	0.00 \$77.18	\$0.00 \$0.00	\$0.00 \$25.66	\$0.00 \$27.07	\$0.00 \$0.00	\$0.00 \$34.55	N/A \$7.25	N/A \$14.13	N/A \$1.66
17 Quarterly Facility <u>Model for Medicaid Residents</u>	per Current Qtr End	\$107.50	1.3439	ψ0.00	ψ23.00	Ψ21.01	φ0.00	ψ34.33	Ψ1.25	Ψ14.13	ψ1.00
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.72								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.04	\$103.72	\$0.00	\$25.66	\$27.07	\$0.00	\$34.55	\$7.25	\$14.13	\$1.66
Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢1.52	¢0.53	\$0.00	¢0.22	¢0.41	\$0.00	¢0.27		\$0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$1.04	\$0.53 \$1.04	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψο					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$4.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.82	\$108.40	\$0.00	\$25.88	\$27.48	\$0.00	\$52.02	\$7.25	\$14.13	\$1.66
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.79		I	<u> </u>		<u> </u>				

	ovider: TWIN OAKS CONVALESCENT CENTER odr ID: 00143393A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	1/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 29.51%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3869 1.4327	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM 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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	φ0.22	φυ.41		φ0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,681,019	\$3,112,240	\$0	\$693,589	\$436,299	\$470,421	\$1,453,649		\$514,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$221,017)	(\$144,378)	\$0	\$0	\$2,361	\$2,545	(\$26,875)		(\$54,670)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$103,954		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,077
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,583,033	\$2,967,862	\$0	\$693,589	\$438,660	\$472,966	\$1,426,774	\$103,954	\$460,151	\$19,077
8	Total Nursing Facility Days As Filed Days = 22,644	FY21 Audited C/R Days	23,297									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,644	FY21 GL-PL Ins Rpt Days								23,297		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$282.56	\$127.39	\$0.00	\$29.77	\$39.13	(with L&H)	\$61.24	\$4.46	\$19.75	\$0.82
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3869</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.85								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.85	\$0.00	\$29.77	\$39.13		\$61.24	\$4.46	\$19.75	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$216.06	\$91.85	\$0.00	\$29.77	\$33.28		\$36.91	\$4.46	18.97	\$0.82
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Lo 44 v Cruth Allino 0/	#0.00		# 0.00	# 0.00	# 0.00	# 0.00	# 0.00	N1/A	N1/A	N1/0
15	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00 \$216.06	0.00	\$0.00 \$0.00	\$0.00 \$29.77	\$0.00 \$33.28	\$0.00 \$0.00	\$0.00	N/A \$4.46	N/A \$18.97	N/A \$0.82
16	,	per Current Qtr End	\$210.06	\$91.85	\$0.00	\$29.77	\$33.26	\$0.00	\$36.91	\$4.40	\$16.97	φυ.62
17	Quarterly Facility Model for Medicaid Residents	Ln 16 x Ln 17		1.4327								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	#055.04	\$131.59	#0.00	¢00.77	фор оо	#0.00	#00.04	C4 40	¢40.07	ФО 00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 16, AllOthi = Ln 16	\$255.81	\$131.59	\$0.00	\$29.77	\$33.28	\$0.00	\$36.91	\$4.46	\$18.97	\$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = <u>1.0%</u> (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	\$3.95	\$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	\$23.12	\$5.80	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$278.93	\$137.39	\$0.00	\$29.99	\$33.28	\$0.00	\$54.01	\$4.46	\$18.97	\$0.82
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$196.37

	rovider: UNION COUNTY NURSING HOME rvdr ID: 00143415A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 44.44%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (ata	PDPM Facility 1.3807 1.3789	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM 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											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		(222 - 212)		75.55	7	77.22	,,,,,,		70.01			
_	Base Period Per Diem Allowed Amounts	A - File FV04 0/D FV04 0/ /DI Det	***	#0.000.745	# 0	** ** ** ** ** ** ** **	# 507.004	#770.040	#4 704 007		#4 400 775	ФО.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$11,802,410	' ' '	\$0	\$1,514,610	\$527,394	' '	\$1,724,867		\$1,198,775	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$176,912)	\$3,426	\$0	\$0	(\$8,403)	(\$12,365)	(\$141,749)		(\$17,821)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$35,505		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,542
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,678,545	\$6,064,141	\$0	\$1,514,610	\$518,991	\$763,684	\$1,583,118	\$35,505	\$1,180,954	\$17,542
8	Total Nursing Facility Days As Filed Days = 44,627	FY21 Audited C/R Days	44,627									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,627	FY21 GL-PL Ins Rpt Days								44,627		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$261.69	\$135.89	\$0.00	\$33.94	\$28.74	(with L&H)	\$35.47	\$0.80	\$26.46	\$0.39
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3807</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.42								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.42	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	\$26.46	\$0.39
13		per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$209.50	\$98.42	\$0.00	\$33.94	\$28.74		\$35.47	\$0.80	11.74 (FRV)	\$0.39
	Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.50	\$98.42	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3789								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$135.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.79	\$135.71	\$0.00	\$33.94	\$28.74	\$0.00	\$35.47	\$0.80	\$11.74	\$0.39
	Outstanks Day Diago Add an Amazanta											
20	Quarterly Per Diem Add-on Amounts 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	
20		Ln 19 Col b x CPS Add-on	\$1.53 \$3.39	\$0.53 \$3.39	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.37		φυ.υυ	
22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.07	\$4.07								
	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φ4.07					\$17.10			
23		Sum of Lns 20 thru 23	\$26.09	\$7.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
							-					
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.88	\$143.70	\$0.00	\$34.16	\$29.15	\$0.00	\$52.94	\$0.80	\$11.74	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.84									

	ovider: KENTWOOD NURSING FACILITY ovdr ID: 00143426A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 17.07%	Add-on Percent 0.00% 0.0% 3.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.2786 1.4353	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
FL												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,938,329	\$2,434,431	\$0	\$525,471	\$516,876	\$0	\$1,032,677		\$428,874	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$470,857)	(\$4,139)	\$0	\$0	(\$458)	\$3,787	(\$463,203)		(\$6,844)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$119,858		
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	** 504.450	#0.400.000		Ø505 474	Ø540.440	#0.707	ΦE00.47.4	0440.050	# 400.000	\$6,829
8	Cost Center Costs After Audit Adjustments	FY21 Audited C/R FY21 Audited C/R Days	\$4,594,159	\$2,430,292	\$0	\$525,471	\$516,418	\$3,787	\$569,474	\$119,858	\$422,030	\$6,829
0	Total Nursing Facility Days As Filed Days = 21,098 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,098	FY21 GL-PL Ins Rpt Days	21,098							21,098		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.75	\$115.19	\$0.00	\$24.91	\$24.66	(with L&H)	\$26.99	\$5.68	\$20.00	\$0.32
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψ217.70	1.2786	ψ0.00	Ψ24.51	Ψ24.00	(War Earl)	Ψ20.00	Ψο.οο	Ψ20.00	Ψ0.02
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.09								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.09	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	\$20.00	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$26.82	\$33.28		\$36.91	\$0.00	N/A	, , ,
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$191.94	\$90.09	\$0.00	\$24.91	\$24.66		\$26.99	\$5.68	19.29	\$0.32
	Overteels Bas Bissa Bata Britanta Add ann										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.94	\$90.09	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$19.29	\$0.32
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	VIOLES	1.4353	ψο.σσ	Ψ21.01	Ψ21.00	φ0.00	Ψ20.00	Ψο.οο	Ψ10.20	ψ0.02
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.16	\$129.31	\$0.00	\$24.91	\$24.66	\$0.00	\$26.99	\$5.68	\$19.29	\$0.32
	Overteely Per Pierr Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	\$0.55	Ψ0.00	Ψ0.22	ψυ.41	ψυ.υυ	ψ0.57		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.88	\$3.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	+5.55					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.51	\$4.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	·	Ln 19 + Ln 24	\$253.67	\$133.72	\$0.00	\$25.13	\$25.07	\$0.00	\$44.46	\$5.68	\$19.29	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.43			1	<u> </u>					

	ovider: CHULIO HILLS HEALTH AND REHAB vdr ID: 00143437A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 27.45%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period C Quarterly Med		<u>ıta</u>	PDPM Facility 1.9583 1.6698	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,955,022	\$5,005,296	\$0	\$594,249	\$697,474	\$0	\$992,190		\$665,813	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$266,168)	\$1,104	\$0	\$0	\$340	\$280	(\$247,115)		(\$20,777)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$158,028		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$20,796
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,867,678	\$5,006,400	\$0	\$594,249	\$697,814	\$280	\$745,075	\$158,028	\$645,036	\$20,796
8	Total Nursing Facility Days As Filed Days = 21,009	FY21 Audited C/R Days	19,592									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,009	FY21 GL-PL Ins Rpt Days								19,592		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$401.57	\$255.53	\$0.00	\$30.33	\$35.63	(with L&H)	\$38.03	\$8.07	\$32.92	\$1.06
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.9583								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$130.49								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$130.49	\$0.00	\$30.33	\$35.63		\$38.03	\$8.07	\$32.92	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$222.27	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$8.07	11.50	\$1.06
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Les 4.4 v. Centalle Alliuma (V	# 0.00	0.00	*	# 0.00	# 0.00	# 0.00	# 0.00	N1/A	N 1/A	N1/0
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$222.27	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.6698								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	#000 0F	\$174.71	#0.00	#00.00	Фоо ос	Ф0.00	#00.0 4	фо o-7	644 F0	ф4 oo
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$292.35	\$174.71	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$8.07	\$11.50	\$1.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.75	\$1.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.24	\$5.24								
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	\$24.09	\$6.99	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$316.44	\$181.70	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$8.07	\$11.50	\$1.06
					1	<u> </u>			I			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$224.51

Provider: WAYCROSS HEALTH AND REHABILITATION Prvdr ID: 00143459A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 23.21%	Add-on Percent 0.00% 1.0% 6.0%		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.3655 1.2913	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Gizes			
Peer Group Standards & Efficiency Measure Limits	(aca Dallau Marcual)		00.00/	90.0%	90.0%	85.0%		50.0%			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	100.0%	85.0% 100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Dage Deviced Day Diego Allegand Amounts											
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	f2.054.207	\$1,934,002	¢o.	¢400.460	\$486,106	\$0	₱ 7 66 4 7 4		\$356,465	\$ 0
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs	·	\$3,951,207	' ' '	\$0 \$0	\$408,160 (\$511)	, ,	\$711	\$766,474		, ,	\$0
	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$141,191)	(\$2,084)	\$0	(\$511)	\$1,053	\$711	(\$103,678)	#07.070	(\$36,682)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$97,370		#00.044
As Filed Cost Center Costs (Taxes and Insurance)	AS Filed F121 C/R FY21 Audited C/R	f2 044 020	₾4 004 040	¢ο	£407.040	£407.450	\$711	# 000 700	607.070	#040 700	\$36,844
7 Cost Center Costs After Audit Adjustments		\$3,944,230	\$1,931,918	\$0	\$407,649	\$487,159	\$711	\$662,796	\$97,370	\$319,783	\$36,844
8 Total Nursing Facility Days As Filed Days = 17,858	FY21 Audited C/R Days FY21 GL-PL Ins Rpt Days	17,858							47.050		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,858	Ln 7 / Ln 8 Col a	¢220.06	¢400.40	\$0.00	\$22.83	ድ ጋሚ ኃጋ	/ith 1 011\	\$37.11	17,858 \$5.45	\$17.91	\$2.06
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	from 2 qtrs of FY21	\$220.86	\$108.18	\$0.00	\$22.03	\$27.32	(with L&H)	\$37.11	ა ნ.45	\$17.91	\$2.06
10 Base Period Facility Model for All Residents 11 Pourting Struck Model Adjected (CMA) Net Per Pierre	Ln 9 / Ln 10		1.3655								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem 12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$79.22	\$0.00	¢22.02	ድ ጋሚ ኃጋ		¢27.44	ФЕ 4 Б	\$17.91	#2.06
•	per Peer Group Limits		\$79.22	\$0.00	\$22.83	\$27.32		\$37.11	\$5.45 \$0.00	\$17.91 N/A	\$2.06
	Lesser of Ln 12 or Ln 13	¢494.09	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$0.00 \$5.45		#2.06
14 Base Period Model Adjusted Allowed Per Diem	Lessel of Ell 12 of Ell 13	\$181.98	\$79.22	\$0.00	\$22.83	\$27.32		\$36.91	ა ნ.45	8.19 (FRV)	\$2.06
Quarterly Per Diem Rate Prior to Add-ons										,	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.98	\$79.22	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2913								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.30								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.06	\$102.30	\$0.00	\$22.83	\$27.32	\$0.00	\$36.91	\$5.45	\$8.19	\$2.06
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$1.02	\$1.02	72.30		+				40	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.14	\$6.14								
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	\$25.42	\$7.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$230.48	\$109.99	\$0.00		\$27.73	\$0.00	\$54.01	\$5.45	\$8.19	\$2.06
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.04		<u> </u>	I	<u> </u>		I	1	<u> </u>	<u> </u>

	rovider: WASHINGTON CO EXTENDED CARE FACILITY rvdr ID: 00143481A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 26.09%	Add-on Percent 0.00% 1.0% 3.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.4353 1.5278	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DI	DDM DASED DATE CALCIII ATIONS		a	b	С	d	е	f	g	g	h	i
<u>FL</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
•		(See Folicy Ivialidal)		φ0.00	φ0.00	φ0.22	φυ.+1		ψ0.57			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	£4.007.426	¢0 440 770	60	\$640 F6F	£4.40.400	¢405.070	\$866,448		¢400.335	\$0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$4,097,426 (\$51,581)	\$2,142,773 (\$9,947)	\$0 \$0	\$648,565 \$0	\$143,432 \$0	\$195,873 \$0	(\$37,791)		\$100,335 (\$3,843)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$51,561)	(\$9,947)	\$0	\$0	\$0	\$0	(\$37,791)	\$37,791	(\$3,043)	
	As Filed Cost Center Costs (GLFL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ37,791		\$3,843
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4.087.479	\$2,132,826	\$0	\$648,565	\$143,432	\$195,873	\$828,657	\$37,791	\$96,492	\$3,843
8	Total Nursing Facility Days As Filed Days = 20,788	FY21 Audited C/R Days	20,788	\$2,:02,020		\$0.0,000	V. 10, 102	4.00,0.0	ψ020,001	ψο, ,, ο .	ψου, .υ_	ψο,οιο
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,788	FY21 GL-PL Ins Rpt Days	, , , , ,							20,788		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.62	\$102.60	\$0.00	\$31.20	\$16.32	(with L&H)	\$39.86	\$1.82	\$4.64	\$0.18
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4353</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.48								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.48	\$0.00	\$31.20	\$16.32		\$39.86	\$1.82	\$4.64	\$0.18
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$169.31	\$71.48	\$0.00	\$31.20	\$16.32		\$36.91	\$1.82	11.40	\$0.18
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.31	\$71.48	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.5278</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.04	\$109.21	\$0.00	\$31.20	\$16.32	\$0.00	\$36.91	\$1.82	\$11.40	\$0.18
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$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	\$22.63	\$4.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$229.67	\$114.11	\$0.00	\$31.42	\$16.73	\$0.00	\$54.01	\$1.82	\$11.40	\$0.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.43									

Provider: WESTBURY H&R-CONYERS, INC Prvdr ID: 00143503A PDPM Shadow Rate For informational use only. This is NOT Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/24		ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 29.8% 2.67	Add-on Percent 0.00% 1.0% 4.0%	Qrtrly N	Icaid PDPM w RU	d Overall PDPM:		Facility Specific 1.4384 1.3905	State- wide 1.5740 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums)			90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts Net Historical Cost 2020	FY2020 C/R -FY 2020 GL-PL Rpt		6,456,939		1,208,699	1,503,009	(2,506)		295,809	37,146	65,580
Inflation (July 2021) @ 4.30% Patient Days Total Nursing Facility Days GL-PL Ins. Rpt	FY 2020 Cost Rpt FY 20 GL-PL Ins Rpt Davs		277,648 54,898		51,974 54,898	64,522 54,898		51,519 54,898	54,898	54,898	2,820 54,898
Inflated NHC/ Patient Days Base Period Facility CMI for all Residents	1 1 20 GE-FE IIIS HPL Days		122.67 <u>1.4384</u>		22.96	28.51		22.76	5.39	0.68	1.25
Routine Services Case Mix Adjusted Net Per Diem Net Per Diems After Case Mix Adjustments Per Diem Standards		\$166.83	\$85.29 \$85.29 \$104.63		\$22.96 \$26.82	\$28.51 \$33.28		\$22.76 \$36.91	\$5.39	\$0.68	1.25
Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-Ons		\$177.25	\$85.29		\$22.96	\$28.51		\$22.76	\$5.39	11.10 (FRV Rate)	1.25
Growth Allowance 0.000% CMA Allowed Per Diem After Growth Allowance Quarterly Facility Case Mix Index for Medicaid Residents Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$0.00 \$177.25	\$0.00 \$85.29 <u>1.3905</u> \$118.60		\$0.00 \$22.96	\$0.00 \$28.51		\$0.00 \$22.76	\$5.39	\$11.10	\$1.25
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$210.56	\$118.60		\$22.96	\$28.51		\$22.76	\$5.39	\$11.10	\$1.25
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0%		\$1.53 \$1.19 \$4.74	\$0.53 1.19 4.74		\$0.22	\$0.41		\$0.37			
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$ 17.10 \$24.56						\$ 17.10			
Quarterly Case Mix Based Per Diem Rate		\$235.12	\$125.06		\$23.18	\$28.92		\$40.23	\$5.39	\$11.10	\$1.25
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$163.52 PDPM Shadow Rate. This is no	t vour rate									

Provider: WESTBURY MEDICAL CARE HOME Prvdr ID: 00143514A PDPM Shadow Rate For informational use only. This is NO1 Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending.	04/01/24		ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 28.3% 2.40	Add-on Percent 0.00% 1.0% 3.0%	- Qrtrly N	Case Mix Inde Base Perio Icaid PDPM w RU	d Overall PDPM:		Facility Specific 1.4529 1.4110	State- wide 1.5740 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier			1 All Facilities All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 90.0% 100.0%	2 Freestanding All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 85.0% 100.0%	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes 50.0% 105.0%			
Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts Net Historical Cost 2020 Inflation (July 2021) @ 4.30%	FY2020 C/R -FY 2020 GL-PL Rpt		7,437,476 319.811	φοίου	1,429,612 61,473	1,659,555 71.277	(1,940)	, , , ,	197,364	135,373	72,793 3.130
Patient Days Inflated NHC/ Patient Days Base Period Facility CMI for all Residents Routine Services Case Mix Adjusted Net Per Diem	FY 2020 Cost Rpt FY 20 GL-PL Ins Rpt Days		60,869 127.44 1.4529 \$87.72		60,869 24.50	60,869 28.40		60,869 23.03	3.24	60,869 2.22	60,869 1.25
Net Per Diems After Case Mix Adjustments Per Diem Standards		\$170.36	\$87.72 \$104.63		\$24.50 \$26.82	\$28.40 \$33.28		\$23.03 \$36.91	\$3.24	\$2.22	1.25
Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-Ons		\$180.55	\$87.72		\$24.50	\$28.40		\$23.03	\$3.24	12.42 (FRV Rate)	1.25
Growth Allowance 0.000% CMA Allowed Per Diem After Growth Allowance Quarterly Facility Case Mix Index for Medicaid Residents Ortly Routine Srvcs Case Mix Adistd (CMA) Net Per Diem		\$0.00 \$180.56	\$0.00 \$87.72 <u>1.4110</u> \$123.77		\$0.00 \$24.50	\$0.00 \$28.40		\$0.00 \$23.03	\$3.24	\$12.42	\$1.25
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$216.61	\$123.77		\$24.50	\$28.40		\$23.03	\$3.24	\$12.42	\$1.25
Cudarterly Per Diem Add-On Amounts Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$1.53 \$1.24 \$3.71	\$0.53 1.24 3.71		\$0.22	\$0.41		\$0.37			
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$ 17.10 \$23.58	5					\$ 17.10			
Quarterly Case Mix Based Per Diem Rate		\$240.19	\$129.25		\$24.72	\$28.81		\$40.50	\$3.24	\$12.42	\$1.25
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.32										
	PDPM Shadow Rate. This is no	t vour rate									

Provider: WESTBURY H&R-MCDONOUGH, INC Prvdr ID: 00143525A PDPM Shadow Rate For informational use only. This is NOT H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/24		ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 44.3% 2.67	Add-on Percent 0.00% 2.5% 3.0%	- Qrtrly M		x (CMI) Data od Overall PDPM:		Facility Specific 1.3762 1.3106	State- wide 1.5740 1.3706
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS				_							
Cost Center Peer Groups per Selected Options			1	1	2	1 1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
Net Historical Cost 2020	FY2020 C/R -FY 2020 GL-PL Rpt		6,393,717		1,106,359	1,420,115	(1,757)		203,152	19,452	64,484
Inflation (July 2021) @ 4.30%			274,930		47,573	60,989		51,025			2,773
Patient Days	FY 2020 Cost Rpt		51,014		51,014	51,014		51,014		51,014	51,014
Inflated NHC/ Patient Days	FY 20 GL-PL Ins Rpt Days		130.72		22.62	29.00		24.26	3.98	0.38	1.32
Base Period Facility CMI for all Residents			<u>1.3762</u>								
Routine Services Case Mix Adjusted Net Per Diem			\$94.99								
Net Per Diems After Case Mix Adjustments		\$176.55	\$94.99		\$22.62	\$29.00		\$24.26	\$3.98	\$0.38	1.32
Per Diem Standards			\$104.63		\$26.82	\$33.28		\$36.91			
Base Period Case Mix Adjusted Allowed Per Diem		\$186.36	\$94.99		\$22.62	\$29.00		\$24.26	\$3.98	10.19	1.32
Quarterly Per Diem Rate Prior to Add-Ons										(FRV Rate)	
Growth Allowance 0.000%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem After Growth Allowance		\$186.36	\$94.99		\$22.62	\$29.00		\$24.26	\$3.98	\$10.19	\$1.32
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.3106</u>								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$124.49								
Quarterly Medicaid CMA Allowed Per Diem		\$215.86	\$124.49		\$22.62	\$29.00		\$24.26	\$3.98	\$10.19	\$1.32
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 = 2.5% (to Routine Srvs)		\$3.11	3.11								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.73	3.73								
Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts		\$25.47									
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$168.17	\$241.33	\$131.86		\$22.84	\$29.41		\$41.73	\$3.98	\$10.19	\$1.32

Provider: PruittHealth - Seaside, LLC Prvdr ID: 00143536A PDPM Shadow Rate For informations H/B ?: No Case Mix Per Diem Rate Eff MDS & Nurse Hrs Data per Qua	ective Date: 04/01/24		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 24.6% 3.49	Add-on Percent 0.00% 1.0% 5.0%			(CMI) Data Overall PDPM:		Facility Specific 1.5825 1.4578	State- wide 1.5751 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier			1 All Facilities All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 90.0% 100.0%	2 Freestanding All Bed Sizes 90.0% 100.0%	1 All Facilities All Bed Sizes 85.0% 100.0%	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0%			
Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2021 Peer Group Limit	\$214.63 \$0.00 \$222.22	\$0.53 \$104.63 \$99.40 \$0.00 \$99.40 1.4578 \$144.91	\$0.00	\$0.22 \$26.82 \$25.48 \$0.00 \$25.48	\$0.41 \$33.28 \$31.62 \$0.00 \$31.62		\$0.37 \$36.91 \$35.06 \$0.00 \$35.06	\$ 205,470 27,066 \$ 7.59	\$21.86 \$21.86 \$21.86 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% (to F Nurse Staff Hrs / Quality Add-on Per Diem = Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts	Routine Srvs) 5.0%	\$264.33 \$1.45 \$7.25 \$17.10 \$25.79	\$144.91 \$1.45 \$7.25		\$25.48	\$31.62		\$35.06 17.10	\$ 4.19	\$21.86	\$1.21
Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$204.76	\$290.12	\$153.60		\$25.48	\$31.62		\$52.16	\$4.19	\$21.86	\$1.21

^{* 1002.3}B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Provider: WILDWOOD HEALTH AND REHAB Prvdr ID: 00143547A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 44.00%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (<u>ita</u>	PDPM Facility 1.2010 1.2339	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Bed Size Range Within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,902,46E	\$1.362.505	\$0	\$322,392	\$298,640	\$0	\$521,417		\$297,211	\$0
· · · · · · · · · · · · · · · · · · ·	FY21 C/R Audit Adjstmts	, , , , , , , , , , , , , , , , , , , ,	, , ,	\$0 \$0	\$322,392	\$298,640	\$0	' '			Φ0
6 Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 GL/PL Rpt	(\$49,612)	(\$3,077)	\$0	\$0	\$0	\$0	(\$29,762)		(\$16,773)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$0		M40 770
As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	\$2.760.226	₽4 2E0 420	\$0	¢222.202	\$298,640	\$0	¢404 655	\$0	¢200_420	\$16,773 \$16,773
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 12,658	FY21 Audited C/R Days	\$2,769,326 12,658	\$1,359,428	\$0	\$322,392	\$296,040	\$0	\$491,655	\$0	\$280,438	\$10,773
	FY21 GL-PL Ins Rpt Days	12,000							10.650		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,658 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$218.79	\$107.40	\$0.00	\$25.47	\$23.59	(with L&H)	\$38.84	12,658 \$0.00	\$22.16	\$1.33
·	from 2 qtrs of FY21	\$218.79	·	\$0.00	\$25.47	\$23.59	(WIUI L&H)	\$30.04	\$0.00	\$22.10	\$1.33
10 Base Period Facility Model for All Residents 11 Routine Srycs Model Adistd (CMA) Net Per Diem	Ln 9 / Ln 10		1.2010								
,	RS = Ln 11, AllOthr = Ln 9		\$89.43	\$0.00	₽ 05.47	¢22.50		\$20.04	\$0.00	\$22.16	¢4.22
·	per Peer Group Limits		\$89.43	\$0.00	\$25.47	\$23.59		\$38.84		\$22.16 N/A	\$1.33
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	Lesser of Ln 12 or Ln 13	\$187.96	\$104.63	¢ 0.00	\$26.82	\$33.28		\$36.91	\$0.00 \$0.00		¢4.22
14 Base Period Model Adjusted Allowed Per Diem	Lessel of Lif 12 of Lif 13	\$187.96	\$89.43	\$0.00	\$25.47	\$23.59		\$36.91	\$0.00	11.23 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons										, ,	
15 Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.96	\$89.43	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2339</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.35								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.88	\$110.35	\$0.00	\$25.47	\$23.59	\$0.00	\$36.91	\$0.00	\$11.23	\$1.33
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$2.76	\$2.76	+5.55				, ,,,,,		+	
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	\$24.33	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$233.21	\$116.95	\$0.00	\$25.69	\$24.00	\$0.00	\$54.01	\$0.00	\$11.23	\$1.33
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.08		<u> </u>	I	<u> </u>	I .	<u> </u>			

	rovider: SOUTHLAND HEALTHCARE AND REHAB CENTER rvdr ID: 00143558A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce: re:	N/A 11.43%	Add-on Percent 0.00% 0.0% 2.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3454 1.2203	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DI	DPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u>F1</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4		(see Policy Manual)		\$0.53	\$0.00	φ0.22	φυ.41		φυ.37			
_	Base Period Per Diem Allowed Amounts	A. Filed FVOA O.D. FVOA O.I.D. Ded	Ø5 004 405	\$0.775.000	***	* 400.007	0547.000	40	#4 004 040		#4.005.004	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt			\$0	\$482,067	\$517,882	\$0	. , ,		\$1,065,001	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$384,186)	\$2,600	\$0	\$0	\$0	\$0	(\$358,280)		(\$28,506)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$49,011		\$20 FOC
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5.557.406	\$2,777,603	\$0	\$482,067	\$517,882	\$0	\$665,932	\$49,011	\$1,036,495	\$28,506 \$28,506
8	Total Nursing Facility Days As Filed Days = 29,162	FY21 Audited C/R Days	29,162	ψ2,777,003	Ψ0	ψ402,00 <i>1</i>	ψ517,002	ΨΟ	ψ003,932	ψ49,011	ψ1,030,433	Ψ20,500
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,162	FY21 GL-PL Ins Rpt Days	20,102							29,162		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.58	\$95.25	\$0.00	\$16.53	\$17.76	(with L&H)	\$22.84	\$1.68	\$35.54	\$0.98
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3454					·		·	,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.79								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.79	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	\$35.54	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.50	\$70.79	\$0.00	\$16.53	\$17.76		\$22.84	\$1.68	8.92	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.50	\$70.79	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2203								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.10	\$86.39	\$0.00	\$16.53	\$17.76	\$0.00	\$22.84	\$1.68	\$8.92	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (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	\$1.73	\$1.73								
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	\$20.36	\$2.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$175.46	\$88.65	\$0.00	\$16.75	\$18.17	\$0.00	\$40.31	\$1.68	\$8.92	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.77			•	•	•				

	ovider: PRUITTHEALTH - WASHINGTON odr ID: 00143569A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	1/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 22.50%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.4406 1.3215	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1 1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	,	(ooo i olloy Mariaelly		ψυ.σσ	ψ0.00	φυ.ΣΣ	φο. τ τ		ψ0.07			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,965,736	\$1,463,610	\$0	\$267,685	\$435,943	\$0	\$699,101		\$99,397	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$221,431)	(\$74,700)	\$0	\$0	\$0	\$1,409	(\$130,396)		(\$17,744)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$203,687		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$17,744
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,965,736	\$1,388,910	\$0	\$267,685	\$435,943	\$1,409	\$568,705	\$203,687	\$81,653	\$17,744
8	Total Nursing Facility Days As Filed Days = 11,957	FY21 Audited C/R Days	11,957									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,957	FY21 GL-PL Ins Rpt Days								11,957		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$248.03	\$116.16	\$0.00	\$22.39	\$36.58	(with L&H)	\$47.56	\$17.03	\$6.83	\$1.48
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4406</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.63								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.63	\$0.00	\$22.39	\$36.58		\$47.56	\$17.03	\$6.83	\$1.48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.27	\$80.63	\$0.00	\$22.39	\$33.28		\$36.91	\$17.03	10.55	\$1.48
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.27	\$80.63	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3215					•			
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.20	\$106.55	\$0.00	\$22.39	\$33.28	\$0.00	\$36.91	\$17.03	\$10.55	\$1.48
	Quarterly Per Diem Add-on Amounts	(B : W)	00.75	00.50	00.00	40.00		00.00	00.00		00.00	
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	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$5.33	\$5.33					64740			
23	Nursing Home Provider Fee Total Quarterly Per Diam Add on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$24.25	¢e.00	ድ ለ ለለ	¢0.00	¢0.00	\$0.00	\$17.10 \$17.10	60.00	¢0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$24.25	\$6.93	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.45	\$113.48	\$0.00	\$22.61	\$33.28	\$0.00	\$54.01	\$17.03	\$10.55	\$1.48
1			1	1								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$176.51

17 Quarterly Facility Model for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$115.79		ovider: WRIGHTSVILLE MANOR HEALTH AND REHAB ovdr ID: 00143602A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS scor Nurse Hrs per 0	re:	N/A 39.68%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.3698 1.3324	PDPM Statewide 1.4210 1.3706
POPM BASED RATE CALCULATIONS		Description		Totals		•	,		Operatns	and		and	
Cost Center Pear Groups Section Cost Center Pear Groups Section Cost Center Pear Groups Section Cost Center Cost Cost Section				a	b	С	d	е	f	g	g	h	i
Air Prince Air	<u>PC</u>	OPM BASED RATE CALCULATIONS											
2 Peer Group Standardis: Multiple	1	Type of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing						
See Period Per Diam Allowed Amounts 10,00%		·											
4 Efficiency Missaur Maximums (see not 20 for natural) 100 em Policy Manual) 100 em Policy Man		,	•										
Base Period Per Diem Allowed Amounts	4	·	•				l						
As Filed Cost Center Costs (Routine & Special Sirvas Combined) As Filed Crist Center Costs (Fourine & Special Sirvas Combined) As Filed Crist Center Costs (Routine & Special Sirvas Center Costs (Fourine & Special Sirvas Center Costs) As Filed Crist Center Costs (GLPL) As Filed Crist Center Costs (GLPL) As Filed Crist Center Costs (Fraudine Residents) Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 25.128 F721 Audited CR Days F721 Audited CR Days Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 25.288 F721 Audited CR Days Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 25.288 F721 Audited CR Days Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 25.288 Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 25.288 F721 Audited CR Days Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 25.288 F721 Audited CR Days Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 25.288 F721 Audited CR Days Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 25.288 F721 Audited CR Days Total Nursing Facility Days GL-PL Ins, Rpt Days Total Nursing Hald Add Add Against to Routine Sizes F721 Audited CR Days Total Nursing Hald Add Against to Routine Sizes F721 Audited CR Days Total Nursing Hald Agai	'		(ooo r olloy manaal)		ψ0.00	φο.σσ	ψ0.22	φο. τ τ		ψ0.07			
A Audit Adjustments and Reellocations to Cost Center Costs (Sept. 47) As Filed Cost Center Costs (QLPL) As Filed Costs (QLPL) As													
As Filed Cost Center Costs (GLPL) As Filed PY21 C/R As Filed PY21 C/R As Filed PY21 C/R So Cost Center Costs (Africal Adjustments For Junties Circle Costs (Africal Adjustments) For Junties Circle Circle For Junties Circle For Junti		,	·		. , , ,								\$0
As Filed Cost Center Costs (Taxes and Insurance) As Filed Cost Center Costs (Taxes and Insurance) FY21 Audited CIR Total Nursing Facility Days As Filed Days = 28,128 Total Nursing Facility Days Total N	6	•	•	(\$92,541)	\$10,704	\$0	\$1,298	\$1,141	(\$330)	(\$64,785)		(\$40,569)	
7 Cost Center Costs After Audit Adjustments			·								\$70,355		
8 Total Nursing Facility Days		·											
Total Nursing Facility Days GL-PL Ins. Rpt	7	•			\$3,109,911	\$0	\$601,658	\$567,430	(\$330)	\$870,892	\$70,355	\$604,159	\$25,592
9 Net Per Diems prior to Model Adjistmit to Routine Srvcs 10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adjistmit to Routine Srvcs 11 Routine Srvcs Model Adjistmit to Routine Srvcs 12 Net Per Diems after Model Adjistmit to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Model Adjistmit to Routine Srvcs 15 Per Diem Standards (After Statewide CMA for Routine Srvcs) 16 Growth Alloward Per Diem 17 Quarterly Per Diem Rate Prior to Add-ons 17 Quarterly Per Diem (After Growth Allowards Add-on) 18 Quarterly Per Diem (After Growth Allowards Add-on) 19 Quarterly Medicaid CMA (Allowed Per Diem 10 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem (Sind - Alwd) x. 75, up to max, or o) 21 Bills S Add-on Per Diem (Sind - Alwd) x. 75, up to max, or o) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 23 Lind (CMA) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 24 Total Quarterly Per Diem Add-on Amounts 25 Lind Quarterly Per Diem Add-on Amounts 26 Lind Quarterly Per Diem (After Growth Allowards Srvcs) 27 Aurise Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 28 Lind Quarterly Per Diem Add-on Amounts 39 Lind Quarterly Per Diem Add-on Amounts 30 Lind Quarterly Per Diem Add-on Amounts 30 Lind Quarterly Per Diem Add-on Amounts 30 Lind Quarterly Per Diem Add-on Amounts 31 Lind Quarterly Per Diem Add-on Amounts 32 Lind Quarterly Per Diem Add-on Amounts 30 Lind Quarterly Per Diem Add-on Amounts 31 Lind Quarterly Per Diem Add-on Amounts 32 Sum of Lind Quarterly Per Diem Add-on Amounts 33 Sum of Lind Quarterly Per Diem Add-on Amounts 34 Sum of Lind Quarterly Per Diem Add-on Amounts 35 Sum of Lind Quarterly Per Diem Add-on Amounts 35 Sum of Lind Quarterly Per Diem Add-on Amounts 36 Sum of Lind Quarterly Per Diem Add-on Amounts 36 Sum of Lind Quarterly Per Diem Add-on Amounts 36 Sum of Lind Quarterly Per Diem Add-on Amounts 37 Sum of Lind Quarterly Per Diem Add-on Amounts 38 Sum of Lind Quarterly Per Di	8		•	26,128									
Base Period Facility Model for All Residents			• •										
11 Routine Srvcs Model Adjatd (CMA) Net Per Diem		•		\$223.88		\$0.00	\$23.03	\$21.70	(with L&H)	\$33.33	\$2.69	\$23.12	\$0.98
12 Net Per Diems after Model Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$86.90 \$0.00 \$23.03 \$21.70 \$33.33 \$2.69 \$23.12 \$0.98		·	•										
Per Diem Standards (After Statewide CMA for Routine Srvcs)		, , ,										•	
Lesser of Ln 12 or Ln 13 \$181.53 \$86.90 \$0.00 \$23.03 \$21.70 \$33.33 \$2.69 \$12.90 \$0.98		-	•			\$0.00						·	\$0.98
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwnc % \$0.00 0.00 \$			·							·			
Counterly Per Diem Rate Prior to Add-ons Crowth Allowance Percentage = 0.00% Ln 14 x Grwth Allower % \$0.00 0.00 \$0.0	14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 of Ln 13	\$181.53	\$86.90	\$0.00	\$23.03	\$21.70		\$33.33	\$2.69		\$0.98
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$181.53 \$86.90 \$0.00 \$23.03 \$21.70 \$0.00 \$33.33 \$2.69 \$12.90 \$0.98 17 Quarterly Facility Model for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 \$115.79 18 Quarterly Routine Srvcs Model Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 \$115.79 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$210.42 \$115.79 \$0.00 \$23.03 \$21.70 \$0.00 \$33.33 \$2.69 \$12.90 \$0.98		Quarterly Per Diem Rate Prior to Add-ons										(1114)	
17 Quarterly Facility Model For Medicaid Residents Per Current Qtr End Ln 16 x Ln 17 \$115.79	15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
18 Ortrly Routine Strots Model Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 \$115.79 \$0.00 \$23.03 \$21.70 \$0.00 \$33.33 \$2.69 \$12.90 \$0.98	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.53	\$86.90	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98
Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$210.42 \$115.79 \$0.00 \$23.03 \$21.70 \$0.00 \$33.33 \$2.69 \$12.90 \$0.98	17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3324								
Quarterly 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 \$2.89 \$2.89 \$2.89 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.47 \$3.47 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.99 \$6.89 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.79								
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.0	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.42	\$115.79	\$0.00	\$23.03	\$21.70	\$0.00	\$33.33	\$2.69	\$12.90	\$0.98
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.0		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$3.47 \$3.47 \$3.47 \$17.10 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10	20	•	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
23 Nursing Home Provider Fee	21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.99 \$6.89 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$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	\$3.47	\$3.47								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25 Quarterly Model Based Per Diem Rate \$235.41 \$122.68 \$0.00 \$23.25 \$22.11 \$0.00 \$50.80 \$2.69 \$12.90 \$0.98	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.99	\$6.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$235.41	\$122.68	\$0.00	\$23.25	\$22.11	\$0.00	\$50.80	\$2.69	\$12.90	\$0.98

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$163.73

	rovider: HERITAGE INN OF BARNESVILLE HEALTH AND R rvdr ID: 00143613A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 40.70%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C		ata_	PDPM Facility 1.4094 1.2928	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,566,466	\$2,888,526	\$0	\$550,350	\$652,041	\$0	\$955,915		\$519,634	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$245,881)		\$0	(\$741)	' '	(\$3,734)	' '		(\$36,648)	φυ
0	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$243,861)	(\$4,420)	φυ	(\$741)	(\$29,599)	(φ3,734)	(φ170,733)	\$123,176	(\$30,040)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$123,176		#26.050
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5.490.010	\$2,884,100	\$0	\$549,609	\$622,442	(\$3,734)	\$785,182	\$123,176	\$482,986	\$36,258 \$36,258
8	Total Nursing Facility Days As Filed Days = 25,935	FY21 Audited C/R Days	26,069	φ2,004,100	φυ	\$349,009	\$022,442	(\$5,754)	\$700,102	\$123,170	φ402,900	φ30,230
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,935 As Filed Days = 25,935	FY21 GL-PL Ins Rpt Days	20,009							26,069		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$210.20	\$110.63	\$0.00	\$21.08	\$23.73	(with L&H)	\$30.12	\$4.72	\$18.53	\$1.39
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	ψ210.20	1.4094	ψ0.00	Ψ21.00	Ψ20.10	(Will Earl)	ψ00.12	Ψτ.72	ψ10.00	Ψ1.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.50								
12		RS = Ln 11, AllOthr = Ln 9		\$78.50	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	\$18.53	\$1.39
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψ1.00
14	,	Lesser of Ln 12 or Ln 13	\$167.79	\$78.50	\$0.00	\$21.08	\$23.73		\$30.12	\$4.72	8.25	\$1.39
				******	*****	4=	, , ,		,,,,,,	· · · · ·	(FRV)	*****
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$167.79	\$78.50	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39
17	, , <u> </u>	per Current Qtr End		1.2928								
18	, , ,	Ln 16 x Ln 17	#400 TO	\$101.48	фо оо	004.00	#00.70	# 0.00	#00.40	M 4 70	фо от	Φ4 00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.78	\$101.48	\$0.00	\$21.08	\$23.73	\$0.00	\$30.12	\$4.72	\$8.25	\$1.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.07	\$5.07								
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	\$26.24	\$8.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$217.02	\$109.62	\$0.00	\$21.30	\$24.14	\$0.00	\$47.59	\$4.72	\$8.25	\$1.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.94									

	ovider: TRADITIONS HEALTH AND REHABILITATION vdr ID: 00143701A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 33.33%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.7213 1.3750	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(See Folloy Mariada)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,881,113	\$4,899,748	\$0	\$892,950	\$1,112,447	\$0	\$1,544,236		\$431,732	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$343,619)	(\$4,938)	\$0	(\$1,209)	\$12,239	\$13,733	(\$215,688)		(\$147,756)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$191,035		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$151,329
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,879,858	\$4,894,810	\$0	\$891,741	\$1,124,686	\$13,733	\$1,328,548	\$191,035	\$283,976	\$151,329
8	Total Nursing Facility Days As Filed Days = 40,357	FY21 Audited C/R Days	37,791									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,357	FY21 GL-PL Ins Rpt Days								37,791		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$234.97	\$129.52	\$0.00	\$23.60	\$30.12	(with L&H)	\$35.16	\$5.06	\$7.51	\$4.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.7213</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.24								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.24	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	\$7.51	\$4.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$183.99	\$75.24	\$0.00	\$23.60	\$30.12		\$35.16	\$5.06	10.81	\$4.00
	Outstak Bar Birm Bata Britanta Add ana										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	¢ ለ ለለ	\$0.00	\$0.00	ድ ስ ስስ	¢0.00	N/A	N/A	N/A
15 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$183.99	\$75.24	\$0.00 \$0.00	\$23.60	\$30.12	\$0.00 \$0.00	\$0.00 \$35.16	\$5.06	\$10.81	\$4.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ103.99	1.3750	ψυ.υυ	ψ23.00	ψυυ.12	ψυ.υυ	ψυυ.10	ψ5.00	ψ10.01	ψ4.00
18	Quarterly Pacinty Wicder for Wedleard Residents Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.20	\$103.46	\$0.00	\$23.60	\$30.12	\$0.00	\$35.16	\$5.06	\$10.81	\$4.00
.5	addition, interior of profit	<u> </u>	Ψ212.20	ψ100.70	ψ0.00	Ψ20.00	ψου.12	ψυ.υυ	ψοσ.10	ψ5.00	ψ10.01	Ψ-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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.17	\$5.17								
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	\$26.39	\$8.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$238.59	\$111.75	\$0.00	\$23.82	\$30.53	\$0.00	\$52.63	\$5.06	\$10.81	\$4.00
								· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$166.12

	ovider: PRUITTHEALTH - LILBURN vdr ID: 00145527A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 31.58%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.5514 1.4602	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,050,025	\$4,338,422	\$0	\$739,502	\$967,374	\$0	\$1,727,817		\$276,910	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$731,802)	(\$110,637)	\$0	\$0	\$4,082	\$5,082	(\$559,188)		(\$71,141)	·
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$660,869		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,754
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,050,846	\$4,227,785	\$0	\$739,502	\$971,456	\$5,082	\$1,168,629	\$660,869	\$205,769	\$71,754
8	Total Nursing Facility Days As Filed Days = 35,536	FY21 Audited C/R Days	35,536									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,536	FY21 GL-PL Ins Rpt Days								35,536		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$226.56	\$118.97	\$0.00	\$20.81	\$27.48	(with L&H)	\$32.89	\$18.60	\$5.79	\$2.02
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5514</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.69							^-	
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.69	\$0.00	\$20.81	\$27.48		\$32.89	\$18.60	\$5.79	\$2.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Model Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$187.04	\$104.63 \$76.69	\$0.00	\$26.82 \$20.81	\$33.28 \$27.48		\$36.91 \$32.89	\$0.00 \$18.60	N/A 8.55	\$2.02
14	base Fellod Model Adjusted Allowed Fel Dietii	Lesser of Life 12 of Life 13	\$167.04	\$70.09	φυ.υυ	\$20.01	\$27.40		φ32.09	\$10.00	6.55 (FRV)	φ2.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.04	\$76.69	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4602								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	*	\$111.98	#0.00	# 00.04	007.40	#0.00	#00.00	# 40.00	#0.55	#0.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.33	\$111.98	\$0.00	\$20.81	\$27.48	\$0.00	\$32.89	\$18.60	\$8.55	\$2.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.80	\$2.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.60	\$5.60					A			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	mo 00	#0.00	***	00.44	#0.00	\$17.10	ma ac	# 0.00	60.00
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.03	\$8.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.36	\$120.91	\$0.00	\$21.03	\$27.89	\$0.00	\$50.36	\$18.60	\$8.55	\$2.02

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$174.20

	ovider: QUINTON MEMORIAL HC & REHAB CENTER odr ID: 00150279A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 27.27%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.2942 1.1870	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1 1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	,	(acc r cite) manacin		ψυ.σσ	ψ0.00	φσ.22	φο. τ		φυ.στ			
_	Base Period Per Diem Allowed Amounts				•				.			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,150,782	\$3,905,772	\$0	\$783,256	\$694,682	\$0	\$1,450,121		\$316,951	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$30,223)	\$3,124	\$0	\$565	(\$2,164)	(\$2,784)	(\$29,022)		\$58	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,173		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$11,847
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,193,579	\$3,908,896	\$0	\$783,821	\$692,518	(\$2,784)	\$1,421,099	\$61,173	\$317,009	\$11,847
8	Total Nursing Facility Days As Filed Days = 29,422	FY21 Audited C/R Days	29,422									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,422	FY21 GL-PL Ins Rpt Days								29,422		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.49	\$132.86	\$0.00	\$26.64	\$23.44	(with L&H)	\$48.30	\$2.08	\$10.77	\$0.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2942</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.66								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$102.66	\$0.00	\$26.64	\$23.44		\$48.30	\$2.08	\$10.77	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.90	\$102.66	\$0.00	\$26.64	\$23.44		\$36.91	\$2.08	19.77	\$0.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.90	\$102.66	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1870			·					,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.10	\$121.86	\$0.00	\$26.64	\$23.44	\$0.00	\$36.91	\$2.08	\$19.77	\$0.40
	Quarterly Per Diem Add-on Amounts					•			40.00		40.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.08	\$0.53	\$0.00	\$0.14	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$3.66	\$3.66					64740			
23	Nursing Home Provider Fee Total Quarterly Per Diam Add on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	© E 44	ድ ለ ለለ	¢0.44	© ∩ 44	\$0.00	\$17.10 \$17.10	60.00	ድ ስ ስስ	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$23.06	\$5.41	\$0.00	\$0.14	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$254.16	\$127.27	\$0.00	\$26.78	\$23.85	\$0.00	\$54.01	\$2.08	\$19.77	\$0.40
1 1			1	1								

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$177.80

	rovider: CHRISTIAN CITY REHABILITATION CENTER rvdr ID: 00158034A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 35.11%	Add-on Percent 0.00% 2.5% 5.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4212 1.3596	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DI	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	İ
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(See Folloy Maridal)		ψ0.00	ψο.σσ	ψ0.22	ψ0.41		ψο.σ7			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$14 C44 E70	¢0.002.042	60	¢4 054 400	Φ4 254 545	* 0	¢2 554 400		£402 400	0.0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$14,644,578 (\$918,888)	\$8,083,942 (\$310,565)	\$0 \$0	\$1,251,402 \$0	\$1,351,545 \$5,723	\$0 \$7,453	\$3,554,499 (\$566,910)		\$403,190 (\$54,589)	\$0
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$910,000)	(\$310,303)	φ0	φ0	φ3,723	\$7,433	(\$300,910)	\$861,543	(\$54,569)	
	As Filed Cost Center Costs (GDPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψου1,545		\$32,256
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$14,619,489	\$7,773,377	\$0	\$1,251,402	\$1,357,268	\$7,453	\$2,987,589	\$861,543	\$348,601	\$32,256
8	Total Nursing Facility Days As Filed Days = 60,954	FY21 Audited C/R Days	60,954	4.,,	, ,	* ',= ', ' '= '	41,001,000	41,100	4 =,000,000	,,,,,,,,,	********	,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,954	FY21 GL-PL Ins Rpt Days								60,954		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$239.84	\$127.53	\$0.00	\$20.53	\$22.39	(with L&H)	\$49.01	\$14.13	\$5.72	\$0.53
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4212</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$89.73								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$89.73	\$0.00	\$20.53	\$22.39		\$49.01	\$14.13	\$5.72	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$199.73	\$89.73	\$0.00	\$20.53	\$22.39		\$36.91	\$14.13	15.51	\$0.53
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$199.73	\$89.73	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3596</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.00	\$122.00	\$0.00	\$20.53	\$22.39	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$3.05	\$3.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.10	\$6.10								
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	\$9.68	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.31	\$131.68	\$0.00	\$20.75	\$22.80	\$0.00	\$36.91	\$14.13	\$15.51	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.73									

	ovider: MANOR CARE REHABILITATION CENTER - DECATOR Of ID: 00159266A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 9.09%	Add-on Percent 0.00% 0.0% 3.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3945 1.5002	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PL	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency ineasure maximums (see line 20 for actual)	(see Policy Manual)		<i>φ0.</i> 53	\$0.00	φ0.22	φυ.41		φυ.37			
	Base Period Per Diem Allowed Amounts										****	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,101,794		\$0	\$748,250	\$737,142	\$0	' ' '		\$297,721	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$212,304)	(\$10)	\$0	\$0	(\$5,262)	(\$5,666)	(\$33,489)		(\$167,877)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$29,171		0407.704
7	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	\$8,086,425	¢4 711 607	\$0	\$748,250	\$731,880	(¢ E 666)	\$1,573,495	\$29,171	\$129,844	\$167,764 \$167,764
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 35,395	FY21 Audited C/R Days	35,395	φ4,/11,00/	φ0	\$740,230	\$731,000	(\$5,666)	\$1,575,495	φ29,171	Ф129,044	\$107,704
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,395	FY21 GL-PL Ins Rpt Days	33,333							35,395		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$228.47	\$133.12	\$0.00	\$21.14	\$20.52	(with L&H)	\$44.46	\$0.82	\$3.67	\$4.74
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	*	1.3945	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,=	, , ,	, , , ,	******	70.00	*****	•
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.46								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.46	\$0.00	\$21.14	\$20.52		\$44.46	\$0.82	\$3.67	\$4.74
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.21	\$95.46	\$0.00	\$21.14	\$20.52		\$36.91	\$0.82	10.62	\$4.74
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.21	\$95.46	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5002								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.96	\$143.21	\$0.00	\$21.14	\$20.52	\$0.00	\$36.91	\$0.82	\$10.62	\$4.74
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	\$3.30	\$5.22	\$3.71	ψυ.υυ	\$3.30		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.30	\$4.30								
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	\$22.56	\$4.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$260.52	\$148.04	\$0.00	\$21.36	\$20.93	\$0.00	\$54.01	\$0.82	\$10.62	\$4.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$182.57		I	ı	I	I	I	<u> </u>		

Provider: HART CARE CENTER Prvdr ID: 00167857A PDPM Shadow Rates. For informational use of PDPM Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	e: 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 44.68%	Add-on Percent 0.00% 2.5% 3.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.2449 1.3740	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DDDM DACED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4 Efficiency ineasure maximums (see line 20 for actual)	(see Policy Maridal)		φυ.υυ	φυ.υυ	φυ.22	φυ.41		φυ.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt		\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$605,838		\$70,670	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$109,586)	\$0	\$0	\$0	\$0	\$0	(\$65,640)		(\$43,946)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$64,236		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	* 4 077 750	# 0 000 74 4		****	#574.004		#540.400	#04.000	# 00 ₹04	\$43,946
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 25,482	FY21 Audited C/R FY21 Audited C/R Days	\$4,877,752	\$3,023,714	\$0	\$604,333	\$574,601	\$0	\$540,198	\$64,236	\$26,724	\$43,946
8 Total Nursing Facility Days As Filed Days = 25,482 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,482	FY21 GL-PL Ins Rpt Days	25,482							25,482		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$191.42	\$118.66	\$0.00	\$23.72	\$22.55	(with L&H)	\$21.20	\$2.52	\$1.05	\$1.72
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψ131.42	1.2449	ψ0.00	Ψ20.72	Ψ22.00	(War Earl)	Ψ21.20	ΨΖ.ΟΣ	Ψ1.00	Ψ1.72
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.32								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.32	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	\$1.05	\$1.72
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	, , , , , ,	\$26.82	\$33.28		\$36.91	\$0.00	N/A	,
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$174.70	\$95.32	\$0.00	\$23.72	\$22.55		\$21.20	\$2.52	7.67	\$1.72
										(FRV)	
Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	#0.00	\$0.00	NI/A	NI/A	NI/A
15 Growth Allowance Percentage = 0.00% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$174.70	0.00 \$95.32	\$0.00 \$0.00	\$0.00 \$23.72	\$0.00 \$22.55	\$0.00 \$0.00	\$0.00 \$21.20	N/A \$2.52	N/A \$7.67	N/A \$1.72
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$174.70	1.3740	ψ0.00	Ψ25.72	Ψ22.55	φ0.00	Ψ21.20	Ψ2.52	Ψ1.01	Ψ1.72
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.97								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.35	\$130.97	\$0.00	\$23.72	\$22.55	\$0.00	\$21.20	\$2.52	\$7.67	\$1.72
Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs	` , , ,	\$1.53 \$3.27	\$3.27	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.57		φυ.υυ	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ0.00					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.83	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$236.18	\$138.70	\$0.00	\$23.94	\$22.96	\$0.00	\$38.67	\$2.52	\$7.67	\$1.72
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.31			<u> </u>		I		<u> </u>		

Provider: PARKSIDE POST ACUTE AND REHABILITATION Prvdr ID: 00169199A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 39.02%	Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period (ata	PDPM Facility 1.4382 1.3064	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
- Emotricy wedsure waximums (see line 20 for actual)	(see I olicy Maridar)		ψ0.00	ψ0.00	ψ0.22	φυ.+1		ψυ.57			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$13,395,649	\$7,373,041	\$0	\$1,141,384	\$1,357,471	\$0	\$2,287,073		\$1,236,680	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$405,993)	\$0	\$0	\$0	\$0	\$0	(\$323,796)		(\$82,197)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$323,796		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$82,197
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,395,649	\$7,373,041	\$0	\$1,141,384	\$1,357,471	\$0	\$1,963,277	\$323,796	\$1,154,483	\$82,197
8 Total Nursing Facility Days As Filed Days = 55,184	FY21 Audited C/R Days	55,184									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,184	FY21 GL-PL Ins Rpt Days								55,184		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$242.75	\$133.61	\$0.00	\$20.68	\$24.60	(with L&H)	\$35.58	\$5.87	\$20.92	\$1.49
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4382</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$92.90								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$92.90	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	\$20.92	\$1.49
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.40	\$92.90	\$0.00	\$20.68	\$24.60		\$35.58	\$5.87	11.28	\$1.49
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.40	\$92.90	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58		\$11.28	\$1.49
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	********	1.3064	75.00	1	V =	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	*****
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.36								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.86	\$121.36	\$0.00	\$20.68	\$24.60	\$0.00	\$35.58	\$5.87	\$11.28	\$1.49
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	**=****	75.00	1	4=	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	*****
Quarterly 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	\$3.03	\$3.03								
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	\$24.09	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$244.95	\$127.35	\$0.00	\$20.90	\$25.01	\$0.00	\$53.05	\$5.87	\$11.28	\$1.49
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.89									

Provider: WOODSTOCK NURSING & REHAB CTR Prvdr ID: 00171212A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 25.33%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period C		ıta_	PDPM Facility 1.4954 1.3303	PDPM_ Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,772,160	\$5,891,941	\$0	\$898,248	\$904,976	\$0	\$1,775,279		\$1,301,716	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$93,149)	(\$40,237)	\$0	\$0	\$0	\$0	\$22,769		(\$75,681)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$17,468		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$75,681
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,772,160	\$5,851,704	\$0	\$898,248	\$904,976	\$0	\$1,798,048	\$17,468	\$1,226,035	\$75,681
8 Total Nursing Facility Days As Filed Days = 47,934	FY21 Audited C/R Days	47,934									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,934	FY21 GL-PL Ins Rpt Days								47,934		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$224.73	\$122.08	\$0.00	\$18.74	\$18.88	(with L&H)	\$37.51	\$0.36	\$25.58	\$1.58
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4954</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.63								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.63	\$0.00	\$18.74	\$18.88		\$37.51	\$0.36	\$25.58	\$1.58
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$167.73	\$81.63	\$0.00	\$18.74	\$18.88		\$36.91	\$0.36	9.63	\$1.58
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.73	\$81.63	\$0.00		\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58
17 Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End	ψισι.ισ	1.3303	ψ0.00	Ψιο.ι-ι	ψ10.00	φ0.00	ψου.σ τ	ψ0.00	ψ5.00	ψ1.00
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.59								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.70	\$108.59	\$0.00	\$18.74	\$18.88	\$0.00	\$36.91	\$0.36	\$9.63	\$1.58
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([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	\$1.09	\$1.09	Ψ0.00	Ψ0.22	ΨΟΤΙ	Ψ0.00	Ψ0.00		ψ0.00	
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	Ψ2					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.52	\$3.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$216.22	\$112.38	\$0.00		\$19.29	\$0.00	\$54.01	\$0.36	\$9.63	\$1.58
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.34		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

	ovider: FAIRBURN HEALTH CARE CENTER ovdr ID: 00173071A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 23.96%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period C		<u>ita</u>	PDPM Facility 1.3302 1.4087	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PE	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,354,783	\$2,520,566	\$0	\$547,901	\$461,177	\$0	\$1,190,872		\$634,267	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$398,712)	\$0	\$0	\$0	(\$1,016)	(\$814)	' ' '		(\$55,734)	Ψ0
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(4223,112)	**	**		(+1,515)	(451.7)	(4011,110)	\$244,477	(+,,	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$148,076
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,348,624	\$2,520,566	\$0	\$547,901	\$460,161	(\$814)	\$849,724	\$244,477	\$578,533	\$148,076
8	Total Nursing Facility Days As Filed Days = 30,777	FY21 Audited C/R Days	30,777									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,777	FY21 GL-PL Ins Rpt Days								30,777		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.79	\$81.90	\$0.00	\$17.80	\$14.93	(with L&H)	\$27.61	\$7.94	\$18.80	\$4.81
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3302</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.57								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.57	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	\$18.80	\$4.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.04	\$61.57	\$0.00	\$17.80	\$14.93		\$27.61	\$7.94	9.38 (FRV)	\$4.81
	Quarterly Per Diem Rate Prior to Add-ons										(11(4)	
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.04	\$61.57	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4087</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.21	\$86.73	\$0.00	\$17.80	\$14.93	\$0.00	\$27.61	\$7.94	\$9.38	\$4.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.73	\$1.73								
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	\$21.23	\$3.13	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$190.44	\$89.86	\$0.00	\$18.02	\$15.34	\$0.00	\$45.08	\$7.94	\$9.38	\$4.81

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$130.01

Provider: THE OAKS - SCENIC VIEW SKILLED NURSING Prvdr ID: 00178307A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 27.85%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (ata_	PDPM Facility 1.5220 1.3204	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folio) Manual)		ψ0.00	ψο.σσ	ΨΟ.ΖΣ	φυ		Ψο.στ			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,584,193	\$4,776,112	\$0	\$589,769	\$866,467	\$0	\$1,672,921		\$678,924	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$746,010)	(\$104,652)	\$0	\$0	(\$4,025)	(\$3,832)	(\$555,489)		(\$78,012)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$642,229		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$56,825
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,537,237	\$4,671,460	\$0	\$589,769	\$862,442	(\$3,832)	\$1,117,432	\$642,229	\$600,912	\$56,825
8 Total Nursing Facility Days As Filed Days = 33,387	FY21 Audited C/R Days	33,387									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,387	FY21 GL-PL Ins Rpt Days								33,387		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$255.71	\$139.92	\$0.00	\$17.66	\$25.72	(with L&H)	\$33.47	\$19.24	\$18.00	\$1.70
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5220</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.93								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.93	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	\$18.00	\$1.70
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.72	\$91.93	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	9.00	\$1.70
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.72	\$91.93	\$0.00	\$17.66	\$25.72		\$33.47	\$19.24	\$9.00	\$1.70
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	V.00	1.3204	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	700111	*****	43.55	*****
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.38								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.17	\$121.38	\$0.00	\$17.66	\$25.72	\$0.00	\$33.47	\$19.24	\$9.00	\$1.70
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine 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	\$6.07	\$6.07								
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	\$25.91	\$7.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$254.08	\$129.19	\$0.00	\$17.88	\$26.13	\$0.00	\$50.94	\$19.24	\$9.00	\$1.70
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$177.74									

	ovider: PRUITTHEALTH - MARIETTA vdr ID: 00202507A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 35.29%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.5478 1.3108	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
<u>- </u>	I III BACED ITATE GALGGEATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , ,										
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,224,856	\$3,773,075	\$0	\$596,344	\$667,354	\$0	\$1,465,037		\$723,046	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$591,523)	' ' '	\$0 \$0	\$596,344	(\$1,111)	\$301	(\$421,863)		(\$69,755)	ΦΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$391,323)	(ψ33,033)	ΨΟ	ΨΟ	(Ψ1,111)	ψ301	(Ψ421,003)	\$513,536	(ψυσ, 1 υυ)	
	As Filed Cost Center Costs (GE/FE) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ515,550		\$69,489
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,216,358	\$3,673,980	\$0	\$596,344	\$666,243	\$301	\$1,043,174	\$513,536	\$653,291	\$69,489
8	Total Nursing Facility Days As Filed Days = 31,600	FY21 Audited C/R Days	31,600	, , , , , , , , , , , , , , , , , , , ,	**	4000,011	,	****	41,010,11	40.10,000	,	4 22,122
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,600	FY21 GL-PL Ins Rpt Days								31,600		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$228.36	\$116.27	\$0.00	\$18.87	\$21.09	(with L&H)	\$33.01	\$16.25	\$20.67	\$2.20
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5478</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	\$20.67	\$2.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.45	\$75.12	\$0.00	\$18.87	\$21.09		\$33.01	\$16.25	13.91	\$2.20
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.45	\$75.12	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3108</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.80	\$98.47	\$0.00	\$18.87	\$21.09	\$0.00	\$33.01	\$16.25	\$13.91	\$2.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.92	\$4.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.01	\$7.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$229.81	\$106.38	\$0.00	\$19.09	\$21.50	\$0.00	\$50.48	\$16.25	\$13.91	\$2.20

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$159.53

	rovider: GORDON HEALTH AND REHABILITATION rvdr ID: 00202848A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 18.60%	Add-on Percent 0.00% 0.0% 5.0%		Facility Mod Base Period C		ata	PDPM Facility 1.3784 1.3256	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Ded Sizes	All Deu Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,183,917	\$3.596.901	\$0	\$649,006	\$692,896	\$0	\$1,255,590		\$989,524	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$243,042)	, , , , , , , , , , , , , , , , , , , ,	\$0	(\$963)	' '	(\$733)			(\$40,990)	Ψ0
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$2.0,0.2)	(\$0,000)	40	(4000)		(4.55)	(\$100,120)	\$121,680	(\$.0,000)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ121,000		\$40,990
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,103,545	\$3,592,965	\$0	\$648,043	\$692,896	(\$733)	\$1,059,170	\$121,680	\$948,534	\$40,990
8	Total Nursing Facility Days As Filed Days = 33,732	FY21 Audited C/R Days	33,732	40,002,000	40	\$0.0,0.0	4002 ,000	(4.55)	ψ.,σσσ,σ	V.2.,000	ψο 10,00 1	ψ 10,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,732	FY21 GL-PL Ins Rpt Days								33,732		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$210.60	\$106.52	\$0.00	\$19.21	\$20.52	(with L&H)	\$31.40	'	\$28.12	\$1.22
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21		1.3784	·							, i
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.28								
12		RS = Ln 11, AllOthr = Ln 9		\$77.28	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	\$28.12	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$164.99	\$77.28	\$0.00	\$19.21	\$20.52		\$31.40	\$3.61	11.75	\$1.22
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	(0.00	0.00	#0.00	#0.00	#0.00	#0.00	#0.00	N/A	N1/A	N1/A
15		Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	per Current Qtr End	\$164.99	\$77.28	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22
17 18	· · · · —	Ln 16 x Ln 17		1.3256 \$102.44								
19		RS = Ln 18, AllOthr = Ln 16	\$190.15	\$102.44	\$0.00	\$19.21	\$20.52	\$0.00	\$31.40	\$3.61	\$11.75	\$1.22
13	Quarterly Medicald CIVIA Allowed Fel Diefil	10 - 211 10, 7410411 - 211 10	ψ190.13	ψ102.44	ψ0.00	ψ13.21	ψ20.32	φ0.00	ψ51.40	ψ5.01	ψ11.73	Ψ1.22
	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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	· —	Ln 19 Col b x Stfng Add-on	\$5.12	\$5.12								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.75	\$5.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$213.90	\$108.09	\$0.00	\$19.43	\$20.93	\$0.00	\$48.87	\$3.61	\$11.75	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.60									_

	ovider: FLORENCE HAND HOME vdr ID: 00207083A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 23.53%	Add-on Percent 0.00% 1.0% 3.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3071 1.1733	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
рг	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
				_				_	_			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
_	Base Period Per Diem Allowed Amounts	A FILLENGLOR FUGLOURIE	047.004.004	05.440.744		A4 005 070	0.1 05.1 100	0.1 075 007	\$7.455.000		A. 170 100	40
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$17,694,024	\$5,143,711	\$0	\$1,295,276	\$1,251,130		\$7,155,680		\$1,472,420	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$178,751)	\$676	\$0	\$1,228	\$11,681	\$12,950	(\$74,860)		(\$130,426)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$72,005		ro.
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$17,587,278	\$5,144,387	\$0	\$1,296,504	\$1,262,811	\$1,388,757	\$7,080,820	\$72.00E	\$1,341,994	\$0 \$0
8	Total Nursing Facility Days As Filed Days = 34,165	FY21 Audited C/R Days	34,165	φ5,144,567	φ0	\$1,290,304	\$1,202,011	φ1,300,737	\$7,000,020	\$72,003	φ1,341,994	ΦΟ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,165	FY21 GL-PL Ins Rpt Days	34,103							34,165		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$514.77	\$150.57	\$0.00	\$37.95	\$77.61	(with L&H)	\$207.25	\$2.11	\$39.28	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	, , , , , , , , , , , , , , , , , , , 	1.3071	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, , , ,	*	* =	,,,,	******
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.19								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$115.19	\$0.00	\$37.95	\$77.61		\$207.25	\$2.11	\$39.28	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$230.48	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$2.11	16.42	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$230.48	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1733								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.61	\$122.76	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$2.11	\$16.42	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$1.23	\$1.23								
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)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.01	\$4.91	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$270.62	\$127.67	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$2.11	\$16.42	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$190.14			1	1	1				

	rovider: CHATSWORTH HEALTH CARE CENTER rvdr ID: 00209778A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 41.58%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (Quarterly Med		uta_	PDPM Facility 1.8172 1.6324	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency ineasure maximums (see line 20 for actual)	(see Folicy Manual)		φυ.υσ	φυ.υυ	φυ.22	φυ.41		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,857,507	\$2,983,220	\$0	\$672,611	\$567,575	\$0	' ' '		\$1,461,113	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$449,704)	\$3,825	\$0	\$0	\$0	\$0	(\$416,676)		(\$36,853)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$244,862		
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	***	#0.007.04F		0070.044	#507.575	0.0	#750.040	***********	#4 404 000	\$202,529
8	Cost Center Costs After Audit Adjustments	FY21 Audited C/R FY21 Audited C/R Days	\$6,855,194	\$2,987,045	\$0	\$672,611	\$567,575	\$0	\$756,312	\$244,862	\$1,424,260	\$202,529
0	Total Nursing Facility Days As Filed Days = 35,934 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,934	FY21 GL-PL Ins Rpt Days	35,934							35,934		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190.78	\$83.13	\$0.00	\$18.72	\$15.79	(with L&H)	\$21.05	\$6.81	\$39.64	\$5.64
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψ130.70	1.8172	ψ0.00	Ψ10.72	ψ10.73	(Mar Zarr)	Ψ21.00	ψ0.01	Ψ00.04	Ψ0.0-
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.75								
12	, , ,	RS = Ln 11, AllOthr = Ln 9		\$45.75	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	\$39.64	\$5.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$26.82	\$33.28		\$36.91	\$0.00	N/A	, , ,
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.45	\$45.75	\$0.00	\$18.72	\$15.79		\$21.05	\$6.81	9.69	\$5.64
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
15 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.45	\$45.75	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ123. 4 3	1.6324	φυ.σσ	φ10.72	φ15.79	φυ.υυ	Ψ21.03	φ0.01	ψ9.09	ψ5.04
18		Ln 16 x Ln 17		\$74.68								
19		RS = Ln 18, AllOthr = Ln 16	\$152.39	\$74.68	\$0.00	\$18.72	\$15.79	\$0.00	\$21.05	\$6.81	\$9.69	\$5.64
00	Quarterly Per Diem Add-on Amounts	(and DelineManuel)	04.50	60.50	* 0.00	#0.00	00.44	#0.00	#0.07		#0.00	
20		(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$1.87	\$0.53 \$1.97	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$1.87 \$2.24	\$1.87 \$2.24								
22	· —	(Fixed Amount)	\$17.10	φ2.24					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$175.13	\$79.32	\$0.00	\$18.94	\$16.20	\$0.00	\$38.52	\$6.81	\$9.69	\$5.64
	· ·	Lii 13 T Lii 27		ψ19.32	φυ.υυ	\$10.94	\$10.20	φυ.υυ	φ30.32	φυ.σ1	φ3.03	\$3.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.52									

PDPM PDPM Facility Add-on HIGH SHOALS HEALTH AND REHABILITATION Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00212814A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3267 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 42.11% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.2559 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 6.0% 2.91 Plant Admin Property A&G - GL/PL Sources / Routine Special Laundry & Taxes and Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$5,059,556 \$2,569,983 \$0 \$533,421 \$643,683 \$0 \$1,054,720 \$257,749 \$0 FY21 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$175,365) (\$3,012)\$0 (\$737) \$0 (\$928)(\$149,291) (\$21,397) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$104,000 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$21,397 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$5.009.588 \$2.566.971 \$0 \$532,684 \$643.683 \$905,429 \$104,000 \$236,352 \$21,397 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 25,818 25,818 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25.818 25,818 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$194.04 \$99.43 \$20.63 \$24.90 (with L&H) \$35.07 \$4.03 \$9.15 \$0.83 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3267 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$74.94 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$74.94 \$24.90 \$0.00 \$20.63 \$35.07 \$4.03 \$9.15 \$0.83 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$177.15 \$74.94 \$24.90 16.75 \$20.63 \$35.07 \$4.03 \$0.83 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$177.15 \$74.94 \$0.00 \$20.63 \$24.90 \$0.00 \$35.07 \$4.03 \$16.75 \$0.83 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.2559 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$94.12 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$196.33 \$94.12 \$20.63 \$24.90 \$35.07 \$16.75 \$0.00 \$0.00 \$4.03 \$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) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$2.35 \$2.35 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$5.65 \$5.65

PDPM Shadow Rates. This is not your rate.

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

\$17.10

\$26.63

\$222.96

\$8.53

\$102.65

\$0.00

\$0.00

\$0.22

\$20.85

\$0.41

\$25.31

\$0.00

\$0.00

\$0.00

\$0.00

\$0.83

\$0.00

\$4.03

\$17.10

\$17.47

\$52.54

Provider: PRUITTHEALTH - FORT OGLETHORPE Prvdr ID: 00214695A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 22.83%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (ata	PDPM Facility 1.1778 1.1487	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Gizes			
Peer Group Standards & Efficiency Measure Limits	(and Deline Magnet)		00.00/	90.0%	90.0%	85.0%		50.0%			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	, ,										
Base Period Per Diem Allowed Amounts	A 51 15/04 0/B 5/04 01/BLB :	40,000,004	***		0007.040	674445 0		** ** ** ** ** ** ** **		0040440	
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,639,864	' ' '	\$0	\$627,318	\$714,152	\$0	\$1,355,404		\$319,443	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$559,599)	(\$64,721)	\$0	\$0	\$0	\$1,082	(\$457,876)		(\$38,084)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$521,515		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$31,271
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,633,051	\$3,558,826	\$0	\$627,318	\$714,152	\$1,082	\$897,528	\$521,515	\$281,359	\$31,271
8 Total Nursing Facility Days As Filed Days = 31,796	FY21 Audited C/R Days	31,796									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,796	FY21 GL-PL Ins Rpt Days			_					31,796		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$208.61	\$111.93	\$0.00	\$19.73	\$22.49	(with L&H)	\$28.23	\$16.40	\$8.85	\$0.98
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.1778</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.04								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$95.04	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	\$8.85	\$0.98
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.17	\$95.04	\$0.00	\$19.73	\$22.49		\$28.23	\$16.40	9.30	\$0.98
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.17	\$95.04	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23		\$9.30	\$0.98
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.1487								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.17								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.30	\$109.17	\$0.00	\$19.73	\$22.49	\$0.00	\$28.23	\$16.40	\$9.30	\$0.98
Quarterly Per Diem Add-on Amounts		_								_	
20 Efficiency Add-on Per Diem ([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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.46	\$5.46								
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	\$25.18	\$7.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$231.48	\$116.25	\$0.00	\$19.95	\$22.90	\$0.00	\$45.70	\$16.40	\$9.30	\$0.98
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.79									

	rovider: UNIVERSITY EXTENDED CARE-WESTWOOD rvdr ID: 00219359A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 29.33%	Add-on Percent 0.00% 1.0% 3.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.5399 1.3500	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DI	DPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u>F1</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
_	Base Period Per Diem Allowed Amounts	A FILLENGLOID FUGLOURIE	\$7.005.000	*** **** *** **		A 4 004 040	*****		04 440 005		# 050 440	00
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,395,308	\$3,936,702	\$0	\$1,034,040	\$922,729	\$0			\$358,142	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$737,841)	(\$99,320)	\$0	(\$2,117)	(\$1,192)	\$40,695	(\$665,665)		(\$10,242)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$179,706		¢40.000
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,847,393	\$3,837,382	\$0	\$1,031,923	\$921,537	\$40,695	\$478,030	\$179,706	\$347,900	\$10,220 \$10,220
8	Total Nursing Facility Days As Filed Days = 36,264	FY21 Audited C/R Days	36,264	φ3,037,302	φ0	\$1,031,923	φ921,337	φ40,093	\$470,030	\$179,700	φ34 <i>1</i> ,900	\$10,220
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,264	FY21 GL-PL Ins Rpt Days	30,204							36,264		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.82	\$105.82	\$0.00	\$28.46	\$26.53	(with L&H)	\$13.18	\$4.96	\$9.59	\$0.28
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	V	1.5399	40.00	, , ,	, , ,	, , , ,	V	¥	40.00	70
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.72								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.72	\$0.00	\$28.46	\$26.53		\$13.18	\$4.96	\$9.59	\$0.28
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.28	\$68.72	\$0.00	\$26.82	\$26.53		\$13.18	\$4.96	16.79	\$0.28
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.28	\$68.72	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.79	\$0.28
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3500</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.33	\$92.77	\$0.00	\$26.82	\$26.53	\$0.00	\$13.18	\$4.96	\$16.79	\$0.28
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$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	\$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	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4.24	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$203.45	\$97.01	\$0.00	\$26.82	\$26.94	\$0.00	\$30.65	\$4.96	\$16.79	\$0.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.76		1	1	1	1	1	<u> </u>		

	rovider: COMER HEALTH AND REHABILITATION rvdr ID: 00220448A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 39.68%	Add-on Percent 0.00% 2.5% 7.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.2745 1.2926	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u> </u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-		(see I olicy Ivialidal)		ψ0.00	ψ0.00	Ψ0.22	φυ. τι		ψ0.57			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rot	ΦE 000 00E	ФО 047 70 Г	* 0	C047.004	#coc 470		#4.005.004		#000 440	ro.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	, , , , , , , , , , , , , , , , , , , ,	\$5,603,335	\$3,047,785	\$0 \$0	\$617,294	\$626,479	\$0	\$1,085,364		\$226,413	\$0
6	·	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$195,835)	(\$3,401)	\$0	(\$791)	\$0	(\$589)	(\$177,130)		(\$13,924)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$120,640		\$13,924
7	Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	\$5,542,064	\$3,044,384	\$0	\$616,503	\$626,479	(\$589)	\$908,234	\$120,640	\$212,489	\$13,924
8	Total Nursing Facility Days As Filed Days = 27,704	FY21 Audited C/R Days	27,704	ψ0,044,004	Ψ0	φ010,000	ψ020,410	(ψοσο)	ψ500,204	Ψ120,040	Ψ212,400	Ψ10,024
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,704	FY21 GL-PL Ins Rpt Days								27,704		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$200.03	\$109.89	\$0.00	\$22.25	\$22.59	(with L&H)	\$32.78	\$4.35	\$7.67	\$0.50
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2745								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.22								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.22	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	\$7.67	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$178.10	\$86.22	\$0.00	\$22.25	\$22.59		\$32.78	\$4.35	9.41	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$178.10	\$86.22	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$0.50
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2926								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.33	\$111.45	\$0.00	\$22.25	\$22.59	\$0.00	\$32.78	\$4.35	\$9.41	\$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)	\$1.53	\$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 = 7.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$7.80	\$7.80								
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	\$29.22	\$11.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.55	\$122.57	\$0.00	\$22.47	\$23.00	\$0.00	\$50.25	\$4.35	\$9.41	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.59									

	rovider: GLENWOOD HEALTH AND REHABILITATION CEN' rvdr ID: 00220514A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	ly. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 32.10%	Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period (ata	PDPM Facility 1.3605 1.4136	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Ded Sizes	All Deu Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Deu Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$12,695,913	\$7 017 216	\$0	\$1,153,334	\$973,086	\$0	\$1,324,966		\$1,327,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$637,045	(\$29,748)	\$0	(\$1,488)	' '	\$3,202	\$759,556		(\$94,477)	φυ
0	•	As Filed FY21 GL/PL Rpt	φ037,043	(\$25,740)	φυ	(φ1,400)	φ0	φ3,202	\$759,550	¢25 500	(\$94,477)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed F121 GL/FL Kpt								\$25,508		\$94,477
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$13,452,943	\$7,887,468	¢ο	\$1,151,846	\$973,086	\$3,202	\$2,084,522	\$25,508	\$1,232,834	\$94,477
8	Total Nursing Facility Days As Filed Days = 66,608	FY21 Audited C/R Days	66,608	φ1,001,400	φυ	\$1,131,040	\$973,000	φ3,202	\$2,004,322	\$23,300	\$1,232,034	φ94,477
0	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,608 As Filed Days = 66,608	FY21 GL-PL Ins Rpt Days	00,008							66,608		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.98	\$118.42	\$0.00	\$17.29	\$14.66	(with L&H)	\$31.30	\$0.38	\$18.51	\$1.42
10	,	from 2 qtrs of FY21	\$201.96		φυ.υυ	\$17.29	\$14.00	(WILLI L&FI)	φ31.30	φυ.36	φ10.51	Φ1.42
11	Base Period Facility Model for All Residents Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3605 \$87.04								
	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.04	\$0.00	\$17.29	\$14.66		\$31.30	\$0.38	\$18.51	\$1.42
12	,	per Peer Group Limits		\$104.63	φυ.υυ	\$26.82	\$33.28		\$36.91	\$0.30	φ16.51 N/A	Φ1.42
14	, ,	Lesser of Ln 12 or Ln 13	\$159.60	\$87.04	\$0.00	\$17.29	\$14.66		\$31.30	\$0.00	7.51	\$1.42
14	Base Period Model Adjusted Allowed Per Diem	Ecosor of En 12 of En 10	φ139.00	φ07.04	φ0.00	\$17.29	\$14.00		φ31.30	φ0.36	(FRV)	φ1.42
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.60	\$87.04	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4136</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.60	\$123.04	\$0.00	\$17.29	\$14.66	\$0.00	\$31.30	\$0.38	\$7.51	\$1.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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		Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
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	\$24.17	\$6.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$219.77	\$129.11	\$0.00	\$17.51	\$15.07	\$0.00	\$48.77	\$0.38	\$7.51	\$1.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.00		<u> </u>	I	I	1	I	1		

	ovider: FOUNTAIN BLUE REHAB AND NURSING odr ID: 00222582A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	J/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 37.29%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.3034 1.4569	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	φ0.22	φ <i>0.41</i>		φ0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,191,381	\$2,848,119	\$0	\$430,246	\$474,229	\$0	\$875,695		\$563,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$244,388)	(\$2,033)	\$0	\$0	\$0	\$1,328	(\$175,490)		(\$68,193)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$176,195		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$68,193
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,191,381	\$2,846,086	\$0	\$430,246	\$474,229	\$1,328	\$700,205	\$176,195	\$494,899	\$68,193
8	Total Nursing Facility Days As Filed Days = 26,747	FY21 Audited C/R Days	26,747									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,747	FY21 GL-PL Ins Rpt Days								26,747		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$194.10	\$106.41	\$0.00	\$16.09	\$17.78	(with L&H)	\$26.18	\$6.59	\$18.50	\$2.55
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3034</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.64								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.64	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	\$18.50	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$160.04	\$81.64	\$0.00	\$16.09	\$17.78		\$26.18	\$6.59	9.21	\$2.55
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Le 44 v Crustle Alliuma 0/	#0.00	0.00	# 0.00	# 0.00	# 0.00	# 0.00	# 0.00	N1/A	N1/A	N1/0
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$160.04	\$81.64	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55
17	Quarterly Facility Model for Medicaid Residents	Ln 16 x Ln 17		1.4569								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	£407.04	\$118.94	#0.00	¢40.00	¢47.70	#0.00	COC 40	#6.50	CO 04	#0.55
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 16, AllOthi = Ln 16	\$197.34	\$118.94	\$0.00	\$16.09	\$17.78	\$0.00	\$26.18	\$6.59	\$9.21	\$2.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.97	\$2.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.17	\$7.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$222.51	\$126.01	\$0.00	\$16.31	\$18.19	\$0.00	\$43.65	\$6.59	\$9.21	\$2.55
						I	l					

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.06

Provider: EATONTON HEALTH AND REHABILITATION Prvdr ID: 00223473A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 22.22%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C	Overall:	<u>ta</u>	PDPM Facility 1.1754 1.1805	PDPM_ Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
Bed Size Range Within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.004	05.00/		50.00/			
Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4.241.102	\$2,152,673	\$0	\$415,855	\$493,705	\$0	\$765,401		\$413,468	\$0
	FY21 C/R Audit Adjstmts	' ' '	' ' '	\$0 \$0		' '		, ,			\$0
,	As Filed FY21 GL/PL Rpt	(\$148,191)	(\$2,503)	\$0	(\$612)	\$0	(\$529)	(\$116,581)		(\$27,966)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$109,005		#07.000
As Filed Cost Center Costs (Taxes and Insurance)	FY21 Audited C/R	£4 220 882	₾0 4E0 470		C445 040	¢402.705	(\$529)	#640.000	\$400.00E	\$385,502	\$27,966 \$27,966
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 21,448	FY21 Audited C/R Days	\$4,229,882 21,448	\$2,150,170	\$0	\$415,243	\$493,705	(\$529)	\$648,820	\$109,005	\$365,5UZ	\$27,900
	FY21 GL-PL Ins Rpt Days	21,446							24 440		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,448	Ln 7 / Ln 8 Col a	¢107.20	¢100.25	\$0.00	¢10.26	\$22.00	(with LQLI)	¢20.25	21,448 \$5.08	\$17.97	\$1.30
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	from 2 qtrs of FY21	\$197.20	\$100.25	\$0.00	\$19.36	\$22.99	(with L&H)	\$30.25	\$5.08	\$17.97	\$1.30
10 Base Period Facility Model for All Residents	Ln 9 / Ln 10		1.1754								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem 12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.29	\$0.00	¢40.26	¢22.00		¢20.25	\$5.08	¢47.07	¢4.20
, in the second of the second	per Peer Group Limits		\$85.29	\$0.00	\$19.36	\$22.99		\$30.25	1	\$17.97 N/A	\$1.30
· · · · · · · · · · · · · · · · · · ·	Lesser of Ln 12 or Ln 13	\$174.10	\$104.63	¢ 0.00	\$26.82	\$33.28 \$22.99		\$36.91	\$0.00 \$5.08		¢4.20
14 Base Period Model Adjusted Allowed Per Diem	Lessel of Eli 12 of Eli 13	\$174.10	\$85.29	\$0.00	\$19.36	\$22.99		\$30.25	\$5.08	9.83 (FRV)	\$1.30
Quarterly Per Diem Rate Prior to Add-ons										, ,	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.10	\$85.29	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.1805</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.68								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.50	\$100.68	\$0.00	\$19.36	\$22.99	\$0.00	\$30.25	\$5.08	\$9.83	\$1.30
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01	+5.55			, ,,,,,	+0.07		+3.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.03	\$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	\$24.67	\$6.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.17	\$107.25	\$0.00	\$19.58	\$23.40	\$0.00	\$47.72	\$5.08	\$9.83	\$1.30
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.80			I	<u> </u>	I		<u> </u>		

	ovider: CHESTNUT RIDGE NSG & REHAB CTR ovdr ID: 00228049A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 21.18%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4296 1.4525	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·	,			,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	PO 054 674	ΦE 000 040	ΦO	Ф 7 07 045	ФОГО Г4 Г	# 0	#4 500 500		C4 444 C40	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$9,351,671 (\$46,735)	\$5,262,946 (\$741)	\$0 \$0	\$787,045 (\$13,528)	\$653,515 \$0	\$0 \$14,269	\$1,536,523 (\$15,322)		\$1,111,642 (\$31,413)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$40,733)	(\$741)	ΦΟ	(\$13,320)	φυ	\$14,209	(\$15,322)	\$15,322	(\$31,413)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$15,322		\$31,413
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,351,671	\$5,262,205	\$0	\$773,517	\$653,515	\$14,269	\$1,521,201	\$15 322	\$1,080,229	\$31,413
8	Total Nursing Facility Days As Filed Days = 41,405	FY21 Audited C/R Days	41,405	ψ5,202,205	ΨΟ	ψ113,311	ψ000,010	ψ14,203	Ψ1,021,201	Ψ10,022	ψ1,000,223	ψ51,+15
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,405	FY21 GL-PL Ins Rpt Days	11,100							41,405		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.86	\$127.09	\$0.00	\$18.68	\$16.13	(with L&H)	\$36.74	\$0.37	\$26.09	\$0.76
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4296				, ,	·		·	
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.90								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.90	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	\$26.09	\$0.76
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$170.37	\$88.90	\$0.00	\$18.68	\$16.13		\$36.74	\$0.37	8.79	\$0.76
	Overteels Per Piers Pete Private Add over										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.37	\$88.90	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	V	1.4525	ψο.σσ	Ų 10.00	ψ.σσ	ψ5.55	400.11	Ψοιοι	ψο σ	ψο σ
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.60	\$129.13	\$0.00	\$18.68	\$16.13	\$0.00	\$36.74	\$0.37	\$8.79	\$0.76
00	Quarterly Per Diem Add-on Amounts	(and Deliau Manual)	£4.00	фо. г о	#0.00	#0.00	ФО 44	#0.00	CO 40		#0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.29 \$1.29	\$0.53 \$1.29	\$0.00	\$0.22	\$0.41	\$0.00	\$0.13		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.23	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.86	\$133.53	\$0.00	\$18.90	\$16.54	\$0.00	\$53.97	\$0.37	\$8.79	\$0.76
20	additions insuce based i or bloin hate	LII 10 1 LII 27	φ232.00	ψ133.33	φυ.υυ	ψ10.30	ψ10.54	φυ.υυ	φυυ.στ	φυ.57	φυ.13	φυ. τ υ

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$161.82

	ovider: MANOR CARE REHABILITATION CENTER - MARIE ovdr ID: 00236211A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 8.89%	Add-on Percent 0.00% 0.0% 3.0%		_Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.3554 1.3278	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(occ : one) manacun			75.55	75	, , , , , ,		,,,,,,,			
	Base Period Per Diem Allowed Amounts	A 5" LEVOLOUP FYOLOUP P	00,000,000	AF 400 000	•	0004 500	****		***		# 000.070	00
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,993,093	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$2,011,856		\$308,370	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$92,866)	\$0	\$0	\$0	\$0	\$0	(\$28,579)		(\$64,287)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$24,378		\$66.657
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,991,262	\$5,168,960	\$0	\$831,523	\$672,384	\$0	\$1,983,277	\$24,378	\$244,083	\$66,657 \$66,657
8	Total Nursing Facility Days As Filed Days = 31,838	FY21 Audited C/R Days	31,838	ψ3,100,300	ΨΟ	ψ031,323	ψ072,304	Ψ0	ψ1,905,277	Ψ24,570	Ψ244,003	ψ00,037
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,838	FY21 GL-PL Ins Rpt Days	01,000							31,838		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$282.41	\$162.35	\$0.00	\$26.12	\$21.12	(with L&H)	\$62.29	\$0.77	\$7.67	\$2.09
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3554</u>	*	, -		, ,	, , ,		, -	,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.78								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$119.78	\$0.00	\$26.12	\$21.12		\$62.29	\$0.77	\$7.67	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.99	\$104.63	\$0.00	\$26.12	\$21.12		\$36.91	\$0.77	11.35	\$2.09
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.99	\$104.63	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	Ψ202.00	1.3278	ψ0.00	Ψ20.12	ΨΖ1.12	φ0.00	φοσ.σ τ	Ψο.νν	ψ11.00	Ψ2.00
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$237.28	\$138.93	\$0.00	\$26.12	\$21.12	\$0.00	\$36.91	\$0.77	\$11.35	\$2.09
20	Quarterly Per Diem Add-on Amounts	(coo Policy Manual)	ቀስ ድን	<u> </u>	ው ስ ስሳ	#0.00	60.44	#0.00	#0.00		ФО ОО	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.63 \$0.00	\$0.00 \$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$4.17	\$4.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ΨΤ.17					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.90	\$4.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$259.18	\$143.10	\$0.00	\$26.34	\$21.53	\$0.00	\$54.01	\$0.77	\$11.35	\$2.09
23	additions model based i of bigin hate	LII IV I LII 27	φ£J3.10	φ1 4 3.10	φυ.υυ	ψ 2 0.34	Ψ£1.J3	φυ.υυ	φυ4.01	φυ.11	ψ11.3J	Ψ2.03

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$181.56

	ovider: PRUITTHEALTH - SAVANNAH odr ID: 00238323A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	Facility Score N/A 22.62% 3.52	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C Quarterly Med	Overall:	ta_	PDPM Facility 1.5637 1.3661	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	PM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
PL	FIN BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	,	, ,			·	,	,					
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	CO 204 447	£4.047.476	የ ስ	€E04.242	\$010 COE	¢0	£1 0E2 000		₽075 406	\$0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$9,281,417	\$4,947,476	\$0 \$0	\$594,312 \$0	\$910,695	\$0	\$1,853,808		\$975,126	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$626,544)	(\$67,288)	\$0	φ0	\$10,640	\$12,259	(\$465,159)	\$523,002	(\$116,996)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$525,002		\$119,697
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,297,572	\$4,880,188	\$0	\$594,312	\$921,335	\$12,259	\$1,388,649	\$523,002	\$858,130	\$119,697
8	Total Nursing Facility Days As Filed Days = 38,491	FY21 Audited C/R Days	38,491	ψ1,000,100	Ψ	φου 1,012	ψ021,000	Ψ12,200	ψ1,000,010	φο20,002	φοσο, 100	Ψ110,001
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY21 GL-PL Ins Rpt Days								38,491		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$241.55	\$126.79	\$0.00	\$15.44	\$24.25	(with L&H)	\$36.08	\$13.59	\$22.29	\$3.11
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5637								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.08								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.08	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	\$22.29	\$3.11
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$202.70	\$81.08	\$0.00	\$15.44	\$24.25		\$36.08	\$13.59	29.15	\$3.11
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$202.70	\$81.08	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3661</u>	,	, -	, ,	, , , , ,	*****	,	,	, -
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.38	\$110.76	\$0.00	\$15.44	\$24.25	\$0.00	\$36.08	\$13.59	\$29.15	\$3.11
20	Quarterly Per Diem Add-on Amounts 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	\$1.55	\$1.11	ψυ.υυ	Ψ0.22	Ψ0.41	ψυ.υυ	ψυ.37		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$5.54	\$5.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$3.0 1					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.28	\$7.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$257.66	\$117.94	\$0.00	\$15.66	\$24.66	\$0.00	\$53.55	\$13.59	\$29.15	\$3.11
	·		-		-							·

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$180.42

	ovider: RESORTS AT POOLER INC vdr ID: 00238741A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending: 4	1/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 18.64%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period C Quarterly Med		<u>ta</u>	PDPM Facility 1.4775 1.4281	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	,			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$913,867		\$3,544,039	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$256,644)	\$0	\$0	\$0	\$0	\$0	(\$192,605)		(\$64,039)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ200,044)	Ψ	ΨΟ	Ψ0	Ψ0	Ψ0	(ψ102,000)	\$192,605	(ψο-1,000)	
	As Filed Cost Center Costs (CETE) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ132,003		\$64,039
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,317,337	\$2,825,297	\$0	\$393,421	\$640,713	\$0	\$721,262	\$192,605	\$3,480,000	\$64,039
8	Total Nursing Facility Days As Filed Days = 26,733	FY21 Audited C/R Days	26,733	Ψ2,020,201	Ψ	φοσο, 121	φοιο,πιο	Ψ.	Ψ121,202	ψ102,000	φο, 100,000	φο 1,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,733	FY21 GL-PL Ins Rpt Days	20,100							26,733		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$311.14	\$105.69	\$0.00	\$14.72	\$23.97	(with L&H)	\$26.98	\$7.20	\$130.18	\$2.40
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4775	*	,	, , ,	, ,	*	, ,	,	, -
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.54								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.54	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	\$130.18	\$2.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.81	\$71.54	\$0.00	\$14.72	\$23.97		\$26.98	\$7.20	8.00	\$2.40
											(FRV)	
4-	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Cardh Allana 07			00.00	40.00		00.00	00.00		N 1/A	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$154.81	\$71.54 1.4381	\$0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40
17	Quarterly Facility Model for Medicaid Residents Orthy Pouting Street Model Adject (CMA) Not Per Diem	Ln 16 x Ln 17		1.4281 \$102.17								
18 19	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.44	\$102.17	¢0.00	\$14.72	\$23.97	\$0.00	\$26.98	\$7.20	\$8.00	\$2.40
19	Quarterly Medicaid CMA Allowed Per Diem	NS = LITTO, AIIOUII = LITTO	\$105.44	\$102.17	\$0.00	\$14.72	\$23.97	\$0.00	Φ20.90	\$7.20	φο.υυ	φ 2.4 0
	Quarterly 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	\$3.06	\$3.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.69	\$3.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$207.13	\$105.76	\$0.00	\$14.94	\$24.38	\$0.00	\$44.45	\$7.20	\$8.00	\$2.40
				<u> </u>		•	•					

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$142.52

PDPM PDPM Facility Add-on WINDERMERE HEALTH AND REHABILITATION CENTER Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00241678A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.4944 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 34.62% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.4578 1.3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 1.0% 3.55 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$8,304,784 \$3,694,551 \$0 \$590,810 \$518,891 \$0 \$1,641,856 \$1,858,676 \$0 FY21 C/R Audit Adistmts (\$144,488) (\$351,398) Audit Adjustments and Reallocations to Cost Center Costs (\$551,721) \$0 (\$5,975)(\$3,978)\$5,036 (\$50,918) As Filed FY21 GL/PL Rpt \$221,572 As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R \$61,483 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$8.036.118 \$3.550.063 \$0 \$584,835 \$514,913 \$5.036 \$1,290,458 \$221,572 \$1,807,758 \$61,483 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 28,524 28,524 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28.524 28,524 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$124.46 \$0.00 \$20.50 \$18.23 (with L&H) \$45.24 \$7.77 \$63.38 \$2.16 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.4944 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$83.28 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$83.28 \$18.23 \$0.00 \$20.50 \$45.24 \$7.77 \$63.38 \$2.16 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$179.55 \$83.28 \$18.23 10.70 \$20.50 \$36.9 \$7.77 \$2.16 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$179.55 \$83.28 \$0.00 \$18.23 \$36.91 \$7.77 \$20.50 \$0.00 \$10.70 \$2.16 17 per Current Qtr End 1.4578 Quarterly Facility Model for Medicaid Residents \$121.41 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$217.67 \$121.41 \$20.50 \$18.23 \$36.91 \$10.70 \$0.00 \$0.00 \$7.77 \$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) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00 21 BIMS Add-on Per Diem = In 19 Col b x CPS Add-on \$3.04 \$3.04 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$1.21 \$1.21 \$17.10 23 (Fixed Amount) Nursing Home Provider Fee \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.51 \$4.78 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 \$126.19 **Quarterly Model Based Per Diem Rate** Ln 19 + Ln 24 \$240.18 \$0.00 \$20.72 \$18.64 \$0.00 \$54.01 \$2.16

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

	rovider: PRUITTHEALTH - AUGUSTA HILLS rvdr ID: 00245055A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 31.17%	Add-on Percent 0.00% 2.5% 5.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4779 1.5508	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
БІ	DPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
				_	_	_			_			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts										• • • • • • • •	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,210,798	\$3,131,302	\$0	\$559,223	\$776,800	\$0	\$1,341,738		\$401,735	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$607,851)	(\$108,119)	\$0	\$0	\$0	\$383	(\$442,308)		(\$57,807)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$547,187		A 47 000
7	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	re 407 924	#2 022 402	••	ΦΕΕΩ 222	¢776 000	\$383	¢000 430	\$547,187	©242.020	\$47,690 \$47,690
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 28,019	FY21 Audited C/R FY21 Audited C/R Days	\$6,197,824 28,019	\$3,023,183	\$0	\$559,223	\$776,800	\$303	\$899,430	φο47,16 <i>1</i>	\$343,928	\$47,090
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,019 As Filed Days = 28,019	FY21 GL-PL Ins Rpt Days	20,019							28,019		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$221.20	\$107.90	\$0.00	\$19.96	\$27.74	(with L&H)	\$32.10	\$19.53	\$12.27	\$1.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$221.20	1.4779	ψο.σσ	V10.00	Ψ27.77	(11111111111111111111111111111111111111	Ψ02.10	Ψ10.00	Ψ12.21	Ψ1σ
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.01								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.01	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	\$12.27	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.54	\$73.01	\$0.00	\$19.96	\$27.74		\$32.10	\$19.53	8.50	\$1.70
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.54	\$73.01	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5508						·		,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.75	\$113.22	\$0.00	\$19.96	\$27.74	\$0.00	\$32.10	\$19.53	\$8.50	\$1.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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					+===		7	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (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	\$27.12	\$9.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.87	\$122.24	\$0.00	\$20.18	\$28.15	\$0.00	\$49.57	\$19.53	\$8.50	\$1.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.58		1	1	1	1	1	<u> </u>	l	

Post Description Descrip		rovider: PRUITTHEALTH - MAGNOLIA MANOR rvdr ID: 00252007A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 12.12%	Add-on Percent 0.00% 0.0% 5.0%		Facility Mod Base Period (ata_	PDPM Facility 1.5303 1.3364	PDPM Statewide 1.4210 1.3706
POPM BASED RATE CALCULATIONS	Line	Description		Totals		•	Dietary	,	Operatns	and		and	
Control content Peace Concess Control Cont				a	b	С	d	е	f	g	g	h	i
Price of Facts - Ambient - Price of Facts - Ambient -	PI	DPM BASED RATE CALCULATIONS											
Rest Name Percy Name Name Concess Pear Group General Act Price Concess Pear Group General Concess Pear Gene	1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Peer Circus Standards & Efficiency Measure Limits Series Circus Standards & Efficiency Measure Limits Series Circus Standards & Efficiency Measure (series Natural) Series Circus Standards & Series Cost Standards &							"	l					
2 Poor Group Strondenders Minipher Gene Protey Manuscula Go. No. G		Bed Size Kange Within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
3 Mear Circup. Standardinary, Adultipater Core Petry Manural) (one Petry Manural		•			22.00/	00.00/	00.007	05.00/		50.00/			
Base Period Polim Allowed Amounts See New 20 for existant) (ose Pelety Namuari) See Pelety Period Diem Allowed Amounts See Period Polim Allowed Amounts See See See See See See See See See S		,											
Base Period Per Diem Allowed Amounts		·											
S As Filled Cost Center Costs (Pountes & Special Sinces Combined) As Filled PC21 CIR - PC21 CIPL PC2													
6 Audit Adjustments and Realizacionos to Cost Center Costs (Sel 2,386) As Filed Cost Center Costs (Sel 1,316) As Filed Cost Center Costs (Sel 1,017)	_		As Filed EV21 C/P EV21 CI /PI Pot	¢6 612 070	¢2 167 474	\$ 0	¢449.042	\$040 00E	\$ 0	¢4 272 740		¢675 020	60
As Filed Cost Center Costs (GLPL) As Filed FY21 GLPR pt As Filed F			'			·		' '					\$0
As Filed Cost Center Costs. (Tawa and Insurance) As Filed Cost Center Costs. (Tawa and Insurance) FY21 Audinated CR S0.005.834 S0.007.775 S0 \$448,042 \$948,885 \$2.343 \$1,029,849 \$423,022 \$563,022 \$112,316 FY21 Audinated CR Total Nursing Facility Days Total Nursing Facility Days S0.005.834 S0.007.7755 S0 \$448,042 \$948,885 \$2.343 \$1,029,849 \$423,022 \$563,022 \$112,316 FY21 Audinated CR Total Nursing Facility Days Total Nursing Facility Days S0.005.834 S0.007.7755 S0 \$448,042 \$948,885 \$2.343 \$1,029,849 \$423,022 \$563,022 \$112,316 FY21 Audinated CR Total Nursing Facility Days Total Nursing Facility Days S0.005.834 S0.007.7755 S0 \$448,042 \$948,885 \$2.343 \$1,029,849 \$423,022 \$8563,022 \$112,316 FY21 Audinated CR Total Nursing Facility Days Total Nursing Facility Days S0.005.834 S0.007.7755 S0 \$448,042 \$948,885 \$2.343 \$1,029,849 \$423,022 \$8563,022 \$112,316 FY21 Audinated CR Total Nursing Facility Days S0.005.834 S0.007.7755 S0 \$448,042 \$948,885 \$2.343 \$1,029,849 \$423,022 \$8563,022 \$112,316 FY21 Audinated CR Total Nursing Facility Days S0.005.834 S0.007.7755 S0 \$442,022 \$868,042 \$343 \$1,029,849 \$423,022 \$868,042 \$343 \$1,029,849 \$423,022 \$868,022 \$3563,022 \$112,316 S0.005.834 S0.005.834 S0.005.834 S0.005.834 S0.007.7755 S0 \$442,042 S0.005.834 S0.007.7755 S0 \$442,042 S0.005.834 S0.007.7755 S0 \$442,042 S0.005.834 S0.007.7755 S0 \$442,045 S0.005.834 S0.007.7755 S0 \$442,045 S0.005.834 S0.007.7755 S0 \$442,045 S0.005.834 S0.007.7755 S0 \$442,045 S0.005.834 S0.005.834 S0.007.7755 S0 \$442,045 S0.005.834 S	0	•		(\$542,563)	(\$69,719)	\$0	\$0	\$0	\$2,343	(\$342,691)		(\$112,316)	
Cost Centre Costs After Audits Adjustments			•								\$423,022		0440.040
8 Total Nursing Facility Days As Filed Days = 28,707 F721 Audited CIR Days 26,707 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,707 F721 GL-PL Ins. Rpt Days 26,707 F721	7			PC COE 024	₾2 077 755		£440.040	₽ 040 005	¢0.040	£4 020 040	¢400.000	የ ድርጋ ርጋጋ	
Total Nursing Facility Days GL-PL Ins, Rpt	/	,			φ3,077,733	\$0	\$446,042	\$946,665	\$2,343	\$1,029,649	\$423,022	\$303,022	\$112,310
9 Net Per Diems prior to Model Adjistmit to Routine Srvcs	0		· ·	20,707							26 707		
10 Base Period Facility Model for All Residents from 2 gtrs of F721 1,5303 11 Routine Sirves Model Adjistrit (CMA) Net Per Diem Lin 9 / Lin 10 575,31 50,00 \$16,78 \$35,62 \$38,86 \$15,84 \$21,10 \$42,11 \$1500 \$16,78 \$35,62 \$38,86 \$15,84 \$21,10 \$42,11 \$1500 \$16,78 \$35,62 \$38,86 \$15,84 \$21,10 \$42,11 \$1500 \$16,78 \$35,81 \$104,63 \$26,82 \$33,28 \$36,91 \$10,00 \$16,78 \$33,28 \$36,91 \$10,00 \$16,78 \$33,28 \$36,91 \$10,00 \$16,78 \$33,28 \$36,91 \$10,00 \$16,78 \$33,28 \$36,91 \$10,00	0			¢247.25	¢115.04	¢0.00	¢16.70	¢25 62	(with LQLI)	¢20 E6	1 1	¢21.10	¢4.24
Routine Srives Model Adjistrt to Routine Srives RS = Ln 11, AllOthr = Ln 9 \$75,31 \$0.00 \$16,78 \$35,62 \$38,56 \$15,84 \$21,10 \$4,21		, ,		\$247.35		\$0.00	\$10.78	\$35.62	(WIUI L&H)	\$30.30	\$15.64	\$21.10	\$4.21
12 Net Per Diems after Model Adjistmt to Routine Sirvos		•	·										
13 Per Diem Standards (Alter Standar						¢ 0.00	¢46.70	#25.62		\$20.FC	¢45.04	¢24.40	¢4.04
Lesser of Ln 12 or Ln 13 S209.88 \$75.31 \$0.00 \$16.78 \$33.28 \$36.91 \$15.84 27.55 \$4.21		,	,			\$0.00					1 ' 1		\$4.21
Comparison Com		, , , , , , , , , , , , , , , , , , ,	' '	#200 gg		¢ 0.00					1		¢4.04
Courterly Per Diem Rate Prior to Add-ons Crowth Allowance Percentage = 0.00%	14	Base Period Model Adjusted Allowed Per Diem	Lessel of Lif 12 of Lif 13	\$209.66	\$15.31	\$0.00	\$10.78	\$33.26		\$30.91	\$15.64		⊅4.∠1
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$209.88 \$75.31 \$0.00 \$16.78 \$33.28 \$0.00 \$36.91 \$15.84 \$27.55 \$4.21 17 Quarterly Facility Model for Medicaid Residents per Current Qtr End 1.3364 18 Qurterly Routine Srvcs Model Adjistd (CMA) Net Per Diem Ln 16 × Ln 17 \$100.64 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$235.21 \$100.64 \$0.00 \$16.78 \$33.28 \$0.00 \$36.91 \$15.84 \$27.55 \$4.21 Quarterly Per Diem Add-on Amounts United String Add-on Per Diem ([Sind - Alwd] x.75, up to max, or 0) (see Policy Manual) \$0.75 \$0.53 \$0.00 \$0.00 \$0.00 21 BIMS Add-on Per Diem =		Quarterly Per Diem Rate Prior to Add-ons										, ,	
17 Quarterly Facility Model for Medicaid Residents Per Current Qtr End Ln 16 x Ln 17 \$100.64 \$	15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$100.64 \$100.64 \$235.21 \$100.64 \$0.00 \$16.78 \$33.28 \$0.00 \$36.91 \$15.84 \$27.55 \$4.21 \$100.64	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$209.88	\$75.31	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$235.21 \$100.64 \$0.00 \$16.78 \$33.28 \$0.00 \$36.91 \$15.84 \$27.55 \$4.21 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem [(Stnd - Alwd] x .75, up to max, or 0)	17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3364</u>								
Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) (see Policy Manual) \$0.75 \$0.53 \$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 \$0.00 22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$5.03 \$5.03 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.88 \$5.56 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 25 Quarterly Model Based Per Diem Rate Ln 19 + Ln 24 \$258.09 \$106.20 \$0.00 \$17.00 \$33.28 \$0.00 \$54.01 \$15.84 \$27.55 \$4.21	18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.64								
Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) [Step Policy Manual]	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$235.21	\$100.64	\$0.00	\$16.78	\$33.28	\$0.00	\$36.91	\$15.84	\$27.55	\$4.21
Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) [Step Policy Manual]		Quarterly Per Diem Add-on Amounts											
BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.00	20		(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$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 \$5.03 \$5.03 \$5.03 \$5.03 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.88 \$5.56 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 25 Quarterly Model Based Per Diem Rate Ln 19 + Ln 24 \$258.09 \$106.20 \$0.00 \$17.00 \$33.28 \$0.00 \$54.01 \$15.84 \$27.55 \$4.21			, , ,			+5.55				, ,,,,,		+3.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10													
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$22.88 \$5.56 \$0.00 \$0.00 \$17.10 \$0.00 \$0.00 \$0.00 25 Quarterly Model Based Per Diem Rate Ln 19 + Ln 24 \$258.09 \$106.20 \$0.00 \$17.00 \$33.28 \$0.00 \$54.01 \$15.84 \$27.55 \$4.21			_		, , , , ,					\$17.10			
25 Quarterly Model Based Per Diem Rate \$258.09 \$106.20 \$0.00 \$17.00 \$33.28 \$0.00 \$54.01 \$15.84 \$27.55 \$4.21			, , , , , , , , , , , , , , , , , , ,		\$5.56	\$0.00	\$0.22	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$180.74			Ln 19 + Ln 24						-		1		
			(Ln 25 - Ln 23) * 0.75	\$180.74									

	ovider: PRUITTHEALTH - DECATUR vdr ID: 00252942A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 28.95%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.3470 1.3790	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , ,			,	,			·			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	£40,400,400	ФЕ 750 500	r ₀	* 0.57.075	¢4 050 045	# 0	ФО 004 CEO		Ф 7 04 ССБ	¢0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$10,408,103	\$5,758,589	\$0 \$0	\$857,375 \$0	\$1,058,815	\$0 (\$2.740)	\$2,031,659 (\$557,838)		\$701,665 (\$66,993)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$722,196)	(\$89,521)	Φ0	φ0	(\$5,104)	(\$2,740)	(\$337,636)	\$634,296	(\$66,993)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$034,290		\$66,376
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,386,579	\$5,669,068	\$0	\$857.375	\$1,053,711	(\$2,740)	\$1,473,821	\$634,296	\$634,672	\$66,376
8	Total Nursing Facility Days As Filed Days = 46,345	FY21 Audited C/R Days	46,345	4 0,000,000	40	φου,,σ. σ	ψ.,σσσ,	(\$\(\pi\))	ψ·, ·· σ,σΞ·	400 1,200	ψοο .,σ. <u>-</u>	φοσ,σ. σ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,345	FY21 GL-PL Ins Rpt Days								46,345		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$224.11	\$122.32	\$0.00	\$18.50	\$22.68	(with L&H)	\$31.80	\$13.69	\$13.69	\$1.43
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3470</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.81								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.81	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	\$13.69	\$1.43
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$193.64	\$90.81	\$0.00	\$18.50	\$22.68		\$31.80	\$13.69	14.73	\$1.43
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$193.64	\$90.81	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80		\$14.73	\$1.43
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3790								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.05	\$125.23	\$0.00	\$18.50	\$22.68	\$0.00	\$31.80	\$13.69	\$14.73	\$1.43
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 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 = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.26	\$6.26								
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	\$26.14	\$8.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$254.19	\$133.27	\$0.00	\$18.72	\$23.09	\$0.00	\$49.27	\$13.69	\$14.73	\$1.43

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$177.82

Facility

Add-on

PRUITTHEALTH - LAFAYETTE Score Percent Facility Model (PDPM) Data Facility Statewide Provider: Add-on Data and Percentage Prvdr ID: 00254394A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.4121 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 30.67% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.3245 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 3.12 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$5,304,528 \$2,720,017 \$0 \$415,037 \$639,098 \$0 \$1,168,314 \$362,062 \$0 FY21 C/R Audit Adistmts (\$72,883) Audit Adjustments and Reallocations to Cost Center Costs (\$472,545) \$0 \$0 (\$3,224)(\$4,281)(\$367,170) (\$24,987) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$434,816 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$26,180 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$5.292.979 \$2.647.134 \$0 \$415,037 \$635,874 \$801,144 \$434,816 \$337,075 \$26,180 (\$4.281 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 26,283 26,283 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26.283 26,283 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$201.38 \$100.72 \$15.79 \$24.03 (with L&H) \$30.48 \$16.54 \$12.82 \$1.00 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.4121 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$71.33 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$71.33 \$15.79 \$24.03 \$0.00 \$30.48 \$16.54 \$12.82 \$1.00 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$168.25 \$71.33 \$24.03 \$16.54 9.08 \$15.79 \$30.48 \$1.00 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$168.25 \$71.33 \$15.79 \$24.03 \$16.54 \$0.00 \$0.00 \$30.48 \$9.08 \$1.00 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.3245 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$94.48 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$191.40 \$94.48 \$15.79 \$24.03 \$16.54 \$0.00 \$0.00 \$30.48 \$9.08 \$1.00 **Quarterly Per Diem Add-on Amounts**

PDPM Shadow Rates. This is not your rate.

(see Policy Manual)

In 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

2.5% (to Routine Srvs)

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)

20

21

22

23

24

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

\$1.53

\$2.36

\$3.78

\$17.10

\$24.77

\$216.17

\$0.53

\$2.36

\$3.78

\$6.67

\$101.15

\$0.00

\$0.00

\$0.00

\$0.22

\$0.22

\$16.01

\$0.41

\$0.41

\$24.44

\$0.00

\$0.00

\$0.00

\$0.37

\$17.10

\$17.47

\$47.95

\$0.00

\$16.54

\$0.00

\$0.00

\$9.08

\$0.00

\$1.00

PDPM

PDPM

	ovider: PRUITTHEALTH - WEST ATLANTA ovdr ID: 00256088A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 23.68%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.5249 1.4000	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
РГ	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·				,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rot	Ф7 000 000	£4.044.000	r ₀	₾404 505	COOF 007	# 0	C4 454 000			ro.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$7,083,206 (\$647,432)	' ' '	\$0 \$0	\$461,505 \$0	\$895,097 (\$1,292)	\$0 (\$509)	\$1,454,029 (\$378,907)		\$257,687 (\$78,357)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$647,432)	(\$100,307)	φυ	Φ0	(Φ1,292)	(\$509)	(\$376,907)	\$522,301	(\$70,337)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ322,301		\$78,073
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,036,148	\$3,826,521	\$0	\$461,505	\$893,805	(\$509)	\$1,075,122	\$522,301	\$179,330	\$78,073
8	Total Nursing Facility Days As Filed Days = 30,633	FY21 Audited C/R Days	30,633	ψο,οΖο,οΖ1	ΨΟ	ψ401,000	φοσο,σσσ	(ψουσ)	ψ1,070,122	φοΣΣ,σσ1	ψ170,000	Ψίο,σίο
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,633	FY21 GL-PL Ins Rpt Days	00,000							30,633		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$229.69	\$124.91	\$0.00	\$15.07	\$29.16	(with L&H)	\$35.10	\$17.05	\$5.85	\$2.55
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5249								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.92								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$81.92	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	\$5.85	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$192.44	\$81.92	\$0.00	\$15.07	\$29.16		\$35.10	\$17.05	11.59	\$2.55
	Quarterly Per Diam Pate Prior to Add-one										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$192.44	\$81.92	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4000					·			,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.21	\$114.69	\$0.00	\$15.07	\$29.16	\$0.00	\$35.10	\$17.05	\$11.59	\$2.55
	Overderly Ben Birm Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	\$1.15	\$1.15	ψυ.υυ	Ψ0.22	ψυ.+1	Ψ0.00	ψ0.57		ψυ.ου	
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	\$25.51	\$7.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$250.72	\$122.10	\$0.00	\$15.29	\$29.57	\$0.00	\$52.57	\$17.05	\$11.59	\$2.55
	*				• •		<u> </u>					

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$175.22

	rovider: BAINBRIDGE HEALTH AND REHAB rvdr ID: 00258915A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 22.81%	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period (ata	PDPM Facility 1.3983 1.5589	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All bed Sizes	All Deu Sizes	All Deu Sizes	All bed Sizes	All Deu Sizes	All bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	(5 " 14 ")		00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,473,601	\$2,061,357	\$0	\$469,989	\$479,279	\$0	\$1,491,645		\$971,331	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$67,797)		\$0	\$0	\$0	\$0	(\$59,499)		(\$29,475)	Ψ0
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$0.,.0.)	Ψ=:,	40				(\$00, 100)	\$29,010	(420,0)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ20,010		\$29,475
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,464,289	\$2,082,534	\$0	\$469,989	\$479,279	\$0	\$1,432,146	\$29,010	\$941,856	\$29,475
8	Total Nursing Facility Days As Filed Days = 27,042	FY21 Audited C/R Days	27,042	\$2,002,00 .	40	V .00,000	V.1.0,210		ψ·,·ο <u>=</u> ,··ο	ψ=0,0.0	ψο ,σσσ	Ψ20,0
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,042	FY21 GL-PL Ins Rpt Days	,-							27,042		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$202.06	\$77.01	\$0.00	\$17.38	\$17.72	(with L&H)	\$52.96	1 ' 1	\$34.83	\$1.09
10	, ,	from 2 qtrs of FY21		1.3983	·							
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.07								
12		RS = Ln 11, AllOthr = Ln 9		\$55.07	\$0.00	\$17.38	\$17.72		\$52.96	\$1.07	\$34.83	\$1.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.16	\$55.07	\$0.00	\$17.38	\$17.72		\$36.91	\$1.07	8.92	\$1.09
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	* 0.00	0.00	#0.00	#0.00	#0.00	#0.00	#0.00	N/A	N1/A	NI/A
15		Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	per Current Qtr End	\$138.16	\$55.07	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09
	, , <u> </u>	Ln 16 x Ln 17		1.5589 \$85.85								
18		RS = Ln 18, AllOthr = Ln 16	\$168.94	\$85.85	\$0.00	\$17.38	\$17.72	\$0.00	\$36.91	\$1.07	\$8.92	\$1.09
13	Quarterly Wedicald OWA Allowed For Diotil	10 - Eli 16, 7 illouii - Eli 16	\$100.54	ψ05.05	ψ0.00	ψ17.50	Ψ17.72	ψ0.00	ψ50.51	Ψ1.07	ψ0.32	Ψ1.03
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22		Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$191.49	\$90.67	\$0.00	\$17.60	\$18.13	\$0.00	\$54.01	\$1.07	\$8.92	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.79									

	ovider: PRUITTHEALTH - COVINGTON odr ID: 00265196A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 16.39%	Add-on Percent 0.00% 0.0% 6.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.3659 1.3927	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PC	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		,			·				,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	£4.040.047	₾0 005 040	r ₀	©24€ 04€	# E 40 0E0		Ф074 00C		Ф444 7 07	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$4,912,617 (\$319,351)	\$2,635,846 (\$108,314)	\$0 \$0	\$346,846 \$0	\$546,352 \$0	\$0 \$185	\$971,836 (\$177,137)		\$411,737 (\$34,085)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$319,331)	(\$100,314)	φυ	Φ0	\$0	\$100	(Φ177,137)	\$284,431	(\$34,065)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed F121 GL/FL Kpt As Filed FY21 C/R								\$204,431		\$29,824
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,907,521	\$2,527,532	\$0	\$346,846	\$546,352	\$185	\$794,699	\$284,431	\$377,652	\$29,824
8	Total Nursing Facility Days As Filed Days = 22,406	FY21 Audited C/R Days	22,406	Ψ2,021,002	ΨΟ	φοτο,οτο	ψ0-10,002	Ψίοσ	Ψ7 0 4,000	Ψ204,401	ψονν,σοΣ	Ψ25,024
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,406	FY21 GL-PL Ins Rpt Days								22,406		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$219.02	\$112.81	\$0.00	\$15.48	\$24.39	(with L&H)	\$35.47	\$12.69	\$16.85	\$1.33
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3659					·			·
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.59								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.59	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	\$16.85	\$1.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$182.58	\$82.59	\$0.00	\$15.48	\$24.39		\$35.47	\$12.69	10.63	\$1.33
	Overteels Bas Bissa Bata Britanta Add ann										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$182.58	\$82.59	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$102.00	1.3927	Ψ0.00	Ų.G.1.G	4200	40.00	ψοσι	V.2.00	ψ.σ.σσ	ψσσ
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.02	\$115.02	\$0.00	\$15.48	\$24.39	\$0.00	\$35.47	\$12.69	\$10.63	\$1.33
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢4.50	₽ 0 E 0	ድ ስ ስዕ	#0.30	60.44	60.00	фо o 7		ФО ОО	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$0.00	\$0.53 \$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 6.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$6.90	\$6.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ0.50					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.53	\$7.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$240.55	\$122.45	\$0.00	\$15.70	\$24.80	\$0.00	\$52.94	\$12.69	\$10.63	\$1.33
20	waarterry model based i er bieni Nate	LII IS T LII 27	φ240.33	Ψ122.43	φυ.υυ	\$13.70	\$24.00	φυ.υυ	φ32.34	φ12.09	φ10.03	φ1.33

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$167.59

	ovider: LAGRANGE HEALTH AND REHAB Volt ID: 00270245A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	1/1/2024	Growth Allowar Qtrly BIMS sco	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		Facility Add-on Score Percent N/A 0.00% 24.14% 1.0% 2.89 3.0%	Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:				PDPM Facility 1.5972 1.3117	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	,			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits	(B : W)		00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,234,242	\$2,961,580	\$0	\$515,109	\$598,628	\$0	\$938,777		\$1,220,148	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$117,853)	(\$3,163)	\$0	\$0	\$0	\$0	(\$69,414)		(\$45,276)	**
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	,				·		,	\$0	(, , ,	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,276
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,161,665	\$2,958,417	\$0	\$515,109	\$598,628	\$0	\$869,363	\$0	\$1,174,872	\$45,276
8	Total Nursing Facility Days As Filed Days = 26,582	FY21 Audited C/R Days	26,582									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,582	FY21 GL-PL Ins Rpt Days								26,582		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$231.79	\$111.29	\$0.00	\$19.38	\$22.52	(with L&H)	\$32.70	\$0.00	\$44.20	\$1.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5972								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.68								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.68	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	\$44.20	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.58	\$69.68	\$0.00	\$19.38	\$22.52		\$32.70	\$0.00	10.60	\$1.70
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.58	\$69.68	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	, , , , ,	1.3117	*	,	, ,	,	*-	, , , , ,	,	, -
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.30	\$91.40	\$0.00	\$19.38	\$22.52	\$0.00	\$32.70	\$0.00	\$10.60	\$1.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$0.91	\$0.53	Ψ0.00	Ψ0.22	Ψ0.41	Ψ0.00	ψ0.57		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ=					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.28	\$4.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$200.58	\$95.58	\$0.00	\$19.60	\$22.93	\$0.00	\$50.17	\$0.00	\$10.60	\$1.70
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$137.61

Provider: LUMBER CITY NURSING & REHABILITATION CEN Prvdr ID: 00270256A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	TER Add-on Data and Percentage 7. This is NOT your effective rate. Growth Allowance: 4/1/2024 Qtrly BIMS score: 33			N/A 33.93%	Add-on Percent 0.00% 2.5% 3.0%		Facility Model (PDPM) Data Base Period Overall: Quarterly Medicaid:				PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			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 Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	(coo i olloy mandal)		ψυ.σσ	φυ.σσ	Ψ0.22	φο. 77		φοιοί			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,495,483	\$2,104,633	\$0	\$341,191	\$403,048	\$0	\$640,127		\$1,006,484	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$92,822)	\$0	\$0	\$0	\$0	\$0	(\$68,341)		(\$24,481)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$55,559		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,481
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,482,701	\$2,104,633	\$0	\$341,191	\$403,048	\$0	\$571,786	\$55,559	\$982,003	\$24,481
8 Total Nursing Facility Days As Filed Days = 21,134	FY21 Audited C/R Days	21,134									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,134	FY21 GL-PL Ins Rpt Days								21,134		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$212.12	\$99.59	\$0.00	\$16.14	\$19.07	(with L&H)	\$27.06	\$2.63	\$46.47	\$1.16
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2619</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.92								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.92	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	\$46.47	\$1.16
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.94	\$78.92	\$0.00	\$16.14	\$19.07		\$27.06	\$2.63	9.96	\$1.16
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.94	\$78.92	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ10-1.54	1.2122	Ψ0.00	ψ10.14	ψ13.07	ψ0.00	Ψ21.00	Ψ2.03	ψυ.υυ	ψ1.10
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.67								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.69	\$95.67	\$0.00	\$16.14	\$19.07	\$0.00	\$27.06	\$2.63	\$9.96	\$1.16
acation, modical controlled to blom		4171.00	φοσ.σ.	ψο.σσ	V10.11	ψ10.07	ψο.σσ	φ27.00	Ψ2.00	ψ0.00	ψ1.10
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	\$2.39	\$2.39								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$5.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$195.58	\$101.46	\$0.00	\$16.36	\$19.48	\$0.00	\$44.53	\$2.63	\$9.96	\$1.16
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.86									

	ovider: WILLOWWOOD HEALTHCARE AND REHABILITAT ovdr ID: 00271829A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	only. This is NOT your effective rate. Growth Allowance: 4/1/2024 Qtrly BIMS score:		N/A 27.91%	Add-on Percent 0.00% Base Period Overall: 1.0% 3.0% Quarterly Medicaid:		Overall:	ta_	PDPM Facility 1.4759 1.3849	PDPM Statewide 1.4210 1.3706		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DL	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
	FIN BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		,			·				,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	₾ E 000 770	₾0 040 F00	r ₀	ФЕ 47 O 44	£400.450	# 0	077 540		\$005.000	ro.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$5,229,778 (\$248,424)	` ' '	\$0 \$0	\$547,841 \$0	\$426,159 (\$851)	\$0 (\$801)	\$977,519 (\$210,772)		\$665,660 (\$36,000)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$240,424)	φυ	φυ	Φ0	(\$001)	(\$601)	(\$210,772)	\$210,772	(\$30,000)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$210,772		\$35,861
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,227,987	\$2,612,599	\$0	\$547,841	\$425,308	(\$801)	\$766,747	\$210,772	\$629,660	\$35,861
8	Total Nursing Facility Days As Filed Days = 28,538	FY21 Audited C/R Days	28,538	Ψ2,012,000	ΨΟ	ψ547,041	ψ423,300	(ψοστ)	Ψ100,141	Ψ210,772	ψ023,000	ψου,ου ι
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,538	FY21 GL-PL Ins Rpt Days	20,000							28,538		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$183.21	\$91.55	\$0.00	\$19.20	\$14.88	(with L&H)	\$26.87	\$7.39	\$22.06	\$1.26
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4759				, ,	·			,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.03	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	\$22.06	\$1.26
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.26	\$62.03	\$0.00	\$19.20	\$14.88		\$26.87	\$7.39	8.63	\$1.26
	Overteb Ber Birm Bete Bries to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.26	\$62.03	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	V. 10.20	1.3849	Ψ0.00	Ų.0. <u>2</u> 0	Ų	ψ5.55	Ψ20.0.	4.133	ψο.σσ	ψ=0
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.13	\$85.91	\$0.00	\$19.20	\$14.88	\$0.00	\$26.87	\$7.39	\$8.63	\$1.26
00	Quarterly Per Diem Add-on Amounts	(and Deliau Manual)	£4.50	фо г о	# 0.00	#0.00	CO 44	#0.00	#0.07		фо оо	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$0.86	\$0.53 \$0.86	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.07	\$3.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$186.20	\$89.88	\$0.00	\$19.42	\$15.29	\$0.00	\$44.34	\$7.39	\$8.63	\$1.26
20	Additions injuici pasculi of picini Nate	LII IVT LII ZT	\$100.20	403.00	φυ.υυ	ψ13.4Z	\$13.29	φυ.υυ	ψ++.34	φ1.39	φο.υ3	φ1.20

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$126.83

Provider: CRESTVIEW HEALTH & REHAB CTR Prvdr ID: 00273567A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	d-on Data and Percentage wth Allowance: y BIMS score: se Hrs per On-Site Day/Q		Add-on Percent 0.00% 2.5% 1.0%		Facility Mod Base Period (Quarterly Med	ta_	PDPM Facility 1.4475 1.4444	PDPM Statewide 1.4210 1.3706		
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
, , , , , , , , , , , , , , , , , , ,	(See Folloy Maridal)		ψ0.00	ψο.σσ	ψ0.22	φυ. 41		ψο.στ			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$25,073,162	£42.427.052	* 0	¢0.750.000	€2.46E.20E	£4 404 040	C4 474 744		\$1,752,899	¢o.
As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	· ·		\$13,127,953	\$0 \$0	\$2,750,383	\$2,165,295	' ' '	\$4,174,714			\$0
,	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$290,759)	\$0	\$0	\$0	\$11,715	\$5,961	(\$134,798)	# 400,000	(\$173,637)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GLFL Rpt As Filed FY21 C/R								\$100,000		
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$24,885,991	¢13 127 053	\$0	\$2,750,383	\$2,177,010	\$1,107,879	\$4,039,916	\$100,000	\$1,579,262	\$3,588 \$3,588
8 Total Nursing Facility Days As Filed Days = 106,099	FY21 Audited C/R Days	106,099	ψ13,127,933	Ψ0	ψ2,730,303	Ψ2,177,010	\$1,107,079	ψ4,039,910	φ100,000	ψ1,579,202	ψ3,300
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 106,099	FY21 GL-PL Ins Rpt Days	100,000							106,099		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$234.54	\$123.73	\$0.00	\$25.92	\$30.96	(with L&H)	\$38.08	\$0.94	\$14.88	\$0.03
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	V	1.4475	40.00	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V	*	73.33
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.48								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$85.48	\$0.00	\$25.92	\$30.96		\$38.08	\$0.94	\$14.88	\$0.03
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.89	\$85.48	\$0.00	\$25.92	\$30.96		\$36.91	\$0.94	10.65	\$0.03
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$190.89	\$85.48	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4444								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.47								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.88	\$123.47	\$0.00	\$25.92	\$30.96	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.09	\$3.09								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.23	\$1.23								
23 Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$5.48	\$4.85	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$234.36	\$128.32	\$0.00	\$26.14	\$31.37	\$0.00	\$36.91	\$0.94	\$10.65	\$0.03
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.77		ı	1	I	ı	ı			<u> </u>

	ovider: CRISP REGIONAL NSG & REHAB CTR vdr ID: 00274128A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	only. This is NOT your effective rate. Groe: 4/1/2024 Qtr		Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period C	ata_	PDPM Facility 1.6900 1.5024	PDPM Statewide 1.4210 1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PE	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,965,708	\$3,214,189	\$0	\$568,532	\$254,086	\$364,358	\$1,183,820		\$380,723	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL)	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$84,180)	\$192,250	\$0	\$0	(\$523)	(\$51,127)	(\$212,005)	\$71,384	(\$12,775)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$12,785
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,965,697	\$3,406,439	\$0	\$568,532	\$253,563	\$313,231	\$971,815	\$71,384	\$367,948	\$12,785
8	Total Nursing Facility Days As Filed Days = 19,654	FY21 Audited C/R Days	19,654									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,654	FY21 GL-PL Ins Rpt Days								19,654		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$303.54	\$173.32	\$0.00	\$28.93	\$28.84	(with L&H)	\$49.45	\$3.63	\$18.72	\$0.65
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.6900</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$102.56								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$102.56	\$0.00	\$28.93	\$28.84		\$49.45	\$3.63	\$18.72	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$214.38	\$102.56	\$0.00	\$28.93	\$28.84		\$36.91	\$3.63	12.86 (FRV)	\$0.65
4.5	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	#0.00	0.00	# 0.00	#0.00	#0.00	фо oo	#0.00	NI/A	N1/A	N1/A
15	Growth Allowance Percentage = 0.00%	Ln 14 + Ln 15	\$0.00	0.00	\$0.00 \$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$214.38	\$102.56	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$0.65
17	Quarterly Facility Model for Medicaid Residents	Ln 16 x Ln 17		1.5024 \$154.09								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.91	\$154.09	\$0.00	\$28.93	\$28.84	\$0.00	\$36.91	\$3.63	\$12.86	\$0.65
13	Qualterly Medicald GMA Allowed Fel Dieth	110 - 211 10,7410411 - 211 10	Ψ203.91	ψ154.09	φ0.00	Ψ20.93	ψ20.04	Ψ0.00	ψ50.91	ψ5.05	ψ12.00	ψ0.03
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.85	\$3.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.19	\$7.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$291.10	\$161.55	\$0.00	\$29.15	\$29.25	\$0.00	\$54.01	\$3.63	\$12.86	\$0.65

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$205.50

PDPM PDPM Facility Add-on THOMASVILLE HEALTH & REHAB. LLC Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00277604A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3257 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 41.94% 2.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.4600 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 2 0% 3.09 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$2,863,334 \$1,312,669 \$0 \$319,275 \$285,297 \$0 \$547,400 \$398,693 \$0 FY21 C/R Audit Adistmts Audit Adjustments and Reallocations to Cost Center Costs (\$52,525) (\$4,942)\$0 \$0 \$0 \$0 (\$29,869) (\$17,714) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$0 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$17 714 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$2.828.523 \$1,307,727 \$0 \$319,275 \$285.297 \$0 \$517,531 \$0 \$380,979 \$17,714 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 13,719 13,719 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,719 13,719 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$206.17 \$95.32 \$23.27 \$20.80 (with L&H) \$37.72 \$0.00 \$27.77 \$1.29 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3257 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$71.90 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$71.90 \$20.80 \$37.72 \$0.00 \$23.27 \$0.00 \$27.77 \$1.29 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$164.72 \$71.90 \$23.27 \$20.80 10.55 \$36.91 \$0.00 \$1.29 (FRV) **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$164.72 \$71.90 \$0.00 \$23.27 \$20.80 \$36.91 \$0.00 \$0.00 \$10.55 \$1.29 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.4600 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$104.97 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$197.79 \$104.97 \$23.27 \$20.80 \$36.91 \$0.00 \$10.55 \$0.00 \$0.00 \$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 = In 19 Col b x CPS Add-on \$2.62 \$2.62 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$2.10 \$2.10

PDPM Shadow Rates. This is not your rate.

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

\$17.10

\$22.98

\$220.77

\$5.25

\$110.22

\$0.00

\$0.00

\$0.22

\$23.49

\$0.41

\$21.21

\$0.00

\$0.00

\$0.00

\$10.55

\$0.00

\$1.29

\$0.00

\$0.00

\$17.10

\$17.10

\$54.01

	ovider: DELMAR GARDENS OF SMYRNA odr ID: 00296271A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	te: 4/1/2024 Qtrly BIMS score:		nce:	N/A 20.59%	Add-on Percent 0.00% 1.0% 3.0%		Facility Model (PDPM) Data Base Period Overall:		<u>ta</u> _	PDPM Facility 1.4908 1.4445	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DD	DM DAGED DATE OALOUILATIONS		a	b	С	d	е	f	g	g	h	i
<u>PD</u>	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0% \$0.22	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	φ0.22	\$0.41		φ0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,583,660	\$4,172,188	\$0	\$858,148	\$899,316	\$0	\$1,244,503		\$409,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$171,981)	(\$68,055)	\$0	\$0	\$1,593	\$8,574	(\$44,122)		(\$69,971)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$83,100		
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	Φ7 504 004	** 404 400		0050 440	# 000 000	00.574	#4 000 004	#00.400	#000 F0.4	\$70,215
8	Cost Center Costs After Audit Adjustments	FY21 Audited C/R FY21 Audited C/R Days	\$7,564,994	\$4,104,133	\$0	\$858,148	\$900,909	\$8,574	\$1,200,381	\$83,100	\$339,534	\$70,215
	Total Nursing Facility Days As Filed Days = 32,894 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,894	FY21 GL-PL Ins Rpt Days	32,894							32,894		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$229.98	\$124.77	\$0.00	\$26.09	\$27.65	(with L&H)	\$36.49	\$2.53	\$10.32	\$2.13
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ220.00	1.4908	ψ0.00	Ψ20.00	Ψ27.00	(War Early	φου.43	Ψ2.00	Ψ10.02	Ψ2.10
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.69								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.69	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	\$10.32	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$26.82	\$33.28		\$36.91	\$0.00	N/A	, -
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$190.96	\$83.69	\$0.00	\$26.09	\$27.65		\$36.49	\$2.53	12.38	\$2.13
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	00.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	NI/A	NI/A	NI/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$190.96	0.00 \$83.69	\$0.00 \$0.00	\$0.00 \$26.09	\$0.00 \$27.65	\$0.00 \$0.00	\$0.00 \$36.49	N/A \$2.53	N/A \$12.38	N/A \$2.13
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	\$190.90	1.4445	φυ.σσ	Ψ20.03	ψ21.03	φ0.00	ψ30.49	Ψ2.55	Ψ12.30	Ψ2.13
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.16	\$120.89	\$0.00	\$26.09	\$27.65	\$0.00	\$36.49	\$2.53	\$12.38	\$2.13
	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢1.47	¢0.53	\$0.00	¢0.22	¢0.44	\$0.00	¢0.24		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.47 \$1.21	\$0.53 \$1.21	\$0.00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ0.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.41	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$251.57	\$126.26	\$0.00	\$26.31	\$28.06	\$0.00	\$53.90	\$2.53	\$12.38	\$2.13
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$175.85			<u> </u>	I	I		<u> </u>		

	ovider: NHC HEALTHCARE FT OGLETHORPE ovdr ID: 00344759A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		Facility Score N/A 21.18% 3.77	Add-on Percent 0.00% 1.0% 3.0%		Facility Model (PDPM) Da Base Period Overall: Quarterly Medicaid:			PDPM Facility 1.2763 1.4416	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PE	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0%		50.0% 105.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	100.0% \$0.41		\$0.37			
		(occ : one) manachy		, , , ,	70.00	,,,,,	70		75.51			
_	Base Period Per Diem Allowed Amounts	A 5" LEVOLOUP FYOLOUP P	40.005.000	0.0	•	*****	4074.000	40	A4 507 555		4070 707	40
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,635,829	\$4,941,021	\$0	\$880,223	\$874,293	\$0 (\$2,420)	\$1,567,555		\$372,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$303,798)	(\$23,391)	\$0	\$0	(\$3,161)	(\$3,426)	(\$209,600)	#200 COO	(\$64,220)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$209,600		\$63,736
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,605,367	\$4,917,630	\$0	\$880,223	\$871,132	(\$3,426)	\$1,357,955	\$209,600	\$308,517	\$63,736
8	Total Nursing Facility Days As Filed Days = 42,758	FY21 Audited C/R Days	42,758	ψ+,517,050	ΨΟ	ψ000,220	ψ071,132	(ψυ, τ2υ)	ψ1,007,000	Ψ203,000	ψ500,517	ψ00,700
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,758	FY21 GL-PL Ins Rpt Days	12,700							42,758		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.26	\$115.01	\$0.00	\$20.59	\$20.29	(with L&H)	\$31.76	\$4.90	\$7.22	\$1.49
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2763	,	,	,	, ,	**	,	,	, -
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.11								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.11	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	\$7.22	\$1.49
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$181.65	\$90.11	\$0.00	\$20.59	\$20.29		\$31.76	\$4.90	12.51	\$1.49
	Overtarly Pay Diam Date Brief to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$181.65	\$90.11	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	,	1.4416	40.00	,	7-00	45.50	φ σσ		,	73
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.44	\$129.90	\$0.00	\$20.59	\$20.29	\$0.00	\$31.76	\$4.90	\$12.51	\$1.49
20	Quarterly Per Diem Add-on Amounts 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	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.37		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$3.90	\$3.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψο.σσ					\$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
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.27	\$135.63	\$0.00	\$20.81	\$20.70	\$0.00	\$49.23	\$4.90	\$12.51	\$1.49
			72.0.27	Ţ.00.00	40.00	720.01	7200	Ψ0.00	7.0.20	Ų	Ţ. 2.0 1	4

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$171.13

	ovider: PRESBYTERIAN VILLAGE vdr ID: 00362832A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	only. This is NOT your effective rate. Gro e: 4/1/2024 Qtrl		Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.4470 1.4350	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
РГ	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·	,			,			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rot	₽0 CO4 275	ΦE 000 000	ΦO	↑ 704 €77	¢4 000 074	# 0	¢4.075.400		C44 447	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$9,691,375 (\$164,404)	\$5,269,868 \$0	\$0 \$0	\$781,677 \$0	\$1,020,274 \$0	\$0 \$0	\$1,975,109 (\$144,638)		\$644,447 (\$19,766)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$164,404)	φυ	ΦΟ	φυ	Φυ	φ0	(\$144,030)	\$129,346	(\$19,766)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$129,340		\$19,766
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,676,083	\$5,269,868	\$0	\$781,677	\$1,020,274	\$0	\$1,830,471	\$129,346	\$624,681	\$19,766
8	Total Nursing Facility Days As Filed Days = 27,539	FY21 Audited C/R Days	27,539	ψ3,203,000	ΨΟ	Ψίσι,στί	Ψ1,020,274	ΨΟ	ψ1,050,471	Ψ123,340	Ψ024,001	Ψ13,700
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,539	FY21 GL-PL Ins Rpt Days	21,000							27,539		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$351.36	\$191.36	\$0.00	\$28.38	\$37.05	(with L&H)	\$66.47	\$4.70	\$22.68	\$0.72
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4470		·		, ,	·			
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$132.24								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$132.24	\$0.00	\$28.38	\$37.05		\$66.47	\$4.70	\$22.68	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.48	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$4.70	22.42	\$0.72
	Overteb Ber Birm Bete Bries to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$229.48	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	4220.10	<u>1.4350</u>	ψο.σσ	\$20.02	ψοσ.2σ	ψ5.55	ψοσιο .	V	4	Ψ02
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$150.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$274.99	\$150.14	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	00.00	60.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00 \$8.26	\$0.00 \$8.26	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$4.50	\$4.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00	ψ55					\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$12.76	\$12.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$287.75	\$162.90	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$4.70	\$22.42	\$0.72
20	and the second of Stoll Hate		Ψ201.13	Ψ102.50	ψυ.υυ	Ψ 2 0.02	Ψ00.20	ψ0.00	Ψ00.01	ψ-1.10	Ψ .7 -	Ψ0.12

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$215.81

	ovider: CAMELLIA GARDENS OF LIFE CARE ovdr ID: 00366341A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	Score N/A 20.93% 3.13	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C Quarterly Med	Overall:	ata_	PDPM Facility 1.2743 1.2118	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
FL												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·	,	,		,			
_	Base Period Per Diem Allowed Amounts	A- E' I EVOA O/D - EVOA O/ /DI - D	#4 700 000	00.054.744	# 0	£400.000	* 40 4 5 70	*	\$000 4F0		0470 405	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$4,793,869	\$2,854,714	\$0 \$0	\$466,998	\$464,572	\$0	\$829,150		\$178,435	\$0
0	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$130,188)	(\$1,054)	\$0	(\$2,317)	(\$1,431)	\$1,435	(\$80,827)	\$80,827	(\$45,994)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φου,ο21		\$45,685
7	Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,790,193	\$2,853,660	\$0	\$464,681	\$463,141	\$1,435	\$748,323	\$80,827	\$132,441	\$45,685
8	Total Nursing Facility Days As Filed Days = 21,403	FY21 Audited C/R Days	21,403	ψ2,000,000	Ψ	ψ 10 1,00 1	Ψ100,111	ψ1,100	ψ, 10,020	φου,σει	Ψ102,111	ψ10,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,403	FY21 GL-PL Ins Rpt Days								21,403		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$223.81	\$133.33	\$0.00	\$21.71	\$21.71	(with L&H)	\$34.96	\$3.78	\$6.19	\$2.13
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2743</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$104.63								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$104.63	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	\$6.19	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$198.66	\$104.63	\$0.00	\$21.71	\$21.71		\$34.96	\$3.78	9.74	\$2.13
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$198.66	\$104.63	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2118</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.82	\$126.79	\$0.00	\$21.71	\$21.71	\$0.00	\$34.96	\$3.78	\$9.74	\$2.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$1.27	\$1.27	+	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , 		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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	\$25.71	\$7.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$246.53	\$134.40	\$0.00	\$21.93	\$22.12	\$0.00	\$52.43	\$3.78	\$9.74	\$2.13

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$172.07

Part		rovider: QUIET OAKS HEALTH CARE CENTER rvdr ID: 00370851A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 59.62%	Add-on Percent 0.00% 5.5% 5.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 2.0248 1.5227	PDPM Statewide 1.4210 1.3706
PopPM BASED RATE CALCULATIONS	Line #	Description		Totals			,		Operatns	and		and	
Coart Centure Peer Group Coart Centure Peer	D	DIM DAGED DATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
## PROMISS APPROXISS APPRO	<u>PL</u>	BASED RATE CALCULATIONS											
2 Per Group Standards: Mobile Per Group Standards: Mobile Gear Policy Manual) 90.0% 80.0% 80.0% 80.0% 80.0% 10.00	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities		All Facilities			
3 Per Group Standards Malphare Gene Per De Standards (Inches Per Standards (Inches Per De Inches Per De Por De P		Peer Group Standards & Efficiency Measure Limits											
Base Period Part Diem Allowed Amounts Sac 5 Sac		· · · · · · · · · · · · · · · · · · ·	• • •					1					
Base Period Per Diem Allowed Amounts Save Period Per Diem Allowed Amounts Save Period Per Diem Allowed Amounts Save Period Per Diem Allowed Per Diem Save Period Per Diem Standards (Sheet Period Per Diem Standards (Sheet Period Period Per Diem Standards (Sheet Period Perio		·	• • •										
S As Filed Cost Center Costs (Routine & Spacial Systes Combined) As Filed FY21 CIR - FY21 CIR- Piled Night Systems S44, 4299 S0 \$402,224 \$666,121 \$0 \$816,431 \$83,324 \$0 \$401 Adjustments and Reallications to Cost Center Costs FY21 CIR Audit Adjustments S4, 298,687 \$3,4429 \$0 \$1,176 \$994 \$5,172 \$100,000 \$100,000 \$110,000 \$100,000 \$110,000 \$100,00	4	Efficiency ineasure maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0.53</i>	\$0.00	\$0.22	φυ.41		φ0.37			
Audit Adjustments and Reellocations to Cost Center Costs FY21 CR Audit Adjustments S144,493 (\$4,429) \$0 \$1,176 \$984 \$5,112 \$106,590 \$110,444 \$41,995 \$4													
As Filed Cost Center Costs (GLPL) As Filed P721 GCR 7 Cost Center Costs (Tawas and Insurance) 7 Cost Center Costs After Audit Aljustments 8 Total Nursing Facility Days As Filed P721 GCR 8 Total Nursing Facility Days As Filed Days = 10,344 FP21 Audited CRR Days 10,344 FP21 Audi		· · · · ·	•										\$0
As Filed Cost Center Costs (Taxes and Insurance) As Filed Cost Center Costs (Taxes and Insurance) FY21 Audited CR FY22 FAudited CR FY23 FAUDITED CR TOTAL Nursing Facility Days As Filed Days = 19.344 Total Nursing Facility Days As Filed Days = 19.344 FY21 GLPL line Rip Days 19.344 FY21 GLPL line Rip Days 19.344 FY21 GLPL line Rip Days 19.344 FY22 GLPL line Rip Days 19.344 FY23 GLPL line Rip Days 19.344 FY24 GLPL line Rip Days 19.344 FY25 GLPL line Rip Days 19.344 FY25 GLPL line Rip Days 19.344 FY26 GLPL line Rip Days 19.344 FY27 GLPL line Rip Days 19.344 FY26 GLPL line Rip Days 19.344 FY27 GLPL line Rip Days 19.344 FY26 GLPL line Rip Days 19.344 FY26 GLPL line Rip Days 19.344 FY26 GLPL line Rip Days 19.344 FY27 GLPL line Rip Days 19.34	6	, and the second	•	(\$144,493)	(\$4,429)	\$0	\$1,176	\$984	\$5,112	(\$106,590)		(\$40,746)	
Total Nursing Facility Days		` '	•								\$110,444		
As Filed Days = 19,344 Total Nursing Facility Days GL-PL Ins. Rpt	_	· · · · · · · · · · · · · · · · · · ·		* 4 000 000	#0.004.540		0400 440	0004 405	05.440	₱ 700 044	**	# 50.470	
Total Nursing Facility Days GL-PL Ins. Rpt	/				\$2,321,518	\$0	\$403,410	\$661,105	\$5,112	\$709,841	\$110,444	\$53,178	\$41,995
9 Net Per Diems prior to Model Adjistmit to Routine Srvcs Ln 7 / Ln 8 Col a \$222.63 \$12.01 \$0.00 \$20.85 \$34.44 \$36.70 \$5.71 \$2.75 \$2.17	0		•	19,344							10 244		
10 Base Period Facility Model for All Residents from 2 qurs of FY21 Ln 9 / Ln 10 S59.27 S0.00 S20.85 S34.44 S36.70 S5.71 S2.75 S2.17	q		. ,	\$222.63	\$120.01	\$0.00	\$20.85	\$34.44	(with I &H)	\$36.70	1 1	\$2.75	\$2 17
11 Routine Srives Model Adjistd (CMA) Net Per Diem		·		Ψ222.00	· ·	ψ0.00	Ψ20.00	φοτιττ	(Mar Earl)	φοσ./ σ	ΨΟ.7 1	Ψ2.10	Ψ2.17
12 Net Per Diems after Model Adjetmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$59.27 \$0.00 \$20.85 \$34.44 \$36.70 \$5.71 \$2.75 \$2.17 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$170.25 \$59.27 \$0.00 \$20.85 \$33.28 \$36.70 \$5.71 \$12.27 \$2.17 15 Growth Allowance Percentage 0.00% Ln 14 × Grwth Allowance Percentage \$0.00 \$			·										
13 Per Diem Standards (After Statewide CMA for Routine Sivis) Per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 24 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$170.25 \$59.27 \$0.00 \$20.85 \$33.28 \$36.70 \$5.71 12.27 \$2.17 35 Courterly Per Diem Rate Prior to Add-ons Construction of CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$170.25 \$59.27 \$0.00		, , ,	RS = Ln 11, AllOthr = Ln 9		· ·	\$0.00	\$20.85	\$34.44		\$36.70	\$5.71	\$2.75	\$2.17
14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$170.25 \$59.27 \$0.00 \$20.85 \$33.28 \$36.70 \$5.71 12.27 \$2.17		,	per Peer Group Limits			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1						,
Counterly Per Diem Rate Prior to Add-ons Crowth Allowance Percentage = 0.00% Ln 14 x Gnwth Allowance Percentage = 0.00% Ln 14 x Gnwth Allowance Percentage = 0.00% S0.00 \$	14		Lesser of Ln 12 or Ln 13	\$170.25	\$59.27	\$0.00	\$20.85	\$33.28		\$36.70	\$5.71	12.27	\$2.17
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allwnc % \$0.00												(FRV)	
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$170.25 \$59.27 \$0.00 \$20.85 \$33.28 \$0.00 \$36.70 \$5.71 \$12.27 \$2.17 17 Quarterly Facility Model for Medicaid Residents Per Current Qtr End Ln 16 x Ln 17 \$90.25 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$201.23 \$90.25 \$0.00 \$20.85 \$33.28 \$0.00 \$36.70 \$5.71 \$12.27 \$2.17 18 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$201.23 \$90.25 \$0.00 \$20.85 \$33.28 \$0.00 \$36.70 \$5.71 \$12.27 \$2.17 19 Quarterly Per Diem Add-on Amounts Cell Policy Manual \$0.91 \$0.53 \$0.00 \$0.00 \$0.00 \$0.00 \$0.16 \$0.00 20 Efficiency Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$4.96 \$4.96 \$4.96 21 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Ln 19 Col b x Stfing Add-on \$4.51 \$4.51 \$4.51 \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.48 \$10.00 \$0.00 \$0.22 \$0.00 \$0.00 \$17.26 \$0.00	15	_	I n 14 v Gruth Allumo %	00.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	NI/A	NI/A	NI/A
17 Quarterly Facility Model for Medicaid Residents Per Current Qtr End Ln 16 x Ln 17 \$90.25 \$90.25 \$90.00 \$20.85 \$33.28 \$90.00 \$36.70 \$5.71 \$12.27 \$2.17													
18 Ortrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$90.25 \$90.25 \$0.00 \$20.85 \$33.28 \$0.00 \$36.70 \$5.71 \$12.27 \$2.17		, , , , , , , , , , , , , , , , , , ,		ψ170.20		ψ0.00	Ψ20.00	ψου.20	ψ0.00	φοσ./ σ	ΨΟ.7 1	Ψ12.21	Ψ2.17
Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$201.23 \$90.25 \$0.00 \$20.85 \$33.28 \$0.00 \$36.70 \$5.71 \$12.27 \$2.17													
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$0.91 \$0.53 \$0.00 \$			RS = Ln 18, AllOthr = Ln 16	\$201.23		\$0.00	\$20.85	\$33.28	\$0.00	\$36.70	\$5.71	\$12.27	\$2.17
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts (see Policy Manual) \$0.91 \$0.53 \$0.00 \$													
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	20		(coo Policy Manual)	\$0.01	¢0.53	\$0.00	\$0.22	\$0.00	\$0.00	¢0.16		00.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.51 \$4.51 \$4.51 \$17.10 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.48 \$10.00 \$0.00 \$0.00 \$0.00 \$17.26 \$0.00 \$0.00			, , ,			φυ.υυ	φυ.22	φυ.υυ	φυ.υυ	φυ.16		φυ.υυ	
23 Nursing Home Provider Fee													
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.48 \$10.00 \$0.00 \$0.00 \$0.00 \$17.26 \$0.00 \$0.00 \$0.00			· ·		ψτ.σ1					\$17.10			
			,		\$10.00	\$0.00	\$0.22	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
		•					-						
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$158.71			(Ln 25 - Ln 23) * 0.75	-		1						-	

Provider: WESTWOOD HEALTHCARE AND REHABILITATION Prvdr ID: 00370862A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 33.96%	Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period (<u>ita</u>	PDPM Facility 1.5529 1.2559	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
Emoloney wedadire waxiinams (see line 20 for actual)	(See I Olicy Maridal)		ψ0.00	ψ0.00	ψ0.22	ψυ.+1		ψυ.57			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,095,731	\$1,636,652	\$0	\$304,674	\$246,393	\$0	\$644,395		\$263,617	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$152,182)	\$0	\$0	\$0	\$0	\$0	(\$119,552)		(\$32,630)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$119,552		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$32,630
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,095,731	\$1,636,652	\$0	\$304,674	\$246,393	\$0	\$524,843	\$119,552	\$230,987	\$32,630
8 Total Nursing Facility Days As Filed Days = 14,406	FY21 Audited C/R Days	14,406									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,406	FY21 GL-PL Ins Rpt Days								14,406		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.89	\$113.61	\$0.00	\$21.15	\$17.10	(with L&H)	\$36.43	\$8.30	\$16.03	\$2.27
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5529</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.16								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.16	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	\$16.03	\$2.27
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.86	\$73.16	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	10.45	\$2.27
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.86	\$73.16	\$0.00	\$21.15	\$17.10		\$36.43	\$8.30	\$10.45	\$2.27
17 Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End	\$100.00	1.2559	Ψ0.00	Ψ21.10	\$17.10	ψυ.υυ	ψουτο	ψ0.00	ψ10.70	Ψ2.21
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.88								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.58	\$91.88	\$0.00	\$21.15	\$17.10	\$0.00	\$36.43	\$8.30	\$10.45	\$2.27
quarterly incurcate control of profit		\$107.00	φ01.00	ψο.σσ	ψ21110	V 11110	ψο.σσ	φου. 10	ψο.σσ	Ψ10.10	Ψ2.27
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.52	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.36		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.84	\$1.84								
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	\$22.76	\$4.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.46	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$210.34	\$96.55	\$0.00	\$21.37	\$17.51	\$0.00	\$53.89	\$8.30	\$10.45	\$2.27
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.93									

Provider: LIFE CARE CENTER OF GWINNETT Prvdr ID: 00370873A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 24.59%	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3823 1.4945	PDPM Statewide 1.4210 1.3706
Line	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See I olicy Maridal)		ψ0.00	ψ0.00	Ψ0.22	ψυ.+1		ψ0.57			
Base Period Per Diem Allowed Amounts											•
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,323,178		\$0	\$677,534	\$799,881	\$0	\$1,268,941		\$417,748	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$262,957)	\$0	\$0	\$0	\$0	\$0	(\$161,998)	A 404 000	(\$100,959)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,998		# 400.050
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	As Filed FY21 C/R FY21 Audited C/R	\$6,323,178	¢2 150 074	\$0	\$677,534	\$799,881	\$0	\$1,106,943	\$161,998	\$316,789	\$100,959 \$100,959
8 Total Nursing Facility Days As Filed Days = 22,099	FY21 Audited C/R Days	22,099	φ3,139,074	Φ0	\$677,554	\$799,001	φυ	\$1,100,943	\$101,990	φ310,769	φ100,959
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,099	FY21 GL-PL Ins Rpt Days	22,000							22,099		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$286.13	\$142.95	\$0.00	\$30.66	\$36.20	(with L&H)	\$50.09	\$7.33	\$14.33	\$4.57
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψ200110	1.3823	Q 0.00	400.00	400.20	(400.00	ψσσ	4	Ų
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$103.41								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$103.41	\$0.00	\$30.66	\$36.20		\$50.09	\$7.33	\$14.33	\$4.57
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.06	\$103.41	\$0.00	\$26.82	\$33.28		\$36.91	\$7.33	11.74	\$4.57
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$224.06	\$103.41	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	, , , , , , , , , , , , , , , , , , , 	1.4945	\$5.55	\$20.02	\$30.20	\$5.55	\$50.01	77.00	¥	ţ,
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$154.55								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$275.20	\$154.55	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$7.33	\$11.74	\$4.57
Overdarks Box Birm Add on America											
Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$0.53	¢0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.53 \$1.55	\$0.53 \$1.55	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ	φυ.υυ		φυ.υυ	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$6.18	\$6.18								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψοιο					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.36	\$8.26	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$300.56	\$162.81	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$7.33	\$11.74	\$4.57
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$212.60			1		<u> </u>		<u> </u>		

	ovider: DELMAR GARDENS OF GWINNETT odr ID: 00395161A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 3.33%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.5003 1.2828	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PC	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,857,404	\$2,525,340	\$0	\$878,028	\$820,040	\$0	\$1,078,973		\$555,023	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$237,933)	' ' '	\$0	\$070,020	(\$16,034)	(\$5,885)	. , ,		(\$134,037)	ΦΟ
0	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(φ237,933)	(φ15,579)	φυ	φ0	(\$10,034)	(\$5,005)	(\$00,390)	\$63,000	(φ134,037)	
	As Filed Cost Center Costs (GL/FL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ03,000		\$129,613
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,812,084	\$2,511,761	\$0	\$878,028	\$804,006	(\$5,885)	\$1,010,575	\$63,000	\$420,986	\$129,613
8	Total Nursing Facility Days As Filed Days = 19,298	FY21 Audited C/R Days	19,298	Ψ2,011,701	Ψ	φο, ο,ο2ο	φου 1,000	(\$0,000)	ψ1,010,010	φοσ,σσσ	Ψ120,000	Ψ120,010
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,298	FY21 GL-PL Ins Rpt Days	,							19,298		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$301.19	\$130.16	\$0.00	\$45.50	\$41.36	(with L&H)	\$52.37	\$3.26	\$21.82	\$6.72
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5003</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.76								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.76	\$0.00	\$45.50	\$41.36		\$52.37	\$3.26	\$21.82	\$6.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$204.10	\$86.76	\$0.00	\$26.82	\$33.28		\$36.91	\$3.26	10.35	\$6.72
	Quartarly Par Diam Bata Briar to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$204.10	\$86.76	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2828					·			·
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.64	\$111.30	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$3.26	\$10.35	\$6.72
	Overteely Per Pierr Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	ψυ.υυ	Ψ0.00	ψ0.00	ψ0.00	ψ0.00		ψυ.ου	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
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	\$20.97	\$3.87	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$249.61	\$115.17	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$3.26	\$10.35	\$6.72
	•		-	-	• •	<u> </u>	<u> </u>					•

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$174.38

DEMONSTRATION ONLY

Provider: CONDOR HEALTH LAFAYETTE Prvdr ID: 00399737A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/24		ata and Percentages Growth Allowance: BIMS Day/Quality Incentive:	Facility Score N/A 19.6% 2.76	Add-on Percent 0.00% 0.0% 5.0%	- Qrtrly N	Case Mix Inde Base Perio Icaid PDPM w RU	d Overall PDPM:		Facility Specific 1.4559 1.4126	State- wide 1.5740 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	h	i	j
CASE MIX BASED RATE CALCULATIONS				_							
Cost Center Peer Groups per Selected Options			1	1	2	1	1 1	1 1			
Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
Net Historical Cost 2020	FY2020 C/R -FY 2020 GL-PL Rpt		4,144,882		775,807	689,410	0	989,960	84,482	1,036,469	77,554
Inflation (July 2021) @ 4.30%			178,230		33,360	29,645		42,568			3,335
Patient Days	FY 2020 Cost Rpt		41,961		41,961	41,961		41,961		41,961	41,961
Inflated NHC/ Patient Days	FY 20 GL-PL Ins Rpt Days		103.03		19.28	17.14		24.61	2.01	24.70	1.93
Base Period Facility CMI for all Residents			1.4559								
Routine Services Case Mix Adjusted Net Per Diem			\$70.77								
Net Per Diems After Case Mix Adjustments		\$160.43	\$70.77		\$19.28	\$17.14		\$24.61	\$2.01	\$24.70	1.93
Per Diem Standards			\$104.63		\$26.82	\$33.28		\$36.91			
Base Period Case Mix Adjusted Allowed Per Diem		\$151.39	\$70.77		\$19.28	\$17.14		\$24.61	\$2.01	15.66	1.93
Quarterly Per Diem Rate Prior to Add-Ons										(FRV Rate)	
Growth Allowance 0.000%		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00			
CMA Allowed Per Diem After Growth Allowance		\$151.40	\$70.77		\$19.28	\$17.14		\$24.61	\$2.01	\$15.66	\$1.93
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.4126</u>								
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$99.97								l .
Quarterly Medicaid CMA Allowed Per Diem		\$180.60	\$99.97		\$19.28	\$17.14		\$24.61	\$2.01	\$15.66	\$1.93
Quarterly Per Diem Add-On Amounts			Ac								
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
BIMS Add-on Per Diem = 0.0% (to Routine Srvs)		\$0.00	0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 5.0%		\$5.00	5.00					47.0			
Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts		\$23.63	0405 50		040.50	647.55		040.00	00.04	045.00	04.00
Quarterly Case Mix Based Per Diem Rate	0140.05	\$204.23	\$105.50		\$19.50	\$17.55		\$42.08	\$2.01	\$15.66	\$1.93
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$140.35 PDPM Shadow Rate. This is no										

	rovider: LAKE CROSSING HEALTH CENTER rvdr ID: 00403939A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 57.63%	Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period C		ata	PDPM Facility 1.3338 1.1978	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	1	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,976,194	\$2,374,505	\$0	\$445,367	\$663,825	\$0	\$963,647		\$1,528,850	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$265,489)	\$2,374,505	\$0	\$445,367	\$003,025	(\$5,125)	· '		(\$44,737)	φυ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ203,409)	ΨΟ	ΨΟ	ΨΟ	Ψ0	(ψ3,123)	(ΨΖ13,021)	\$229,705	(\$44,737)	
	As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ229,703		\$44,737
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,985,147	\$2,374,505	\$0	\$445,367	\$663,825	(\$5,125)	\$748,020	\$220,705	\$1,484,113	\$44,737
8	Total Nursing Facility Days As Filed Days = 27,902	FY21 Audited C/R Days	27,902	φ2,374,303	φυ	φ445,307	\$003,023	(\$5,125)	\$740,020	φ229,703	φ1,404,113	φ44,737
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,902 As Filed Days = 27,902	FY21 GL-PL Ins Rpt Days	21,902							27,902		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.50	\$85.10	\$0.00	\$15.96	\$23.61	(with L&H)	\$26.81	\$8.23	\$53.19	\$1.60
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	Ψ214.50	1.3338	ψ0.00	ψ10.50	Ψ20.01	(Will Edil)	Ψ20.01	ψ0.23	ψ55.15	Ψ1.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.80								
12		RS = Ln 11, AllOthr = Ln 9		\$63.80	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	\$53.19	\$1.60
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	Ψ33.13 N/A	Ψ1.00
14	,	Lesser of Ln 12 or Ln 13	\$151.49	\$63.80	\$0.00	\$15.96	\$23.61		\$26.81	\$8.23	11.48	\$1.60
	Base Forest Medel / Najastes / Michiga Forest Brown		VIOI.10	ψοσ.σσ	ψ0.00	V10.00	φ20.01		ΨΣοιοι	ψ0.20	(FRV)	ψ1.00
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$151.49	\$63.80	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60
17	, , <u> </u>	per Current Qtr End		1.1978								
18	, , ,	Ln 16 x Ln 17		\$76.42							.	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.11	\$76.42	\$0.00	\$15.96	\$23.61	\$0.00	\$26.81	\$8.23	\$11.48	\$1.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$4.20	\$4.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$25.12	\$7.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$189.23	\$83.44	\$0.00	\$16.18	\$24.02	\$0.00	\$44.28	\$8.23	\$11.48	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.10			1	1	1		1		

	rovider: TOWNSEND PARK HEALTH AND REHABILITATION rvdr ID: 00404995A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 46.67%	Add-on Percent 0.00% 5.5% 5.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.3200 1.2996	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PL	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
•		(See Folicy Ivialidal)		φ0.03	φ0.00	φ0.22	φυ.41		ψ0.57			
_	Base Period Per Diem Allowed Amounts	As Elled EVOA C/D, EVOA CI/DI Date	\$7.055.070	#0.000.777	•	* 004.000	\$004.750		04 704 440		0.445 , 400	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,355,073	\$3,698,777	\$0	\$624,689	\$884,750	\$0	\$1,731,448		\$415,409	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$158,646)	(\$5,507)	\$0	(\$917)	\$0	\$820	(\$138,275)		(\$14,767)	
	As Filed Cost Center Costs (GL/PL)	As Filed F121 GL/PL Rpt As Filed FY21 C/R								\$128,960		\$14,767
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,340,154	\$3,693,270	\$0	\$623,772	\$884,750	\$820	\$1,593,173	\$128,960	\$400,642	\$14,767
8	Total Nursing Facility Days As Filed Days = 32,134	FY21 Audited C/R Days	32,134	ψ3,093,270	Ψ0	ψ023,772	ψ004,730	Ψ020	ψ1,595,175	ψ120,900	ψ 4 00,042	Ψ14,707
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,134	FY21 GL-PL Ins Rpt Days	02,101							32,134		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$228.42	\$114.93	\$0.00	\$19.41	\$27.56	(with L&H)	\$49.58	\$4.01	\$12.47	\$0.46
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3200								,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.07								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.07	\$0.00	\$19.41	\$27.56		\$49.58	\$4.01	\$12.47	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.71	\$87.07	\$0.00	\$19.41	\$27.56		\$36.91	\$4.01	14.29	\$0.46
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.71	\$87.07	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2996								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.80	\$113.16	\$0.00	\$19.41	\$27.56	\$0.00	\$36.91	\$4.01	\$14.29	\$0.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$6.22	\$6.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (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	\$30.14	\$12.41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.94	\$125.57	\$0.00	\$19.63	\$27.97	\$0.00	\$54.01	\$4.01	\$14.29	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$171.63		ı	1	1	1	1	<u> </u>		

Provider: FOUR COUNTY HEALTH AND REHABILITATION Prvdr ID: 00405292A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 47.92%	Add-on Percent 		Facility Mod Base Period C		<u>ta</u>	PDPM Facility 1.2793 1.3082	PDPM_ Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DDDM DAGED DATE OAL OUR ATIONS		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,784,811	\$2,476,310	\$0	\$504,007	\$522,033	\$0	\$797,436		\$485,025	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$150,678)	(\$15,075)	\$0	(\$611)	\$0	(\$462)	(\$99,697)		(\$34,833)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$89,505		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$33,730
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,757,368	\$2,461,235	\$0	\$503,396	\$522,033	(\$462)	\$697,739	\$89,505	\$450,192	\$33,730
8 Total Nursing Facility Days As Filed Days = 21,395	FY21 Audited C/R Days	21,645									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,395	FY21 GL-PL Ins Rpt Days								21,645		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$219.81	\$113.71	\$0.00	\$23.26	\$24.10	(with L&H)	\$32.24	\$4.14	\$20.80	\$1.56
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2793								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.89								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.89	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	\$20.80	\$1.56
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$184.66	\$88.89	\$0.00	\$23.26	\$24.10		\$32.24	\$4.14	10.47	\$1.56
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$184.66	\$88.89	\$0.00		\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56
17 Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End	ψ104.00	1.3082	ψ0.00	Ψ20.20	Ψ2-1.10	Ψ0.00	Ψ02.24	Ψτ.ιτ	Ψ10.47	ψ1.00
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.29								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.05	\$116.29	\$0.00	\$23.26	\$24.10	\$0.00	\$32.24	\$4.14	\$10.47	\$1.56
Quarterly Per Diem Add-on Amounts	/ Dr. M	04.50	00.50		40.00	00.44	*	40.07		# 0.00	
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	\$6.40	\$6.40								
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					647.40			
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	640.74	#0.00	#0.00	00.44	Ф0.00	\$17.10	фо oo	ФО ОС	#0.00
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$30.84	\$12.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$242.89	\$129.03	\$0.00	\$23.48	\$24.51	\$0.00	\$49.71	\$4.14	\$10.47	\$1.56
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.34									

	ovider: SOUTHLAND HEALTH AND REHABILITATION vdr ID: 00409054A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 23.53%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C Quarterly Med		<u>ta</u>	PDPM Facility 1.3843 1.3349	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(See Folloy Warraci)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,886,085	\$4,416,545	\$0	\$814,426	\$1,052,395	\$0	\$1,466,368		\$2,136,351	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$211,649)	(\$4,214)	\$0	(\$1,031)	(\$5,378)	(\$6,362)	(\$122,044)		(\$72,620)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$161,200		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$71,887
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$9,907,523	\$4,412,331	\$0	\$813,395	\$1,047,017	(\$6,362)	\$1,344,324	\$161,200	\$2,063,731	\$71,887
8	Total Nursing Facility Days As Filed Days = 36,118	FY21 Audited C/R Days	36,118									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,118	FY21 GL-PL Ins Rpt Days								36,118		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$274.30	\$122.16	\$0.00	\$22.52	\$28.81	(with L&H)	\$37.22	\$4.46	\$57.14	\$1.99
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3843</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.25								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.25	\$0.00	\$22.52	\$28.81		\$37.22	\$4.46	\$57.14	\$1.99
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$197.38	\$88.25	\$0.00	\$22.52	\$28.81		\$36.91	\$4.46	14.44	\$1.99
	Outstanks Box Diam Bate Brief to Add are										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	¢0.00	\$0.00	\$0.00	ድ ስ ስስ	¢0.00	N/A	N/A	N/A
15 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$197.38	\$88.25	\$0.00 \$0.00	\$0.00	\$0.00	\$0.00 \$0.00	\$0.00 \$36.91	\$4.46	\$14.44	\$1.99
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ197.30	1.3349	ψ0.00	Ψ22.02	ψ20.01	ψυ.υυ	ψ50.51	ψ4.40	ψ1 4.44	ψ1.55
18	Quitterly 1 acting woder for wedleard residents Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.94	\$117.80	\$0.00	\$22.52	\$28.81	\$0.00	\$36.91	\$4.46	\$14.44	\$1.99
15	Quarterly Modelada OWA / Milowood For Broth	1.6 2 15,7 2 15	Ψ220.54	ψ117.00	ψ0.00	Ψ22.02	Ψ20.01	ψ0.00	φου.σ ι	φτ.το	Ψ1-1-1-1	Ψ1.55
	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	\$1.18	\$1.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$5.89	\$5.89								
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	\$25.33	\$7.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.27	\$125.40	\$0.00	\$22.74	\$29.22	\$0.00	\$54.01	\$4.46	\$14.44	\$1.99
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PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$176.38

	ovider: PRUITTHEALTH - TOOMSBORO vdr ID: 00409494A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 41.30%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.4514 1.3550	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,710,186	\$1,848,536	\$0	\$332,830	\$459,746	\$0	\$832,616		\$236,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$308,087)	(\$12,861)	\$0	\$0	(\$2,718)	(\$2,965)	(\$264,089)		(\$25,454)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$268,711		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,053
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,695,863	\$1,835,675	\$0	\$332,830	\$457,028	(\$2,965)	\$568,527	\$268,711	\$211,004	\$25,053
8	Total Nursing Facility Days As Filed Days = 18,484	FY21 Audited C/R Days	18,484									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,484	FY21 GL-PL Ins Rpt Days								18,484		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199.97	\$99.31	\$0.00	\$18.01	\$24.57	(with L&H)	\$30.76	\$14.54	\$11.42	\$1.36
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4514</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	\$11.42	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$171.01	\$68.42	\$0.00	\$18.01	\$24.57		\$30.76	\$14.54	13.35	\$1.36
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Cardh Allana 67		2.22	00.00		* 0.00	A 0 0 0	# 0.00		N 1/A	21/2
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.01	\$68.42	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3550								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	040500	\$92.71	# 0.00	640.04	фо.4.5 -	#0.00	000 70	04454	# 40.05	64.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.30	\$92.71	\$0.00	\$18.01	\$24.57	\$0.00	\$30.76	\$14.54	\$13.35	\$1.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.64	\$4.64								
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	\$25.59	\$7.49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$220.89	\$100.20	\$0.00	\$18.23	\$24.98	\$0.00	\$48.23	\$14.54	\$13.35	\$1.36
					1	I			1	<u> </u>		

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$152.84

	ovider: CHERRY BLOSSOM HEALTH AND REHABILITATION ovdr ID: 00413509A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 31.15%	Add-on Percent 0.00% 2.5% 5.0%		_Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3368 1.3245	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PI	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
		(B. W. B.		1		2	1		1			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	, , , , , , , , , , , , , , , , , , ,	(see Policy Manual)		φυ.53	<i>\$0.00</i>	φ0.22	φυ.41		φυ.37			
_	Base Period Per Diem Allowed Amounts	A. Filed EVOA O.D. EVOA O.I. DL. Deat	#4.400.000	#0.074.004	# 0	0.405.450	# 500.050	*	# 000 7 50		# 405.400	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts	\$4,462,028	\$2,271,031	\$0	\$405,453	\$520,659	\$0	\$839,759		\$425,126	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 GL/PL Rpt	(\$132,276)	(\$2,174)	\$0	(\$532)	\$0	(\$491)	(\$93,083)		(\$35,996)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$86,501		\$35,996
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,452,249	\$2,268,857	\$0	\$404,921	\$520,659	(\$491)	\$746,676	\$86,501	\$389,130	\$35,996
8	Total Nursing Facility Days As Filed Days = 18,633	FY21 Audited C/R Days	18,633	ψ2,200,037	ΨΟ	ψ 4 04,321	ψ320,039	(Ψ431)	\$740,070	φου,συ ι	ψ309,130	ψ55,990
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,633	FY21 GL-PL Ins Rpt Days	10,000							18,633		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$238.94	\$121.77	\$0.00	\$21.73	\$27.92	(with L&H)	\$40.07	\$4.64	\$20.88	\$1.93
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3368	·							,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.09								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.09	\$0.00	\$21.73	\$27.92		\$40.07	\$4.64	\$20.88	\$1.93
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$195.68	\$91.09	\$0.00	\$21.73	\$27.92		\$36.91	\$4.64	11.46	\$1.93
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$195.68	\$91.09	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3245								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.24	\$120.65	\$0.00	\$21.73	\$27.92	\$0.00	\$36.91	\$4.64	\$11.46	\$1.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$6.03	\$6.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.31	\$9.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.55	\$130.23	\$0.00	\$21.95	\$28.33	\$0.00	\$54.01	\$4.64	\$11.46	\$1.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$176.59		·	ı	1	1	1	ı		

	bovider: LEGACY HEALTH AND REHABILITATION vdr ID: 00415522A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 25.00%	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.1970 1.1110	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
'	Type of Facility within Peer Group	(See Folloy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,269,481	\$1,784,377	\$0	\$308,236	\$379,445	\$0	\$601,119		\$196,304	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$56,755	\$75,221	\$0	(\$358)	\$1,867	\$2,129	(\$13,672)		(\$8,432)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$52,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$8,535
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,386,771	\$1,859,598	\$0	\$307,878	\$381,312	\$2,129	\$587,447	\$52,000	\$187,872	\$8,535
8	Total Nursing Facility Days As Filed Days = 12,528	FY21 Audited C/R Days	12,528									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,528	FY21 GL-PL Ins Rpt Days								12,528		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$270.35	\$148.44	\$0.00	\$24.58	\$30.61	(with L&H)	\$46.89	\$4.15	\$15.00	\$0.68
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.1970</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$124.01								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$124.01	\$0.00	\$24.58	\$30.61		\$46.89	\$4.15	\$15.00	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$238.53	\$104.63	\$0.00	\$24.58	\$30.61		\$36.91	\$4.15	36.97	\$0.68
	Outstale Ben Diese Bete Bries to Add a										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	60.00	\$0.00	<u></u> ቀለ ለለ	<u></u>	#0.00	NI/A	N1/A	NI/A
15	<u> </u>	Ln 14 x Giwin Allwin	\$0.00 \$238.53	0.00 \$104.63	\$0.00 \$0.00	\$0.00 \$24.58	\$0.00 \$30.61	\$0.00 \$0.00	\$0.00 \$36.91	N/A \$4.15	N/A \$36.97	N/A \$0.68
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$236.53		\$0.00	\$24.56	\$30.01	\$0.00	\$30.91	\$4.15	\$30.9 <i>1</i>	\$0.68
17	Quarterly Facility Model for Medicaid Residents Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.1110 \$116.24								
18	, , ,	RS = Ln 18, AllOthr = Ln 16	\$250.44		¢0.00	¢04.50	<u></u>	የ ስ ስስ	¢26.04	C4 45	\$26.07	\$0.60
19	Quarterly Medicaid CMA Allowed Per Diem	NO - LII 10, AIIOUII = LII 10	\$250.14	\$116.24	\$0.00	\$24.58	\$30.61	\$0.00	\$36.91	\$4.15	\$36.97	\$0.68
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$1.16	\$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	\$23.54	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$273.68	\$122.05	\$0.00	\$24.80	\$31.02	\$0.00	\$54.01	\$4.15	\$36.97	\$0.68
						•						

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$192.44

As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 34,221 Total Nursing Facility Days As Filed Days = 34,221 Total Nursing Facility Days As Filed Days = 34,221 FY21 Audited C/R FY21 Audited C/R Days 34,221 FY21 Audited C/R Days 34,221 FY21 GL-PL Ins Rpt Days Net Per Diems prior to Model Adjistmt to Routine Srvcs In 7 / Ln 8 Col a \$249.34 \$131. Routine Srvcs Model Adjistd (CMA) Net Per Diem In 9 / Ln 10 Net Per Diems after Model Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Poiem Rate Prior to Add-ons Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model for Medicaid Residents Quarterly Facility Model Adjistd (CMA) Net Per Diem Ln 14 × Crwth Allown % \$0.00 Quarterly Facility Model for Medicaid Residents Per Current Qtr End Ln 16 × Ln 17 \$11.28	1	Dietary d 2 Free Standing All Bed Sizes 90.0% 100.0% \$0.22 \$850,028 \$0	Laundry & Houskpng e 1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$990,796 (\$1,864)	Plant Operatns & Maint f 1 All Facilities All Bed Sizes \$0 (\$1,679)	(\$159,028)	A&G - GL/PL Insurance g \$197,109	Property and Related h \$752,316 (\$302,908)	Taxes and Insurance i \$0 \$301,825 \$301,825
PDPM BASED RATE CALCULATIONS	1 1 All Facilities All Facilities All Bed Sizes 0.0% 90.0% 100.0% 0.53 \$0.00 42,297 \$0 38,081) \$0	2 Free Standing All Bed Sizes 90.0% 100.0% \$0.22 \$850,028 \$0	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$990,796 (\$1,864)	All Facilities All Bed Sizes \$0 (\$1,679)	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$1,401,964 (\$159,028)	\$197,109	\$752,316 (\$302,908)	\$301,825
1	All Facilities All Bed Sizes 0.0% 90.0% 0.0% 100.0% 0.53 \$0.00 42,297 \$0 38,081) \$0	Free Standing All Bed Sizes 90.0% 100.0% \$0.22 \$850,028 \$0	85.0% 100.0% \$0.41 \$990,796 (\$1,864)	All Facilities All Bed Sizes \$0 (\$1,679)	50.0% 105.0% \$0.37 \$1,401,964 (\$159,028)	\$197,109	(\$302,908)	\$301,825
All Facility within Peer Group Bed Size Range within Peer Group	All Facilities All Bed Sizes 0.0% 90.0% 0.0% 100.0% 0.53 \$0.00 42,297 \$0 38,081) \$0	Free Standing All Bed Sizes 90.0% 100.0% \$0.22 \$850,028 \$0	85.0% 100.0% \$0.41 \$990,796 (\$1,864)	All Facilities All Bed Sizes \$0 (\$1,679)	50.0% 105.0% \$0.37 \$1,401,964 (\$159,028)	\$197,109	(\$302,908)	\$301,825
2 Peer Group Standards: Percentile (see Policy Manual) (see Policy Pol	0.0% 100.0% \$0.00 0.53 \$0.00 42,297 \$0 38,081) \$0	\$0.22 \$850,028 \$0	\$0.41 \$990,796 (\$1,864)	(\$1,679)	\$0.37 \$1,401,964 (\$159,028)	\$197,109	(\$302,908)	\$301,825
3 Peer Group Standards: Multiplier (see Policy Manual) (see Policy Policy Policy Natural) (see Policy Policy Policy Policy Natural) (see Polic	0.0% 100.0% \$0.00 0.53 \$0.00 42,297 \$0 38,081) \$0	\$0.22 \$850,028 \$0	\$0.41 \$990,796 (\$1,864)	(\$1,679)	\$0.37 \$1,401,964 (\$159,028)	\$197,109	(\$302,908)	\$301,825
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs (Taxes and Insurance) 8 Total Nursing Facility Days As Filed Days = 34,221 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,221 9 Net Per Diems prior to Model Adjistnt to Routine Srvcs 10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adjistd (CMA) Net Per Diem 12 Net Per Diems Satter Model Adjusted CMA for Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 0.00% 16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Model for Melicaid Residents 18 Qrutry Routine Srvcs Model Adjistd (CMA) Net Per Diem Ln 16 xLn 17 Ln 16 xLn 17 Satistation As Filed FY21 C/R - FY21 GL/PL Rpt Sq. 53,537,401 As Filed FY21 C/R - Audit Adjustmts (\$503,560) (\$38,0 As Filed FY21 C/R - Audit Adjustmts (\$503,560) (\$38,0 As Filed FY21 C/R - Audit Adjustmts (\$503,560) (\$38,0 As Filed FY21 C/R - Audit Adjustmts (\$503,560) (\$38,0 As Filed FY21 C/R - Audit Adjustmts (\$503,560) (\$38,0 As Filed FY21 C/R - Audit Adjustmts (\$503,560) (\$38,0 As Filed FY21 C/R - Audit Adjustmts (\$503,560) (\$38,0 As Filed FY21 C/R - Audit Adjustmts (\$503,560) (\$38,0 As Filed FY21 C/R - Audit Adjustmts (\$503,560) (\$38,0 As Filed FY21 C/R - Audit Adjustmts (\$503,560) (\$38,0 As Filed FY21 C/R - Audit Adjustrts (\$503,560) (\$38,0 As Filed FY21 C/R As Filed C/R As Filed FY21 C/R As Filed FY21 C/R As Filed FY21 C/R As Fi	9.53 \$0.00 42,297 \$0 38,081) \$0	\$0.22 \$850,028 \$0	\$0.41 \$990,796 (\$1,864)	(\$1,679)	\$0.37 \$1,401,964 (\$159,028)	\$197,109	(\$302,908)	\$301,825
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 34,221 FY21 Audited C/R	38,081) \$0	\$0	(\$1,864)	(\$1,679)	(\$159,028)	\$197,109	(\$302,908)	\$301,825
As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 34,221 Total Nursing Facility Days As Filed Days = 34,221 Net Per Diems prior to Model Adjistm to Routine Srvcs Base Period Facility Model for All Residents Resulting Srvcs Model Adjistd (CMA) Net Per Diem Net Per Diems Standards (After Statewide CMA for Routine Srvcs) Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) CMA Clartly Routine Srvcs Model Adjistd (CMA) Net Per Diem CMA Clartly Routine Srvcs Model for Medicaid Residents As Filed FY21 C/R Audit Adjistmts (\$503,560) (\$34,542,2 FY21 C/R Audit Adjistmts (\$503,560) (\$38,0 As Filed FY21 C/R As Filed F	38,081) \$0	\$0	(\$1,864)	(\$1,679)	(\$159,028)	\$197,109	(\$302,908)	\$301,825
Audit Adjustments and Reallocations to Cost Center Costs As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 34,221 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,221 FY21 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,221 PY21 GL-PL Ins Rpt Days In 7 / Ln 8 Col a \$249.34 \$131.1 Routine Srvcs Model Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 Per Diems Standards (After Statewide CMA for Routine Srvcs) Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) CMA CMA Residents CMA CMA Residents FY21 Rudited C/R As Filed FY21 CIR FY21 Audited C/R \$8,532,775 \$4,504,2 \$4,504,2 FY21 Audited C/R Py21 Audited C/R Days 34,221 FY21 Audited C/R Pays 34,221 FY21 Audited C/R Pays 34,221 FY21 Audited C/R FY21 Audited C/R Pays 34,504,2 FY21 Audited C/R Pays 34,221 FY21 Audited C/R FY21 Audited C/R Pays 34,221 FY21 Audited C/R Pays 44,504,2 FY21 Audited C/R Pays FY21 Audited C/R FY21 Audited C/R FY21 Audited C/R FY21 Audit	38,081) \$0	\$0	(\$1,864)	(\$1,679)	(\$159,028)	\$197,109	(\$302,908)	\$301,825
As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 34,221 Total Nursing Facility Days As Filed Days = 34,221 Total Nursing Facility Days As Filed Days = 34,221 FY21 Audited C/R FY21 Audited C/R Days 34,221 FY21 GL-PL Ins Rpt Days Net Per Diems prior to Model Adjistmt to Routine Srvcs In 7 / Ln 8 Col a \$249.34 \$131.1 Routine Srvcs Model Adjistd (CMA) Net Per Diem Net Per Diems after Model Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Poiem Rate Prior to Add-ons Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model Adjistd (CMA) Net Per Diem Ln 14 × Ln 15 \$206.43 \$87. Ln 18 × Ln 17 S112.		·		, , ,		\$197,109		
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs 10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adjstmt to Routine Srvcs 12 Net Per Diems after Model Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Model Adjusted Allowed Per Diem 15 Growth Allowance Percentage = 0.00% 16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Model for Medicaid Residents 18 Qurtry Routine Srvcs Model Adjstd (CMA) Net Per Diem 19 Per Diem Rate Prior to Add-ons 10 Ln 14 x Grwth Allowance Percentage = 0.00% 10 Cuarterly Facility Model for Medicaid Residents 11 Quarterly Facility Model for Medicaid Residents 12 Per Current Qtr End 13 Quarterly Facility Model for Medicaid Residents 14 Quarterly Facility Model for Medicaid Residents 15 Quarterly Facility Model for Medicaid Residents 16 Quarterly Facility Model for Medicaid Residents 17 Quarterly Facility Model for Medicaid Residents 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem 19 Ln 16 x Ln 17 10 Sa,532,775 \$4,504,22 \$4,504,22 \$4,504,2 \$4	04,216 \$0	\$850,028	\$988,932	(\$1,679)	\$1,242,936		\$449.408	
Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 34,221 Total Nursing Facility Days Net Per Diems prior to Model Adjistmt to Routine Srvcs Base Period Facility Model for All Residents Routine Srvcs Model Adjistrd to Routine Srvcs Total Nursing Facility Model for All Residents Routine Srvcs Model Adjistrd (CMA) Net Per Diem Resident Struct Residents Resident Struct Residents Resident Struct Resid	04,216 \$0	\$850,028	\$988,932	(\$1,679)	\$1,242,936	\$197,109	\$449.408	
Total Nursing Facility Days As Filed Days = 34,221 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,221 FY21 GL-PL Ins Rpt Days Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$249.34 \$131.1 Description of Facility Model for All Residents Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 Rester Problems after Model Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 FY21 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a \$249.34 \$131.1 Ln 9 / Ln 10 \$87.1 Routine Srvcs Model Adjstd (CMA) Net Per Diem Rs = Ln 11, AllOthr = Ln 9 FY21 Audited C/R Days State In 12 In 12 In 13 Ln 7 / Ln 8 Col a \$249.34 \$131.1 Ln 9 / Ln 10 \$87.1 RS = Ln 11, AllOthr = Ln 9 FY21 Audited C/R Days State In 12 In 12 In 12 Ln 9 / Ln 10 San In 14 / Ln 15 Per Current Qtr End In 14 / Current Qtr End In 16 / Ln 16 / Ln 17 San In 16 / Ln 17	, , ,	,,,,,,,	, ,	(+)= =/	* , ,	, , , , , ,		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,221 PY21 GL-PL Ins Rpt Days In 7/Ln 8 Col a S249.34 S131. In 8 Base Period Facility Model for All Residents Routine Srvcs Model Adjstmt to Routine Srvcs In 8 Early In 8 Col a S249.34 S131. In 9/Ln 10 Routine Srvcs Model Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. Cuarterly Per Diem Rate Prior to Add-ons In 12 or Ln 13 S206.43 S87. RS = Ln 11, AllOthr = Ln 9 S87. RS = Ln 11, AllOthr = Ln 9 S87. Cuarterly Per Diem Rate Prior to Add-ons In 14 x Grwth Allwnc % S0.00 In 14 x Grwth Allwnc % S0.00 Quarterly Facility Model for Medicaid Residents Per Current Qtr End In 16 x Ln 17 S112.		I I					, ,,,,,,	
Net Per Diems prior to Model Adjstmt to Routine Srvcs Base Period Facility Model for All Residents Routine Srvcs Model Adjstd (CMA) Net Per Diem Net Per Diems after Model Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model for Medicaid Residents Quarterly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 S249.34 \$131.1 \$131.1 \$131.1 \$131.1 \$249.34 \$131.1 \$249.34 \$131.1 \$249.34 \$131.1 \$249.34 \$131.1 \$249.34 \$131.1 \$249.34 \$131.1 \$249.34 \$31.1 \$31						34,221		
Routine Srvcs Model Adjstd (CMA) Net Per Diem Net Per Diems after Model Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Model Adjusted Allowed Per Diem Cuarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model for Medicaid Residents Quarterly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Sanda Service Ln 16 x Ln 17 Sanda Service Sand	131.62 \$0.00	\$24.84	\$28.85	(with L&H)	\$36.32	\$5.76	\$13.13	\$8.82
Net Per Diems after Model Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Model Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model for Medicaid Residents Quarterly Routine Srvcs Model Adjstd (CMA) Net Per Diem RS = Ln 11, AllOthr = Ln 9 \$87.1 \$10.4 \$10.	1.4987							
Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Peer Group Limits \$104.0 \$87.0 Quarterly Per Diem Rate Prior to Add-ons Secondary In 14 x Grwth Allwnc % CMA Allowed Per Diem (After Growth Allowance Add-on) CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model for Medicaid Residents Quarterly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$112.0	\$87.82							
Base Period Model Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Model for Medicaid Residents Quarterly Routine Srvcs Model Adjstd (CMA) Net Per Diem Lesser of Ln 12 or Ln 13 \$206.43 \$87.4 \$87.4 \$1.28	\$87.82 \$0.00	\$24.84	\$28.85		\$36.32	\$5.76	\$13.13	\$8.82
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 0.00%	104.63	\$26.82	\$33.28		\$36.91	\$0.00	N/A	
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allwnc % \$0.00 0.0 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$206.43 \$87.0 17 Quarterly Facility Model for Medicaid Residents per Current Qtr End 1.28 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$112.0	\$87.82 \$0.00	\$24.84	\$28.85		\$36.32	\$5.76	14.02	\$8.82
15 Growth Allowance Percentage = 0.00% Ln 14 x Grwth Allwnc % \$0.00 0.0 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$206.43 \$87.0 17 Quarterly Facility Model for Medicaid Residents per Current Qtr End 1.28 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$112.0							(FRV)	
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Model for Medicaid Residents 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem 18 Ln 14 + Ln 15 \$206.43 \$87.4 19 per Current Qtr End 1.28 11 Ln 16 x Ln 17 \$112.5	0.00 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
17 Quarterly Facility Model for Medicaid Residents per Current Qtr End 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$112.	\$87.82 \$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82
	1.2836							
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$231.34 \$112.	112.73							
	112.73 \$0.00	\$24.84	\$28.85	\$0.00	\$36.32	\$5.76	\$14.02	\$8.82
Quarterly Per Diem Add-on Amounts								
		\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	\$0.53 \$0.00							
	\$0.53 \$0.00 \$6.20							
23 Nursing Home Provider Fee (Fixed Amount) \$17.10		ı I			\$17.10			
24Total Quarterly Per Diem Add-on AmountsSum of Lns 20 thru 23\$28.21\$10.	\$6.20			\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate Ln 19 + Ln 24 \$259.55 \$122.	\$6.20	\$0.22	\$0.41	φυ.υυ				

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$181.84

Provider: SANDY SPRINGS HEALTH AND REHABILITATION Prvdr ID: 00426214A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 38.54%	Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3803 1.2594	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folioy Walidar)		ψ0.00	φο.σσ	ψ0.22	φυ. 41		ψο.στ			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$40.000.000	£4 620 060	0.0	Φ750 402	¢1 041 041	\$0	\$1,546,289		\$2,102,015	¢ο
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	FY21 C/R Audit Adjstmts	\$10,069,666	\$4,620,068	\$0 \$0	\$759,483 \$0	\$1,041,811					\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 GL/PL Rpt	\$291,773	(\$7,404)	\$0	\$0	(\$3,219)	(\$4,619)	\$419,193	€07.440	(\$112,178)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$97,412		£444 22E
As Filed Cost Center Costs (Taxes and Insurance) 7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,570,186	\$4,612,664	\$0	\$759,483	\$1,038,592	(\$4,619)	\$1,965,482	\$07.412	\$1,989,837	\$111,335 \$111,335
8 Total Nursing Facility Days As Filed Days = 38,333	FY21 Audited C/R Days	38,333	ψ4,012,004	φ0	ψ133,403	ψ1,030,332	(ψ4,019)	ψ1,903,402	ψ97,412	ψ1,909,037	ψ111,555
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,333	FY21 GL-PL Ins Rpt Days	00,000							38,333		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$275.73	\$120.33	\$0.00	\$19.81	\$26.97	(with L&H)	\$51.27	\$2.54	\$51.91	\$2.90
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3803	, , , , ,	,	, , , ,		, ,	, -	, , ,	,
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.18								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.18	\$0.00	\$19.81	\$26.97		\$51.27	\$2.54	\$51.91	\$2.90
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.82	\$87.18	\$0.00	\$19.81	\$26.97		\$36.91	\$2.54	12.51	\$2.90
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$188.82	\$87.18	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2594								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.79								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.44	\$109.79	\$0.00	\$19.81	\$26.97	\$0.00	\$36.91	\$2.54	\$12.51	\$2.90
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20								
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	\$23.20	\$5.47	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$234.64	\$115.26	\$0.00	\$20.03	\$27.38	\$0.00	\$54.01	\$2.54	\$12.51	\$2.90
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$163.16		ı	I	I	ı	I	I	<u>l</u>	

Provider: TAYLOR COUNTY HEALTH AND REHABILITATION Prvdr ID: 00432924A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 38.10%	Add-on Percent 0.00% 2.5% 6.0%		Facility Mod Base Period (<u>ita</u>	PDPM Facility 1.2969 1.3645	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Bed Sizes	All Bed Sizes	All Bed Sizes	All bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits			00.00/	20.00/	00.00/	05.00/		50.00/			
Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
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Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,566,496	\$2,299,287	\$0	\$451,866	\$477,815	\$0	\$860,560		\$476,968	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$136,310)	(\$2,495)	\$0	(\$611)	\$0	(\$445)	(\$89,909)		(\$42,850)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$82,355		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$42,850
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,555,391	\$2,296,792	\$0	\$451,255	\$477,815	(\$445)	\$770,651	\$82,355	\$434,118	\$42,850
8 Total Nursing Facility Days As Filed Days = 21,384	FY21 Audited C/R Days	21,384									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,384	FY21 GL-PL Ins Rpt Days								21,384		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.02	\$107.41	\$0.00	\$21.10	\$22.32	(with L&H)	\$36.04	\$3.85	\$20.30	\$2.00
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2969</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.82								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.82	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	\$20.30	\$2.00
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.06	\$82.82	\$0.00	\$21.10	\$22.32		\$36.04	\$3.85	10.93	\$2.00
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.06	\$82.82	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	+5.30	1.3645			+==.52			+5.55	+ . 5.55	ļ
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.01								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.25	\$113.01	\$0.00	\$21.10	\$22.32	\$0.00	\$36.04	\$3.85	\$10.93	\$2.00
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Quarterly 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 = 6.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.78	\$6.78								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.24	\$10.14	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$237.49	\$123.15	\$0.00	\$21.32	\$22.73	\$0.00	\$53.51	\$3.85	\$10.93	\$2.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.29									_

	ovider: HILL HAVEN NURSING HOME ovdr ID: 00448456A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 53.45%	Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.2836 1.3722	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, ,			·							
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	¢2.007.400	\$2.099.866	r ₀	C240 420	Ф40 Г 040	ф <u>о</u>	ФС <u>ГО</u> 00Г		\$254.400	¢o.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$3,907,188 (\$121,425)	\$2,099,866	\$0 \$0	\$319,439 \$0	\$485,910 \$0	\$0 \$0	\$650,805 (\$96,964)		\$351,168 (\$24,461)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$121,425)	Φυ	Φυ	\$0	Φυ	ΦΟ	(\$90,904)	\$96,964	(\$24,461)	
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$90,904		\$24,461
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,907,188	\$2,099,866	\$0	\$319,439	\$485,910	\$0	\$553,841	\$96,964	\$326,707	\$24,461
8	Total Nursing Facility Days As Filed Days = 20,236	FY21 Audited C/R Days	20,236	\$ 2,000,000	Ų.	\$0.0,.00	ψ 100,010	4 0	4000,011	400,001	ψοΞο,. σ.	ψ= 1, 10 1
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,236	FY21 GL-PL Ins Rpt Days								20,236		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.08	\$103.77	\$0.00	\$15.79	\$24.01	(with L&H)	\$27.37	\$4.79	\$16.14	\$1.21
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2836</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.84								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.84	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	\$16.14	\$1.21
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$165.17	\$80.84	\$0.00	\$15.79	\$24.01		\$27.37	\$4.79	11.16	\$1.21
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.17	\$80.84	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3722								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.26	\$110.93	\$0.00	\$15.79	\$24.01	\$0.00	\$27.37	\$4.79	\$11.16	\$1.21
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$6.10	\$6.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.33	\$3.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.06	\$9.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$223.32	\$120.89	\$0.00	\$16.01	\$24.42	\$0.00	\$44.84	\$4.79	\$11.16	\$1.21

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.67

Facility Add-on <u>PDPM</u> **PDPM** Provider: A.G. RHODES HOME, INC - COBB Percent Score Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 00493292A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.5435 1.4210 Qtrly BIMS score: PDPM Per Diem Rate Effective Date: 4/1/2024 44.29% 2.5% Quarterly Medicaid: 1.4058 1.3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 Nurse Hrs per On-Site Day/Q 3.77 5.0%

	MDO & Nuise Fils Data per Quarter Enting.	12/31/23	Nuise Fils per	On One Day/Q	5.77	3.070		Quarterly Wie	diodia.		1.4000	1.0700
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PI	OPM BASED RATE CALCULATIONS										ļ	
					_	_		_			1	
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	All Facilities		ŀ	
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes		1	
	Peer Group Standards & Efficiency Measure Limits										,	
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%		I	
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%		I	
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37		1	
	Base Period Per Diem Allowed Amounts										,	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,890,251	\$5,946,738	\$0	\$1,172,668	\$1,234,835	\$0	\$2,174,633		\$361,377	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$260,210)	(\$43,643)	\$0	\$0	\$0	\$0	(\$172,149)		(\$44,418)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$172,149	I	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R									ŀ	\$44,418
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$10,846,608	\$5,903,095	\$0	\$1,172,668	\$1,234,835	\$0	\$2,002,484	\$172,149	\$316,959	\$44,418
8	Total Nursing Facility Days As Filed Days = 32,781	FY21 Audited C/R Days	32,781								ŀ	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,781	FY21 GL-PL Ins Rpt Days								32,781	ŀ	
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$330.88	\$180.08	\$0.00	\$35.77	\$37.67	(with L&H)	\$61.09	\$5.25	\$9.67	\$1.35
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5435</u>							ŀ	
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$116.67							ŀ	
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$116.67	\$0.00	\$35.77	\$37.67		\$61.09	\$5.25	\$9.67	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$223.57	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$5.25	15.33	\$1.35
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$223.57	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.4058								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$147.09							ŀ	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$266.03	\$147.09	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$5.25	\$15.33	\$1.35
	Cuartanta Dan Biana Add an Amanusta										,	
20	Quarterly Per Diem Add-on Amounts 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	\$3.68	\$3.68	ψυ.υυ	ψ0.00	ψυ.υυ	ψυ.υυ	φυ.υυ		φυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$7.35	\$7.35							!	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ1.55					\$17.10		,	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.13	\$11.03	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$294.16	\$158.12	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$5.25	\$15.33	\$1.35
20	waarterry model based i ei bielli Nate	LII 10 T LII 24	φ2 34.10	φ130.12	φυ.υυ	φ20.02	ψ33.20	φυ.υυ	φ 34.0 1	φυ.20	φ13.33	φ1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.80									

Provider: CAMBRIDGE POST ACUTE CARE CENTER Prvdr ID: 00494139A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 38.30%	Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.5400 1.3609	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	(See Folioy Walidar)		ψ0.00	φο.σσ	ΨΟ.ΖΖ	ψ0.41		ψο.στ			
Base Period Per Diem Allowed Amounts						•	•				
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$9,828,658	' ' '	\$0	' '	\$834,370	\$0	\$1,607,207		\$2,435,935	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$423,627)	\$0	\$0	\$0	\$0	\$0	(\$282,987)		(\$140,640)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$282,987		A.
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	#0.000.050	£4.004.000		#700.007	#004.070	# 0	₩4.004.000	#000 00 7	#0 00F 00F	\$140,640
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 41,130	FY21 Audited C/R FY21 Audited C/R Days	\$9,828,658	\$4,224,839	\$0	\$726,307	\$834,370	\$0	\$1,324,220	\$282,987	\$2,295,295	\$140,640
8 Total Nursing Facility Days As Filed Days = 41,130 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,130	FY21 GL-PL Ins Rpt Days	41,130							41,130		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$238.98	\$102.72	\$0.00	\$17.66	\$20.29	(with L&H)	\$32.20	\$6.88	\$55.81	\$3.42
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ230.90	1.5400	ψ0.00	\$17.00	Ψ20.29	(With Exit)	ψ32.20	ψ0.00	ψ55.61	ψ5.42
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.70								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.70	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	\$55.81	\$3.42
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	\$5.55	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψο
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.75	\$66.70	\$0.00	\$17.66	\$20.29		\$32.20	\$6.88	11.60	\$3.42
										(FRV)	
Quarterly Per Diem Rate Prior to Add-ons	Land Advision and Allerman Of	***			00.00	# 0.00	# 0.00	40.00			.
15 Growth Allowarde Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$158.75	\$66.70	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42
 17 Quarterly Facility Model for Medicaid Residents 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem 	Ln 16 x Ln 17		1.3609 \$90.77								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.82	\$90.77	\$0.00	\$17.66	\$20.29	\$0.00	\$32.20	\$6.88	\$11.60	\$3.42
	2, 21	Ų:02.02		ψο.σσ	*************************************	Ψ=0:=0	ψ0.00	402.20	φοισσ	ψσσ	Ψ0
Quarterly 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	\$2.27	\$2.27								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$1.82	\$1.82					¢47.40			
Nursing Home Provider Fee 24 Total Quarterly Per Diom Add on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$22.72	¢4.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	ድ ስ ስስ
Total Quarterly Per Diem Add-on Amounts			\$4.62								\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$205.54	\$95.39	\$0.00	\$17.88	\$20.70	\$0.00	\$49.67	\$6.88	\$11.60	\$3.42
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.33									

	ovider: POWDER SPRINGS CENTER FOR NURSING & HEA vdr ID: 00530824A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 28.45%	Add-on Percent 0.00% 1.0% 3.0%		_Facility Mod Base Period (Quarterly Med	Overall:	ata_	PDPM Facility 1.4568 1.3944	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(occ : one) managery		,	75.55	,,,,,	70		,,,,,,,			
	Base Period Per Diem Allowed Amounts	A 5" FY04 0/D FY04 01/D D +	00.074.470	00 450 500	•	\$550.745	0 507.457		A. 550 050		\$500.074	40
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,671,176		\$0 ©0	\$558,715	\$527,157	\$0	\$1,552,653		\$580,071	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$392,028)	(\$57,539)	\$0	\$0	\$5,747	\$8,309	(\$299,325)		(\$49,220)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$356,864		¢ E0 E33
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,686,544	\$3,395,041	\$0	\$558,715	\$532,904	\$8,309	\$1,253,328	\$356,864	\$530,851	\$50,532 \$50,532
8	Total Nursing Facility Days As Filed Days = 29,721	FY21 Audited C/R Days	29,721	ψ3,393,041	ΨΟ	ψ550,715	ψυυΣ,904	ψ0,309	ψ1,233,320	ψ550,004	φυσυ,ου ι	ψ50,552
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,721	FY21 GL-PL Ins Rpt Days	20,72							29,721		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$224.98	\$114.23	\$0.00	\$18.80	\$18.21	(with L&H)	\$42.17	\$12.01	\$17.86	\$1.70
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.4568	****	,	* -	, ,	,		,	, .
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.41								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.41	\$0.00	\$18.80	\$18.21		\$42.17	\$12.01	\$17.86	\$1.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$179.26	\$78.41	\$0.00	\$18.80	\$18.21		\$36.91	\$12.01	13.22	\$1.70
	Overtarly Pay Diam Rate Brian to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$179.26	\$78.41	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3944	*					' '	,	, ,
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.18	\$109.33	\$0.00	\$18.80	\$18.21	\$0.00	\$36.91	\$12.01	\$13.22	\$1.70
	Overteely Per Piers Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	\$1.09	\$1.09	ψ0.00	Ψ0.22	Ψυ1	Ψ0.00	Ψ0.00		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$22.63	\$4.90	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$232.81	\$114.23	\$0.00	\$19.02	\$18.62	\$0.00	\$54.01	\$12.01	\$13.22	\$1.70
			+			l		<u> </u>	<u> </u>			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$161.78

Provider: JONESBORO NURSING AND REHABILITATION CE Prvdr ID: 00531033A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 17.00%	Add-on Percent 0.00% 0.0% 2.0%		Facility Mod Base Period (ata	PDPM Facility 1.3066 1.3122	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
			All Ded Sizes	All Ded Sizes	All Ded Oizes	All Ded Sizes	All Ded Sizes	All Ded Gizes			
Peer Group Standards & Efficiency Measure Limits	(aca Dallau Maraua))		00.00/	90.0%	90.0%	85.0%		50.0%			
2 Peer Group Standards: Percentile 3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Dage Deviced Day Diego Allegand Amounts											
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	₽7 E4E 040	\$4,133,944	60	\$604.007	\$547,589	\$0	¢4 464 000		\$769,199	\$0
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs	·	\$7,515,848	' ' '	\$0 \$0	\$604,027			' ' '		, ,	Φ0
	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$95,359)	(\$39,860)	\$0	(\$1,500)	(\$1,008)	(\$1,345)	\$34,921	•	(\$86,567)	
As Filed Cost Center Costs (GL/PL)	·								\$0		#05.050
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	₱7.500.440	£4.004.004	\$0	# 000 F07	ФЕ 40 г 04	(04.045)	C4 400 040	\$0	Фсоо соо	\$85,959
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R Days	\$7,506,448 40,676	\$4,094,084	\$0	\$602,527	\$546,581	(\$1,345)	\$1,496,010	\$0	\$682,632	\$85,959
8 Total Nursing Facility Days As Filed Days = 40,676	FY21 GL-PL Ins Rpt Days	40,676							40.676		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,676 9 Net Per Diems prior to Model Adistmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184.53	\$100.65	\$0.00	\$14.81	\$13.40	(with L&H)	\$36.78	40,676 \$0.00	\$16.78	\$2.11
	from 2 qtrs of FY21	\$104.55		\$0.00	φ14.01	φ13.40	(WIUI L&H)	φ30.76	φυ.υυ	φ10.70	Φ Ζ.11
10 Base Period Facility Model for All Residents 11 Routine Srvcs Model Adistd (CMA) Net Per Diem	Ln 9 / Ln 10		1.3066 \$77.03								
,	RS = Ln 11, AllOthr = Ln 9		\$77.03	\$0.00	¢44.04	¢12.40		¢26.70	¢0.00	\$16.78	CO 11
12 Net Per Diems after Model Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$77.03	\$0.00	\$14.81	\$13.40		\$36.78		\$16.78 N/A	\$2.11
	Lesser of Ln 12 or Ln 13	\$157.50	\$104.63 \$77.03	\$0.00	\$26.82	\$33.28 \$13.40		\$36.91	\$0.00 \$0.00		CO 11
14 Base Period Model Adjusted Allowed Per Diem	Lessel of Ell 12 of Ell 13	\$157.50	\$77.03	\$0.00	\$14.81	\$13.40		\$36.78	\$0.00	13.37 (FRV)	\$2.11
Quarterly Per Diem Rate Prior to Add-ons										,	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.50	\$77.03	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3122</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.08								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.55	\$101.08	\$0.00	\$14.81	\$13.40	\$0.00	\$36.78	\$0.00	\$13.37	\$2.11
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.26	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				40	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.38	\$2.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.20	1	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$201.93	\$103.63	\$0.00	\$15.03	\$13.81	\$0.00	\$53.98		\$13.37	\$2.11
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.62		I	ı	I	1	1	1	<u> </u>	

Provider: MAPLE RIDGE HEALTH CARE CENTER Prvdr ID: 00534619A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 43.24%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C		ıta_	PDPM Facility 1.3685 1.3150	PDPM_ Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,610,316	\$2,253,227	\$0	\$551,955	\$453,212	\$0	\$984,562		\$1,367,360	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$338,440)	\$0	\$0	\$0	(\$6,831)	(\$6,370)	(\$266,087)		(\$59,152)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$153,798		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$165,457
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,591,131	\$2,253,227	\$0	\$551,955	\$446,381	(\$6,370)	\$718,475	\$153,798	\$1,308,208	\$165,457
8 Total Nursing Facility Days As Filed Days = 23,750	FY21 Audited C/R Days	23,750									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,750	FY21 GL-PL Ins Rpt Days								23,750		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$235.42	\$94.87	\$0.00	\$23.24	\$18.53	(with L&H)	\$30.25	\$6.48	\$55.08	\$6.97
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3685								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.32								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.32	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	\$55.08	\$6.97
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$168.98	\$69.32	\$0.00	\$23.24	\$18.53		\$30.25	\$6.48	14.19	\$6.97
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.98	\$69.32	\$0.00		\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3150				·	·			·
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.16								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.81	\$91.16	\$0.00	\$23.24	\$18.53	\$0.00	\$30.25	\$6.48	\$14.19	\$6.97
Overterly Per Pierr Add on Amounts											
Quarterly 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	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.55	\$2.28	ψυ.υυ	Ψ0.22	ψυ.41	ψυ.υυ	ψ0.57		ψυ.υυ	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.20	\$2.20								
23 Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.13					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.64	\$5.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$214.45	\$96.70	\$0.00		\$18.94	\$0.00	\$47.72	\$6.48	\$14.19	\$6.97
			,,,,,,,	+3.30	,	Ţ. 		••••	750	,	ļ , , , , ,
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.01									

	rovider: ROSEMONT AT STONE MOUNTAIN rvdr ID: 00587331A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce: re:	N/A 64.41%	Add-on Percent 0.00% 5.5% 3.0%		Facility Mod Base Period (Quarterly Med		uta_	PDPM Facility 1.4160 1.6059	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PL	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Lindency weasure waximums (see line 20 for actuar)	(see Folicy Manual)		φυ.υσ	φυ.υυ	φυ.22	φυ.41		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,112,584	\$4,997,032	\$0	\$856,369	\$770,460	\$0	' ' '		\$1,828,797	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$714,862)	\$3,825	\$0	\$0	\$0	\$0	(\$547,717)		(\$170,970)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$303,595		
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	**	# E 000 057		#050.000	#770 400		#4 440 000	#000 F0F	#4 057 007	\$408,111
8	Cost Center Costs After Audit Adjustments	FY21 Audited C/R FY21 Audited C/R Days	\$10,109,428	\$5,000,857	\$0	\$856,369	\$770,460	\$0	\$1,112,209	\$303,595	\$1,657,827	\$408,111
0	Total Nursing Facility Days As Filed Days = 47,216 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,216	FY21 GL-PL Ins Rpt Days	47,216							47,216		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$214.11	\$105.91	\$0.00	\$18.14	\$16.32	(with L&H)	\$23.56	\$6.43	\$35.11	\$8.64
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ214.11	1.4160	ψ0.00	ψ10.14	Ψ10.02	(Mar Earl)	Ψ20.00	ψ0.40	ΨΟΟ.11	Ψ0.0+
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$74.80								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$74.80	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	\$35.11	\$8.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$26.82	\$33.28		\$36.91	\$0.00	N/A	, , ,
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$159.98	\$74.80	\$0.00	\$18.14	\$16.32		\$23.56	\$6.43	12.09	\$8.64
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
15 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.98	\$74.80	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64
17	Quarterly Facility <u>Model</u> for Medicaid Residents	per Current Qtr End	\$159.90	1.6059	φυ.σσ	\$10.14	φ10.32	φ0.00	Ψ23.30	ψ0.43	Ψ12.09	ψ0.04
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.30	\$120.12	\$0.00	\$18.14	\$16.32	\$0.00	\$23.56	\$6.43	\$12.09	\$8.64
	·										·	
00	Quarterly Per Diem Add-on Amounts	(and DelineManuel)	04.50	60.50	* 0.00	# 0.00	00.44	#0.00	#0.07		# 0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53	\$0.53 \$6.61	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.61 \$3.60	\$6.61 \$3.60								
23	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$3.60	φ3.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.84	\$10.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	·	Ln 19 + Ln 24	\$234.14	\$130.86	\$0.00	\$18.36		\$0.00	\$41.03	\$6.43	\$12.09	\$8.64
			-	φ130.00	φυ.υυ	\$10.30	\$10.73	φυ.υυ	φ41.03	φυ.43	φ12.09	φ0.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.78									

	rovider: BAYVIEW NURSING HOME rvdr ID: 00624951A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 46.15%	Add-on Percent 0.00% 5.5% 5.0%		_Facility Mod Base Period (Quarterly Med		uta_	PDPM Facility 1.3422 1.3607	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
	DDM DAGED DATE OAL OUR ATIONS		a	b	С	d	е	f	g	g	h	i
<u>Pl</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Emoleticy ineasure maximums (see line 20 for actual)	(see Folicy Manual)		φυ.υυ	φυ.υυ	φυ.22	φυ.41		φυ.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,602,458	\$2,234,114	\$0	\$463,962	\$601,201	\$0	\$603,402		\$699,779	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$129,299)	(\$11,800)	\$0	\$0	\$0	\$0	(\$59,930)		(\$57,569)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$59,930		
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	#4.500.050	#0.000.044	ФО.	# 400,000	*********		Ø5.40.470	#50.000	# 040.040	\$57,569
8	Cost Center Costs After Audit Adjustments	FY21 Audited C/R FY21 Audited C/R Days	\$4,590,658	\$2,222,314	\$0	\$463,962	\$601,201	\$0	\$543,472	\$59,930	\$642,210	\$57,569
0	Total Nursing Facility Days As Filed Days = 17,327 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,327	FY21 GL-PL Ins Rpt Days	17,327							17,327		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$264.95	\$128.26	\$0.00	\$26.78	\$34.70	(with L&H)	\$31.37	\$3.46	\$37.06	\$3.32
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	Ψ204.30	1.3422	ψ0.00	Ψ20.70	φοτιτο	(Mar Earl)	φοι.στ	φυτο	ψ01.00	Ψ0.02
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.56								
12	, , ,	RS = Ln 11, AllOthr = Ln 9		\$95.56	\$0.00	\$26.78	\$34.70		\$31.37	\$3.46	\$37.06	\$3.32
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	****	\$26.82	\$33.28		\$36.91	\$0.00	N/A	, , ,
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$229.34	\$95.56	\$0.00	\$26.78	\$33.28		\$31.37	\$3.46	35.57	\$3.32
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	00.00	0.00	¢ 0.00	\$0.00	* 0.00	\$0.00	* 0.00	NI/A	NI/A	NI/A
15 16	Growth Allowance Percentage = 0.00% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$0.00 \$229.34	0.00 \$95.56	\$0.00 \$0.00	\$0.00 \$26.78	\$0.00 \$33.28	\$0.00 \$0.00	\$0.00 \$31.37	N/A \$3.46	N/A \$35.57	N/A \$3.32
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	Ψ229.54	1.3607	Ψ0.00	ψ20.70	ψ33.20	φ0.00	ψ51.57	ψ5.40	ψ55.57	ψ5.52
18		Ln 16 x Ln 17		\$130.03								
19		RS = Ln 18, AllOthr = Ln 16	\$263.81	\$130.03	\$0.00	\$26.78	\$33.28	\$0.00	\$31.37	\$3.46	\$35.57	\$3.32
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢0.03		¢ 0.00	\$0.02	* 0.00	\$0.00	₽0.27		ድር ዕር	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.93 \$7.15	\$0.53 \$7.15	\$0.00	\$0.03	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$6.50	\$7.15 \$6.50								
23		(Fixed Amount)	\$17.10	φυ.ου					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.68	\$14.18	\$0.00	\$0.03	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$295.49	\$144.21	\$0.00	\$26.81	\$33.28	\$0.00	\$48.84	\$3.46	\$35.57	\$3.32
			-	ψ. ττ.Σ Ι	Ψ0.00	Ψ20.01	ψ33.20	ψυ.υυ	Ψ-0.0-	ψ5τ0	ψυυ.υ1	Ψ0.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$208.79									

	rovider: BRIARWOOD HEALTH AND REHABILITATION CENtry of ID: 00706813A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 32.50%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period (ata	PDPM Facility 1.5085 1.3889	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Gizes	All Ded Gizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(oce Delicy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,504,269	\$4,123,233	\$0	\$563,258	\$550,123	\$0	\$835,256		\$1,432,399	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$248,123	\$15,797	\$0	(\$2,066)	' '	\$14,422	\$334,406		(\$118,414)	40
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	ψ= :0, :20	\$ 10,101	40	(42,000)	40,010	4 · · · · · · · · · · · · · · · · ·	400 1, 100	\$6,547	(\$1.10,11.1)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φο,στι		\$120,605
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7.879.544	\$4,139,030	\$0	\$561,192	\$554,101	\$14,422	\$1,169,662	\$6,547	\$1,313,985	\$120,605
8	Total Nursing Facility Days As Filed Days = 30,161	FY21 Audited C/R Days	30,161	V 1, 100,000	40	4001,102	400 1,101	4 · · · · · · · · · · · · · · · · ·	\$1,100,002	40,0	ψ.,σ.σ,σσσ	ψ.20,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,161	FY21 GL-PL Ins Rpt Days	23,727							30,161		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$261.26	\$137.23	\$0.00	\$18.61	\$18.85	(with L&H)	\$38.78	1	\$43.57	\$4.00
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	,	1.5085	******	V 10101	,		, , ,	****	*	*****
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.97								
12		RS = Ln 11, AllOthr = Ln 9		\$90.97	\$0.00	\$18.61	\$18.85		\$38.78	\$0.22	\$43.57	\$4.00
13	,	per Peer Group Limits		\$104.63	******	\$26.82	\$33.28		\$36.91	\$0.00	N/A	*****
14	,	Lesser of Ln 12 or Ln 13	\$180.97	\$90.97	\$0.00	\$18.61	\$18.85		\$36.91	\$0.22	11.41	\$4.00
											(FRV)	·
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$180.97	\$90.97	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00
17	, , <u> </u>	per Current Qtr End		1.3889								
18	, , ,	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	#040.0F	\$126.35	<u></u>	640.04	640.05	#0.00	#00.04	#0.00	644 44	¢4.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, Anothi = Ln 16	\$216.35	\$126.35	\$0.00	\$18.61	\$18.85	\$0.00	\$36.91	\$0.22	\$11.41	\$4.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$3.16	\$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	\$25.21	\$7.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$241.56	\$133.83	\$0.00	\$18.83	\$19.26	\$0.00	\$54.01	\$0.22	\$11.41	\$4.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.35									

	rovider: LEE COUNTY HEALTH AND REHABILITATION rvdr ID: 00712665A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 25.53%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.4029 1.1840	PDPM_ Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Gizes	All Ded Sizes	All Ded Oizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(aca Paliau Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,039,382	\$1,989,463	\$0	\$435,540	\$452,666	\$0	\$702,726		\$458,987	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$113,472)		\$0	(\$502)	' '	(\$473)	' '	,	(\$41,239)	**
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$1.0,2)	(\$2,00.)	40	(4002)		(\$ 0)	(\$00,20.)	\$62,985	(\$11,200)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								402 ,000		\$41,239
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,030,134	\$1,987,409	\$0	\$435,038	\$452,666	(\$473)	\$633,522	\$62,985	\$417,748	\$41,239
8	Total Nursing Facility Days As Filed Days = 17,605	FY21 Audited C/R Days	17,605	4.,00.,.00	40	V 100,000	V .02,000	(\$ 5)	4000,022	\$02,000	4 ,	V , 2 3 3
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,605	FY21 GL-PL Ins Rpt Days	,,,,,,							17,605		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$228.93	\$112.89	\$0.00	\$24.71	\$25.69	(with L&H)	\$35.99	\$3.58	\$23.73	\$2.34
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21		1.4029	·			, ,				
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.47								
12		RS = Ln 11, AllOthr = Ln 9		\$80.47	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	\$23.73	\$2.34
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$188.02	\$80.47	\$0.00	\$24.71	\$25.69		\$35.99	\$3.58	15.24	\$2.34
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	Les 4.4 v. Countly Alliuma 0/	# 0.00	0.00	# 0.00	* ***********************************	# 0.00	# 0.00	# 0.00	N1/A	N1/A	N1/A
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$188.02	\$80.47	\$0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34
17	, , <u> </u>	per Current Qtr End Ln 16 x Ln 17		1.1840								
18	, , ,	RS = Ln 18, AllOthr = Ln 16	¢202.02	\$95.28	¢ 0.00	\$24.71	\$25.69	\$0.00	\$35.99	\$3.58	\$15.24	\$2.34
19	Quarterly Medicaid CMA Allowed Per Diem	NO - Eli 10, Allottii - Eli 10	\$202.82	\$95.28	\$0.00	φ24./1	φ25.09	\$0.00	φ33.99	φ3.36	φ13.24	φ2.34
	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	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76								
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	\$24.34	\$6.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$227.16	\$101.52	\$0.00	\$24.93	\$26.10	\$0.00	\$53.46	\$3.58	\$15.24	\$2.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.55									

	ovider: BRYAN COUNTY HLTH & REHAB CTR ovdr ID: 00715569A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowan Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 49.33%	Add-on Percent 0.00% 5.5% 5.0%		Facility Mod Base Period C	Overall:	ata_	PDPM Facility 1.6879 1.5822	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(occ : one) manacun		,	70.00	75	, , , , , ,		*****			
	Base Period Per Diem Allowed Amounts	A 5" LEVOLOUP FYOLOUP P	00.450.400	00.440.000		#000 7 05	6740.075		0044 404		* 4 4 0 0 4 5	40
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	, , , ,	\$3,410,802	\$0	\$630,785	\$719,875	\$0	\$941,421		\$449,245	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$288,114)	(\$3,363)	\$0	\$0	\$0	(\$41,306)	(\$125,274)		(\$118,171)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$171,709		\$118,171
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,153,894	\$3,407,439	\$0	\$630,785	\$719,875	(\$41,306)	\$816,147	\$171,709	\$331,074	\$118,171
8	Total Nursing Facility Days As Filed Days = 25,744	FY21 Audited C/R Days	25,744	ψ5,407,459	ΨΟ	ψ030,703	Ψ/19,0/3	(ψ41,300)	ψ010,147	ψ171,709	ψ551,074	Ψ110,171
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,744	FY21 GL-PL Ins Rpt Days	20,144							25,744		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$239.04	\$132.36	\$0.00	\$24.50	\$26.36	(with L&H)	\$31.70	\$6.67	\$12.86	\$4.59
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.6879	*****	,	,		**		,	,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.42								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$78.42	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	\$12.86	\$4.59
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.34	\$78.42	\$0.00	\$24.50	\$26.36		\$31.70	\$6.67	13.10	\$4.59
	Overtarly Par Diam Rate Brief to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.34	\$78.42	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70		\$13.10	\$4.59
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5822	¥ v	,,	,		,,,,,,,,		,	+
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$231.00	\$124.08	\$0.00	\$24.50	\$26.36	\$0.00	\$31.70	\$6.67	\$13.10	\$4.59
	Overteely Per Pierr Add on Assessed											
20	Quarterly Per Diem Add-on Amounts 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	\$6.82	\$6.82	ψυ.υυ	Ψ0.22	Ψ0.41	ψυ.υυ	ψυ.37		ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$6.20	\$6.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	, 5.20					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$31.65	\$13.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.65	\$137.63	\$0.00	\$24.72	\$26.77	\$0.00	\$49.17	\$6.67	\$13.10	\$4.59
			-	Ţ. 		, -	, 		7.0	45.57	Ţ. 	Ţ

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$184.16

Provider: THUNDER Prvdr ID: 00727801A	BOLT TRANSITIONAL CARE & REHAB (PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	ly. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 23.61%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period (Overall:	<u>ta</u>	PDPM Facility 1.3672 1.3467	PDPM_ Statewide 1.4210 1.3706
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE	<u>CALCULATIONS</u>											
1 Cost Center Peer Grou	ups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Bed Size Range withi				All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
Bed Size Range Within	n Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
•	& Efficiency Measure Limits			22.00/	00.00/	00.004	05.00/		50.00/			
2 Peer Group Standards3 Peer Group Standards		(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
'	ximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem												
	Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,802,791	\$2,054,697	\$0	\$337,799	\$373,155	\$0	\$893,320		\$143,820	\$0
	Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$365,784)	\$0	\$0	\$0	\$0	\$0	(\$234,529)		(\$131,255)	ΨΟ
As Filed Cost Center C		As Filed FY21 GL/PL Rpt	(\$303,704)	ΨΟ	ΨΟ	ΨΟ	ΨΟ	ΨΟ	(ψ204,020)	\$234,529	(ψ131,233)	
	Costs (Taxes and Insurance)	As Filed FY21 C/R								Ψ254,529		\$131,255
7 Cost Center Costs After		FY21 Audited C/R	\$3,802,791	\$2,054,697	\$0	\$337,799	\$373,155	\$0	\$658,791	\$234,529	\$12,565	\$131,255
8 Total Nursing Facility	•	FY21 Audited C/R Days	19,400	Ψ2,034,097	ΨΟ	ψ337,733	ψ373,133	Ψ0	ψ030,791	Ψ254,529	Ψ12,505	Ψ131,233
,	Days GL-PL Ins. Rpt As Filed Days = 19,400	FY21 GL-PL Ins Rpt Days	13,400							19,400		
,	Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.02	\$105.91	\$0.00	\$17.41	\$19.23	(with L&H)	\$33.96	\$12.09	\$0.65	\$6.77
	Model for All Residents	from 2 qtrs of FY21	ψ130.02	1.3672	ψ0.00	ψ17.41	ψ10.20	(War Earl)	ψ00.00	Ψ12.00	ψ0.00	ψ0.77
	Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.46								
	odel Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.46	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	\$0.65	\$6.77
	fter Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	ψ0.77
,	usted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$185.14	\$77.46	\$0.00	\$17.41	\$19.23		\$33.96	\$12.09	18.22	\$6.77
Dado i olica modeli ila	actor / lile fred 1 cf. Bloth		\$100.11	ψ	ψ0.00	V	ψ10.20		ψου.σσ	ψ12.00	(FRV)	ψο
Quarterly Per Diem Ra												
15 Growth Allowance Per	<u> </u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
	n (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185.14	\$77.46	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77
	del for Medicaid Residents	per Current Qtr End		<u>1.3467</u>								
	Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.32					_			
19 Quarterly Medicaid CN	IA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.99	\$104.32	\$0.00	\$17.41	\$19.23	\$0.00	\$33.96	\$12.09	\$18.22	\$6.77
Quarterly Per Diem Ad	d-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 Dien		Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22 Nurse Staff Hrs / Quali	ty Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09								
23 Nursing Home Provide	r Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Die	em Add-on Amounts	Sum of Lns 20 thru 23	\$21.76	\$3.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based	l Per Diem Rate	Ln 19 + Ln 24	\$233.75	\$107.98	\$0.00	\$17.63	\$19.64	\$0.00	\$51.43	\$12.09	\$18.22	\$6.77
26 Quarterly Per Diem Ra	te for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.49		<u> </u>	ı	1	I	<u> </u>	<u> </u>		

	rovider: DUNWOODY HEALTH AND REHABILITATION CEN rvdr ID: 00815295A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 23.68%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period (Quarterly Med		ata	PDPM Facility 1.5474 1.5450	PDPM_ Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>PI</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Ded Sizes	All Deu Sizes	All Ded Sizes	All Ded Sizes	All Deu Sizes	All Deu Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$16,445,333	\$7,821,957	\$0	\$1.043.933	\$1,677,071	\$0	\$1,966,082		\$3,936,290	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$291,056)		\$0	(\$1,038)			\$662,784		(\$160,045)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ231,000)	(ψ1 30,040)	ΨΟ	(ψ1,000)	(ψο, 1ου)	Ψ2,400	ψουΣ, το τ	\$56,086	(ψ100,040)	
	As Filed Cost Center Costs (CEnter) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ50,000		\$139,866
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$16,350,229	\$7,031,914	\$0	\$1,042,895	\$1 671 902	\$2,455	\$2,628,866	\$56,086	\$3,776,245	\$139,866
8	Total Nursing Facility Days As Filed Days = 46,482	FY21 Audited C/R Days	46,851	ψ1,001,011	Ψ	ψ1,012,000	ψ1,071,002	ψ2, 100	φ2,020,000	φου,σοσ	φο, 77 ο, 21 ο	Ψ100,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,482	FY21 GL-PL Ins Rpt Days	10,001							46,851		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$348.99	\$150.09	\$0.00	\$22.26	\$35.74	(with L&H)	\$56.11	\$1.20	\$80.60	\$2.99
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	ψο 10.00	1.5474	ψ0.00	V22.20	φοσ., .	(11.11.2011)	φοσ	V1.20	ψου.ου	Ψ2.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.00								
12		RS = Ln 11, AllOthr = Ln 9		\$97.00	\$0.00	\$22.26	\$35.74		\$56.11	\$1.20	\$80.60	\$2.99
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ2.00
14	,	Lesser of Ln 12 or Ln 13	\$208.96	\$97.00	\$0.00	\$22.26	\$33.28		\$36.91	\$1.20	15.32	\$2.99
			, , , , , , , , , , , , , , , , , , ,		*****	7==:=0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	(FRV)	V =.55
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$208.96	\$97.00	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$2.99
17	, , <u> </u>	per Current Qtr End		<u>1.5450</u>								
18	, , ,	Ln 16 x Ln 17		\$149.87							.	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$261.82	\$149.87	\$0.00	\$22.26	\$33.28	\$0.00	\$36.91	\$1.20	\$15.32	\$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)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.50	\$1.50								
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	\$22.35	\$5.03	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$284.17	\$154.90	\$0.00	\$22.48	\$33.28	\$0.00	\$54.01	\$1.20	\$15.32	\$2.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$200.30									

	ovider: THE D. SCOTT HUDGENS CENTER FOR SKILLED PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 55.56%	Add-on Percent 0.00% 5.5% 2.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.3106 1.3744	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
рг	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u>FL</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,088,976		\$0	\$323,325	\$373,452	\$0	\$528,956		\$173,016	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$27,774)	\$0	\$0	\$0	\$0	\$0	(\$8,924)		(\$18,850)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$8,924		A 40.050
7	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	#2 000 07C	£4 600 227	* 0	#202 225	¢272.452	\$0	ΦΕΩΩ ΩΩΩ	\$0.004	\$454.466	\$18,850 \$18,850
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 11,163	FY21 Audited C/R FY21 Audited C/R Days	\$3,088,976 11,163	\$1,090,221	\$0	\$323,325	\$373,452	\$0	\$520,032	\$8,924	\$154,166	\$10,000
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,163	FY21 GL-PL Ins Rpt Days	11,103							11,163		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$276.71	\$151.41	\$0.00	\$28.96	\$33.45	(with L&H)	\$46.59	\$0.80	\$13.81	\$1.69
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψ2	1.3106	ψο.σσ	ψ20.00	φοσ. 10	(111.1.1.1)	ψ10.00	Ψ0.00	Ψ10.01	ψ1.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$115.53								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$115.53	\$0.00	\$28.96	\$33.45		\$46.59	\$0.80	\$13.81	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	,
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$226.59	\$104.63	\$0.00	\$26.82	\$33.28		\$36.91	\$0.80	22.46	\$1.69
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$226.59	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3744								·
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$265.76	\$143.80	\$0.00	\$26.82	\$33.28	\$0.00	\$36.91	\$0.80	\$22.46	\$1.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$7.91	\$7.91								
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	\$27.89	\$10.79	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$293.65	\$154.59	\$0.00	\$26.82	\$33.28	\$0.00	\$54.01	\$0.80	\$22.46	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$207.41		I	1	ı	I	I	<u> </u>		

	rovider: LIFE CARE CTR OF LAWRENCEVILLE Prvdr ID: 00818914A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 20.93%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (ata_	PDPM Facility 1.2984 1.3897	PDPM_ Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	100.0% \$0.00	\$0.22	\$0.41		\$0.37			
		(,			,				,5.5.			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,979,977	\$3,760,193	\$0	\$699,038	\$684,212	\$0	\$1,319,267		\$517,267	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$303,606)	(\$1,888)	\$0	(\$2,980)	\$0	\$4,868	(\$162,550)		(\$141,056)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$128,113		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$175,493
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,979,977	\$3,758,305	\$0	\$696,058	\$684,212	\$4,868	\$1,156,717	\$128,113	\$376,211	\$175,493
8	Total Nursing Facility Days As Filed Days = 24,222	FY21 Audited C/R Days	24,222									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,222	FY21 GL-PL Ins Rpt Days								24,222		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$288.17	\$155.16	\$0.00	\$28.74	\$28.45	(with L&H)	\$47.75	\$5.29	\$15.53	\$7.25
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2984</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$119.50								
12	·	RS = Ln 11, AllOthr = Ln 9		\$119.50	\$0.00	\$28.74	\$28.45		\$47.75	\$5.29	\$15.53	\$7.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$225.89	\$104.63	\$0.00	\$26.82	\$28.45		\$36.91	\$5.29	16.54	\$7.25
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$225.89	\$104.63	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25
17		per Current Qtr End		1.3897	·						·	
18		Ln 16 x Ln 17		\$145.40								
19		RS = Ln 18, AllOthr = Ln 16	\$266.66	\$145.40	\$0.00	\$26.82	\$28.45	\$0.00	\$36.91	\$5.29	\$16.54	\$7.25
	Quarterly Per Diem Add-on Amounts											
20		(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	\$1.45	\$1.45								
22		Ln 19 Col b x Stfng Add-on	\$4.36	\$4.36								
23		(Fixed Amount)	\$17.10		_		_		\$17.10		_	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.32	\$5.81	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$289.98	\$151.21	\$0.00	\$26.82	\$28.86	\$0.00	\$54.01	\$5.29	\$16.54	\$7.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$204.66									

Provider: SENIOR CARE CENTER - BRUNSWICK Prvdr ID: 000830827B PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data : Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce:	N/A 26.88%	Add-on Percent 0.00% 1.0% 2.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.3319 1.3391	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
, , , , , , , , , , , , , , , , , , ,	(See Folioy Walidar)		ψυ.σσ	ψο.σσ	ψ0.22	φο. 41		ψο.στ			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	¢24.494.204	\$4E 460 00E	\$0	¢4 400 064	\$004.960	\$202 F76	\$2.256.004		¢074 404	60
As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$21,181,304	(\$2,376,895)	\$0	\$1,492,861 \$0	\$904,860 \$9,061	\$392,576 (\$30,886)	\$2,356,901 \$963,748		\$871,121 \$680,084	\$0
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$754,666)	(\$2,376,693)	φ0	φ0	φ9,001	(\$30,000)	φ903,740	\$339,582	φ000,004	
As Filed Cost Center Costs (GLPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$339,362		\$33,546
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$20,799,544	\$12 786 090	\$0	\$1,492,861	\$913,921	\$361,690	\$3,320,649	\$339,582	\$1,551,205	\$33,546
8 Total Nursing Facility Days As Filed Days = 56,845	FY21 Audited C/R Days	56,845	Ψ12,700,000	Ψ0	ψ1,402,001	ψ510,521	φοσ1,000	ψ0,020,040	φ000,002	Ψ1,001,200	φοσ,σ-το
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,845	FY21 GL-PL Ins Rpt Days	33,313							56,845		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$365.90	\$224.93	\$0.00	\$26.26	\$22.44	(with L&H)	\$58.42	\$5.97	\$27.29	\$0.59
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3319							·	·
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$168.89								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$168.89	\$0.00	\$26.26	\$22.44		\$58.42	\$5.97	\$27.29	\$0.59
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.83	\$104.63	\$0.00	\$26.26	\$22.44		\$36.91	\$5.97	15.03	\$0.59
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.83	\$104.63	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3391								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.11								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.31	\$140.11	\$0.00	\$26.26	\$22.44	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$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	\$1.40	\$1.40								
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)	\$0.00						\$0.00			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.83	\$4.20	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$252.14	\$144.31	\$0.00	\$26.48	\$22.85	\$0.00	\$36.91	\$5.97	\$15.03	\$0.59
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$189.11		I	I	I	ı	I	I		I

	rovider: ROSELANE HEALTH AND REHABILITATION CENT rvdr ID: 00831751A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 22.73%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (ata	PDPM Facility 1.4614 1.6587	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PI	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All bed Sizes	All Deu Sizes	All Deu Sizes	All bed Sizes	All Deu Sizes	All bed Sizes			
	Peer Group Standards & Efficiency Measure Limits			00.00/	00.00/	00.00/	05.00/		50.00/			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$10,562,379	\$5.912.098	\$0	\$698,697	\$780,643	\$0	\$1,287,877		\$1.883.064	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$373,408	(\$6,300)	\$0	(\$444)	' '	\$4,599	\$473,315		(\$98,953)	ΨΟ
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	φον σ, 400	(ψο,σσσ)	ΨΟ	(Ψ+++)	Ψί,ίδι	Ψ+,000	ψ470,010	\$64,495	(ψου,ουυ)	
	As Filed Cost Center Costs (CEnter) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ0+,+33		\$99,310
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$11,099,592	\$5,905,798	\$0	\$698,253	\$781,834	\$4 500	\$1,761,192	\$64.495	\$1,784,111	\$99,310
8	Total Nursing Facility Days As Filed Days = 42,284	FY21 Audited C/R Days	42,284	ψ0,000,700	ΨΟ	ψ030,233	ψ/01,054	ψ+,555	ψ1,701,132	ψ0+,+33	Ψ1,704,111	ψ55,510
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,284	FY21 GL-PL Ins Rpt Days	72,204							42,284		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$262.50	\$139.67	\$0.00	\$16.51	\$18.60	(with L&H)	\$41.65		\$42.19	\$2.35
10	· · · · · · · · · · · · · · · · · · ·	from 2 qtrs of FY21	Ψ202.00	1.4614	ψ0.00	ψ10.01	V10.00	(111.1.1.1)	ψ11.00	ψ1.00	Ψ12.10	Ψ2.00
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$95.58								
12		RS = Ln 11, AllOthr = Ln 9		\$95.58	\$0.00	\$16.51	\$18.60		\$41.65	\$1.53	\$42.19	\$2.35
13	,	per Peer Group Limits		\$104.63	ψ0.00	\$26.82	\$33.28		\$36.91	\$0.00	N/A	Ψ2.00
14	, ,	Lesser of Ln 12 or Ln 13	\$185.08	\$95.58	\$0.00	\$16.51	\$18.60		\$36.91	\$1.53	13.60	\$2.35
			7.23.23	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	,	* ***********************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******	(FRV)	¥=.55
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	, , , , , , , , , , , , , , , , , , ,	Ln 14 + Ln 15	\$185.08	\$95.58	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35
17	, , <u> </u>	per Current Qtr End		1.6587								
18	, , ,	Ln 16 x Ln 17		\$158.54						4		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$248.03	\$158.54	\$0.00	\$16.51	\$18.60	\$0.00	\$36.91	\$1.53	\$13.60	\$2.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 = <u>1.0%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.59	\$1.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.76	\$4.76								
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	\$24.61	\$6.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.64	\$165.42	\$0.00	\$16.73	\$19.01	\$0.00	\$54.01	\$1.53	\$13.60	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.66									

	ovider: REGENCY PARK HEALTH AND REHABILITATION ovdr ID: 00837207A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 23.40%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.2638 1.1002	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	OPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
-												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(cook and market)			70.00	,,,,,	, , , , , ,		,,,,,,,			
_	Base Period Per Diem Allowed Amounts	A. Filed EVOA O/D EVOA OL/DI Dea	ф 7 40 7 540	* 4 000 000	# 0	\$700.000	* 004.040	ф.	#4 045 450		# 000 005	Φ0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	' ' '	\$4,092,632	\$0	\$726,889	\$664,643	\$0	\$1,615,150		\$398,205	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$70,839)	\$861	\$0	\$1,828	\$0	\$0	(\$73,528)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$50,977		¢40.202
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,487,939	\$4,093,493	\$0	\$728,717	\$664,643	\$0	\$1,541,622	\$50,977	\$398,205	\$10,282 \$10,282
8	Total Nursing Facility Days As Filed Days = 24,681	FY21 Audited C/R Days	24,681	ψ4,033,433	ΨΟ	Ψ720,717	ψ004,043	Ψ0	ψ1,541,022	ψ50,977	ψ390,203	Ψ10,202
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,681	FY21 GL-PL Ins Rpt Days	2 1,00							24,681		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$303.40	\$165.86	\$0.00	\$29.53	\$26.93	(with L&H)	\$62.46	\$2.07	\$16.13	\$0.42
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.2638	,	,	,	, ,	,		,	, ,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$131.24								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$131.24	\$0.00	\$29.53	\$26.93		\$62.46	\$2.07	\$16.13	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$218.20	\$104.63	\$0.00	\$26.82	\$26.93		\$36.91	\$2.07	20.42	\$0.42
	Overtarly Par Diam Rate Brief to Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$218.20	\$104.63	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	,2.5.20	1.1002	40.00	, , , , , ,	,	\$5.50	, , , , ,	42.57		¥0 <u>-</u>
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228.68	\$115.11	\$0.00	\$26.82	\$26.93	\$0.00	\$36.91	\$2.07	\$20.42	\$0.42
	Overtark Ban Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts 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	\$1.15	\$1.15	ψυ.υυ	ψ0.00	ψυ.41	ψυ.υυ	ψυ.υυ		ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.60	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$250.79	\$119.71	\$0.00	\$26.82	\$27.34	\$0.00	\$54.01	\$2.07	\$20.42	\$0.42
						l	<u> </u>	<u> </u>	<u> </u>			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$175.27

Provider: ROCKDALE HEALTHCARE CENTER Prvdr ID: 00838252A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 18.46%	Add-on Percent 0.00% 0.0% 3.0%		Facility Mod Base Period (Quarterly Med		ta_	PDPM Facility 1.5987 1.5091	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile Rear Group Standards: All thinking to the standards of the standar	(see Policy Manual)		90.0%	90.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	(22.2.2.2)		,,,,,,	, , , , ,		, ,		, , , ,			
Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	\$0.044.742	£4 204 476	0.0	#646 600	¢660.254	\$0	Φ4 25C 044		\$2,015,720	¢o.
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	\$8,941,743 (\$320,015)	\$4,284,176 \$0	\$0 \$0	\$616,682 \$0	\$668,354 \$0	\$0 \$0	\$1,356,811 (\$196,225)		(\$123,790)	\$0
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$320,013)	\$0	φ0	φ0	Φυ	φυ	(\$190,223)	\$196,225	(\$123,790)	
As Filed Cost Center Costs (GDPL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$190,223		\$123,790
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,941,743	\$4,284,176	\$0	\$616,682	\$668,354	\$0	\$1,160,586	\$196,225	\$1,891,930	\$123,790
8 Total Nursing Facility Days As Filed Days = 32,552	FY21 Audited C/R Days	32,552	ψ 1,20 1,110		ψ010,002	φοσο,σο :	Ψ	ψ1,100,000	ψ100,220	ψ1,001,000	Ψ120,700
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,552	FY21 GL-PL Ins Rpt Days	32,552							32,552		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$274.68	\$131.61	\$0.00	\$18.94	\$20.53	(with L&H)	\$35.65	\$6.03	\$58.12	\$3.80
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.5987								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.32								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.32	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	\$58.12	\$3.80
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.73	\$82.32	\$0.00	\$18.94	\$20.53		\$35.65	\$6.03	13.46	\$3.80
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.73	\$82.32	\$0.00	1	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5091								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.23								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.64	\$124.23	\$0.00	\$18.94	\$20.53	\$0.00	\$35.65	\$6.03	\$13.46	\$3.80
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.73	\$3.73								
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	\$22.36	\$4.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$245.00	\$128.49	\$0.00	\$19.16	\$20.94	\$0.00	\$53.12	\$6.03	\$13.46	\$3.80
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.93		I	1	l	1	I	I	1	1

	ovider: COASTAL MANOR vdr ID: 00856028A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 38.03%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.3253 1.3043	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PL	PPM BASED RATE CALCULATIONS		а	b	С	d	е	f	g	g	h	i
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		(200 - 200)		, , , ,	70.00	,,,,,	,,,,,,		,,,,,,,			
_	Base Period Per Diem Allowed Amounts	As Elled EVOA O/D, EVOA O//DI, Det	\$7.050.440	#0.500.000	ФО.	\$070.500	0077.040	# 000 000	#4 057 500		# 400 7 4.4	Ф0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,258,449	\$3,562,996	\$0	\$973,526	\$377,843	\$602,868	\$1,257,502		\$483,714	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	(\$168,797)	(\$104,612)	\$0	\$104,612	\$0	\$0	(\$141,837)		(\$26,960)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 C/R								\$136,765		\$26,960
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,253,377	\$3,458,384	\$0	\$1,078,138	\$377,843	\$602,868	\$1,115,665	\$136,765	\$456,754	\$26,960
8	Total Nursing Facility Days As Filed Days = 35,920	FY21 Audited C/R Days	35,920	ψ5,450,504	ΨΟ	ψ1,070,130	ψ377,043	ψ002,000	ψ1,113,003	ψ130,703	ψ430,734	Ψ20,900
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,920	FY21 GL-PL Ins Rpt Days	00,020							35,920		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$201.93	\$96.28	\$0.00	\$30.01	\$27.30	(with L&H)	\$31.06	\$3.81	\$12.72	\$0.75
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3253	*****	,	, , , , ,	, ,	, , , , , ,	, , ,	*	, ,
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.65								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$72.65	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	\$12.72	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.89	\$72.65	\$0.00	\$30.01	\$27.30		\$31.06	\$3.81	15.31	\$0.75
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.89	\$72.65	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ100.00	1.3043	ψ0.00	φου.σ τ	Ψ27.00	φ0.00	ψ01.00	ΨΟ.ΟΊ	Ψ10.01	ψο.7ο
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.99	\$94.76	\$0.00	\$30.01	\$27.30	\$0.00	\$31.06	\$3.81	\$15.31	\$0.75
					,						,	, -
00	Quarterly Per Diem Add-on Amounts	(B. M	04.50	00.50	# 0.00		00.44		40.07		Φο οο	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$2.37	\$0.53 \$2.37	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nursing Home Provider Fee Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φ2.04					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.84	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	·	Ln 19 + Ln 24		-	-	-			-			
25	Quarterly Model Based Per Diem Rate	LII 13 T LII 24	\$226.83	\$100.50	\$0.00	\$30.23	\$27.71	\$0.00	\$48.53	\$3.81	\$15.31	\$0.75

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$157.30

	ovider: CANDLER SKILLED NURSING UNIT ovdr ID: 00870911A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	N/A 0.00%	Add-on Percent 0.00% 0.0% 0.0%		_Facility Mod Base Period (Quarterly Med	Overall:	ata_	PDPM Facility 1.4125 1.4200	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
PD	PPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u></u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		, , ,			·	,	,		·			
_	Base Period Per Diem Allowed Amounts	As Filed FY21 C/R - FY21 GL/PL Rpt	£4.007.050	\$1.987.273	r ₀	£4.40.00.4	\$000 400	#0 57.070	₽044 740		ФССО 47C	¢ο
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	, , , , , , , , , , , , , , , , , , , ,	* , , -	\$0 \$0	\$148,084 \$0	\$200,430 (\$1,795)	\$257,276	\$841,719		\$662,476 (\$17,566)	\$0
6	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(\$25,061)	Φ0	Φυ	φ0	(φ1,795)	(\$2,281)	(\$3,419)	\$3,419	(φι7,500)	
	As Filed Cost Center Costs (GL/FL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φ3,419		\$17,418
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,093,034	\$1,987,273	\$0	\$148,084	\$198,635	\$254,995	\$838,300	\$3,419	\$644,910	\$17,418
8	Total Nursing Facility Days As Filed Days = 6,745	FY21 Audited C/R Days	6,745	ψ·,σσ·,Ξ·σ	40	Q 1.0,00 1	ψ.00,000	ψ20 1,000	4000,000	40,	ψο,ο . ο	4.7,1.0
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 6,745	FY21 GL-PL Ins Rpt Days								6,745		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$606.81	\$294.63	\$0.00	\$21.95	\$67.25	(with L&H)	\$124.28	\$0.51	\$95.61	\$2.58
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4125</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$208.59								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$208.59	\$0.00	\$21.95	\$67.25		\$124.28	\$0.51	\$95.61	\$2.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$211.29	\$104.63	\$0.00	\$21.95	\$33.28		\$36.91	\$0.51	11.43	\$2.58
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$211.29	\$104.63	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$2.58
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.4200</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$148.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$255.23	\$148.57	\$0.00	\$21.95	\$33.28	\$0.00	\$36.91	\$0.51	\$11.43	\$2.58
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.55	\$148.57	\$0.00	\$22.17	\$33.28	\$0.00	\$54.01	\$0.51	\$11.43	\$2.58

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$191.59

	ovider: LAUREL PARK AT HENRY MED CTR odr ID: 00908553A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 17.86%	Add-on Percent 0.00% 0.0% 6.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.4897 1.3310	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$6,734,441	\$3,708,467	\$0	\$581,270	\$870,005	\$0	\$1,379,411		\$195,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$413,258)	(\$60,346)	\$0	\$0	(\$3,012)	(\$3,292)	(\$324,432)		(\$22,176)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$383,193		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$15,537
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$6,719,913	\$3,648,121	\$0	\$581,270	\$866,993	(\$3,292)	\$1,054,979	\$383,193	\$173,112	\$15,537
8	Total Nursing Facility Days As Filed Days = 25,472	FY21 Audited C/R Days	25,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,472	FY21 GL-PL Ins Rpt Days								25,472		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$263.82	\$143.22	\$0.00	\$22.82	\$33.91	(with L&H)	\$41.42	\$15.04	\$6.80	\$0.61
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4897</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.14								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.14	\$0.00	\$22.82	\$33.91		\$41.42	\$15.04	\$6.80	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$224.92	\$96.14	\$0.00	\$22.82	\$33.28		\$36.91	\$15.04	20.12	\$0.61
											(FRV)	
4.5	Quarterly Per Diem Rate Prior to Add-ons	La 44 a Cardh Allana 67		2.00	00.00		* 0.00	# 0.00				21/2
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$224.92	\$96.14	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3310								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	4050.75	\$127.96	00.00		*	# 0.00	000.04	0.504	000.40	# 0.04
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$256.75	\$127.96	\$0.00	\$22.82	\$33.28	\$0.00	\$36.91	\$15.04	\$20.12	\$0.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine 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	\$7.68	\$7.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.53	\$8.21	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$282.28	\$136.17	\$0.00	\$23.04	\$33.28	\$0.00	\$54.01	\$15.04	\$20.12	\$0.61
									I			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$198.89

	rovider: ATRIUM HEALTH NAVICENT BALDWIN rvdr ID: 00947658A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	re:	N/A 0.00%	Add-on Percent 0.00% 0.0% 0.0%		_Facility Mod Base Period (Quarterly Med		<u>ta</u> _	PDPM Facility 1.2333 0.9300	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
рг	DPM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
<u>FL</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0%	100.0%	100.0%		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0.</i> 53	\$0.00	\$0.22	\$0.41		φ0.37			
_	Base Period Per Diem Allowed Amounts		***	* 4 000 00 7		0400450	050.000	0 400 500	0054.407		0444700	00
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$2,037,336		\$0	\$123,153	\$59,393	\$102,503	\$351,187		\$114,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$74,146)	\$0	\$0	\$0	(\$462)	(\$798)	(\$72,886)		\$0	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt As Filed FY21 C/R								\$71,985		ФО.
7	As Filed Cost Center Costs (Taxes and Insurance) Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,035,175	¢4 206 207	\$0	\$123,153	\$58,931	\$101,705	\$278,301	\$71,985	\$114,703	\$0 \$0
8	Total Nursing Facility Days As Filed Days = 3,032	FY21 Audited C/R Days	3,032	φ1,200,391	φ0	\$123,133	φ50,951	\$101,703	φ270,301	φ/1,905	\$114,703	φυ
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,032	FY21 GL-PL Ins Rpt Days	3,032							3,032		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$671.23	\$424.27	\$0.00	\$40.62	\$52.98	(with L&H)	\$91.79	\$23.74	\$37.83	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21	70	1.2333	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , ,	******	, , , , ,	*******	75.55
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$344.00								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$344.00	\$0.00	\$40.62	\$52.98		\$91.79	\$23.74	\$37.83	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$37.13	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$255.29	\$104.63	\$0.00	\$37.13	\$33.28		\$36.91	\$23.74	19.60	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$255.29	\$104.63	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		0.9300								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$247.97	\$97.31	\$0.00	\$37.13	\$33.28	\$0.00	\$36.91	\$23.74	\$19.60	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine 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 Model Based Per Diem Rate	Ln 19 + Ln 24	\$265.07	\$97.31	\$0.00	\$37.13	\$33.28	\$0.00	\$54.01	\$23.74	\$19.60	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$185.98				1	1		ı l		

	ovider: ZEBULON PARK HEALTH AND REHABILITATION vdr ID: 003125041B PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 23.53%	Add-on Percent 0.00% 1.0% 4.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.4144 1.3070	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PD	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, ,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,913,811	\$2,417,537	\$0	\$402,661	\$517,397	\$0	\$949,714		\$626,502	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$132,459)	\$31,504	\$0	(\$572)	\$1,295	\$345	(\$145,416)		(\$19,615)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$69,498		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,755
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,870,605	\$2,449,041	\$0	\$402,089	\$518,692	\$345	\$804,298	\$69,498	\$606,887	\$19,755
8	Total Nursing Facility Days As Filed Days = 20,032	FY21 Audited C/R Days	20,022									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,032	FY21 GL-PL Ins Rpt Days								20,022		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$243.26	\$122.32	\$0.00	\$20.08	\$25.92	(with L&H)	\$40.17	\$3.47	\$30.31	\$0.99
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4144</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.48								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.48	\$0.00	\$20.08	\$25.92		\$40.17	\$3.47	\$30.31	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$208.21	\$86.48	\$0.00	\$20.08	\$25.92		\$36.91	\$3.47	34.36	\$0.99
	·										(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	In 44 v Cristh Album - 07	***		***	***	***	***	***			
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$208.21	\$86.48	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$0.99
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3070</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0004.70	\$113.03	# 0.00	#00.00	⊕ 05.00	# 0.00	# 00.04	00.47	CO 4 OO	#0.00
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.76	\$113.03	\$0.00	\$20.08	\$25.92	\$0.00	\$36.91	\$3.47	\$34.36	\$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.52	\$4.52								
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	\$23.91	\$6.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$258.67	\$119.21	\$0.00	\$20.30	\$26.33	\$0.00	\$54.01	\$3.47	\$34.36	\$0.99
					<u> </u>	I	<u> </u>	I	<u> </u>			

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$181.18

Provider: ANSLEY PARK HEALTH AND REHABILITATION Prvdr ID: 003136416A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	nce: re:	N/A 12.50%	Add-on Percent 0.00% 0.0% 5.0%		Facility Mod Base Period (ata_	PDPM Facility 1.4704 1.4097	PDPM Statewide 1.4210 1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
Bed Size Range within Peer Group			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 Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	(coo i olloy mandal)		ψυ.σσ	φυ.σσ	Ψ0.22	φο. 77		φο.ον			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,562,922	\$2,410,376	\$0		\$490,994	\$0	\$876,702		\$375,921	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$16,376)	(\$3,234)	\$0	(\$469)	(\$569)	(\$712)	\$8,622		(\$20,014)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$68,640		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$19,946
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,635,132	\$2,407,142	\$0	\$408,460	\$490,425	(\$712)	\$885,324	\$68,640	\$355,907	\$19,946
8 Total Nursing Facility Days As Filed Days = 16,432	FY21 Audited C/R Days	16,432									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,432	FY21 GL-PL Ins Rpt Days								16,432		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$282.08	\$146.49	\$0.00	\$24.86	\$29.80	(with L&H)	\$53.88	\$4.18	\$21.66	\$1.21
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4704</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.62								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.62	\$0.00	\$24.86	\$29.80		\$53.88	\$4.18	\$21.66	\$1.21
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$232.82	\$99.62	\$0.00	\$24.86	\$29.80		\$36.91	\$4.18	36.24	\$1.21
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$232.82	\$99.62	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	Ψ202.02	1.4097	Ψ0.00	Ψ24.50	Ψ20.00	ψυ.υυ	Ψ00.01	ψ-1.10	Ψ00.24	Ψ1.21
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$140.43								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$273.63	\$140.43	\$0.00	\$24.86	\$29.80	\$0.00	\$36.91	\$4.18	\$36.24	\$1.21
dearterly medicale emitty mented i or prom		ψ27 0.00	ψ110.10	ψο.σσ	φ21.00	Ψ20.00	ψο.σσ	φοσ.σ τ	ψο	Ψ00.21	Ψ1.21
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine 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	\$7.02	\$7.02								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.28	\$7.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$298.91	\$147.98	\$0.00	\$25.08	\$30.21	\$0.00	\$54.01	\$4.18	\$36.24	\$1.21
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$211.36									

	ovider: STEVENS PARK HEALTH AND REHABILITATION ovdr ID: 003143404A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 4.00%	Add-on Percent 0.00% 0.0% 4.0%		Facility Mod Base Period C Quarterly Med		ta_	PDPM Facility 1.4505 1.2708	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
'	Type of Facility within Peer Group	(see Folloy Warraar)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,059,907	\$1,518,535	\$0	\$316,817	\$364,718	\$0	\$688,117		\$171,720	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$13,454)	(\$1,355)	\$0	(\$331)	\$0	(\$548)	(\$1,462)		(\$9,758)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$43,680		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$9,758
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,099,891	\$1,517,180	\$0	\$316,486	\$364,718	(\$548)	\$686,655	\$43,680	\$161,962	\$9,758
8	Total Nursing Facility Days As Filed Days = 11,618	FY21 Audited C/R Days	11,618									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,618	FY21 GL-PL Ins Rpt Days								11,618		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$266.82	\$130.59	\$0.00	\$27.24	\$31.35	(with L&H)	\$59.10	\$3.76	\$13.94	\$0.84
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4505</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$90.03								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$90.03	\$0.00	\$27.24	\$31.35		\$59.10	\$3.76	\$13.94	\$0.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$221.85	\$90.03	\$0.00	\$26.82	\$31.35		\$36.91	\$3.76	32.14	\$0.84
	Outstak Bar Birm Bata Brisa ta Addama										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
15 16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$221.85	\$90.03	\$0.00	\$26.82	\$0.00 \$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ΨΖΣ 1.03	1.2708	ψυ.υυ	Ψ20.02	ψυ1.υυ	ψυ.υυ	ψουιστ	ψ3.70	ψ32.14	ψ0.04
18	Quarterly Padenty Wedeen Nesdechts Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$246.23	\$114.41	\$0.00	\$26.82	\$31.35	\$0.00	\$36.91	\$3.76	\$32.14	\$0.84
	Quality insulate Site (1 insulated 1 of Broth		ψ2 10.20	Ψ	ψ0.00	Ψ20.02	φο1.00	ψ0.00	φοσ.σ ι	Ψο.νο	Ψ02.11	φο.σι
	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 = 4.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.58	\$4.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.62	\$5.11	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$268.85	\$119.52	\$0.00	\$26.82	\$31.76	\$0.00	\$54.01	\$3.76	\$32.14	\$0.84

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$188.81

Provider: CHELSEY PARK HEALTH AND REHABILITATION Prvdr ID: 003165720A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 10.26%	Add-on Percent 		Facility Mod Base Period (ata	PDPM Facility 1.3337 1.3210	PDPM Statewide 1.4210 1.3706
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DDDM DAGED DATE OAL OUR ATIONS		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,239,114	\$2,121,993	\$0	\$426,613	\$471,042	\$0	\$767,552		\$451,914	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$67,017)	(\$4,246)	\$0	(\$498)	\$1,848	\$3,863	(\$42,387)		(\$25,597)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$62,400		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$25,836
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$4,260,333	\$2,117,747	\$0	\$426,115	\$472,890	\$3,863	\$725,165	\$62,400	\$426,317	\$25,836
8 Total Nursing Facility Days As Filed Days = 17,426	FY21 Audited C/R Days	17,426									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,426	FY21 GL-PL Ins Rpt Days								17,426		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.47	\$121.53	\$0.00	\$24.45	\$27.36	(with L&H)	\$41.61	\$3.58	\$24.46	\$1.48
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.3337</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.12								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.12	\$0.00	\$24.45	\$27.36		\$41.61	\$3.58	\$24.46	\$1.48
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.99	\$91.12	\$0.00	\$24.45	\$27.36		\$36.91	\$3.58	35.09	\$1.48
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$219.99	\$91.12	\$0.00		\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3210								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.37								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$249.24	\$120.37	\$0.00	\$24.45	\$27.36	\$0.00	\$36.91	\$3.58	\$35.09	\$1.48
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine 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	\$4.81	\$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	\$23.07	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	1	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$272.31	\$125.71	\$0.00	\$24.67	\$27.77	\$0.00	\$54.01	\$3.58	\$35.09	\$1.48
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$191.41		1	1	·	1	1	1	1	1

	ovider: HARRINGTON PARK HEALTH AND REHABILITATION Of ID: 003165726A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	y. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per 0	nce:	Score N/A 36.36% 4.07	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (Quarterly Med	Overall:	ata_	PDPM Facility 1.5225 1.2714	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DE	PM BASED RATE CALCULATIONS		a	b	С	d	е	f	g	g	h	i
FL												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	,	(ccc : c.ic)aaa.,		\$0.00	φοίου	φυ	φοιτι		φο.σ.			
	Base Period Per Diem Allowed Amounts						•				•	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$4,221,201	\$2,019,184	\$0	\$435,009	\$447,960	\$0	\$879,967		\$439,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$21,165)	(\$5,140)	\$0	(\$446)	\$1,522	\$5,462	\$2,689		(\$25,252)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$60,320		
_	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R	# 4.005.070	00044044	# 0	#404 500	* 440,400	ΦE 400	#000 0F0	# 00,000	# 440,000	\$25,517
/	Cost Center Costs After Audit Adjustments	FY21 Audited C/R FY21 Audited C/R Days	\$4,285,873	\$2,014,044	\$0	\$434,563	\$449,482	\$5,462	\$882,656	\$60,320	\$413,829	\$25,517
8	Total Nursing Facility Days As Filed Days = 15,611	FY21 Addited C/R Days FY21 GL-PL Ins Rpt Days	15,611							45.044		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,611	Ln 7 / Ln 8 Col a	\$274.53	\$129.01	\$0.00	\$27.84	\$29.14	(with L&H)	\$56.54	15,611 \$3.86	\$26.51	\$1.63
	Net Per Diems prior to Model Adjstmt to Routine Srvcs Base Period Facility Model for All Residents	from 2 qtrs of FY21	\$274.55	'	φ0.00	φ21.04	Ф 29.14	(WIUI L&II)	φ30.34	φ3.00	φ20.51	φ1.03
10	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.5225 \$84.74								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.74	\$0.00	\$27.84	\$29.14		\$56.54	\$3.86	\$26.51	\$1.63
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	φ0.00	\$26.82	\$33.28		\$36.91	\$0.00	Ψ20.51 N/A	φ1.03
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$219.77	\$84.74	\$0.00	\$26.82	\$29.14		\$36.91	\$3.86	36.67	\$1.63
'-	Dase I clied Model Adjusted Allowed I of Dielli	25550. 5. 22 5. 25	Ψ213.77	ΨΟΨ.ΤΨ	ψ0.00	Ψ20.02	Ψ20.14		ψ30.51	ψ3.00	(FRV)	Ψ1.03
	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	\$219.77	\$84.74	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2714</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.77	\$107.74	\$0.00	\$26.82	\$29.14	\$0.00	\$36.91	\$3.86	\$36.67	\$1.63
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.69	\$2.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (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	\$26.12	\$8.61	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$268.89	\$116.35	\$0.00	\$26.82	\$29.55	\$0.00	\$54.01	\$3.86	\$36.67	\$1.63

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$188.84

	ovider: BUDD TERRACE AT WESLEY WOODS ovdr ID: 003167547A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (re:	N/A 25.00%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.3828 1.3807	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5 6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY21 C/R - FY21 GL/PL Rpt FY21 C/R Audit Adjstmts As Filed FY21 GL/PL Rpt	\$18,930,899 (\$810,108)		\$0 \$0	\$2,065,932 \$0	\$2,533,353 \$0	\$0 \$15,876	\$1,971,555 (\$611,715)		\$599,184 \$0	\$0
	As Filed Cost Center Costs (GL/PL) As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								\$17,853		\$0
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$18,138,644	\$11,546,606	\$0	\$2,065,932	\$2,533,353	\$15,876	\$1,359,840	\$17,853	\$599,184	\$0
8	Total Nursing Facility Days As Filed Days = 52,947	FY21 Audited C/R Days	52,947									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,947	FY21 GL-PL Ins Rpt Days								52,947		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$342.59	\$218.08	\$0.00	\$39.02	\$48.15	(with L&H)	\$25.68	\$0.34	\$11.32	\$0.00
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3828								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$157.71	# 0.00	#00.00	**		#05.00	CO.04	#44.00	# 0.00
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$157.71 \$104.63	\$0.00	\$39.02	\$48.15		\$25.68	\$0.34	\$11.32 N/A	\$0.00
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$205.87	\$104.63	\$0.00	\$26.82 \$26.82	\$33.28 \$33.28		\$36.91 \$25.68	\$0.00 \$0.34	15.12	\$0.00
14	base Feriod Model Adjusted Allowed Fer Dieffi	Lesser of Life 12 of Life 13	\$205.67	\$104.03	φυ.υυ	\$20.02	φ33.20		φ25.00	φ0.34	15.12 (FRV)	φυ.υυ
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$205.87	\$104.63	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$0.00
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.3807</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$144.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$245.70	\$144.46	\$0.00	\$26.82	\$33.28	\$0.00	\$25.68	\$0.34	\$15.12	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$1.44	\$1.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$4.33	\$4.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.24	\$5.77	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$268.94	\$150.23	\$0.00	\$26.82	\$33.28	\$0.00	\$43.15	\$0.34	\$15.12	\$0.00

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$188.88

	ovider: MEADOWS PARK HEALTH AND REHABILITATION vdr ID: 003167911A PDPM Shadow Rates. For informational use only PDPM Per Diem Rate Effective Date: 4 MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 21.57%	Add-on Percent 0.00% 1.0% 5.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.4435 1.2393	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1 1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
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	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,266,271	\$2,916,855	\$0	\$445,967	\$520,042	\$0	\$932,144		\$451,263	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$42,738)	\$2,242	\$0	(\$590)	\$1,069	\$378	(\$21,623)		(\$24,214)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$78,000		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$24,318
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,325,851	\$2,919,097	\$0	\$445,377	\$521,111	\$378	\$910,521	\$78,000	\$427,049	\$24,318
8	Total Nursing Facility Days As Filed Days = 20,663	FY21 Audited C/R Days	20,663									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,663	FY21 GL-PL Ins Rpt Days								20,663		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$257.75	\$141.27	\$0.00	\$21.55	\$25.24	(with L&H)	\$44.07	\$3.77	\$20.67	\$1.18
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.4435</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$97.87								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$97.87	\$0.00	\$21.55	\$25.24		\$44.07	\$3.77	\$20.67	\$1.18
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$217.00	\$97.87	\$0.00	\$21.55	\$25.24		\$36.91	\$3.77	30.48	\$1.18
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$217.00	\$97.87	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.2393								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$240.43	\$121.29	\$0.00	\$21.55	\$25.24	\$0.00	\$36.91	\$3.77	\$30.48	\$1.18
	Quarterly Per Diem Add-on Amounts	(B : M)	04.40	00.50		40.00	00.44	**	00.00		00.00	
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	\$1.21	\$1.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$6.06	\$6.06					64740			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$25.53	¢7.00	ድ ለ ሰር	¢0.00	© ∩ 44	\$0.00	\$17.10 \$17.10	60.00	¢ 0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$25.53	\$7.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$265.96	\$129.09	\$0.00	\$21.77	\$25.65	\$0.00	\$54.01	\$3.77	\$30.48	\$1.18

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$186.65

	ovider: ROCKMART HEALTH vdr ID: 003182988A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 37.78%	Add-on Percent 0.00% 2.5% 5.0%		Facility Mod Base Period (Quarterly Med		ata_	PDPM Facility 1.1556 1.2814	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
P	OPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$3,260,534	\$1,674,602	\$0	\$369,716	\$398,881	\$0	\$594,069		\$223,266	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$84,088)	(\$756)	\$0	\$0	\$0	\$0	(\$61,517)		(\$21,815)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$61,517		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$21,815
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$3,259,778	\$1,673,846	\$0	\$369,716	\$398,881	\$0	\$532,552	\$61,517	\$201,451	\$21,815
8	Total Nursing Facility Days As Filed Days = 13,852	FY21 Audited C/R Days	13,852									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 13,852	FY21 GL-PL Ins Rpt Days								13,852		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$235.33	\$120.84	\$0.00	\$26.69	\$28.80	(with L&H)	\$38.45	\$4.44	\$14.54	\$1.57
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.1556</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$104.57	# 0.00	#00.00	#00.00		#20.45	C4.44	C44.54	¢4.57
12	Net Per Diems after Model Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.57 \$104.63	\$0.00	\$26.69 \$26.82	\$28.80 \$33.28		\$38.45 \$36.91	\$4.44 \$0.00	\$14.54 N/A	\$1.57
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$212.23	\$104.63	\$0.00	\$26.69	\$28.80		\$36.91	\$4.44	9.25	\$1.57
14	base renou iviouel Adjusted Allowed rei bletti	Eddaci di Eli 12 di Eli 10	φ212.23	φ104.57	φυ.υυ	\$20.09	φ20.00		φ30.91	φ4.44	9.23 (FRV)	φ1.57
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$212.23	\$104.57	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2814</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	******	\$134.00								A
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$241.66	\$134.00	\$0.00	\$26.69	\$28.80	\$0.00	\$36.91	\$4.44	\$9.25	\$1.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.56	\$0.05	\$0.00	\$0.10	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine 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	\$6.70	\$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	\$27.71	\$10.10	\$0.00	\$0.10	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$269.37	\$144.10	\$0.00	\$26.79	\$29.21	\$0.00	\$54.01	\$4.44	\$9.25	\$1.57

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$189.20

	ovider: ADVANCED HEALTH AND REHAB OF TWIGGS COUNTY OF TWICE OF TWIGGS COUNTY OF TWICE OF TWIGGS COUNTY OF TWICE OF TWIGGS COUNTY OF TWIGGS COU	v. This is NOT your effective rate. 4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per	re:	N/A 38.27%	Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C		ta_	PDPM Facility 1.5337 1.5129	PDPM Statewide 1.4210 1.3706
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Emoleticy Wedsure Waximums (see line 20 for actual)	(see Folicy Maridal)		Ψ0.00	ψ0.00	φυ.ΖΖ	ψ0.41		ψ0.57			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$8,771,836		\$0	\$678,306	\$783,883	\$0	\$1,492,951		\$925,826	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$185,004)	\$0	\$0	\$0	(\$4,683)	(\$10,085)	(\$124,021)		(\$46,215)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$118,601		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$45,704
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$8,751,137	\$4,890,870	\$0	\$678,306	\$779,200	(\$10,085)	\$1,368,930	\$118,601	\$879,611	\$45,704
8	Total Nursing Facility Days As Filed Days = 34,987	FY21 Audited C/R Days	34,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,987	FY21 GL-PL Ins Rpt Days								34,987		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$250.13	\$139.79	\$0.00	\$19.39	\$21.98	(with L&H)	\$39.13	\$3.39	\$25.14	\$1.31
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5337</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.14								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$91.14	\$0.00	\$19.39	\$21.98		\$39.13	\$3.39	\$25.14	\$1.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$189.55	\$91.14	\$0.00	\$19.39	\$21.98		\$36.91	\$3.39	15.43	\$1.31
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$189.55	\$91.14	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.5129			·					
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$137.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$236.30	\$137.89	\$0.00	\$19.39	\$21.98	\$0.00	\$36.91	\$3.39	\$15.43	\$1.31
	Quarterly Per Diem Add-on Amounts	(and Dallar Marcos))	64.40	mo 50	# 0.00	#0.00	00.44	# 0.00	# 0.00		# 0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$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)		\$3.45	\$3.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$4.14 \$17.10	\$4.14					\$17.10			
23	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$8.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
	•											-
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$262.15	\$146.01	\$0.00	\$19.61	\$22.39	\$0.00	\$54.01	\$3.39	\$15.43	\$1.31

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$183.79

PDPM PDPM Facility Add-on Provider: ARCHWAY TRANSITIONAL CARE CENTER Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 003185502A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3369 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 69.88% 5.5% Quarterly Medicaid: Nurse Hrs per On-Site Day/Q 1.2726 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 4 0% 3.98 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$7,045,704 \$3,679,479 \$0 \$511,928 \$782,778 \$0 \$1,171,455 \$900,064 \$0 FY21 C/R Audit Adistmts (\$3,340)Audit Adjustments and Reallocations to Cost Center Costs (\$235,779) \$0 (\$817) \$0 (\$818) (\$165,872) (\$64,932) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$105,351 As Filed FY21 C/R As Filed Cost Center Costs (Taxes and Insurance) \$68,550 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$6.983.826 \$3.676.139 \$0 \$511,111 \$782,778 (\$818) \$1,005,583 \$105.351 \$835,132 \$68,550 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 28,626 28,882 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28.626 28,882 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$241.81 \$127.28 \$0.00 \$17.70 \$27.07 (with L&H) \$34.82 \$3.65 \$28.92 \$2.37 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3369 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$95.21 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$17.70 \$27.07 \$95.21 \$0.00 \$34.82 \$3.65 \$28.92 \$2.37 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$205.20 \$27.07 24.38 \$95.21 \$17.70 \$34.82 \$3.65 \$2.37 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$205.20 \$95.21 \$0.00 \$27.07 \$34.82 \$17.70 \$0.00 \$3.65 \$24.38 \$2.37 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.2726 \$121.16 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$231.15 \$121.16 \$17.70 \$27.07 \$34.82 \$3.65 \$24.38 \$0.00 \$0.00 \$2.37 **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 = In 19 Col b x CPS Add-on \$6.66 \$6.66 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (to Routine Srvcs) 22 Ln 19 Col b x Stfng Add-on \$4.85 \$4.85 23 (Fixed Amount) Nursing Home Provider Fee \$17.10 \$17.10

PDPM Shadow Rates. This is not your rate.

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Model Based Per Diem Rate

24

\$30.14

\$261.29

\$12.04

\$133.20

\$0.00

\$0.00

\$0.22

\$17.92

\$0.41

\$27.48

\$0.00

\$0.00

\$17.47

\$52.29

\$0.00

\$24.38

\$0.00

\$2.37

\$0.00

\$3.65

	rovider: OCEANSIDE HEALTH AND REHAB Prvdr ID: 003188970A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data a Growth Allowar Qtrly BIMS sco Nurse Hrs per (nce:	N/A 23.73%	Add-on Percent 0.00% 1.0% 3.0%		Facility Mod Base Period (ata_	PDPM Facility 1.3607 1.1629	PDPM Statewide 1.4210 1.3706
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
<u>P</u>	DPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		(coor and, manager,		75.55	7	77.22	,,,,,,		70.01			
_	Base Period Per Diem Allowed Amounts	As Filed FVOA O/D, FVOA OL/DI Det	#5.000.574	#0.407.540	# 0	* 050.050	# 000 040		#050 500		#740.707	# 0
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,069,574	' ' '	\$0	\$356,358	\$626,313	\$0	\$858,590		\$740,797	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$192,922)	(\$34,054)	\$0	\$0	\$0	\$0	(\$52,192)		(\$106,676)	
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$89,356		
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R										\$106,676
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,072,684	\$2,453,462	\$0	\$356,358	\$626,313	\$0	\$806,398	\$89,356	\$634,121	\$106,676
8	Total Nursing Facility Days As Filed Days = 23,106	FY21 Audited C/R Days	23,106									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,106	FY21 GL-PL Ins Rpt Days								23,106		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$219.54	\$106.18	\$0.00	\$15.42	\$27.11	(with L&H)	\$34.90	\$3.87	\$27.44	\$4.62
10		from 2 qtrs of FY21		<u>1.3607</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.03								
12	·	RS = Ln 11, AllOthr = Ln 9		\$78.03	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	\$27.44	\$4.62
13	· · · · · · · · · · · · · · · · · · ·	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$180.66	\$78.03	\$0.00	\$15.42	\$27.11		\$34.90	\$3.87	16.71	\$4.62
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$180.66	\$78.03	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62
17		per Current Qtr End		1.1629								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.37	\$90.74	\$0.00	\$15.42	\$27.11	\$0.00	\$34.90	\$3.87	\$16.71	\$4.62
	Constants Box Birms Add on Amounts											
20	Quarterly Per Diem Add-on Amounts	(aca Daliau Manual)	¢4.50	фо го	#0.00	#0.00	CO 44	#0.00	фо o z		фо oo	
20		(see Policy Manual) Ln 19 Col b x CPS Add-on	\$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)		\$0.91	\$0.91								
22		Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$2.72	\$2.72					⊕47.4 ↑			
23		(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	m4.40	ው ስ ስሳ	#0.00	mo 44	#0.00	\$17.10		#0.00	¢0.00
24			\$22.26	\$4.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$215.63	\$94.90	\$0.00	\$15.64	\$27.52	\$0.00	\$52.37	\$3.87	\$16.71	\$4.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.90									

Provider: BOSTICK NURSING CENTER Prvdr ID: 003192286A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	te: 4/1/2024 Qtrly BIMS score:		N/A 14.69%	Add-on Percent 0.00% 0.0% 2.0%		_Facility Mod Base Period (Quarterly Med	PDPM Facility 1.0717 1.0975	PDPM Statewide 1.4210 1.3706			
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
DDDM DACED DATE CALCUL ATIONS		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0% \$0.53	100.0%	100.0% \$0.22	100.0%		105.0% \$0.37			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		φ <i>0.53</i>	\$0.00	\$0.22	\$0.41		φ0.37			
Base Period Per Diem Allowed Amounts			.							•	
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$15,058,174		\$0	\$1,937,716		\$0	\$1,463,435		\$1,787,831	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$503,468)	(\$67,584)	\$0	\$499	\$2,080	\$3,854	(\$149,423)		(\$292,894)	
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt								\$82,202		
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R FY21 Audited C/R	\$4.4.00F.047	#7 000 040		#4 000 045	£4 000 740	#0.054	** ** ** ** ** ** ** ** ** ** ** ** **	#00.000	#4 404 007	\$288,409
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 77,249	FY21 Audited C/R FY21 Audited C/R Days	\$14,925,317 77,249	\$7,806,946	\$0	\$1,938,215	\$1,996,742	\$3,854	\$1,314,012	\$82,202	\$1,494,937	\$288,409
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,249 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,249	FY21 GL-PL Ins Rpt Days	77,249							77,249		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.20	\$101.06	\$0.00	\$25.09	\$25.90	(with L&H)	\$17.01	\$1.06	\$19.35	\$3.73
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21	ψ130.20	1.0717	ψ0.00	Ψ20.00	Ψ20.00	(War Earl)	ψ17.01	Ψ1.00	Ψ10.00	ψ0.70
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$94.30								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$94.30	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	\$19.35	\$3.73
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63	, , , , , ,	\$26.82	\$33.28		\$36.91	\$0.00	N/A	, ,
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$187.00	\$94.30	\$0.00	\$25.09	\$25.90		\$17.01	\$1.06	19.91	\$3.73
										(FRV)	
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$187.00	\$94.30	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End	ψ107.00	1.0975	ψ0.00	Ψ20.00	Ψ20.00	φ0.00	ψ17.01	Ψ1.00	Ψ10.01	ψ0.70
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.49								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.20	\$103.49	\$0.00	\$25.09	\$25.90	\$0.00	\$17.01	\$1.06	\$19.91	\$3.73
Constants Box Birm Add on Amounts											
Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$0.00	\$0.53	φυ.υυ	φυ.22	φυ.41	φυ.υυ	φυ.37		φυ.υυ	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ψ2.01					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.70	\$2.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$216.90	\$106.09	\$0.00	\$25.31	\$26.31	\$0.00	\$34.48	\$1.06	\$19.91	\$3.73
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.85		<u> </u>	<u> </u>	<u> </u>					

PDPM PDPM Facility Add-on GLEN EAGLE HEALTHCARE AND REHAB Score Percent Facility Model (PDPM) Data Facility Statewide Add-on Data and Percentage Prvdr ID: 003214231A PDPM Shadow Rates. For informational use only. This is NOT your effective rate. Growth Allowance: N/A 0.00% Base Period Overall: 1.3178 1.4210 PDPM Per Diem Rate Effective Date: 4/1/2024 Qtrly BIMS score: 40.00% 2.5% Quarterly Medicaid: 1.1496 Nurse Hrs per On-Site Day/Q 1 3706 MDS & Nurse Hrs Data per Quarter Ending: 12/31/23 3.0% 3.04 Plant Admin Property A&G - GL/PL Sources / Routine Laundry & Taxes and Special Line Totals Dietary Operatns and and Calculations Houskpng Services Services Insurance Insurance Description & Maint General Related b е PDPM BASED RATE CALCULATIONS Cost Center Peer Groups (see Policy Manual) Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities Free Standing Bed Size Range within Peer Group All Bed Sizes Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile (see Policy Manual) 90.0% 90.0% 90.0% 85.0% 50.0% Peer Group Standards: Multiplier (see Policy Manual) 100.0% 100.0% 100.0% 100.0% 105.0% Efficiency Measure Maximums (see line 20 for actual) (see Policy Manual) \$0.53 \$0.00 \$0.22 \$0.41 \$0.37 **Base Period Per Diem Allowed Amounts** As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY21 C/R - FY21 GL/PL Rpt \$4,329,737 \$2,480,656 \$0 \$415,788 \$415,605 \$0 \$533,025 \$484,663 \$0 FY21 C/R Audit Adistmts (\$851) Audit Adjustments and Reallocations to Cost Center Costs (\$179,937) \$0 \$0 \$0 (\$693)(\$142,922) (\$35,471) As Filed FY21 GL/PL Rpt As Filed Cost Center Costs (GL/PL) \$140,604 As Filed Cost Center Costs (Taxes and Insurance) As Filed FY21 C/R \$35,343 7 Cost Center Costs After Audit Adjustments FY21 Audited C/R \$4.325.747 \$2,480,656 \$0 \$415,788 \$414,912 (\$851) \$390,103 \$140,604 \$449,192 \$35,343 FY21 Audited C/R Days Total Nursing Facility Days As Filed Days = 21,855 21,855 FY21 GL-PL Ins Rpt Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21.855 21,855 9 Net Per Diems prior to Model Adjstmt to Routine Srvcs Ln 7 / Ln 8 Col a \$197.93 \$113.51 \$19.02 \$18.95 (with L&H) \$17.85 \$6.43 \$20.55 \$1.62 10 Base Period Facility Model for All Residents from 2 qtrs of FY21 1.3178 11 Routine Srvcs Model Adjstd (CMA) Net Per Diem In 9 / In 10 \$86.13 RS = Ln 11, AllOthr = Ln 9 12 Net Per Diems after Model Adjstmt to Routine Srvcs \$18.95 \$17.85 \$86.13 \$0.00 \$19.02 \$6.43 \$20.55 \$1.62 13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$104.63 \$26.82 \$33.28 \$36.91 \$0.00 N/A 14 Base Period Model Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$86.13 \$18.95 \$160.46 \$19.02 \$17.85 \$6.43 10.46 \$1.62 **Quarterly Per Diem Rate Prior to Add-ons** 15 Growth Allowance Percentage = In 14 x Grwth Allwnc % \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) In 14 + In 15 \$160.46 \$86.13 \$18.95 \$0.00 \$19.02 \$0.00 \$17.85 \$6.43 \$10.46 \$1.62 17 per Current Qtr End Quarterly Facility Model for Medicaid Residents 1.1496 18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$99.02 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$173.35 \$99.02 \$19.02 \$18.95 \$17.85 \$0.00 \$0.00 \$6.43 \$10.46 \$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 = In 19 Col b x CPS Add-on \$2.48 \$2.48 2.5% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.97 \$2.97 23 (Fixed Amount) Nursing Home Provider Fee \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.08 \$5.98 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 **Quarterly Model Based Per Diem Rate** Ln 19 + Ln 24 \$197.43 \$105.00 \$0.00 \$19.24 \$19.36 \$0.00 \$35.32 \$6.43 \$10.46 \$1.62

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$135.25

DEMONSTRATION ONLY

	Provider: MeSun Health and Rehabilitation Center Prodr ID: 003245344A PDPM Shadow Rate For informational use or H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/24		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 66.7% 5.25	Add-on Percent 0.00% 5.5% 0.0%		Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.6257 1.3671 1.3943	State- wide 1.5751 1.5195 1.5463
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g		h	i
CA	SE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2021 Peer Group Limit	\$211.77 \$0.00 \$211.77	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$104.63 \$94.17 \$0.00 \$94.17 1.3943 \$131.30	All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$26.82 \$24.14 \$0.00 \$24.14	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$33.28 \$29.95 \$0.00 \$29.95	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$36.91 \$33.22 \$0.00 \$33.22	\$0.00 0 \$ -	\$30.29 \$30.29 30.29 (FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts	1	\$253.09 \$7.22 \$0.00 \$17.10 \$24.32	\$131.30 \$7.22 \$0.00		\$24.14	\$29.95		\$33.22 17.10	4.19	\$30.29	\$0.00
	Quarterly Case Mix Based Per Diem Rate		\$277.41	\$138.52		\$24.14	\$29.95		\$50.32	\$4.19	\$30.29	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$195.23										

DEMONSTRATION ONLY

Case Mix Base Description Sources / Calculations Totals Services Pr	ovider: Archbold Living Cairo rdr ID: 003294668A PDPM Shadow Rate For informational use on H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/24		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 0.0% 92.90	Add-on Percent 0.00% 0.0% 1.0%		Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.3439 1.3706	State- wide 1.5751 1.5195 1.5463	
Cost Center Peer Groups per Selected Options 1	Line #	Description		Totals			Dietary		Operatns	and		and	Taxes and Insurance
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group All Facilities All F				а	b	С	d	е	f	g		h	i
Quarterfy Per Diem Add-On Amounts \$0.00 \$0.00 \$0.00 BIMS Add-on Per Diem = 0.0% to Routine Srvs) \$0.00 \$0.00 Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% \$1.29 \$1.29 Nursing Home Provider Fee \$17.10 \$17.10 17.10 Total Quarterly Per Diem Add-On Amounts \$18.39 17.10	CAS	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance O.00% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents	FY2021 GL-PL Ins. Rpt	\$0.00	90.0% 100.0% \$0.53 \$104.63 \$94.17 \$0.00 \$94.17 1.3706	90.0% 100.0%	Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$26.82 \$24.14 \$0.00	85.0% 100.0% \$0.41 \$33.28 \$29.95 \$0.00		All Bed Sizes 50.0% 105.0% \$0.37 \$36.91 \$33.22 \$0.00	0	\$38.80 38.80	\$0.00 \$0.00 \$0.00
Quarterly Case Mix Based Per Diem Rate \$277.76 \$130.36 \$24.14 \$29.95 \$50.32 \$4.19 \$38.80 \$0.		Quarterly Per Diem Add-On Amounts 0.0% to Routine Srvs) BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% Nursing Home Provider Fee 1.0% Total Quarterly Per Diem Add-On Amounts 1.0%		\$0.00 \$1.29 \$17.10 \$18.39	\$0.00 \$1.29		·	·		17.10		·	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75% \$195.50	-		¢105 50	\$277.76	\$130.36		\$24.14	\$29.95		\$50.32	\$4.19	\$38.80	\$0.00

DEMONSTRATION ONLY

Provider: PruittHealth - Rome Prvdr ID: 299031876A PDPM Shadow Rate For informational use only. H/B ?: No Case Mix Per Diem Rate Effective Date:	This is NOT your rate 04/01/24	Add-on D	ata and Percentages Growth Allowance: BIMS:	Facility Score N/A 26.6%	Add-on Percent 0.00% 1.0%		Case Mix Index Base Period	: (CMI) Data d Overall PDPM:	-	Facility Specific 1.3871	State- wide 1.5751
MDS & Nurse Hrs Data per Quarter Ending:	12/31/23 Nurse	Hours per On-Site	Day/Quality Incentive:	4.01	5.0%	Ortrly Mca	id PDPM w RU	G Wght Options:		1.3689	1.3706
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g		h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier			90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
Efficiency Measures (Maximums) Per Diem Costs and Add-ons			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs)	FY2021 GL-PL Ins. Rpt FY2021 GL-PL Ins. Rpt FY 2021 Peer Group Limit		\$104.63		\$26.82	\$33.28		\$36.91	\$ 203,634 32,699	\$28.49	\$1.31
Allowed @ 95% of Std Growth Allowance 0.0% CMA Allowed Per Diem (After Growth Alowance)	·	\$221.36 \$0.00 \$227.59	\$99.40 \$0.00 \$99.40		\$25.48 \$0.00 \$25.48	\$31.62		\$35.06 \$0.00 \$35.06		\$28.49 \$28.49	
Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		Ψ227.33	1.3689 \$136.07		Ψ23.40	ψ51.02		ψ33.00	Ψ 0.23	(FRV Rate)	ψ1.51
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% (to Routine Srys)		\$262.22 \$1.36	\$136.07 \$1.36		\$25.48	\$31.62		\$35.06	\$ 4.19	\$28.49	\$1.31
BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 5.0% Nursing Home Provider Fee		\$1.36 \$6.80 \$17.10	\$1.36 \$6.80					17.10			
Total Quarterly Per Diem Add-On Amounts		\$25.26									
Quarterly Case Mix Based Per Diem Rate		\$287.48	\$144.23		\$25.48	\$31.62		\$52.16	\$4.19	\$28.49	\$1.31
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$202.79 PDPM Shadow Rate. Thi										

^{* 1002.3}B - The allowed Per Diem for GL/PL insurance will be the lower of projected costs or 90% of 105% of the median Net Per Diem.

Provider: RELIABLE HEALTH & REHAB AT LAKEWOOD Prvdr ID: 321026473A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Growth Allowar Qtrly BIMS sco	Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		Add-on Percent 0.00% 2.5% 3.0%		Facility Mod Base Period C	PDPM Facility 1.3537 1.2951	PDPM Statewide 1.4210 1.3706		
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0%	90.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts	, , ,							·			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$7,366,288	\$3,716,569	\$0	\$554,782	\$964,923	\$0	\$1,406,552		\$723,462	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$221,552)	\$5,710,309	\$0	\$0	\$1,789	\$1,441	(\$131,378)		(\$93,462)	Ψ0
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ221,302)	ΨΟΟ	ΨΟ	Ψ0	ψ1,705	Ψ1,ττ1	(ψ131,370)	\$155,807	(ψυυ, τυΣ)	
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								ψ100,007		\$93,775
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$7,394,318	\$3,716,627	\$0	\$554,782	\$966,712	\$1,441	\$1,275,174	\$155,807	\$630,000	\$93,775
8 Total Nursing Facility Days As Filed Days = 27,111	FY21 Audited C/R Days	27,111	40,110,000	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 • • • • • • • • • • • • • • • • • • •	4 ·, · · ·	* ',= ' * , ' · · ·	******	4000,000	400,110
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,111	FY21 GL-PL Ins Rpt Days								27,111		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$272.75	\$137.09	\$0.00	\$20.46	\$35.71	(with L&H)	\$47.04	\$5.75	\$23.24	\$3.46
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		1.3537								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$101.27								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$101.27	\$0.00	\$20.46	\$35.71		\$47.04	\$5.75	\$23.24	\$3.46
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$213.01	\$101.27	\$0.00	\$20.46	\$33.28		\$36.91	\$5.75	11.88	\$3.46
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$213.01	\$101.27	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2951</u>								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$131.15								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$242.89	\$131.15	\$0.00	\$20.46	\$33.28	\$0.00	\$36.91	\$5.75	\$11.88	\$3.46
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.28	\$3.28								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.93	\$3.93								
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	\$25.06	\$7.74	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$267.95	\$138.89	\$0.00	\$20.68	\$33.28	\$0.00	\$54.01	\$5.75	\$11.88	\$3.46
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$188.14									

	ovider: GLENWOOD HEALTHCARE vdr ID: 701562744A PDPM Shadow Rates. For informational use onl PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2024	Add-on Data and Percentage his is NOT your effective rate. Growth Allowance: Qtrly BIMS score: 35.		N/A 35.14%	Add-on Percent 0.00% 2.5% 2.0%		Facility Mod Base Period (Quarterly Med		PDPM Facility 1.2085 1.2905	PDPM Statewide 1.4210 1.3706	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	f	g	g	h	i
PD	PPM BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
		, ,				,						
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	¢2 873 552	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$488,256		\$384,959	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$70,601)	\$1,430,138	\$0	\$202,210	\$307,981	\$0	(\$45,565)		(\$25,036)	φ0
	As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ/ 0,001)	Ψ	ΨΟ	Ψ	Ψ	Ψ	(ψ40,000)	\$36,081	(ψ20,000)	
	As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								φοσ,σσ.		\$25,036
7	Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$2,864,068	\$1,430,138	\$0	\$262,218	\$307,981	\$0	\$442,691	\$36,081	\$359,923	\$25,036
8	Total Nursing Facility Days As Filed Days = 15,681	FY21 Audited C/R Days	15,681									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,681	FY21 GL-PL Ins Rpt Days								15,681		
9	Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.64	\$91.20	\$0.00	\$16.72	\$19.64	(with L&H)	\$28.23	\$2.30	\$22.95	\$1.60
10	Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.2085</u>								
11	Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.46								
12	Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.46	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	\$22.95	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	
14	Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.66	\$75.46	\$0.00	\$16.72	\$19.64		\$28.23	\$2.30	12.71 (FRV)	\$1.60
	Quarterly Per Diem Rate Prior to Add-ons										(1111)	
15	Growth Allowance Percentage = <u>0.00%</u>	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.66	\$75.46	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60
17	Quarterly Facility Model for Medicaid Residents	per Current Qtr End		<u>1.2905</u>								
18	Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.58	\$97.38	\$0.00	\$16.72	\$19.64	\$0.00	\$28.23	\$2.30	\$12.71	\$1.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([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	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95								
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	\$23.01	\$4.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$201.59	\$102.29	\$0.00	\$16.94	\$20.05	\$0.00	\$45.70	\$2.30	\$12.71	\$1.60

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$138.37

Provider: EVERGREEN HEALTH AND REHABILITATION CEN Prvdr ID: 835154999A PDPM Shadow Rates. For informational use on PDPM Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	nly. This is NOT your effective rate. Gre: 4/1/2024 Qtr		Add-on Data and Percentage Growth Allowance: Qtrly BIMS score: Nurse Hrs per On-Site Day/Q		Add-on Percent 0.00% 2.5% 4.0%		_Facility Mod Base Period (Quarterly Med	PDPM Facility 1.5628 1.3297	PDPM Statewide 1.4210 1.3706		
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G - GL/PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е	f	g	g	h	i
PDPM BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits											
2 Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0% 100.0%	90.0%	85.0%		50.0% 105.0%			
3 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	100.0% \$0.41		\$0.37			
				,				,			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY21 C/R - FY21 GL/PL Rpt	\$5,250,545	\$2.775.059	\$0	\$516,725	\$602,764	\$0	\$1,081,301		\$274,696	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY21 C/R Audit Adjstmts	(\$189,176)	\$1,860	\$0	\$516,725	\$002,764	\$0	(\$168,580)		(\$22,456)	φυ
As Filed Cost Center Costs (GL/PL)	As Filed FY21 GL/PL Rpt	(ψ103,170)	ψ1,000	ΨΟ	Ψ0	Ψ0	ΨΟ	(ψ100,300)	\$164,520	(ψ22,430)	
As Filed Cost Center Costs (Taxes and Insurance)	As Filed FY21 C/R								Ψ104,020		\$22,456
7 Cost Center Costs After Audit Adjustments	FY21 Audited C/R	\$5,248,345	\$2,776,919	\$0	\$516,725	\$602,764	\$0	\$912,721	\$164,520	\$252,240	\$22,456
8 Total Nursing Facility Days As Filed Days = 30,107	FY21 Audited C/R Days	30,107									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,107	FY21 GL-PL Ins Rpt Days								30,107		
9 Net Per Diems prior to Model Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174.32	\$92.23	\$0.00	\$17.16	\$20.02	(with L&H)	\$30.32	\$5.46	\$8.38	\$0.75
10 Base Period Facility Model for All Residents	from 2 qtrs of FY21		<u>1.5628</u>								
11 Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01								
12 Net Per Diems after Model Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	\$8.38	\$0.75
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$104.63		\$26.82	\$33.28		\$36.91	\$0.00	N/A	40
14 Base Period Model Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.40	\$59.01	\$0.00	\$17.16	\$20.02		\$30.32	\$5.46	7.68 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons										(,,,,,,	
15 Growth Allowance Percentage = 0.00%	Ln 14 x Grwth Allwnc %	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.40	\$59.01	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75
17 Quarterly Facility Model for Medicaid Residents	per Current Qtr End		1.3297								
18 Qrtrly Routine Srvcs Model Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.47							^-	40
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.86	\$78.47	\$0.00	\$17.16	\$20.02	\$0.00	\$30.32	\$5.46	\$7.68	\$0.75
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 4.0% (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	40.05	22.25	22.25
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.73	\$5.63	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Model Based Per Diem Rate	Ln 19 + Ln 24	\$183.59	\$84.10	\$0.00	\$17.38	\$20.43	\$0.00	\$47.79	\$5.46	\$7.68	\$0.75

PDPM Shadow Rates. This is not your rate.

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$124.87