

Sort by License Type

Description	RECAP OF PATIENT EXPENSE AND RATE CALCULATION								
	Sheltered Living	Intensive Training	Child Rearing	Child Rearing w/Spec. Prog	Basic Developmental	Developmental Training	Small Beh Mngt Res/Children	Small Extensive Medical Needs	Extensive Support Needs Residents
Fixed									
Total Expenses	10.24	13.03	12.50	11.35	15.16	15.50	22.74	32.23	32.34
Interest/Deprctn/Rent	-5.56	-10.07	-9.45	-8.14	-11.74	-12.28	-16.98	-28.59	-27.66
Capital Retn Fact-Owner's	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Capital Return Factor	5.82	9.61	6.42	8.70	10.68	10.94	13.09	12.30	22.70
Own/Rel-Prty/Mgmt Limit	0.00	-0.01	0.00	0.00	-0.03	-0.03	0.00	0.00	0.00
Owner's Expense Limit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staffing Limit	-0.36	-0.04	0.00	0.00	-0.01	0.00	-0.03	-0.01	0.00
Total Adjusted Expense	10.15	12.52	9.47	11.92	14.06	14.14	18.81	15.93	27.39
Fixed Patient Days	1,510	2,434	2,721	2,305	2,357	2,611	1,866	1,414	1,392
Fixed Cost Per Diem Exp	9.96	12.43	9.47	12.37	14.01	14.02	18.24	15.71	27.25
Variable									
Total Expenses	189.58	174.40	211.62	224.48	233.81	193.36	253.75	312.00	470.07
Working Cap Int Limit	0.00	-0.01	0.00	0.00	-0.01	-0.01	0.00	0.00	-0.01
Own/Rel-Prty/Mgmt Limit	0.00	-0.08	0.00	0.00	-0.41	-0.14	0.00	0.00	-0.28
Owner's Expense Limit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staffing Limit	-26.37	-7.08	-2.14	-3.82	-1.94	-1.67	-2.84	-5.65	-3.20
Total Adjusted Expense	163.21	167.23	209.48	220.66	231.44	191.54	250.91	306.36	466.57
Variable Patient Days	1,453	2,399	2,721	2,288	2,332	2,590	1,825	1,394	1,379
Variable Cost Per Diem Exp	165.11	168.95	209.48	222.56	232.25	192.79	252.29	307.53	467.53
Rate Recap									
Total Per Diem Expense	175.07	181.38	218.95	234.93	246.26	206.81	270.54	323.24	494.78
Profit Add-On	0.79	13.49	27.56	16.18	10.72	9.41	24.60	16.66	28.77
Per Diem Expense & Profit	175.85	194.87	246.51	251.11	256.98	216.23	295.13	339.90	523.55
Maximum Annual Limit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Private Pay Rate	208.33	246.10	300.00	306.00	308.84	266.37	348.08	411.36	613.13
Requested Rate	208.33	246.10	300.00	306.00	309.37	266.37	348.08	411.36	613.13
Overall Rate Limit	180.40	220.37	298.61	281.04	295.34	249.63	334.61	397.95	602.34
Rate Reduction	1.34	1.55	1.89	2.01	2.00	1.66	2.37	2.76	4.13
Per Diem Rate	169.94	193.11	244.62	249.10	254.42	214.00	292.76	337.14	510.82
Assessment									
Total Annual Revenue	242,125.00	451,856.00	678,752.00	548,774.00	578,127.00	544,734.00	537,078.00	417,055.00	693,046.00
5.50% Assessment	13,317.00	24,852.00	37,331.00	30,183.00	31,797.00	29,960.00	29,539.00	22,938.00	38,118.00
Monthly Assessment	1,110.00	2,071.00	3,111.00	2,520.00	2,654.00	2,489.00	2,484.00	2,166.00	3,165.00

Sort by License Type

Description	RECAP OF PATIENT EXPENSE AND RATE CALCULATION								Extensive Support Needs Residents
	Sheltered Living	Intensive Training	Child Rearing	Child Rearing w/Spec. Prog	Basic Developmental	Developmental Training	Small Beh Mngt Res/Children	Small Extensive Medical Needs	
No. of Occurrences									
Working Cap Int Limit	0	14	0	0	12	5	0	0	2
Own/Rel-Prty/Mgmt Limit	0	9	0	0	9	9	0	0	1
Owner's Expense Limit	0	0	0	0	0	0	0	0	0
Staffing Limit	6	95	1	4	34	20	2	5	1
Per Diem Expense & Profit	6	155	1	10	174	101	13	22	8
Maximum Annual Limit	0	0	0	0	0	0	0	0	0
Private Pay Rate	0	0	0	0	0	0	0	0	0
Requested Rate	0	0	0	0	0	0	0	0	0
Overall Rate Limit	0	0	0	0	0	0	0	0	0
No. of Providers	6	155	1	10	174	101	13	22	8