



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

000169300 - 2022/07
RI:364.39 / NM:0.00

St. Augustine Center for Living

5155 U.S. 1 South
 St. Augustine, FL 32086

Provider Type: ICF/IID

Provider Number: 000169300

Date: 11/1/2022

FYE: 11/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	361.05	364.39	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:


<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001069500 - 2022/07
RI:575.88 / NM:722.79

Miner North

85609 Miner Road
 Yulee, FL 32097

Provider Number: 001069500

Date: 11/1/2022

FYE: 5/31/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	570.59	575.88	7/1/2022
#8 Non-Ambulatory & #9 Medical	716.16	722.79	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Care Centers of Nassau, LLC

95146 Hendricks Road

Fernandina Beach, FL 32034

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001071000 - 2022/07
RI:589.06 / NM:726.49

Miner South
 85474 Miner Road
 Yulee, FL 32097

Provider Number: 001071000
 Date: 11/1/2022
 FYE: 5/31/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	583.65	589.06	7/1/2022
#8 Non-Ambulatory & #9 Medical	719.83	726.49	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Care Centers of Nassau, LLC
 95146 Hendricks Road
 Fernandina Beach, FL 32034

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0101963600 - 2022/07
RI:606.78 / NM:829.15

New Horizons (Mentor)

1275 N. Rainbow Loop
 Lecanto, FL 34461

Provider Number: 0101963600

Date: 11/1/2022

FYE: 1/31/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	601.21	606.78	7/1/2022
#8 Non-Ambulatory & #9 Medical	821.55	829.15	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0107650900 - 2022/07
RI:596.19 / NM:776.48

**Sunrise Community, Inc. -
 Log Cabin**

22300 SW 162ND Ave
 Miami, FL 33170-3907

Provider Type: ICF/IID

Provider Number: 0107650900

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	590.72	596.19	7/1/2022
#8 Non-Ambulatory & #9 Medical	769.36	776.48	7/1/2022

Rate Type:


<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0108357500 - 2022/07
RI:580.82 / NM:708.79

Pensacola Developmental Center

One Villa Drive
 Pensacola, FL 32506

Provider Type: ICF/IID

Provider Number: 0108357500

Date: 11/1/2022

FYE: 11/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	575.49	580.82	7/1/2022
#8 Non-Ambulatory & #9 Medical	702.29	708.79	7/1/2022


Rate Type:

<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective	
	<input checked="" type="checkbox"/> X	Total Interim	<input type="checkbox"/>	Total Prospective
		Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
		Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0108358400 - 2022/07
RI:579.96 / NM:703.35

Panama City Developmental Center

1407 Lincoln Drive P.O. Box 456

Panama City, FL 32401

Provider Type: ICF/IID

Provider Number: 0108358400

Date: 11/1/2022

FYE: 11/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	574.64	579.96	7/1/2022
#8 Non-Ambulatory & #9 Medical	696.90	703.35	7/1/2022

Rate Type:			
<u> X </u>	Interim	<u> X </u>	Prospective
	<u> </u> Total Interim	<u> X </u>	Total Prospective
	<u> </u> Interim Component	<u> </u>	Prospective Adjusted for New Cost
	<u> X </u> Settlement Based on Costs		

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0108358800 - 2022/07
RI:607.35 / NM:725.45

Tallahassee Developmental Center

455 Appleyard Drive
 Tallahassee, FL 32304

Provider Type: ICF/IID

Provider Number: 0108358800

Date: 11/1/2022

FYE: 11/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	601.78	607.35	7/1/2022
#8 Non-Ambulatory & #9 Medical	718.80	725.45	7/1/2022


Rate Type:

<input checked="" type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" type="checkbox"/> Settlement Based on Costs	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0108358900 - 2022/07
RI:576.03 / NM:681.59

**Ft. Walton Beach
 Developmental Ctr.**
 1045 Mar Walt Drive
 Ft. Walton Beach, FL 32547

Provider Number: 0108358900
 Date: 11/1/2022
 FYE: 11/30/2021
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	570.75	576.03	7/1/2022
#8 Non-Ambulatory & #9 Medical	675.34	681.59	7/1/2022


Rate Type:

<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective
	<input checked="" type="checkbox"/> X Total Interim		<input type="checkbox"/> Total Prospective
	<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
	<input type="checkbox"/> Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

 ,

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0108366100 - 2022/07
RI:565.26 / NM:667.77

**Hillsborough County
 Developmental Ctr**

14219 Bruce B Downs
 Boulevard
 Tampa, FL 33613

Provider Type: ICF/IID

Provider Number: 0108366100

Date: 11/1/2022

FYE: 11/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	560.08	565.26	7/1/2022
#8 Non-Ambulatory & #9 Medical	661.65	667.77	7/1/2022

Rate Type:			
X	Interim		Prospective
	X	Total Interim	Total Prospective
		Interim Component	Prospective Adjusted for New Cost
		Settlement Based on Costs	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0110232000 - 2022/07
RI:605.63 / NM:687.37

Sunrise Nettles Group Home
 817 West Wheeler Road
 Seffner, FL 33584

Provider Number: 0110232000
 Date: 11/1/2022
 FYE: 6/30/2020
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	600.07	605.63	7/1/2022
#8 Non-Ambulatory & #9 Medical	681.07	687.37	7/1/2022


Rate Type:

<u> X </u> Interim	<u> X </u> Prospective
<u> </u> X Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0111453600 - 2022/07
RI:568.34 / NM:656.83

Sunrise Observation Circle
 6122 Observation Circle
 Tallahassee, FL 32317

Provider Number: 0111453600
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	563.13	568.34	7/1/2022
#8 Non-Ambulatory & #9 Medical	650.81	656.83	7/1/2022


Rate Type:

<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective	
<input type="checkbox"/>	<input checked="" type="checkbox"/> X	Total Interim	<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	<input type="checkbox"/>	Settlement Based on Costs	<input type="checkbox"/>	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0111470500 - 2022/07
RI:573.85 / NM:662.77

Sunrise Southshore Circle
 3021 Southshore Circle
 Tallahassee, FL 32312-1822

Provider Number: 0111470500
 Date: 11/1/2022
 FYE: 7/31/2021
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	568.59	573.85	7/1/2022
#8 Non-Ambulatory & #9 Medical	656.69	662.77	7/1/2022


Rate Type:

<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective	
	<input checked="" type="checkbox"/> X	Total Interim	<input type="checkbox"/>	Total Prospective
	<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
	<input type="checkbox"/>	Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0111473100 - 2022/07
RI:571.37 / NM:659.86

Sunrise Lakeshore Drive
 3349 Lakeshore Drive
 Tallahassee, FL 32312

Provider Number: 0111473100
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	566.13	571.37	7/1/2022
#8 Non-Ambulatory & #9 Medical	653.80	659.86	7/1/2022

Rate Type:


<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective	
	<input checked="" type="checkbox"/> X	Total Interim	<input type="checkbox"/>	Total Prospective
	<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
	<input type="checkbox"/>	Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0111976800 - 2022/07
RI:614.95 / NM:714.55

Sunrise Eleazer Place
 701 Eleazer Place
 Tallahassee, FL 32312

Provider Number: 0111976800
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	609.31	614.95	7/1/2022
#8 Non-Ambulatory & #9 Medical	708.00	714.55	7/1/2022


Rate Type:

<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective	
	<input checked="" type="checkbox"/> X	Total Interim	<input type="checkbox"/>	Total Prospective
	<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
	<input type="checkbox"/>	Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

 ,

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0113827900 - 2022/07
RI:739.68 / NM:851.68

Sunrise - Kaul
 2714 W. Kirby Street
 Tampa, FL 33614

Provider Number: 0113827900
 Date: 11/1/2022
 FYE: 6/30/2020
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	732.89	739.68	7/1/2022
#8 Non-Ambulatory & #9 Medical	843.87	851.68	7/1/2022


Rate Type:

<u> X </u>	Interim	<u> X </u>	Prospective
	<u> X </u> Total Interim		<u> X </u> Total Prospective
	<u> </u> Interim Component		<u> </u> Prospective Adjusted for New Cost
	<u> </u> Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012037000 - 2022/07
RI:528.07 / NM:615.15

Bayview (Mentor)
 2133 E 12th Street
 Lynn Haven, FL 32444-3109

Provider Number: 012037000
 Date: 11/1/2022
 FYE: 9/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	523.23	528.07	7/1/2022
#8 Non-Ambulatory & #9 Medical	609.51	615.15	7/1/2022


Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012038000 - 2022/07
RI:490.67 / NM:571.87

Seaview (Mentor)
 1204 West 13th Street
 Panama City, FL 32401-2015

Provider Number: 012038000
 Date: 11/1/2022
 FYE: 9/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	486.17	490.67	7/1/2022
#8 Non-Ambulatory & #9 Medical	566.62	571.87	7/1/2022


Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012040300 - 2022/07
RI:547.13 / NM:636.35

Gulfview (Mentor)
 2603 N State Ave E 12th ST
 Panama City, FL 32405-4359

Provider Number: 012040300
 Date: 11/1/2022
 FYE: 10/7/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	542.11	547.13	7/1/2022
#8 Non-Ambulatory & #9 Medical	630.51	636.35	7/1/2022


Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012073200 - 2022/07
RI:542.50 / NM:611.60

**Suncoast - Suffridge Drive
 Group Home**

27566 Suffridge Drive
 Bonita Springs, FL 33923

Provider Type: ICF/IID

Provider Number: 012073200

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	537.53	542.50	7/1/2022
#8 Non-Ambulatory & #9 Medical	605.99	611.60	7/1/2022

Rate Type:			
X	Interim	_____	Prospective
_____	X	Total Interim	_____ Total Prospective
_____	_____	Interim Component	_____ Prospective Adjusted for New Cost
_____	_____	Settlement Based on Costs	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012074200 - 2022/07
RI:539.16 / NM:615.61

**Suncoast - Coletta Drive
 Group Home**

1604 Coletta Drive
 Orlando, FL 32807

Provider Type: ICF/IID

Provider Number: 012074200

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	534.21	539.16	7/1/2022
#8 Non-Ambulatory & #9 Medical	609.96	615.61	7/1/2022


Rate Type:			
<input checked="" type="checkbox"/>	Interim	<input type="checkbox"/>	Prospective
	<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input type="checkbox"/> Total Prospective
	<input checked="" type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
	<input type="checkbox"/> Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012074800 - 2022/07
RI:589.44 / NM:659.32

**Suncoast - Spring Street
 Group Home**

1463 Spring Street
 Lake City, FL 32052

Provider Type: ICF/IID

Provider Number: 012074800

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	584.04	589.44	7/1/2022
#8 Non-Ambulatory & #9 Medical	653.27	659.32	7/1/2022

Rate Type:


<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective	
	<input checked="" type="checkbox"/> X	Total Interim	<input type="checkbox"/>	Total Prospective
	<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
	<input type="checkbox"/>	Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012075300 - 2022/07
RI:568.20 / NM:622.37

**Suncoast - Walnut Street
 Group Home**

102 Alexander Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075300

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	562.99	568.20	7/1/2022
#8 Non-Ambulatory & #9 Medical	616.67	622.37	7/1/2022

Rate Type:


<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective	
<input type="checkbox"/>	<input checked="" type="checkbox"/> X	Total Interim	<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>		Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>		Settlement Based on Costs	<input type="checkbox"/>	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012075700 - 2022/07
RI:543.44 / NM:610.96

**Suncoast - Bessent Road
 Group Home**

1329 Bessent Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075700

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	538.46	543.44	7/1/2022
#8 Non-Ambulatory & #9 Medical	605.35	610.96	7/1/2022

Rate Type:


<u> X </u> Interim	<u> X </u> Prospective
<u> </u> X Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012075900 - 2022/07
RI:543.47 / NM:605.68

**Suncoast - Frederick Avenue
 Group Home**

325 N Frederick Avenue
 Daytona Beach, FL 32114

Provider Type: ICF/IID

Provider Number: 012075900

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	538.48	543.47	7/1/2022
#8 Non-Ambulatory & #9 Medical	600.13	605.68	7/1/2022

Rate Type:


<u> X </u> Interim	<u> X </u> Prospective
<u> </u> X Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012373500 - 2022/07
RI:539.26 / NM:601.20

**Suncoast - 107th Place
 Group Home**
 2233 NW 41st St Ste 300
 Gainesville, FL 32606

Provider Number: 012373500
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	534.32	539.26	7/1/2022
#8 Non-Ambulatory & #9 Medical	595.68	601.20	7/1/2022

Rate Type:


<u> X </u>	Interim	<u> X </u>	Prospective
	<u> X </u> Total Interim	<u> X </u>	Total Prospective
	<u> </u> Interim Component	<u> </u>	Prospective Adjusted for New Cost
	<u> </u> Settlement Based on Costs	<u> </u>	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012374200 - 2022/07
RI:581.84 / NM:661.36

**Suncoast - Second Street
 Group Home**

3841 SE 2nd Street
 Ocala, FL 34471

Provider Type: ICF/IID

Provider Number: 012374200

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	576.51	581.84	7/1/2022
#8 Non-Ambulatory & #9 Medical	655.29	661.36	7/1/2022

Rate Type:


<u> X </u>	Interim	<u> X </u>	Prospective
	<u> X </u> Total Interim		<u> X </u> Total Prospective
	<u> </u> Interim Component		<u> </u> Prospective Adjusted for New Cost
	<u> </u> Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012374400 - 2022/07
RI:592.49 / NM:0.00

**Suncoast - Rosewood
 Avenue Group Home**
 71 Rosewood Avenue
 Ormond Beach, FL 32174

Provider Number: 012374400
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	587.06	592.49	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022


Rate Type:			
<u> X </u>	Interim	<u> X </u>	Prospective
	<u> X </u> Total Interim	<u> X </u>	Total Prospective
	<u> </u> Interim Component	<u> </u>	Prospective Adjusted for New Cost
	<u> </u> Settlement Based on Costs	<u> </u>	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012375400 - 2022/07
RI:556.17 / NM:629.65

Suncoast - 19th Street Group Home

529 NW 19th Street
 Gainesville, FL 32603

Provider Type: ICF/IID

Provider Number: 012375400

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	551.07	556.17	7/1/2022
#8 Non-Ambulatory & #9 Medical	623.87	629.65	7/1/2022

Rate Type:			
<u> X </u>	Interim	<u> X </u>	Prospective
	<u> X </u> Total Interim	<u> X </u>	Total Prospective
	<u> </u> Interim Component	<u> </u>	Prospective Adjusted for New Cost
	<u> </u> Settlement Based on Costs	<u> </u>	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012386400 - 2022/07
RI:596.26 / NM:673.33

**Suncoast - Tunis Street
 Group Home**

4748 Tunis Street
 Jacksonville, FL 32205

Provider Type: ICF/IID

Provider Number: 012386400

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	590.79	596.26	7/1/2022
#8 Non-Ambulatory & #9 Medical	667.15	673.33	7/1/2022

Rate Type:


<u> X </u> Interim	<u> X </u> Prospective
<u> </u> X Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012390800 - 2022/07
RI:612.15 / NM:695.27

Suncoast - Plaza Oval Group Home

247 Plaza Oval
 Casselberry, FL 32707

Provider Type: ICF/IID

Provider Number: 012390800

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	606.53	612.15	7/1/2022
#8 Non-Ambulatory & #9 Medical	688.89	695.27	7/1/2022

Rate Type:


<u> X </u>	Interim	<u> X </u>	Prospective
	<u> X </u> Total Interim		<u> X </u> Total Prospective
	<u> </u> Interim Component		<u> </u> Prospective Adjusted for New Cost
	<u> </u> Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012392700 - 2022/07
RI:555.24 / NM:623.17

**Suncoast - Claudia Drive
 Group Home**

140 Claudia Drive
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012392700

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	550.15	555.24	7/1/2022
#8 Non-Ambulatory & #9 Medical	617.46	623.17	7/1/2022

Rate Type:


<u> X </u> Interim	<u> X </u> Prospective
<u> </u> X Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012410100 - 2022/07
RI:590.34 / NM:0.00

**Suncoast - High Desert Court
 Group Home**

11818 High Desset Court
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012410100

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	584.93	590.34	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022


Rate Type:			
<u> X </u>	Interim	<u> X </u>	Prospective
	<u> X </u> Total Interim		<u> X </u> Total Prospective
	<u> </u> Interim Component		<u> </u> Prospective Adjusted for New Cost
	<u> </u> Settlement Based on Costs		

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028000300 - 2022/07
RI:615.31 / NM:698.30

Sandy Park Development Center

2975 Garden Street North
 Ft. Myers, FL 33917

Provider Type: ICF/IID

Provider Number: 028000300

Date: 11/1/2022

FYE: 4/30/2023

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	609.67	615.31	7/1/2022
#8 Non-Ambulatory & #9 Medical	691.90	698.30	7/1/2022

Rate Type:


<input checked="" type="checkbox"/> X	Interim	<input type="checkbox"/>	Prospective	
<input type="checkbox"/>	<input checked="" type="checkbox"/> X	Total Interim	<input type="checkbox"/>	Total Prospective
<input type="checkbox"/>	<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	<input type="checkbox"/>	Settlement Based on Costs	<input type="checkbox"/>	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028019401 - 2022/07
RI:665.87 / NM:887.25

Laurel Hill Cluster
 2011 Laurel Hill Cluster
 Orlando, FL 32818

Provider Number: 028019401
 Date: 11/1/2022
 FYE: 9/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	665.87	665.87	7/1/2022
#8 Non-Ambulatory & #9 Medical	879.11	887.25	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Life Concepts, Inc.
 500 EAST COLONIAL DR.
 Orlando, FL 32803

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028020801 - 2022/07
RI:699.99 / NM:945.38

McCauley Cluster (Sunrise)

1385 McCauley Road
 Tallahassee, FL 32308

Provider Number: 028020801

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	693.57	699.99	7/1/2022
#8 Non-Ambulatory & #9 Medical	936.71	945.38	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028028301 - 2022/07
RI:612.61 / NM:802.27

**Greentree Court Cluster
 (Sunrise)**

2160 GreenTree Court
 Bartow, FL 33830

Provider Type: ICF/IID

Provider Number: 028028301

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	606.99	612.61	7/1/2022
#8 Non-Ambulatory & #9 Medical	794.91	802.27	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028029101 - 2022/07
RI:607.40 / NM:832.26

Mahan Cluster (Sunrise)

2034 Mahan Drive
 Tallahassee, FL 32308

Provider Number: 028029101

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	601.83	607.40	7/1/2022
#8 Non-Ambulatory & #9 Medical	824.63	832.26	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:


Contract Management
 DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028030501 - 2022/07
RI:393.12 / NM:486.83

Lake City Cluster
 411 Gwen Lake Boulevard
 Lake City, FL 32055

Provider Number: 028030501
 Date: 11/1/2022
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	389.51	393.12	7/1/2022
#8 Non-Ambulatory & #9 Medical	482.37	486.83	7/1/2022


Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028032101 - 2022/07
RI:367.65 / NM:522.05

Gainesville 39th Avenue Cluster (Res-Care)

5914 N.W. 39th Avenue
 Gainesville, FL 32606

Provider Type: ICF/IID

Provider Number: 028032101

Date: 11/1/2022

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	367.65	367.65	7/1/2022
#8 Non-Ambulatory & #9 Medical	517.26	522.05	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028035600 - 2022/07
RI:539.72 / NM:829.95

PARC Center Apartments

3190 75th Street North
 St. Petersburg, FL 33170

Provider Number: 028035600

Date: 11/1/2022

FYE: 9/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	534.77	539.72	7/1/2022
#8 Non-Ambulatory & #9 Medical	822.34	829.95	7/1/2022

Rate Type:


<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028036401 - 2022/07
RI:689.71 / NM:915.39

Skipper Road Cluster
 2611 E. Bearss Avenue
 Tampa, FL 33613

Provider Number: 028036401
 Date: 11/1/2022
 FYE: 9/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	689.71	689.71	7/1/2022
#8 Non-Ambulatory & #9 Medical	907.00	915.39	7/1/2022


Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Quest, Inc.
 P.O. Box 531125
 Orlando, FL 32853

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028037201 - 2022/07
RI:410.29 / NM:568.01

Pembroke Pines Cluster
 871 S.W. Douglas Road
 Pembroke Pines, FL 33024

Provider Number: 028037201
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	410.29	410.29	7/1/2022
#8 Non-Ambulatory & #9 Medical	562.80	568.01	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Ann Storck Center
 1790 S.W. 43RD WAY
 Ft. Lauderdale, FL 33317

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028038101 - 2022/07
RI:336.41 / NM:488.07

Ocala Cluster (Res-Care)

3205 S. E. 17th Street
 Ocala, FL 32671

Provider Number: 028038101

Date: 11/1/2022

FYE: 6/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	336.41	336.41	7/1/2022
#8 Non-Ambulatory & #9 Medical	483.59	488.07	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028040201 - 2022/07
RI:719.83 / NM:847.44

Williams Road Cluster

1923 Sarah Louise Drive
 Brandon, FL 33510

Provider Number: 028040201

Date: 11/1/2022

FYE: 9/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	713.23	719.83	7/1/2022
#8 Non-Ambulatory & #9 Medical	839.67	847.44	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Quest, Inc.

P.O. Box 531125

Orlando, FL 32853

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028041101 - 2022/07
RI:562.68 / NM:868.41

MCP 80th Street
 11750 S.W. 80th Street
 Miami, FL 33183

Provider Number: 028041101
 Date: 11/1/2022
 FYE: 9/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	562.68	562.68	7/1/2022
#8 Non-Ambulatory & #9 Medical	860.44	868.41	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

UCP Of Miami

1411 NW 14th Ave

Miami, FL 33125

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028045301 - 2022/07
RI:620.84 / NM:1056.93

MCP Braddock
 14400 SW 32nd Street
 Miami, FL 33175

Provider Number: 028045301
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	620.84	620.84	7/1/2022
#8 Non-Ambulatory & #9 Medical	1047.24	1056.93	7/1/2022


Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 UCP Of Miami
 1411 NW 14th Ave
 Miami, FL 33125

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028046101 - 2022/07
RI:592.01 / NM:941.20

MCP 2nd Street
 11801 NW Second Street
 Miami, Fl., FL 33182

Provider Number: 028046101
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	592.01	592.01	7/1/2022
#8 Non-Ambulatory & #9 Medical	932.56	941.20	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>


Comments:

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

UCP Of Miami
 1411 NW 14th Ave
 Miami, FL 33125

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028048801 - 2022/07
RI:577.22 / NM:917.01

MCP Sunset

7100 S.W. 122nd. Avenue
 Miami, FL 33183

Provider Number: 028048801

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	577.22	577.22	7/1/2022
#8 Non-Ambulatory & #9 Medical	908.61	917.01	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

UCP Of Miami

1411 NW 14th Ave

Miami, FL 33125

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028049601 - 2022/07
RI:647.01 / NM:845.75

Dorchester Cluster (Sunrise)

3201 Ginger Drive
 Tallahassee, FL 32308

Provider Number: 028049601

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	641.08	647.01	7/1/2022
#8 Non-Ambulatory & #9 Medical	838.00	845.75	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028059300 - 2022/07
RI:406.55 / NM:0.00

**146th Place Grp Home #10
 (Sunrise)**

10521 S.W. 146th Place
 Miami, FL 33186

Provider Type: ICF/IID

Provider Number: 028059300

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	402.82	406.55	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028062300 - 2022/07
RI:464.56 / NM:544.73

**119th Street Grp Home #11
 (Sunrise)**

13350 S.W. 119th Street
 Miami, FL 33186

Provider Type: ICF/IID

Provider Number: 028062300

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	460.30	464.56	7/1/2022
#8 Non-Ambulatory & #9 Medical	539.74	544.73	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028065800 - 2022/07
RI:488.78 / NM:0.00

**22nd Street Grp Home #6
 (Sunrise)**

444 N.W. 22nd Street
 Homestead, FL 33030

Provider Type: ICF/IID

Provider Number: 028065800

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	484.30	488.78	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028427100 - 2022/07
RI:394.28 / NM:496.33

Fern Park Developmental Center

230 Fern Park Boulevard
 Fern Park, FL 32730

Provider Type: ICF/IID

Provider Number: 028427100

Date: 11/1/2022

FYE: 2/28/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	390.66	394.28	7/1/2022
#8 Non-Ambulatory & #9 Medical	491.78	496.33	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028500500 - 2022/07
RI:483.21 / NM:0.00

**Naranja Group Home
 (Sunrise)**
 15190 S.W. 272nd Street
 Naranja, FL 33032

Provider Number: 028500500
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	478.78	483.21	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028505600 - 2022/07
RI:527.12 / NM:802.38

PARC Cottage
 3101 76th Way North
 St. Petersburg, FL 33710

Provider Number: 028505600
 Date: 11/1/2022
 FYE: 9/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>522.29</u>	<u>527.12</u>	<u>7/1/2022</u>
#8 Non-Ambulatory & #9 Medical	<u>795.02</u>	<u>802.38</u>	<u>7/1/2022</u>


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

 ,

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028512900 - 2022/07
RI:419.25 / NM:0.00

MACtown, Inc.
 151 NE 62nd Street
 Miami, FL 33138

Provider Number: 028512900
 Date: 11/1/2022
 FYE: 9/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	415.40	419.25	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

 ,

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028513700 - 2022/07
RI:464.18 / NM:559.34

New Horizons of NW Florida, Inc.

10050 Hillview Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 028513700

Date: 11/1/2022

FYE: 9/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	459.92	464.18	7/1/2022
#8 Non-Ambulatory & #9 Medical	554.21	559.34	7/1/2022

Rate Type:


<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

 ,

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028519600 - 2022/07
RI:559.41 / NM:0.00

BARC Housing, Inc.
 10250 N.W. 53rd Street
 Sunrise, FL 33351

Provider Number: 028519600
 Date: 11/1/2022
 FYE: 9/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	554.28	559.41	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs			

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028521800 - 2022/07
RI:521.90 / NM:694.52

Ann Storck Center, Inc.
 1790 S.W. 43rd Way
 Ft. Lauderdale, FL 33317

Provider Number: 028521800
 Date: 11/1/2022
 FYE: 9/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	517.11	521.90	7/1/2022
#8 Non-Ambulatory & #9 Medical	688.15	694.52	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Ann Storck Center
 1790 S.W. 43RD WAY
 Ft. Lauderdale, FL 33317

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028531500 - 2022/07
RI:582.71 / NM:728.85

Woodhouse, Inc
 1001 N.E. 3rd Avenue
 Pompano Beach, FL 33060

Provider Number: 028531500
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>577.37</u>	<u>582.71</u>	<u>7/1/2022</u>
#8 Non-Ambulatory & #9 Medical	<u>722.17</u>	<u>728.85</u>	<u>7/1/2022</u>

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028533100 - 2022/07
RI:587.00 / NM:780.22

Cape Coral Cluster (Sunrise)

2821 Pine Island Road, S.W.
 Cape Coral, FL 33991

Provider Number: 028533100

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	581.62	587.00	7/1/2022
#8 Non-Ambulatory & #9 Medical	773.07	780.22	7/1/2022


Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028536600 - 2022/07
RI:392.57 / NM:457.82

Squire Court Community Home (Res-Care)

95 Squire Court
 Dunedin, FL 34698

Provider Type: ICF/IID

Provider Number: 028536600

Date: 11/1/2022

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	388.97	392.57	7/1/2022
#8 Non-Ambulatory & #9 Medical	453.62	457.82	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028537400 - 2022/07
RI:426.24 / NM:0.00

**Bayview Community Home
 (Res-Care)**

3438 S.R. 580
 Safety Harbor, FL 34695

Provider Type: ICF/IID

Provider Number: 028537400

Date: 11/1/2022

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	422.33	426.24	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028539100 - 2022/07
RI:663.32 / NM:807.15

Hendricks

95146 Hendricks Rd, Bldg D
 Fernandina Beach, FL 32034-1474

Provider Type: ICF/IID

Provider Number: 028539100

Date: 11/1/2022

FYE: 5/31/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	657.24	663.32	7/1/2022
#8 Non-Ambulatory & #9 Medical	799.75	807.15	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs			

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Care Centers of Nassau, LLC

95146 Hendricks Road

Fernandina Beach, FL 32034

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028541200 - 2022/07
RI:398.73 / NM:469.30

**Twin Lane Community Home
 (Res-Care)**

2281 Twin Lane Drive
 Dundedun, FL 34698

Provider Type: ICF/IID

Provider Number: 028541200

Date: 11/1/2022

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	395.07	398.73	7/1/2022
#8 Non-Ambulatory & #9 Medical	464.99	469.30	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028547100 - 2022/07
RI:409.98 / NM:0.00

**62nd Place Grp Home #17
 (Sunrise)**

19963 N.W. 62nd Place
 Miami Lakes, FL 33015

Provider Type: ICF/IID

Provider Number: 028547100

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	406.22	409.98	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028548000 - 2022/07
RI:392.80 / NM:517.07

**138th Court Grp Home #16
 (Sunrise)**

3210 S.W. 138th Court
 Miami, FL 33175

Provider Type: ICF/IID

Provider Number: 028548000

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	389.20	392.80	7/1/2022
#8 Non-Ambulatory & #9 Medical	512.33	517.07	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028552800 - 2022/07
RI:392.39 / NM:472.15

**26th Terrace Grp Home #12
 (Sunrise)**

1219 26th Terrace
 Cape Coral, FL 33904

Provider Type: ICF/IID

Provider Number: 028552800

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	388.80	392.39	7/1/2022
#8 Non-Ambulatory & #9 Medical	467.82	472.15	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028553600 - 2022/07
RI:481.63 / NM:518.47

**Country Meadows Grp Home
 #13 (Sunrise)**

1950 Country Meadows Circle
 Sarasota, FL 34235

Provider Type: ICF/IID

Provider Number: 028553600

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	477.22	481.63	7/1/2022
#8 Non-Ambulatory & #9 Medical	513.71	518.47	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028557900 - 2022/07
RI:394.55 / NM:0.00

**148th Court Grp Home #20
 (Sunrise)**

5436 S.W. 148th Court
 Miami, FL 33185

Provider Type: ICF/IID

Provider Number: 028557900

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	390.93	394.55	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028558700 - 2022/07
RI:439.38 / NM:0.00

Sunrise Oakmont
 19420 W. Oakmont Drive
 Miami Lakes, FL 33015

Provider Number: 028558700
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	435.35	439.38	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022


Rate Type:

Interim	X	Prospective
<u> </u> Total Interim	<u> </u>	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028559500 - 2022/07
RI:447.01 / NM:0.00

**53rd Court Grp Home #9
 (Sunrise)**

10228 S.W. 53rd Court
 Cooper City, FL 33328

Provider Type: ICF/IID

Provider Number: 028559500

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	442.91	447.01	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028560900 - 2022/07
RI:428.60 / NM:0.00

**55th Court Grp Home #15
 (Sunrise)**

8430 S.W. 55th Court
 Davie, FL 33320

Provider Type: ICF/IID

Provider Number: 028560900

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	424.67	428.60	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs		<u> </u>	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028561700 - 2022/07
RI:483.89 / NM:0.00

**Wentworth Drive Grp Home
 #18 (Sunrise)**

18711 Wentworth Drive
 Miami Lakes, FL 33015

Provider Type: ICF/IID

Provider Number: 028561700

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	479.46	483.89	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs			

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028565000 - 2022/07
RI:571.08 / NM:706.17

Lakeview Court
 920 W. Kennedy Blvd
 Orlando, FL 32810

Provider Number: 028565000
 Date: 11/1/2022
 FYE: 11/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	565.84	571.08	7/1/2022
#8 Non-Ambulatory & #9 Medical	699.69	706.17	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>


Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 DSI

 P.O. BOX 2064

 Winter Park, FL 32790

W.Rydell Samuel 

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028566800 - 2022/07
RI:563.11 / NM:659.35

Washington Square
 1401 North U.S. Highway 1
 Titusville, FL 32796

Provider Number: 028566800
 Date: 11/1/2022
 FYE: 11/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>557.95</u>	<u>563.11</u>	<u>7/1/2022</u>
#8 Non-Ambulatory & #9 Medical	<u>653.30</u>	<u>659.35</u>	<u>7/1/2022</u>

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>


Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 DSI

 P.O. BOX 2064

 Winter Park, FL 32790

W.Rydell Samuel 

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028567600 - 2022/07
RI:557.60 / NM:683.72

Howell Branch Court
 3664 Howell Branch Road
 Winter Park, FL 32792

Provider Number: 028567600
 Date: 11/1/2022
 FYE: 11/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	552.49	557.60	7/1/2022
#8 Non-Ambulatory & #9 Medical	677.45	683.72	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>


Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 DSI

 P.O. BOX 2064

 Winter Park, FL 32790

W.Rydell Samuel 

 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028568400 - 2022/07
RI:419.13 / NM:0.00

157th Terrace (Sunrise)
 9790 S. W. 157th Terrace
 Miami, FL 33157

Provider Number: 028568400
 Date: 11/1/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	415.29	419.13	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028569200 - 2022/07
RI:338.01 / NM:591.30

**145th Street Group Home
 (Sunrise)**

14935 S.W. 145th Street
 Miami, FL 33196

Provider Type: ICF/IID

Provider Number: 028569200

Date: 11/1/2022

FYE: 6/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	338.01	338.01	7/1/2022
#8 Non-Ambulatory & #9 Medical	585.87	591.30	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031256800 - 2022/07
RI:524.89 / NM:757.04

Avon Park Cluster (Mentor)

55 East College Drive
 Avon Park, FL 33825

Provider Number: 031256800

Date: 11/1/2022

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	524.89	524.89	7/1/2022
#8 Non-Ambulatory & #9 Medical	750.10	757.04	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031257600 - 2022/07
RI:837.09 / NM:1061.95

Eagle Watch Cluster (Mentor)

1725 Fifth Street
 Daytona Beach, FL 32117

Provider Number: 031257600

Date: 11/1/2022

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	829.42	837.09	7/1/2022
#8 Non-Ambulatory & #9 Medical	1052.21	1061.95	7/1/2022

Rate Type:

<u> X </u>	Interim	<u> X </u>	Prospective
<u> </u>	Total Interim	<u> X </u>	Total Prospective
<u> </u>	Interim Component	<u> </u>	Prospective Adjusted for New Cost
<u> X </u>	Settlement Based on Costs	<u> </u>	

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031258400 - 2022/07
RI:563.47 / NM:694.84

Point West Cluster (Mentor)

4550 Ricker Road
 Jacksonville, FL 32210

Provider Number: 031258400

Date: 11/1/2022

FYE: 9/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	558.31	563.47	7/1/2022
#8 Non-Ambulatory & #9 Medical	688.47	694.84	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031259200 - 2022/07
RI:616.57 / NM:757.79

Hodges Cluster (Mentor)

3615 Hodges Boulevard
 Jacksonville, FL 32224

Provider Number: 031259200

Date: 11/1/2022

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	610.92	616.57	7/1/2022
#8 Non-Ambulatory & #9 Medical	750.84	757.79	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031260600 - 2022/07
RI:539.88 / NM:672.22

Kinkaid Cluster (Mentor)

5808 Kinkaid Road
 Jacksonville, FL 32244

Provider Number: 031260600

Date: 11/1/2022

FYE: 9/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	534.93	539.88	7/1/2022
#8 Non-Ambulatory & #9 Medical	666.05	672.22	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031261400 - 2022/07
RI:603.97 / NM:800.94

**Flamingo Drive Cluster
 (Mentor)**

1285 Flamingo Drive
 Lantana, FL 33462

Provider Type: ICF/IID

Provider Number: 031261400

Date: 11/1/2022

FYE: 9/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	598.43	603.97	7/1/2022
#8 Non-Ambulatory & #9 Medical	793.60	800.94	7/1/2022

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031262200 - 2022/07
RI:469.94 / NM:561.75

**Barranger Group Home
 (Mentor)**

9513 Barranger Drive
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031262200

Date: 11/1/2022

FYE: 9/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	465.63	469.94	7/1/2022
#8 Non-Ambulatory & #9 Medical	556.60	561.75	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031263100 - 2022/07
RI:391.81 / NM:0.00

**Greenridge Group Home
 (Mentor)**

222 Greenridge Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031263100

Date: 11/1/2022

FYE: 9/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	388.21	391.81	7/1/2022
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031264900 - 2022/07
RI:596.98 / NM:723.68

Pensacola Cluster (Mentor)

9460 S. University Parkway
 Pensacola, FL 32515

Provider Number: 031264900

Date: 11/1/2022

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	591.51	596.98	7/1/2022
#8 Non-Ambulatory & #9 Medical	717.04	723.68	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031265700 - 2022/07
RI:518.10 / NM:592.33

**Caprona Group Home
 (Mentor)**
 111 N.E Caprona Avenue
 Port St. Lucie, FL 34983

Provider Number: 031265700
 Date: 11/1/2022
 FYE: 9/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	513.35	518.10	7/1/2022
#8 Non-Ambulatory & #9 Medical	586.90	592.33	7/1/2022


Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031266500 - 2022/07
RI:385.35 / NM:456.76

**Rich Street Group Home
 (Mentor)**

2318 S.E. Rich Street
 Port St. Lucie, FL 34984

Provider Type: ICF/IID

Provider Number: 031266500

Date: 11/1/2022

FYE: 9/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	381.82	385.35	7/1/2022
#8 Non-Ambulatory & #9 Medical	452.57	456.76	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031267300 - 2022/07
RI:597.45 / NM:839.03

Sandpiper Cluster (Mentor)

1000 East 14th Street
 Stuart, FL 33496

Provider Number: 031267300

Date: 11/1/2022

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	591.97	597.45	7/1/2022
#8 Non-Ambulatory & #9 Medical	831.34	839.03	7/1/2022

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate