

Office of Medicaid Cost Reimbursement Planning and Finance

028003800 - 2023/07

and Finance RI:465.78 / NM:654.97

Sunland Marianna I		Provider Number: <u>028003800</u>			
3700 Williams Drive	Date: 6/26/2023 FYE: 6/30/2022				
Marianna, FL 32446					
,		Α	udit Status: Unau	idited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date	
#7 Institutional	384.73		465.78	7/1/2023	
#8 Non-Ambulatory & #9 Medical	544.60		654.97	7/1/2023	
Rate Type:					
Interim	X	Prospective	e		
Total Interim		X	Total Prospective		
Interim Component			Prospective Adjust	ed for New Cost	
Settlement Based on C	costs		_		
Comments:					
<u>Distribution:</u> Contract Management  DPODS - DCF (4)			Il Samuel		
Home Office:		Medicai	d Cost Reimburseme	nt Analysis	
Home Office:					
,		Fc	or Information only - N	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028004600 - 2023/07

RI:419.61 / NM:591.75

For Information only - No Change in rate

## 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028004600 Tacachale Facility I Date: 6/26/2023 1621 N.E. Waldo Road FYE: 6/30/2022 Gainesville, FL 32609 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 408.56 419.61 7/1/2023 #8 Non-Ambulatory & #9 Medical 573.50 591.75 7/1/2023 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Attn: Revenue Management/Tacachale 1621 N. E. Waldo Road. Gainesville, FL 32609



Office of Medicaid Cost Reimbursement Planning and Finance

028006200 - 2023/07

RI:432.47 / NM:582.87

For Information only - No Change in rate

Tacachale Facility II		Provider Number: 028006200			
1621 N. E. Waldo Road		Date: 6	6/26/2023		
		FYE: 6	6/30/2022		
Gainesville,, FL 32609			Unaudited Costs		
Provider Type: ICF/IID		_			
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	447.28	432.47	7/1/2023		
#8 Non-Ambulatory & #9 Medical	603.17	582.87	7/1/2023		
Rate Type:					
Interim	X P	rospective			
Total Interim		X Total Prospec	tive		
Interim Component	t	Prospective A	djusted for New Cost		
Settlement Based	on Costs				
Comments:					
<u>Distribution:</u>			IR.		
Contract Management		W.Rydell Samuel	()		
DPODS - DCF (4)		Medicaid Cost Reimburs	sement Analysis		
Home Office:		medicala Coot Rollibuit	Joinett / Walyold		
Attn: Revenue Management/Tacachale					
1621 N. E. Waldo Road.					
Gainesville, FL 32609					



Office of Medicaid Cost Reimbursement Planning and Finance

028009700 - 2023/07 RI:719.59 / NM:1109.85

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

GOO WE TRUS	lianassee, Florida 32308		
Sunland Marianna II		Provider Number: 028	3009700
3700 Williams Drive		Date: <u>6/2</u>	
Marianna, FL 32446		FYE: <u>6/3</u>	0/2022
		Audit Status: Una	audited Costs
Provider Type: ICF/IID			
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	593.83	719.59	7/1/2023
#8 Non-Ambulatory & #9 Medical	923.31	1109.85	7/1/2023
Rate Type:			
Interim	X P	rospective	
Total Interim	_	X Total Prospective	e
Interim Componen	t	Prospective Adju	sted for New Cost
Settlement Based	on Costs		
Comments:			
Distribution:		- Ik	?
Contract Management		W.Rydell Samuel	
DPODS - DCF (4)			
Home Office:		Medicaid Cost Reimburser	nent Analysis
Tomo Onico.			



Office of Medicaid Cost Reimbursement Planning and Finance

028015100 - 2023/07

RI:474.92 / NM:695.68

<b>Tacachale Facility</b>	IV		Provider Number: 028015100			
1621 N.E. Waldo Road Gainesville, FL 32609			Date: 6/26/2023			
				FYE: 6/30/2022		
			Д	udit Status: Un	audited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional  #8 Non-Ambulatory & #9 Medical		463.45		474.92	7/1/2023	
		663.38		695.68	7/1/2023	
Rate Type:						
Interim		Х	Prospective	9		
	Total Interim		_ X	Total Prospective	е	
	Interim Component			 Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
<u>Distribution:</u> Contract Management DPODS - DCF (4)				II Samuel d Cost Reimburser	ment Analysis	
Home Office:	nont/Topochol-					
Attn: Revenue Manager						
1621 N. E. Waldo Road	<u>.                                      </u>					
Gainesville, FL 32609						
			E/	or Information only	No Chango in rata	



Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2023/07 RI:428.50 / NM:585.32

Provider Number: 028016000

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Suniand Marianna III		- 10 Vide: 11dilibei: <u>02</u>			
3700 Williams Drive		Date: 6/26/2023			
Marianna, FL 32446		FYE: 6/30/2022			
*		Audit Status: Unaudited Costs			
Provider Type: ICF/IID					
	Current	New	Effective		
Level of Care	Rate	Rate	Date		
#7 Institutional	tional <b>373.89 428.50</b>		7/1/2023		
#8 Non-Ambulatory & #9 Medical	515.17	585.32	7/1/2023		
Rate Type:					
Interim	XP	rospective			
Total Interim		X Total Prospective	е		
Interim Componer	nt	Prospective Adju	usted for New Cost		
Settlement Based	on Costs				
Comments:					
<u>Distribution:</u> Contract Management		W.Rydell Samuel	ζ		
DPODS - DCF (4)			and Anglesia		
Home Office:		Medicaid Cost Reimburser	nent Analysis		
,		For Information only	No Chango in rata		



Office of Medicaid Cost Reimbursement Planning and Finance

028024100 - 2023/07 RI:449.97 / NM:643.22

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Tacachale	Facility V		Provi	der Number: 028	3024100	
	-		Date: 6/26/2023			
1621 N.E. Waldo Road Gainesville, FL 32609			FYE: 6/30/2022 Audit Status: Unaudited Costs			
						Provider Type
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional 434.67 449.97 #8 Non-Ambulatory & #9 Medical 622.47 643.22		7/1/2023				
		622.47		643.22	7/1/2023	
Rate Type:						
	Interim	X	Prospectiv	/e		
	Total Interim		_ x	Total Prospective	Э	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				11	7	
Contract Man	agement		W Dyd	ell Samuel		
DPODS - DC			<del></del>			
Home Office:	(4)		Medica	iid Cost Reimburser	nent Analysis	
	. Managaran ant/Tagarah ala					
	e Management/Tacachale					
1621 N. E. W						
Gainesville, F	L 32609					
			F	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028026700 - 2023/07

ursement Planning and Finance RI:405.63 / NM:519.86

Tacachale Facility VII		Provider Number: 028026700				
1621 N.E. Waldo Road Gainesville, FL 32609			Date: 6/26/2023			
			FYE: 6/30/2022			
			udit Status: Una	audited Costs		
Provider Type: ICF/IID						
Level of Care	Current Rate		New Rate	Effective Date		
#7 Institutional	402.48	405.63		7/1/2023		
#8 Non-Ambulatory & #9 Medical 518.03			519.86	7/1/2023		
Rate Type:						
Interim	X	Prospective	Э			
Total Interim		X	Total Prospective	)		
Interim Component	t		 Prospective Adju	sted for New Cost		
Settlement Based of	on Costs					
Comments:						
Distribution:			4	2		
Contract Management		W.Ryde	ll Samuel			
DPODS - DCF (4)		Medicai	d Cost Reimbursen	nent Analysis		
Home Office:		Modioai		ione / mary ore		
Attn: Revenue Management/Tacachale						
1621 N. E. Waldo Road.						
Gainesville, FL 32609						
		Fo	or Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028055100 - 2023/07

RI:535.44 / NM:778.98

Tacachale Facility VIII		Provider Number: 028055100			
1621 N.E. WALDO ROAD			Date:	6/26/2023	
GAINESVILLE, FL 32609			FYE:	6/30/2022	
GAINESVILLE, I E 32009		,		Unaudited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date	
#7 Institutional	570.41	<u> </u>	535.44	7/1/2023	
#8 Non-Ambulatory & #9 Medical	854.64		778.98	7/1/2023	
Rate Type:					
Interim	X	Prospectiv	'e		
Total Interim		_ X	Total Prospe	ective	
Interim Component			Prospective	Adjusted for New Cost	
Settlement Based on C	Costs				
Comments:					
Distribution:			_	R	
Contract Management		W.Ryde	ell Samuel	PQ .	
DPODS - DCF (4)		Medica	id Cost Reimbu	ursement Analysis	
Home Office:					
Attn: Revenue Management/Tacachale					
1621 N. E. Waldo Road.					
Gainesville, FL 32609					
		F	or Information	only - No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028058500 - 2023/07

RI:432.42 / NM:558.78

<b>Sunland Maria</b>	anna IV		Provide	er Number: <u>028</u>	058500	
3700 Williams	Road		Date: 6/26/2023			
Marianna, FL 32446			FYE: 6/30/2022			
			Αι	udit Status: Una	udited Costs	
Provider Type: IC	CF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional		387.18		432.42	7/1/2023	
#8 No	n-Ambulatory & #9 Medical	508.67		558.78	7/1/2023	
Rate Type:						
	terim	Х	Prospective			
	Total Interim		_ X	Total Prospective		
	Interim Component			Prospective Adjus	sted for New Cost	
	Settlement Based on Co	osts				
Comments:						
<u>Distribution:</u> Contract Manage			W.Rydell	Samuel #		
DPODS - DCF (4			Medicaid	Cost Reimbursem	ent Analysis	
Home Office:						
,						
			Foi	Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2023/07 RI:477.58 / NM:690.02

For Information only - No Change in rate

GOD WE TRE		,			
Sunland Marianna	V		Provider Number: 0	28562500	
3700 Williams Drive Marianna, FL 32446			Date: 6	6/26/2023	
				6/30/2022	
			Audit Status: L	Jnaudited Costs	
Provider Type: ICF/IID					
Lovel of Core		Current	New	Effective	
Level of Care	-	Rate	Rate	Date	
#7 Institution	<u>-</u>	454.46	477.58	7/1/2023	
#8 Non-Amb	ulatory & #9 Medical	634.60	690.02	7/1/2023	
Rate Type:		V	Danasativa		
Interim	Total Interim	X	Prospective X Total Prospec	tivo	
	Interim Component		·	djusted for New Cost	
	Settlement Based on C	insts		ajusted for New Cost	
<u>Distribution:</u> Contract Management			W.Rydell Samuel	F	
DPODS - DCF (4)			Medicaid Cost Reimburs	sement Analysis	
Home Office:					
,					