



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

<b>000169300 - 2023/07</b>
<b>RI:376.21 / NM:0.00</b>

**St. Augustine Center for Living**

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

Provider Type: ICF/IID

Provider Number: 000169300

Date: 7/12/2023

FYE: 11/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>364.39</b>	<b>376.21</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>


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:

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W.Rydell Samuel   
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 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**001069500 - 2023/07**  
**RI:595.65 / NM:711.53**

**Miner North**

85609 Miner Road  
 Yulee, FL 32097

Provider Number: 001069500

Date: 7/12/2023

FYE: 5/31/2022

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>575.88</b>	<b>595.65</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>722.79</b>	<b>711.53</b>	<b>7/1/2023</b>

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

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 Tallahassee, Florida 32308

**001071000 - 2023/07**  
**RI:622.91 / NM:747.58**

**Miner South**  
 85474 Miner Road  
 Yulee, FL 32097

Provider Number: 001071000  
 Date: 7/12/2023  
 FYE: 5/31/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>589.06</b>	<b>622.91</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>726.49</b>	<b>747.58</b>	<b>7/1/2023</b>


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:

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 Home Office:  
 Care Centers of Nassau, LLC  
 95146 Hendricks Road  
 Fernandina Beach, FL 32034

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**0101963600 - 2023/07**  
**RI:642.79 / NM:851.97**

**New Horizons (Mentor)**  
 1275 N. Rainbow Loop  
 Lecanto, FL 34461

Provider Number: 0101963600  
 Date: 7/12/2023  
 FYE: 1/31/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>606.78</b>	<b>642.79</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>829.15</b>	<b>851.97</b>	<b>7/1/2023</b>


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

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**0107650900 - 2023/07**  
**RI:618.56 / NM:789.49**

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

22300 SW 162ND Ave  
 Miami, FL 33170-3907

Provider Type: ICF/IID

Provider Number: 0107650900

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>596.19</b>	<b>618.56</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>776.48</b>	<b>789.49</b>	<b>7/1/2023</b>

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>

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 Tallahassee, Florida 32308

**0108357500 - 2023/07**  
**RI:578.65 / NM:808.06**

**Pensacola Developmental Center**

One Villa Drive  
 Pensacola, FL 32506

Provider Type: ICF/IID

Provider Number: 0108357500

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>580.82</b>	<b>578.65</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>708.79</b>	<b>808.06</b>	<b>7/1/2023</b>

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
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 Tallahassee, Florida 32308

**0108358400 - 2023/07**  
**RI:634.39 / NM:813.19**

**Panama City Developmental Center**

1407 Lincoln Drive P.O. Box 456

Panama City, FL 32401

Provider Type: ICF/IID

Provider Number: 0108358400

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>579.96</b>	<b>634.39</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>703.35</b>	<b>813.19</b>	<b>7/1/2023</b>

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

Comments:

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DPODS - DCF (4)

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Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

**0108358800 - 2023/07**  
**RI:705.16 / NM:839.74**

**Tallahassee Developmental Center**

455 Appleyard Drive  
 Tallahassee, FL 32304

Provider Type: ICF/IID

Provider Number: 0108358800

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>607.35</b>	<b>705.16</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>725.45</b>	<b>839.74</b>	<b>7/1/2023</b>

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

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 Tallahassee, Florida 32308

**0108358900 - 2023/07**  
**RI:612.32 / NM:792.32**

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

Provider Number: 0108358900  
 Date: 7/12/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>576.03</b>	<b>612.32</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>681.59</b>	<b>792.32</b>	<b>7/1/2023</b>

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>

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**0108366100 - 2023/07**  
**RI:640.68 / NM:786.65**

**Hillsborough County  
 Developmental Ctr**

14219 Bruce B Downs  
 Boulevard  
 Tampa, FL 33613

Provider Type: ICF/IID

Provider Number: 0108366100

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>565.26</b>	<b>640.68</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>667.77</b>	<b>786.65</b>	<b>7/1/2023</b>

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:

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**0110232000 - 2023/07**  
**RI:612.38 / NM:693.30**

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

Provider Number: 0110232000  
 Date: 7/12/2023  
 FYE: 6/30/2020  
 Audit Status: Budget

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>605.63</b>	<b>612.38</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>687.37</b>	<b>693.30</b>	<b>7/1/2023</b>

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:  
 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 - 2023/07**  
**RI:575.47 / NM:663.07**

**Sunrise Observation Circle**  
 6122 Observation Circle  
 Tallahassee, FL 32317

Provider Number: 0111453600  
 Date: 7/12/2023  
 FYE: 6/30/2021  
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>568.34</b>	<b>575.47</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>656.83</b>	<b>663.07</b>	<b>7/1/2023</b>


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

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**Florida Agency For Health Care Administration**  
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 Tallahassee, Florida 32308

**0111470500 - 2023/07**  
**RI:580.93 / NM:668.95**

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

Provider Number: 0111470500  
 Date: 7/12/2023  
 FYE: 7/31/2021  
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>573.85</b>	<b>580.93</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>662.77</b>	<b>668.95</b>	<b>7/1/2023</b>


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:

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Contract Management  
 DPODS - DCF (4)  
 Home Office:

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**0111473100 - 2023/07**  
**RI:578.46 / NM:666.06**

**Sunrise Lakeshore Drive**  
 3349 Lakeshore Drive  
 Tallahassee, FL 32312

Provider Number: 0111473100  
 Date: 7/12/2023  
 FYE: 6/30/2021  
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>571.37</b>	<b>578.46</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>659.86</b>	<b>666.06</b>	<b>7/1/2023</b>


Rate Type:

<u>  X  </u>	Interim	<u>          </u>	Prospective
	<u>  X  </u> Total Interim	<u>          </u>	Total Prospective
	<u>          </u> Interim Component	<u>          </u>	Prospective Adjusted for New Cost
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 Tallahassee, Florida 32308

**0111976800 - 2023/07**  
**RI:621.61 / NM:720.21**

**Sunrise Eleazer Place**  
 701 Eleazer Place  
 Tallahassee, FL 32312

Provider Number: 0111976800  
 Date: 7/12/2023  
 FYE: 6/30/2021  
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>614.95</b>	<b>621.61</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>714.55</b>	<b>720.21</b>	<b>7/1/2023</b>

Rate Type:


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

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**0113827900 - 2023/07**  
**RI:745.08 / NM:855.96**

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

Provider Number: 0113827900  
 Date: 7/12/2023  
 FYE: 6/30/2020  
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>739.68</b>	<b>745.08</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>851.68</b>	<b>855.96</b>	<b>7/1/2023</b>


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:  
 Sunrise Community, Inc.  
 9040 Sunset Drive Suite 70-A  
 Miami, FL 33170

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**012037000 - 2023/07**  
**RI:544.70 / NM:629.34**

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

Provider Number: 012037000  
 Date: 7/12/2023  
 FYE: 9/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>528.07</b>	<b>544.70</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>615.15</b>	<b>629.34</b>	<b>7/1/2023</b>


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:

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Contract Management  
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 Home Office:  
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 3258 Parkside Center Circle  
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**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**012038000 - 2023/07**  
**RI:533.95 / NM:622.92**

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

Provider Number: 012038000  
 Date: 7/12/2023  
 FYE: 9/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>490.67</b>	<b>533.95</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>571.87</b>	<b>622.92</b>	<b>7/1/2023</b>


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

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\_\_\_\_\_ 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 - 2023/07**  
**RI:658.81 / NM:738.84**

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

Provider Number: 012040300  
 Date: 7/12/2023  
 FYE: 9/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>547.13</b>	<b>658.81</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>636.35</b>	<b>738.84</b>	<b>7/1/2023</b>


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

**012073200 - 2023/07**  
**RI:549.89 / NM:618.29**

**Suncoast - Suffridge Drive  
 Group Home**

27566 Suffridge Drive  
 Bonita Springs, FL 33923

Provider Type: ICF/IID

Provider Number: 012073200

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>542.50</b>	<b>549.89</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>611.60</b>	<b>618.29</b>	<b>7/1/2023</b>

Rate Type:

<u>  X  </u>	Interim	<u>          </u>	Prospective
	<u>  X  </u> Total Interim	<u>          </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:

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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

<b>012074200 - 2023/07</b>
<b>RI:546.58 / NM:622.26</b>

**Suncoast - Coletta Drive  
 Group Home**

1604 Coletta Drive  
 Orlando, FL 32807

Provider Type: ICF/IID

Provider Number: 012074200

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>539.16</b>	<b>546.58</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>615.61</b>	<b>622.26</b>	<b>7/1/2023</b>


Rate Type:	
<u> X </u> Interim	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> X </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:

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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 - 2023/07**  
**RI:596.36 / NM:665.53**

**Suncoast - Spring Street  
 Group Home**

1463 Spring Street  
 Lake City, FL 32052

Provider Type: ICF/IID

Provider Number: 012074800

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>589.44</b>	<b>596.36</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>659.32</b>	<b>665.53</b>	<b>7/1/2023</b>

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:

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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 - 2023/07**  
**RI:575.33 / NM:628.96**

**Suncoast - Walnut Street  
 Group Home**

102 Alexander Road  
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075300

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>568.20</b>	<b>575.33</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>622.37</b>	<b>628.96</b>	<b>7/1/2023</b>

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:

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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 - 2023/07**  
**RI:550.82 / NM:617.65**

**Suncoast - Bessent Road  
 Group Home**

1329 Bessent Road  
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075700

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>543.44</b>	<b>550.82</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>610.96</b>	<b>617.65</b>	<b>7/1/2023</b>

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:

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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 - 2023/07**  
**RI:550.85 / NM:612.43**

**Suncoast - Frederick Avenue  
 Group Home**

325 N Frederick Avenue  
 Daytona Beach, FL 32114

Provider Type: ICF/IID

Provider Number: 012075900

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>543.47</b>	<b>550.85</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>605.68</b>	<b>612.43</b>	<b>7/1/2023</b>

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:

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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 - 2023/07**  
**RI:546.68 / NM:607.99**

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

Provider Number: 012373500  
 Date: 7/12/2023  
 FYE: 6/30/2021  
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>539.26</b>	<b>546.68</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>601.20</b>	<b>607.99</b>	<b>7/1/2023</b>


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

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\_\_\_\_\_ 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 - 2023/07**  
**RI:588.83 / NM:667.55**

**Suncoast - Second Street  
 Group Home**

3841 SE 2nd Street  
 Ocala, FL 34471

Provider Type: ICF/IID

Provider Number: 012374200

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>581.84</b>	<b>588.83</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>661.36</b>	<b>667.55</b>	<b>7/1/2023</b>

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:

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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 - 2023/07**  
**RI:599.38 / NM:0.00**

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

Provider Number: 012374400  
 Date: 7/12/2023  
 FYE: 6/30/2021  
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>592.49</b>	<b>599.38</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>


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

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\_\_\_\_\_ 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 - 2023/07**  
**RI:563.42 / NM:636.16**

**Suncoast - 19th Street Group Home**

529 NW 19th Street  
 Gainesville, FL 32603

Provider Type: ICF/IID

Provider Number: 012375400

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>556.17</b>	<b>563.42</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>629.65</b>	<b>636.16</b>	<b>7/1/2023</b>

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:


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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 - 2023/07**  
**RI:603.11 / NM:679.40**

**Suncoast - Tunis Street  
 Group Home**

4748 Tunis Street  
 Jacksonville, FL 32205

Provider Type: ICF/IID

Provider Number: 012386400

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>596.26</b>	<b>603.11</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>673.33</b>	<b>679.40</b>	<b>7/1/2023</b>


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:

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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 - 2023/07**  
**RI:618.83 / NM:701.12**

**Suncoast - Plaza Oval Group Home**

247 Plaza Oval  
 Casselberry, FL 32707

Provider Type: ICF/IID

Provider Number: 012390800

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>612.15</b>	<b>618.83</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>695.27</b>	<b>701.12</b>	<b>7/1/2023</b>

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:

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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 - 2023/07**  
**RI:562.50 / NM:629.75**

**Suncoast - Claudia Drive  
 Group Home**

140 Claudia Drive  
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012392700

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>555.24</b>	<b>562.50</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>623.17</b>	<b>629.75</b>	<b>7/1/2023</b>

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:

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W.Rydell Samuel   
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 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

<b>012410100 - 2023/07</b>
<b>RI:597.25 / NM:0.00</b>

**Suncoast - High Desert Court  
 Group Home**

11818 High Desset Court  
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012410100

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>590.34</b>	<b>597.25</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>


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:

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W.Rydell Samuel   
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 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 - 2023/07**  
**RI:621.96 / NM:704.12**

**Sandy Park Development Center**

2975 Garden Street North  
 Ft. Myers, FL 33917

Provider Type: ICF/IID

Provider Number: 028000300

Date: 7/12/2023

FYE: 4/30/2023

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>615.31</b>	<b>621.96</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>698.30</b>	<b>704.12</b>	<b>7/1/2023</b>

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:

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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 - 2023/07**  
**RI:811.68 / NM:967.42**

**Laurel Hill Cluster**  
 2011 Laurel Hill Cluster  
 Orlando, FL 32818

Provider Number: 028019401  
 Date: 7/12/2023  
 FYE: 9/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>665.87</b>	<b>811.68</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>887.25</b>	<b>967.42</b>	<b>7/1/2023</b>


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 - 2023/07**  
**RI:677.63 / NM:923.34**

**McCauley Cluster (Sunrise)**

1385 McCauley Road  
 Tallahassee, FL 32308

Provider Number: 028020801

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>699.99</b>	<b>677.63</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>945.38</b>	<b>923.34</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:635.07 / NM:794.86**

**Greentree Court Cluster  
 (Sunrise)**

2160 GreenTree Court  
 Bartow, FL 33830

Provider Type: ICF/IID

Provider Number: 028028301

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>612.61</b>	<b>635.07</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>802.27</b>	<b>794.86</b>	<b>7/1/2023</b>

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

**028029101 - 2023/07**  
**RI:583.02 / NM:788.22**

**Mahan Cluster (Sunrise)**

2034 Mahan Drive  
 Tallahassee, FL 32308

Provider Number: 028029101

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>607.40</b>	<b>583.02</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>832.26</b>	<b>788.22</b>	<b>7/1/2023</b>


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

**028030501 - 2023/07**  
**RI:423.32 / NM:509.69**

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

Provider Number: 028030501  
 Date: 7/12/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>393.12</b>	<b>423.32</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>486.83</b>	<b>509.69</b>	<b>7/1/2023</b>


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

**028032101 - 2023/07**  
**RI:419.00 / NM:509.01**

**Gainesville 39th Avenue Cluster (Res-Care)**

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

Provider Type: ICF/IID

Provider Number: 028032101

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>367.65</b>	<b>419.00</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>522.05</b>	<b>509.01</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:591.94 / NM:869.60**

**PARC Center Apartments**

3190 75th Street North  
 St. Petersburg, FL 33170

Provider Number: 028035600

Date: 7/12/2023

FYE: 9/30/2022

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>539.72</b>	<b>591.94</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>829.95</b>	<b>869.60</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:836.99 / NM:998.79**

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

Provider Number: 028036401  
 Date: 7/12/2023  
 FYE: 9/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>689.71</b>	<b>836.99</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>915.39</b>	<b>998.79</b>	<b>7/1/2023</b>


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

**028037201 - 2023/07**  
**RI:457.88 / NM:569.11**

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

Provider Number: 028037201  
 Date: 7/12/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>410.29</b>	<b>457.88</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>568.01</b>	<b>569.11</b>	<b>7/1/2023</b>


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 - 2023/07**  
**RI:384.96 / NM:479.89**

**Ocala Cluster (Res-Care)**

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

Provider Number: 028038101

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>336.41</b>	<b>384.96</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>488.07</b>	<b>479.89</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:778.53 / NM:913.40**

**Williams Road Cluster**  
 1923 Sarah Louise Drive  
 Brandon, FL 33510

Provider Number: 028040201  
 Date: 7/12/2023  
 FYE: 9/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>719.83</b>	<b>778.53</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>847.44</b>	<b>913.40</b>	<b>7/1/2023</b>


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 - 2023/07**  
**RI:663.11 / NM:924.65**

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

Provider Number: 028041101  
 Date: 7/12/2023  
 FYE: 9/30/2021  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>562.68</b>	<b>663.11</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>868.41</b>	<b>924.65</b>	<b>7/1/2023</b>


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

**028045301 - 2023/07**  
**RI:730.18 / NM:1123.25**

**MCP Braddock**  
 14400 SW 32nd Street  
 Miami, FL 33175

Provider Number: 028045301  
 Date: 7/12/2023  
 FYE: 6/30/2021  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>620.84</b>	<b>730.18</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>1056.93</b>	<b>1123.25</b>	<b>7/1/2023</b>


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 - 2023/07**  
**RI:697.88 / NM:1002.03**

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

Provider Number: 028046101  
 Date: 7/12/2023  
 FYE: 6/30/2021  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>592.01</b>	<b>697.88</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>941.20</b>	<b>1002.03</b>	<b>7/1/2023</b>

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:  
 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 - 2023/07**  
**RI:680.47 / NM:976.31**

**MCP Sunset**

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

Provider Number: 028048801

Date: 7/12/2023

FYE: 6/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>577.22</b>	<b>680.47</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>917.01</b>	<b>976.31</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:640.43 / NM:842.64**

**Dorchester Cluster (Sunrise)**

3201 Ginger Drive  
 Tallahassee, FL 32308

Provider Number: 028049601

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>647.01</b>	<b>640.43</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>845.75</b>	<b>842.64</b>	<b>7/1/2023</b>

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

**028059300 - 2023/07**  
**RI:434.96 / 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: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>406.55</b>	<b>434.96</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>


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

**028062300 - 2023/07**  
**RI:504.63 / NM:591.24**

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

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

Provider Type: ICF/IID

Provider Number: 028062300

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>464.56</b>	<b>504.63</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>544.73</b>	<b>591.24</b>	<b>7/1/2023</b>

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

**028065800 - 2023/07**  
**RI:522.63 / 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: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>488.78</b>	<b>522.63</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:423.65 / NM:531.58**

**Fern Park Developmental Center**

230 Fern Park Boulevard  
 Fern Park, FL 32730

Provider Type: ICF/IID

Provider Number: 028427100

Date: 7/12/2023

FYE: 2/28/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>394.28</b>	<b>423.65</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>496.33</b>	<b>531.58</b>	<b>7/1/2023</b>

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:

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

<b>028500500 - 2023/07</b>
<b>RI:525.34 / NM:0.00</b>

**Naranja Group Home  
 (Sunrise)**  
 15190 S.W. 272nd Street  
 Naranja, FL 33032  
 Provider Type: ICF/IID

Provider Number: 028500500  
 Date: 7/12/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>483.21</b>	<b>525.34</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:581.87 / NM:879.67**

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

Provider Number: 028505600  
 Date: 7/12/2023  
 FYE: 9/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>527.12</b>	<b>581.87</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>802.38</b>	<b>879.67</b>	<b>7/1/2023</b>

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:

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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

<b>028512900 - 2023/07</b>
<b>RI:452.92 / NM:0.00</b>

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

Provider Number: 028512900  
 Date: 7/12/2023  
 FYE: 9/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>419.25</b>	<b>452.92</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>


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:

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W.Rydell Samuel   
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 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 - 2023/07**  
**RI:472.33 / NM:543.18**

**New Horizons of NW Florida, Inc.**

10050 Hillview Road  
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 028513700

Date: 7/12/2023

FYE: 9/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>464.18</b>	<b>472.33</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>559.34</b>	<b>543.18</b>	<b>7/1/2023</b>

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:

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W.Rydell Samuel   
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 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 - 2023/07**  
**RI:600.27 / NM:0.00**

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

Provider Number: 028519600  
 Date: 7/12/2023  
 FYE: 9/30/2021  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>559.41</b>	<b>600.27</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>

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:

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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 - 2023/07**  
**RI:502.53 / NM:654.58**

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

Provider Number: 028521800  
 Date: 7/12/2023  
 FYE: 9/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>521.90</b>	<b>502.53</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>694.52</b>	<b>654.58</b>	<b>7/1/2023</b>


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 - 2023/07**  
**RI:595.00 / NM:758.64**

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

Provider Number: 028531500  
 Date: 7/12/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>582.71</u>	<u>595.00</u>	<u>7/1/2023</u>
#8 Non-Ambulatory & #9 Medical	<u>728.85</u>	<u>758.64</u>	<u>7/1/2023</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

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\_\_\_\_\_ 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 - 2023/07**  
**RI:650.60 / NM:841.07**

**Cape Coral Cluster (Sunrise)**

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

Provider Number: 028533100

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>587.00</b>	<b>650.60</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>780.22</b>	<b>841.07</b>	<b>7/1/2023</b>

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

**028536600 - 2023/07**  
**RI:445.33 / NM:498.37**

**Squire Court Community Home (Res-Care)**

95 Squire Court  
 Dunedin, FL 34698

Provider Type: ICF/IID

Provider Number: 028536600

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>392.57</b>	<b>445.33</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>457.82</b>	<b>498.37</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:461.56 / NM:0.00**

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

3438 S.R. 580  
 Safety Harbor, FL 34695

Provider Type: ICF/IID

Provider Number: 028537400

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>426.24</b>	<b>461.56</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>

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:

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 - 2023/07**  
**RI:658.94 / NM:809.98**

**Hendricks**

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

Provider Number: 028539100

Date: 7/12/2023

FYE: 5/31/2022

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>663.32</b>	<b>658.94</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>807.15</b>	<b>809.98</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:421.53 / NM:476.18**

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

2281 Twin Lane Drive  
 Dundedun, FL 34698

Provider Type: ICF/IID

Provider Number: 028541200

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>398.73</b>	<b>421.53</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>469.30</b>	<b>476.18</b>	<b>7/1/2023</b>

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

<b>028547100 - 2023/07</b>
<b>RI:445.83 / NM:0.00</b>

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

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

Provider Type: ICF/IID

Provider Number: 028547100

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>409.98</b>	<b>445.83</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>

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

**028548000 - 2023/07**  
**RI:435.21 / NM:569.47**

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

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

Provider Type: ICF/IID

Provider Number: 028548000

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>392.80</b>	<b>435.21</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>517.07</b>	<b>569.47</b>	<b>7/1/2023</b>


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 - 2023/07**  
**RI:391.20 / NM:461.06**

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

1219 26th Terrace  
 Cape Coral, FL 33904

Provider Type: ICF/IID

Provider Number: 028552800

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>392.39</b>	<b>391.20</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>472.15</b>	<b>461.06</b>	<b>7/1/2023</b>


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:

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 DPODS - DCF (4)  
 Home Office:  
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 Miami, FL 33170

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

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 Office of Medicaid Cost Reimbursement Planning and Finance  
 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**028553600 - 2023/07**  
**RI:520.99 / NM:0.00**

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

1950 Country Meadows Circle  
 Sarasota, FL 34235

Provider Type: ICF/IID

Provider Number: 028553600

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>481.63</b>	<b>520.99</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>518.47</b>	<b>0.00</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:431.41 / 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: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>394.55</b>	<b>431.41</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>


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:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

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

**028558700 - 2023/07**  
**RI:485.24 / NM:0.00**

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

Provider Number: 028558700  
 Date: 7/12/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>439.38</b>	<b>485.24</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>


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:

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 Home Office:  
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 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 - 2023/07**  
**RI:450.13 / 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: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>447.01</b>	<b>450.13</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>

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:

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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 - 2023/07**  
**RI:457.24 / 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: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>428.60</b>	<b>457.24</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>

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

**028561700 - 2023/07**  
**RI:499.18 / NM:0.00**

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

18711 Wentworth Drive  
 Miami Lakes, FL 33015

Provider Type: ICF/IID

Provider Number: 028561700

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>483.89</b>	<b>499.18</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>

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:  
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 Miami, FL 33170

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

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

**028565000 - 2023/07**  
**RI:612.29 / NM:755.07**

**Lakeview Court**  
 920 W. Kennedy Blvd  
 Orlando, FL 32810

Provider Number: 028565000  
 Date: 7/12/2023  
 FYE: 11/30/2021  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>571.08</b>	<b>612.29</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>706.17</b>	<b>755.07</b>	<b>7/1/2023</b>


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 - 2023/07**  
**RI:605.45 / NM:707.49**

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

Provider Number: 028566800  
 Date: 7/12/2023  
 FYE: 11/30/2021  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>563.11</u>	<u>605.45</u>	<u>7/1/2023</u>
#8 Non-Ambulatory & #9 Medical	<u>659.35</u>	<u>707.49</u>	<u>7/1/2023</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 - 2023/07**  
**RI:597.93 / NM:731.24**

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

Provider Number: 028567600  
 Date: 7/12/2023  
 FYE: 11/30/2021  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>557.60</b>	<b>597.93</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>683.72</b>	<b>731.24</b>	<b>7/1/2023</b>


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 - 2023/07**  
**RI:456.11 / NM:0.00**

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

Provider Number: 028568400  
 Date: 7/12/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>419.13</b>	<b>456.11</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2023</b>

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  
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 Home Office:  
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 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 - 2023/07**  
**RI:411.20 / NM:593.08**

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

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

Provider Type: ICF/IID

Provider Number: 028569200

Date: 7/12/2023

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>338.01</b>	<b>411.20</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>591.30</b>	<b>593.08</b>	<b>7/1/2023</b>


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:

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 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 - 2023/07**  
**RI:613.64 / NM:757.41**

**Avon Park Cluster (Mentor)**

55 East College Drive  
 Avon Park, FL 33825

Provider Number: 031256800

Date: 7/12/2023

FYE: 9/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>524.89</b>	<b>613.64</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>757.04</b>	<b>757.41</b>	<b>7/1/2023</b>

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 - 2023/07**  
**RI:906.93 / NM:1018.97**

**Eagle Watch Cluster (Mentor)**

1725 Fifth Street  
 Daytona Beach, FL 32117

Provider Number: 031257600

Date: 7/12/2023

FYE: 9/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>837.09</b>	<b>906.93</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>1061.95</b>	<b>1018.97</b>	<b>7/1/2023</b>

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:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

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

**031258400 - 2023/07**  
**RI:603.81 / NM:742.69**

**Point West Cluster (Mentor)**

4550 Ricker Road  
 Jacksonville, FL 32210

Provider Number: 031258400

Date: 7/12/2023

FYE: 9/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>563.47</b>	<b>603.81</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>694.84</b>	<b>742.69</b>	<b>7/1/2023</b>

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:

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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 - 2023/07**  
**RI:608.06 / NM:762.97**

**Hodges Cluster (Mentor)**

3615 Hodges Boulevard  
 Jacksonville, FL 32224

Provider Number: 031259200

Date: 7/12/2023

FYE: 9/30/2022

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>616.57</b>	<b>608.06</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>757.79</b>	<b>762.97</b>	<b>7/1/2023</b>

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:

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DPODS - DCF (4)

Home Office:

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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 - 2023/07**  
**RI:578.87 / NM:718.78**

**Kinkaid Cluster (Mentor)**  
 5808 Kinkaid Road  
 Jacksonville, FL 32244

Provider Number: 031260600  
 Date: 7/12/2023  
 FYE: 9/30/2021  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>539.88</b>	<b>578.87</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>672.22</b>	<b>718.78</b>	<b>7/1/2023</b>


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:

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**031261400 - 2023/07**  
**RI:677.70 / NM:902.23**

**Flamingo Drive Cluster  
 (Mentor)**

1285 Flamingo Drive  
 Lantana, FL 33462

Provider Type: ICF/IID

Provider Number: 031261400

Date: 7/12/2023

FYE: 9/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>603.97</b>	<b>677.70</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>800.94</b>	<b>902.23</b>	<b>7/1/2023</b>


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>

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**031262200 - 2023/07**  
**RI:504.61 / NM:601.67**

**Barranger Group Home  
 (Mentor)**

9513 Barranger Drive  
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031262200

Date: 7/12/2023

FYE: 9/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>469.94</b>	<b>504.61</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>561.75</b>	<b>601.67</b>	<b>7/1/2023</b>

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>

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**031263100 - 2023/07**  
**RI:439.82 / NM:546.82**

**Greenridge Group Home  
 (Mentor)**

222 Greenridge Road  
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031263100

Date: 7/12/2023

FYE: 9/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>391.81</b>	<b>439.82</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>546.82</b>	<b>7/1/2023</b>

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>

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**031264900 - 2023/07**  
**RI:601.48 / NM:727.94**

**Pensacola Cluster (Mentor)**  
 9460 S. University Parkway  
 Pensacola, FL 32515

Provider Number: 031264900  
 Date: 7/12/2023  
 FYE: 9/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>596.98</b>	<b>601.48</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>723.68</b>	<b>727.94</b>	<b>7/1/2023</b>


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>

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**031265700 - 2023/07**  
**RI:554.47 / NM:632.96**

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

Provider Number: 031265700  
 Date: 7/12/2023  
 FYE: 9/30/2021  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>518.10</b>	<b>554.47</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>592.33</b>	<b>632.96</b>	<b>7/1/2023</b>


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

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**031266500 - 2023/07**  
**RI:415.04 / NM:490.56**

**Rich Street Group Home  
 (Mentor)**

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

Provider Type: ICF/IID

Provider Number: 031266500

Date: 7/12/2023

FYE: 9/30/2021

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>385.35</b>	<b>415.04</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>456.76</b>	<b>490.56</b>	<b>7/1/2023</b>

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>

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**031267300 - 2023/07**  
**RI:624.97 / NM:791.12**

**Sandpiper Cluster (Mentor)**

1000 East 14th Street  
 Stuart, FL 33496

Provider Number: 031267300

Date: 7/12/2023

FYE: 9/30/2021

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>597.45</b>	<b>624.97</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>839.03</b>	<b>791.12</b>	<b>7/1/2023</b>


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
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