



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

000169300 - 2024/07
RI:348.90 / NM:0.00

St. Augustine Center for Living
 5155 U.S. 1 South
 St. Augustine, FL 32086

Provider Number: 000169300
 Date: 7/31/2024
 FYE: 11/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	376.21	348.90	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

001069500 - 2024/07
RI:628.08 / NM:749.57

Miner North

85609 Miner Road
 Yulee, FL 32097

Provider Number: 001069500

Date: 7/31/2024

FYE: 5/31/2023

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	595.65	628.08	7/1/2024
#8 Non-Ambulatory & #9 Medical	711.53	749.57	7/1/2024

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

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 Medicaid Cost Reimbursement Analysis

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 Office of Medicaid Cost Reimbursement Planning and Finance
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001071000 - 2024/07
RI:662.43 / NM:793.14

Miner South
 85474 Miner Road
 Yulee, FL 32097

Provider Number: 001071000
 Date: 7/31/2024
 FYE: 5/31/2023
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	622.91	662.43	7/1/2024
#8 Non-Ambulatory & #9 Medical	747.58	793.14	7/1/2024


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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0101963600 - 2024/07
RI:565.05 / NM:784.15

New Horizons (Mentor)

1275 N. Rainbow Loop
 Lecanto, FL 34461

Provider Number: 0101963600

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	642.79	565.05	7/1/2024
#8 Non-Ambulatory & #9 Medical	851.97	784.15	7/1/2024

Rate Type:

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

Comments:

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DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

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Medicaid Cost Reimbursement Analysis

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0107650900 - 2024/07
RI:667.57 / NM:874.60

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

22300 SW 162ND Ave
 Miami, FL 33170-3907

Provider Number: 0107650900

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	618.56	667.57	7/1/2024
#8 Non-Ambulatory & #9 Medical	789.49	874.60	7/1/2024

Rate Type:

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

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 Tallahassee, Florida 32308

0108357500 - 2024/07
RI:586.80 / NM:827.44

Pensacola Developmental Center

One Villa Drive
 Pensacola, FL 32506

Provider Type: ICF/IID

Provider Number: 0108357500

Date: 7/31/2024

FYE: 6/30/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	570.02	586.80	7/1/2024
#8 Non-Ambulatory & #9 Medical	805.14	827.44	7/1/2024

Rate Type:


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

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 Tallahassee, Florida 32308

0108358400 - 2024/07
RI:542.66 / NM:728.73

Panama City Developmental Center

1407 Lincoln Drive P.O. Box
 456
 Panama City, FL 32401

Provider Type: ICF/IID

Provider Number: 0108358400

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	667.21	542.66	7/1/2024
#8 Non-Ambulatory & #9 Medical	907.32	728.73	7/1/2024

Rate Type:

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

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0108358800 - 2024/07
RI:655.77 / NM:908.49

Tallahassee Developmental Center

455 Appleyard Drive
 Tallahassee, FL 32304

Provider Number: 0108358800

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	797.83	655.77	7/1/2024
#8 Non-Ambulatory & #9 Medical	1069.43	908.49	7/1/2024

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

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0108358900 - 2024/07
RI:727.57 / NM:859.05

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

Provider Number: 0108358900
 Date: 7/31/2024
 FYE: 9/30/2023
 Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>704.22</u>	<u>727.57</u>	<u>7/1/2024</u>
#8 Non-Ambulatory & #9 Medical	<u>892.72</u>	<u>859.05</u>	<u>7/1/2024</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>	

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 Tallahassee, Florida 32308

0108366100 - 2024/07
RI:587.79 / NM:744.50

**Hillsborough County
 Developmental Ctr**

14219 Bruce B Downs
 Boulevard
 Tampa, FL 33613

Provider Type: ICF/IID

Provider Number: 0108366100

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	688.65	587.79	7/1/2024
#8 Non-Ambulatory & #9 Medical	897.83	744.50	7/1/2024

Rate Type:

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

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 Tallahassee, Florida 32308

0110232000 - 2024/07
RI:641.40 / NM:747.52

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

Provider Number: 0110232000
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	612.38	641.40	7/1/2024
#8 Non-Ambulatory & #9 Medical	693.30	747.52	7/1/2024


Rate Type:

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

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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 Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

0111453600 - 2024/07
RI:802.33 / NM:948.51

Sunrise Observation Circle
 6122 Observation Circle
 Tallahassee, FL 32317

Provider Number: 0111453600
 Date: 7/31/2024
 FYE: 9/30/2022
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	575.47	802.33	7/1/2024
#8 Non-Ambulatory & #9 Medical	663.07	948.51	7/1/2024


Rate Type:

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

Comments:

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Contract Management
 DPODS - DCF (4)
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 Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

0111470500 - 2024/07
RI:858.08 / NM:1016.48

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

Provider Number: 0111470500
 Date: 7/31/2024
 FYE: 9/30/2022
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	580.93	858.08	7/1/2024
#8 Non-Ambulatory & #9 Medical	668.95	1016.48	7/1/2024


Rate Type:

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

Comments:

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 DPODS - DCF (4)
 Home Office:

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 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

0111473100 - 2024/07
RI:960.03 / NM:1098.03

Sunrise Lakeshore Drive
 3349 Lakeshore Drive
 Tallahassee, FL 32312

Provider Number: 0111473100
 Date: 7/31/2024
 FYE: 9/30/2022
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	578.46	960.03	7/1/2024
#8 Non-Ambulatory & #9 Medical	666.06	1098.03	7/1/2024


Rate Type:

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

Comments:

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 DPODS - DCF (4)
 Home Office:

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 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

0111976800 - 2024/07
RI:998.32 / NM:0.00

Sunrise Eleazer Place
 701 Eleazer Place
 Tallahassee, FL 32312

Provider Number: 0111976800
 Date: 7/31/2024
 FYE: 10/31/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	621.61	998.32	7/1/2024
#8 Non-Ambulatory & #9 Medical	720.21	0.00	7/1/2024

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

Comments:

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Contract Management
 DPODS - DCF (4)
 Home Office:

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 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

0113827900 - 2024/07
RI:744.23 / NM:867.98

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

Provider Number: 0113827900
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	745.08	744.23	7/1/2024
#8 Non-Ambulatory & #9 Medical	855.96	867.98	7/1/2024


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012037000 - 2024/07
RI:521.09 / NM:609.16

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

Provider Number: 012037000
 Date: 7/31/2024
 FYE: 9/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	544.70	521.09	7/1/2024
#8 Non-Ambulatory & #9 Medical	629.34	609.16	7/1/2024


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

012038000 - 2024/07
RI:559.41 / NM:661.85

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

Provider Number: 012038000
 Date: 7/31/2024
 FYE: 9/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	533.95	559.41	7/1/2024
#8 Non-Ambulatory & #9 Medical	622.92	661.85	7/1/2024


Rate Type:

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

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 Tallahassee, Florida 32308

012040300 - 2024/07
RI:820.35 / NM:965.20

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

Provider Number: 012040300
 Date: 7/31/2024
 FYE: 9/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	658.81	820.35	7/1/2024
#8 Non-Ambulatory & #9 Medical	738.84	965.20	7/1/2024


Rate Type:

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

Comments:

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 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012073200 - 2024/07
RI:585.17 / NM:685.91

**Suncoast - Suffridge Drive
 Group Home**

27566 Suffridge Drive
 Bonita Springs, FL 33923

Provider Type: ICF/IID

Provider Number: 012073200

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	549.89	585.17	7/1/2024
#8 Non-Ambulatory & #9 Medical	618.29	685.91	7/1/2024


Rate Type:

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

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

012074200 - 2024/07
RI:608.81 / NM:667.29

**Suncoast - Coletta Drive
 Group Home**

1604 Coletta Drive
 Orlando, FL 32807

Provider Type: ICF/IID

Provider Number: 012074200

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	546.58	608.81	7/1/2024
#8 Non-Ambulatory & #9 Medical	622.26	667.29	7/1/2024

Rate Type:


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

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012074800 - 2024/07
RI:655.77 / NM:711.80

**Suncoast - Spring Street
 Group Home**

1463 Spring Street
 Lake City, FL 32052

Provider Type: ICF/IID

Provider Number: 012074800

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	596.36	655.77	7/1/2024
#8 Non-Ambulatory & #9 Medical	665.53	711.80	7/1/2024


Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

012075300 - 2024/07
RI:560.85 / NM:608.24

**Suncoast - Walnut Street
 Group Home**

102 Alexander Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075300

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	575.33	560.85	7/1/2024
#8 Non-Ambulatory & #9 Medical	628.96	608.24	7/1/2024


Rate Type:

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

Comments:

Distribution:

Contract Management
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 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

012075700 - 2024/07
RI:579.52 / NM:631.68

**Suncoast - Bessent Road
 Group Home**

1329 Bessent Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075700

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	550.82	579.52	7/1/2024
#8 Non-Ambulatory & #9 Medical	617.65	631.68	7/1/2024


Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

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 Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012075900 - 2024/07
RI:553.36 / NM:667.39

**Suncoast - Frederick Avenue
 Group Home**

325 N Frederick Avenue
 Daytona Beach, FL 32114

Provider Type: ICF/IID

Provider Number: 012075900

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	550.85	553.36	7/1/2024
#8 Non-Ambulatory & #9 Medical	612.43	667.39	7/1/2024


Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012373500 - 2024/07
RI:621.37 / NM:682.27

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

Provider Number: 012373500

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	546.68	621.37	7/1/2024
#8 Non-Ambulatory & #9 Medical	607.99	682.27	7/1/2024


Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
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 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012374200 - 2024/07
RI:637.62 / NM:767.68

**Suncoast - Second Street
 Group Home**

3841 SE 2nd Street
 Ocala, FL 34471

Provider Type: ICF/IID

Provider Number: 012374200

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	588.83	637.62	7/1/2024
#8 Non-Ambulatory & #9 Medical	667.55	767.68	7/1/2024


Rate Type:

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

Comments:

Distribution:

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 DPODS - DCF (4)
 Home Office:

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012374400 - 2024/07
RI:566.85 / NM:739.27

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

Provider Number: 012374400
 Date: 7/31/2024
 FYE: 12/31/2022
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	554.26	566.85	7/1/2024
#8 Non-Ambulatory & #9 Medical	723.71	739.27	7/1/2024


Rate Type:

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

Comments:

Distribution:

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 DPODS - DCF (4)
 Home Office:

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

012375400 - 2024/07
RI:639.31 / NM:714.60

Suncoast - 19th Street Group Home

529 NW 19th Street
 Gainesville, FL 32603

Provider Type: ICF/IID

Provider Number: 012375400

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	563.42	639.31	7/1/2024
#8 Non-Ambulatory & #9 Medical	636.16	714.60	7/1/2024


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

Comments:

Distribution:

Contract Management
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 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012386400 - 2024/07
RI:636.94 / NM:781.04

**Suncoast - Tunis Street
 Group Home**

4748 Tunis Street
 Jacksonville, FL 32205

Provider Type: ICF/IID

Provider Number: 012386400

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	603.11	636.94	7/1/2024
#8 Non-Ambulatory & #9 Medical	679.40	781.04	7/1/2024

Rate Type:


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

Comments:

Distribution:

Contract Management
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 Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012390800 - 2024/07
RI:657.34 / NM:717.95

Suncoast - Plaza Oval Group Home

247 Plaza Oval
 Casselberry, FL 32707

Provider Type: ICF/IID

Provider Number: 012390800

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	618.83	657.34	7/1/2024
#8 Non-Ambulatory & #9 Medical	701.12	717.95	7/1/2024


Rate Type:

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

Comments:

Distribution:

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 DPODS - DCF (4)
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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

012392700 - 2024/07
RI:727.64 / NM:800.80

**Suncoast - Claudia Drive
 Group Home**

140 Claudia Drive
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012392700

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	562.50	727.64	7/1/2024
#8 Non-Ambulatory & #9 Medical	629.75	800.80	7/1/2024

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


Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

012410100 - 2024/07
RI:528.53 / NM:695.53

**Suncoast - High Desert Court
 Group Home**

11818 High Desset Court
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012410100

Date: 7/31/2024

FYE: 12/31/2022

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	597.25	528.53	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	695.53	7/1/2024

Rate Type:


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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

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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

028000300 - 2024/07
RI:620.28 / NM:701.42

Sandy Park Development Center

2975 Garden Street North
 Ft. Myers, FL 33917

Provider Type: ICF/IID

Provider Number: 028000300

Date: 7/31/2024

FYE: 4/30/2023

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	621.96	620.28	7/1/2024
#8 Non-Ambulatory & #9 Medical	704.12	701.42	7/1/2024

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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 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 - 2024/07
RI:756.83 / NM:893.12

Laurel Hill Cluster
 2011 Laurel Hill Cluster
 Orlando, FL 32818

Provider Number: 028019401
 Date: 7/31/2024
 FYE: 9/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	811.68	756.83	7/1/2024
#8 Non-Ambulatory & #9 Medical	967.42	893.12	7/1/2024

Rate Type:

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

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 - 2024/07
RI:677.03 / NM:916.84

McCauley Cluster (Sunrise)

1385 McCauley Road
 Tallahassee, FL 32308

Provider Number: 028020801

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	677.63	677.03	7/1/2024
#8 Non-Ambulatory & #9 Medical	923.34	916.84	7/1/2024

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

028028301 - 2024/07
RI:700.92 / NM:897.03

**Greentree Court Cluster
 (Sunrise)**

2160 GreenTree Court
 Bartow, FL 33830

Provider Number: 028028301

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	635.07	700.92	7/1/2024
#8 Non-Ambulatory & #9 Medical	794.86	897.03	7/1/2024

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

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

028029101 - 2024/07
RI:708.77 / NM:970.13

Mahan Cluster (Sunrise)

2034 Mahan Drive
 Tallahassee, FL 32308

Provider Number: 028029101

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	583.02	708.77	7/1/2024
#8 Non-Ambulatory & #9 Medical	788.22	970.13	7/1/2024

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

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

028030501 - 2024/07
RI:463.10 / NM:596.31

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

Provider Number: 028030501
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	423.32	463.10	7/1/2024
#8 Non-Ambulatory & #9 Medical	509.69	596.31	7/1/2024

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

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

028032101 - 2024/07
RI:478.12 / NM:624.84

Gainesville 39th Avenue Cluster (Res-Care)

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

Provider Number: 028032101

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	419.00	478.12	7/1/2024
#8 Non-Ambulatory & #9 Medical	509.01	624.84	7/1/2024

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:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

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

028035600 - 2024/07
RI:601.78 / NM:853.60

PARC Center Apartments

3190 75th Street North
 St. Petersburg, FL 33170

Provider Number: 028035600

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	591.94	601.78	7/1/2024
#8 Non-Ambulatory & #9 Medical	869.60	853.60	7/1/2024

Rate Type:

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

Comments:

Distribution:

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Home Office:

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
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 Tallahassee, Florida 32308

028036401 - 2024/07
RI:863.66 / NM:1027.47

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

Provider Number: 028036401
 Date: 7/31/2024
 FYE: 9/30/2022
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	836.99	863.66	7/1/2024
#8 Non-Ambulatory & #9 Medical	998.79	1027.47	7/1/2024


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 - 2024/07
RI:544.62 / NM:686.62

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

Provider Number: 028037201
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	457.88	544.62	7/1/2024
#8 Non-Ambulatory & #9 Medical	569.11	686.62	7/1/2024

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

Comments:

Distribution:

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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 - 2024/07
RI:441.64 / NM:579.65

Ocala Cluster (Res-Care)

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

Provider Number: 028038101

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	384.96	441.64	7/1/2024
#8 Non-Ambulatory & #9 Medical	479.89	579.65	7/1/2024

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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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 - 2024/07
RI:779.17 / NM:912.28

Williams Road Cluster
 1923 Sarah Louise Drive
 Brandon, FL 33510

Provider Number: 028040201
 Date: 7/31/2024
 FYE: 9/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	778.53	779.17	7/1/2024
#8 Non-Ambulatory & #9 Medical	913.40	912.28	7/1/2024

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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Home Office:

Quest, Inc.

P.O. Box 531125

Orlando, FL 32853

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028041101 - 2024/07
RI:716.98 / NM:863.33

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

Provider Number: 028041101
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	663.11	716.98	7/1/2024
#8 Non-Ambulatory & #9 Medical	924.65	863.33	7/1/2024

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:

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Home Office:

UCP Of Miami

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Miami, FL 33125

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028045301 - 2024/07
RI:864.75 / NM:1054.66

MCP Braddock
 14400 SW 32nd Street
 Miami, FL 33175

Provider Number: 028045301
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	730.18	864.75	7/1/2024
#8 Non-Ambulatory & #9 Medical	1123.25	1054.66	7/1/2024

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:

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 Tallahassee, Florida 32308

028046101 - 2024/07
RI:767.59 / NM:940.76

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

Provider Number: 028046101
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	697.88	767.59	7/1/2024
#8 Non-Ambulatory & #9 Medical	1002.03	940.76	7/1/2024

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>	

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 Tallahassee, Florida 32308

028048801 - 2024/07
RI:721.78 / NM:894.19

MCP Sunset

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

Provider Number: 028048801

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	680.47	721.78	7/1/2024
#8 Non-Ambulatory & #9 Medical	976.31	894.19	7/1/2024

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:

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Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

028049601 - 2024/07
RI:818.00 / NM:1135.99

Dorchester Cluster (Sunrise)

3201 Ginger Drive
 Tallahassee, FL 32308

Provider Number: 028049601

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	640.43	818.00	7/1/2024
#8 Non-Ambulatory & #9 Medical	842.64	1135.99	7/1/2024

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:

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DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

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Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

028059300 - 2024/07
RI:476.88 / NM:0.00

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

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

Provider Number: 028059300

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	434.96	476.88	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

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>	

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Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028062300 - 2024/07
RI:533.77 / NM:639.73

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

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

Provider Number: 028062300

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	504.63	533.77	7/1/2024
#8 Non-Ambulatory & #9 Medical	591.24	639.73	7/1/2024

Rate Type:

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

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Home Office:

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Miami, FL 33170

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028065800 - 2024/07
RI:532.62 / NM:0.00

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

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

Provider Number: 028065800

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	522.63	532.62	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

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			

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028427100 - 2024/07
RI:445.10 / NM:558.70

Fern Park Developmental Center

230 Fern Park Boulevard
 Fern Park, FL 32730

Provider Type: ICF/IID

Provider Number: 028427100

Date: 7/31/2024

FYE: 2/28/2023

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	423.65	445.10	7/1/2024
#8 Non-Ambulatory & #9 Medical	531.58	558.70	7/1/2024

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:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

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 Tallahassee, Florida 32308

028500500 - 2024/07
RI:584.37 / NM:0.00

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

Provider Number: 028500500
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	525.34	584.37	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

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:

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 Tallahassee, Florida 32308

028505600 - 2024/07
RI:831.63 / NM:1231.02

PARC Cottage

3101 76th Way North
 St. Petersburg, FL 33710

Provider Number: 028505600

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	581.87	831.63	7/1/2024
#8 Non-Ambulatory & #9 Medical	879.67	1231.02	7/1/2024

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

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Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

028512900 - 2024/07
RI:642.97 / NM:0.00

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

Provider Number: 028512900
 Date: 7/31/2024
 FYE: 9/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	452.92	642.97	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

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>	

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 Tallahassee, Florida 32308

028513700 - 2024/07
RI:576.58 / NM:655.00

New Horizons of NW Florida, Inc.

10050 Hillview Road
 Pensacola, FL 32514

Provider Number: 028513700

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	472.33	576.58	7/1/2024
#8 Non-Ambulatory & #9 Medical	543.18	655.00	7/1/2024

Rate Type:

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

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028519600 - 2024/07
RI:632.66 / NM:0.00

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

Provider Number: 028519600
 Date: 7/31/2024
 FYE: 9/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	600.27	632.66	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

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>	

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 Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
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028521800 - 2024/07
RI:613.50 / NM:778.38

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

Provider Number: 028521800
 Date: 7/31/2024
 FYE: 9/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	502.53	613.50	7/1/2024
#8 Non-Ambulatory & #9 Medical	654.58	778.38	7/1/2024

Rate Type:

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


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Ann Storck Center
 1790 S.W. 43RD WAY
 Ft. Lauderdale, FL 33317

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 2727 Mahan Drive - Mail Stop 23
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028531500 - 2024/07
RI:553.54 / NM:718.26

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

Provider Number: 028531500
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	595.00	553.54	7/1/2024
#8 Non-Ambulatory & #9 Medical	758.64	718.26	7/1/2024


Rate Type:

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

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 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

028533100 - 2024/07
RI:677.55 / NM:881.01

Cape Coral Cluster (Sunrise)
 2821 Pine Island Road, S.W.
 Cape Coral, FL 33991

Provider Number: 028533100
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	650.60	677.55	7/1/2024
#8 Non-Ambulatory & #9 Medical	841.07	881.01	7/1/2024


Rate Type:

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

Comments:

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

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 Medicaid Cost Reimbursement Analysis

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Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028536600 - 2024/07
RI:456.42 / NM:592.43

Squire Court Community Home (Res-Care)

95 Squire Court
 Dunedin, FL 34698

Provider Number: 028536600

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	445.33	456.42	7/1/2024
#8 Non-Ambulatory & #9 Medical	498.37	592.43	7/1/2024

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			

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Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

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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
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028537400 - 2024/07
RI:563.02 / NM:0.00

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

3438 S.R. 580
 Safety Harbor, FL 34695

Provider Number: 028537400

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	461.56	563.02	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

Rate Type:

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

Comments:

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DPODS - DCF (4)

Home Office:

Res-Care, Inc.

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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 - 2024/07
RI:690.52 / NM:842.19

Hendricks

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

Provider Type: ICF/IID

Provider Number: 028539100

Date: 7/31/2024

FYE: 5/31/2023

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	658.94	690.52	7/1/2024
#8 Non-Ambulatory & #9 Medical	809.98	842.19	7/1/2024

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 - 2024/07
RI:540.31 / NM:619.66

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

2281 Twin Lane Drive
 Dundedun, FL 34698

Provider Number: 028541200

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	421.53	540.31	7/1/2024
#8 Non-Ambulatory & #9 Medical	476.18	619.66	7/1/2024

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

028547100 - 2024/07
RI:492.24 / NM:0.00

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

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

Provider Number: 028547100

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	445.83	492.24	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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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

028548000 - 2024/07
RI:545.15 / NM:657.04

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

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

Provider Number: 028548000

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	435.21	545.15	7/1/2024
#8 Non-Ambulatory & #9 Medical	569.47	657.04	7/1/2024

Rate Type:

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

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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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

028552800 - 2024/07
RI:418.72 / NM:503.80

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

1219 26th Terrace
 Cape Coral, FL 33904

Provider Number: 028552800

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	391.20	418.72	7/1/2024
#8 Non-Ambulatory & #9 Medical	461.06	503.80	7/1/2024

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:

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Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028553600 - 2024/07
RI:495.73 / NM:601.42

**Country Meadows Grp Home
 #13 (Sunrise)**
 1950 Country Meadows Circle
 Sarasota, FL 34235

Provider Number: 028553600
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	520.99	495.73	7/1/2024
#8 Non-Ambulatory & #9 Medical	564.27	601.42	7/1/2024

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

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Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028557900 - 2024/07
RI:534.78 / NM:648.14

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

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

Provider Number: 028557900

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	433.47	534.78	7/1/2024
#8 Non-Ambulatory & #9 Medical	539.90	648.14	7/1/2024

Rate Type:

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

Comments:

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Home Office:

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028558700 - 2024/07
RI:569.11 / NM:0.00

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

Provider Number: 028558700
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	482.23	569.11	7/1/2024
#8 Non-Ambulatory & #9 Medical	572.50	0.00	7/1/2024

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

Comments:

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

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 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

028559500 - 2024/07
RI:527.20 / NM:0.00

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

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

Provider Number: 028559500

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	450.13	527.20	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

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

Comments:

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W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028560900 - 2024/07
RI:489.91 / NM:0.00

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

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

Provider Number: 028560900

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	457.24	489.91	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

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
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028561700 - 2024/07
RI:535.25 / NM:0.00

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

18711 Wentworth Drive
 Miami Lakes, FL 33015

Provider Number: 028561700

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	499.18	535.25	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

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
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028565000 - 2024/07
RI:634.92 / NM:771.78

Lakeview Court
 920 W. Kennedy Blvd
 Orlando, FL 32810

Provider Number: 028565000
 Date: 7/31/2024
 FYE: 11/30/2022
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	612.29	634.92	7/1/2024
#8 Non-Ambulatory & #9 Medical	755.07	771.78	7/1/2024


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 - 2024/07
RI:632.35 / NM:744.40

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

Provider Number: 028566800
 Date: 7/31/2024
 FYE: 11/30/2022
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	605.45	632.35	7/1/2024
#8 Non-Ambulatory & #9 Medical	707.49	744.40	7/1/2024


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 - 2024/07
RI:615.17 / NM:753.34

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

Provider Number: 028567600
 Date: 7/31/2024
 FYE: 11/30/2022
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	597.93	615.17	7/1/2024
#8 Non-Ambulatory & #9 Medical	731.24	753.34	7/1/2024


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 - 2024/07
RI:621.66 / NM:0.00

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

Provider Number: 028568400
 Date: 7/31/2024
 FYE: 6/30/2023
 Audit Status: Rebase Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	456.11	621.66	7/1/2024
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2024

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

028569200 - 2024/07
RI:429.60 / NM:623.18

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

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

Provider Number: 028569200

Date: 7/31/2024

FYE: 6/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	411.20	429.60	7/1/2024
#8 Non-Ambulatory & #9 Medical	593.08	623.18	7/1/2024

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.

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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 - 2024/07
RI:626.19 / NM:762.63

Avon Park Cluster (Mentor)

55 East College Drive
 Avon Park, FL 33825

Provider Number: 031256800

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	613.64	626.19	7/1/2024
#8 Non-Ambulatory & #9 Medical	757.41	762.63	7/1/2024

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:

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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 - 2024/07
RI:681.31 / NM:882.03

Eagle Watch Cluster (Mentor)

1725 Fifth Street
 Daytona Beach, FL 32117

Provider Number: 031257600

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	906.93	681.31	7/1/2024
#8 Non-Ambulatory & #9 Medical	1018.97	882.03	7/1/2024

Rate Type:

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

Comments:

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Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

031258400 - 2024/07
RI:605.07 / NM:752.99

Point West Cluster (Mentor)

4550 Ricker Road
 Jacksonville, FL 32210

Provider Number: 031258400

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	603.81	605.07	7/1/2024
#8 Non-Ambulatory & #9 Medical	742.69	752.99	7/1/2024

Rate Type:

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

Comments:

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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 - 2024/07
RI:681.48 / NM:874.11

Hodges Cluster (Mentor)

3615 Hodges Boulevard
 Jacksonville, FL 32224

Provider Number: 031259200

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	608.06	681.48	7/1/2024
#8 Non-Ambulatory & #9 Medical	762.97	874.11	7/1/2024

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)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

031260600 - 2024/07
RI:611.62 / NM:787.81

Kinkaid Cluster (Mentor)

5808 Kinkaid Road
 Jacksonville, FL 32244

Provider Number: 031260600

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	578.87	611.62	7/1/2024
#8 Non-Ambulatory & #9 Medical	718.78	787.81	7/1/2024

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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Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

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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

031261400 - 2024/07
RI:713.41 / NM:877.09

**Flamingo Drive Cluster
 (Mentor)**

1285 Flamingo Drive
 Lantana, FL 33462

Provider Number: 031261400

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	677.70	713.41	7/1/2024
#8 Non-Ambulatory & #9 Medical	902.23	877.09	7/1/2024

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

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031262200 - 2024/07
RI:458.13 / NM:546.49

**Barranger Group Home
 (Mentor)**

9513 Barranger Drive
 Pensacola, FL 32514

Provider Number: 031262200

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	504.61	458.13	7/1/2024
#8 Non-Ambulatory & #9 Medical	601.67	546.49	7/1/2024

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>	

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031263100 - 2024/07
RI:393.16 / NM:467.99

**Greenridge Group Home
 (Mentor)**

222 Greenridge Road
 Pensacola, FL 32514

Provider Number: 031263100

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	439.82	393.16	7/1/2024
#8 Non-Ambulatory & #9 Medical	546.82	467.99	7/1/2024

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>	

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031264900 - 2024/07
RI:720.51 / NM:869.90

Pensacola Cluster (Mentor)

9460 S. University Parkway
 Pensacola, FL 32515

Provider Number: 031264900

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	601.48	720.51	7/1/2024
#8 Non-Ambulatory & #9 Medical	727.94	869.90	7/1/2024

Rate Type:

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

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031265700 - 2024/07
RI:485.69 / NM:568.30

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

Provider Number: 031265700
 Date: 7/31/2024
 FYE: 9/30/2023
 Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	554.47	485.69	7/1/2024
#8 Non-Ambulatory & #9 Medical	632.96	568.30	7/1/2024

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>	

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031266500 - 2024/07
RI:549.83 / NM:629.16

**Rich Street Group Home
 (Mentor)**

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

Provider Number: 031266500

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	415.04	549.83	7/1/2024
#8 Non-Ambulatory & #9 Medical	490.56	629.16	7/1/2024

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			

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031267300 - 2024/07
RI:760.88 / NM:946.26

Sandpiper Cluster (Mentor)

1000 East 14th Street
 Stuart, FL 33496

Provider Number: 031267300

Date: 7/31/2024

FYE: 9/30/2023

Audit Status: Rebase Unaudited
 Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	624.97	760.88	7/1/2024
#8 Non-Ambulatory & #9 Medical	791.12	946.26	7/1/2024

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

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