



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

000169300 - 2018/07
RI:272.03 / NM:0.00

St. Augustine Center for Living

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

Provider Type: ICF/IID

Provider Number: 000169300

Date: 6/19/2018

FYE: 11/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	264.25	272.03	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018


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



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001069500 - 2018/07
RI:419.96 / NM:502.83

Miner North

85609 Miner Road
 Yulee, FL 32097

Provider Number: 001069500

Date: 6/19/2018

FYE: 5/31/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	391.46	419.96	7/1/2018
#8 Non-Ambulatory & #9 Medical	468.35	502.83	7/1/2018

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:

Care Centers of Nassau, LLC

95146 Hendricks Road

Fernandina Beach, FL 32034

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 Tallahassee, Florida 32308

001071000 - 2018/07
RI:384.39 / NM:464.72

Miner South
 85474 Miner Road
 Yulee, FL 32097

Provider Number: 001071000
 Date: 6/19/2018
 FYE: 5/31/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	358.35	384.39	7/1/2018
#8 Non-Ambulatory & #9 Medical	432.88	464.72	7/1/2018


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

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012037000 - 2018/07
RI:385.51 / NM:453.00

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

Provider Number: 012037000
 Date: 6/19/2018
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	431.39	385.51	7/1/2018
#8 Non-Ambulatory & #9 Medical	508.95	453.00	7/1/2018


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

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012038000 - 2018/07
RI:356.19 / NM:416.66

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

Provider Number: 012038000
 Date: 6/19/2018
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	378.55	356.19	7/1/2018
#8 Non-Ambulatory & #9 Medical	442.44	416.66	7/1/2018

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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012040300 - 2018/07
RI:381.49 / NM:432.85

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

Provider Number: 012040300
 Date: 6/19/2018
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	357.36	381.49	7/1/2018
#8 Non-Ambulatory & #9 Medical	405.37	432.85	7/1/2018


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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012073200 - 2018/07
RI:356.42 / NM:0.00

**Suffridge Drive Group Home
 (SH of F)**

27566 Suffridge Drive
 Bonita Springs, FL 33923

Provider Type: ICF/IID

Provider Number: 012073200

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	421.45	356.42	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

Rate Type:

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

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012074200 - 2018/07
RI:360.66 / NM:397.06

**Coletta Drive Group Home
 (SH of F)**

1604 Coletta Drive
 Orlando, FL 32807

Provider Type: ICF/IID

Provider Number: 012074200

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	338.47	360.66	7/1/2018
#8 Non-Ambulatory & #9 Medical	372.47	397.06	7/1/2018

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"/>
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012074800 - 2018/07
RI:229.04 / NM:260.71

**Spring Street Group Home
 (SH of F)**

1463 Spring Street
 Lake City, FL 32052

Provider Type: ICF/IID

Provider Number: 012074800

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	318.14	229.04	7/1/2018
#8 Non-Ambulatory & #9 Medical	348.61	260.71	7/1/2018

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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012075300 - 2018/07
RI:256.90 / NM:288.56

**Walnut Street Group Home
 (SH of F)**

102 Alexander Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075300

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	314.38	256.90	7/1/2018
#8 Non-Ambulatory & #9 Medical	344.83	288.56	7/1/2018

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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012075700 - 2018/07
RI:245.23 / NM:278.92

**Bessent Road Group Home
 (SH of F)**

1329 Bessent Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075700

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	303.64	245.23	7/1/2018
#8 Non-Ambulatory & #9 Medical	336.06	278.92	7/1/2018

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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012075900 - 2018/07
RI:299.95 / NM:336.15

**Frederick Avenue Group
 Home (SH of F)**
 325 N Frederick Avenue
 Daytona Beach, FL 32114

Provider Number: 012075900
 Date: 6/19/2018
 FYE: 10/31/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	347.51	299.95	7/1/2018
#8 Non-Ambulatory & #9 Medical	383.33	336.15	7/1/2018


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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012373500 - 2018/07
RI:276.96 / NM:311.07

107th Place Group Home (SH of F)

2233 NW 41st St Ste 300
 Gainesville, FL 32606

Provider Type: ICF/IID

Provider Number: 012373500

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	330.36	276.96	7/1/2018
#8 Non-Ambulatory & #9 Medical	362.95	311.07	7/1/2018

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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012374200 - 2018/07
RI:340.33 / NM:0.00

**Second Street Group Home
 (SH of F)**

3841 SE 2nd Street
 Ocala, FL 34471

Provider Type: ICF/IID

Provider Number: 012374200

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	375.16	340.33	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

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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012374400 - 2018/07
RI:270.47 / NM:0.00

**Rosewood Avenue Group
 Home (SH of F)**

71 Rosewood Avenue
 Ormond Beach, FL 32174

Provider Type: ICF/IID

Provider Number: 012374400

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	326.68	270.47	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

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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012375400 - 2018/07
RI:291.48 / NM:327.02

19th Street Group Home (SH of F)

529 NW 19th Street
 Gainesville, FL 32603

Provider Type: ICF/IID

Provider Number: 012375400

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	334.07	291.48	7/1/2018
#8 Non-Ambulatory & #9 Medical	369.80	327.02	7/1/2018

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

012386400 - 2018/07
RI:271.04 / NM:0.00

**Tunis Street Group Home
 (SH of F)**

4748 Tunis Street
 Jacksonville, FL 32205

Provider Type: ICF/IID

Provider Number: 012386400

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	328.05	271.04	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

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

012390800 - 2018/07
RI:394.62 / NM:0.00

Plaza Oval Group Home (SH of F)

247 Plaza Oval
 Casselberry, FL 32707

Provider Type: ICF/IID

Provider Number: 012390800

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	302.47	394.62	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

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

Comments:

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012392700 - 2018/07
RI:371.44 / NM:412.77

**Claudia Drive Group Home
 (SH of F)**

140 Claudia Drive
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012392700

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	404.81	371.44	7/1/2018
#8 Non-Ambulatory & #9 Medical	444.51	412.77	7/1/2018

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		

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012410100 - 2018/07
RI:269.23 / NM:0.00

High Desert Court Group Home (SH of F)

11818 High Desset Court
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012410100

Date: 6/19/2018

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	327.28	269.23	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

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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015979000 - 2018/07
RI:340.79 / NM:424.47

Log Cabin Enterprises, Inc.
(Sunrise)

22300 SW 162ND Ave
 Miami, FL 33170-3907

Provider Type: ICF/IID

Provider Number: 015979000

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	320.44	340.79	7/1/2018
#8 Non-Ambulatory & #9 Medical	398.06	424.47	7/1/2018

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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Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

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028000300 - 2018/07
RI:304.50 / NM:0.00

Sandy Park Development Center

2975 Garden Street North
 Ft. Myers, FL 33917

Provider Type: ICF/IID

Provider Number: 028000300

Date: 6/19/2018

FYE: 12/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	291.06	304.50	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

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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028018601 - 2018/07
RI:372.21 / NM:475.70

**St. Petersburg Cluster
 (Sunrise)**

1101 102nd Avenue North
 St. Petersburg, FL 33716

Provider Type: ICF/IID

Provider Number: 028018601

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	361.44	372.21	7/1/2018
#8 Non-Ambulatory & #9 Medical	469.03	475.70	7/1/2018


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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028019401 - 2018/07
RI:466.42 / NM:596.01

Laurel Hill Cluster
 2011 Laurel Hill Cluster
 Orlando, FL 32818

Provider Number: 028019401
 Date: 6/19/2018
 FYE: 9/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	464.64	466.42	7/1/2018
#8 Non-Ambulatory & #9 Medical	593.41	596.01	7/1/2018


Rate Type:

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

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 Life Concepts, Inc.
 500 EAST COLONIAL DR.
 Orlando, FL 32803

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028020801 - 2018/07
RI:362.97 / NM:488.54

McCauley Cluster (Sunrise)

1385 McCauley Road
 Tallahassee, FL 32308

Provider Number: 028020801

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	339.99	362.97	7/1/2018
#8 Non-Ambulatory & #9 Medical	455.06	488.54	7/1/2018

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		

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028028301 - 2018/07
RI:354.42 / NM:452.96

**Greentree Court Cluster
 (Sunrise)**

2160 GreenTree Court
 Bartow, FL 33830

Provider Type: ICF/IID

Provider Number: 028028301

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	332.18	354.42	7/1/2018
#8 Non-Ambulatory & #9 Medical	422.50	452.96	7/1/2018


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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028029101 - 2018/07
RI:370.74 / NM:511.51

Mahan Cluster (Sunrise)
 2034 Mahan Drive
 Tallahassee, FL 32308

Provider Number: 028029101
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	350.67	370.74	7/1/2018
#8 Non-Ambulatory & #9 Medical	480.29	511.51	7/1/2018


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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028030501 - 2018/07
RI:258.78 / NM:309.53

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

Provider Number: 028030501
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	243.36	258.78	7/1/2018
#8 Non-Ambulatory & #9 Medical	283.77	309.53	7/1/2018


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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 Res-Care, Inc.
 10140 Linn Station Road
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028031301 - 2018/07
RI:334.56 / NM:428.63

Bayshore Cluster (Sunrise)

2059 Lisenby Avenue
 Panama City, FL 32405

Provider Number: 028031301

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	331.65	334.56	7/1/2018
#8 Non-Ambulatory & #9 Medical	407.84	428.63	7/1/2018


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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028032101 - 2018/07
RI:273.72 / NM:330.26

Gainesville 39th Avenue Cluster (Res-Care)

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

Provider Type: ICF/IID

Provider Number: 028032101

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	262.84	273.72	7/1/2018
#8 Non-Ambulatory & #9 Medical	308.09	330.26	7/1/2018

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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028035600 - 2018/07
RI:355.96 / NM:551.06

PARC Center Apartments

3190 75th Street North
 St. Petersburg, FL 33170

Provider Number: 028035600

Date: 6/19/2018

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	328.02	355.96	7/1/2018
#8 Non-Ambulatory & #9 Medical	508.51	551.06	7/1/2018


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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028036401 - 2018/07
RI:527.73 / NM:676.69

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

Provider Number: 028036401
 Date: 6/19/2018
 FYE: 9/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	501.55	527.73	7/1/2018
#8 Non-Ambulatory & #9 Medical	633.02	676.69	7/1/2018


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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 Quest, Inc.
 P.O. Box 531125
 Orlando, FL 32853

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028037201 - 2018/07
RI:334.97 / NM:420.86

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

Provider Number: 028037201
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	318.59	334.97	7/1/2018
#8 Non-Ambulatory & #9 Medical	389.53	420.86	7/1/2018


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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 Ann Storck Center
 1790 S.W. 43RD WAY
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028038101 - 2018/07
RI:258.73 / NM:312.33

Ocala Cluster (Res-Care)

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

Provider Number: 028038101

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	251.93	258.73	7/1/2018
#8 Non-Ambulatory & #9 Medical	294.75	312.33	7/1/2018

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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028040201 - 2018/07
RI:531.07 / NM:670.82

Williams Road Cluster
 1923 Sarah Louise Drive
 Brandon, FL 33510

Provider Number: 028040201
 Date: 6/19/2018
 FYE: 9/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	491.55	531.07	7/1/2018
#8 Non-Ambulatory & #9 Medical	625.87	670.82	7/1/2018


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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028041101 - 2018/07
RI:419.60 / NM:524.82

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

Provider Number: 028041101
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	405.64	419.60	7/1/2018
#8 Non-Ambulatory & #9 Medical	493.20	524.82	7/1/2018


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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028045301 - 2018/07
RI:444.84 / NM:555.45

MCP Braddock
 14400 SW 32nd Street
 Miami, FL 33175

Provider Number: 028045301
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	432.72	444.84	7/1/2018
#8 Non-Ambulatory & #9 Medical	522.67	555.45	7/1/2018


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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028046101 - 2018/07
RI:440.02 / NM:547.07

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

Provider Number: 028046101
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	423.70	440.02	7/1/2018
#8 Non-Ambulatory & #9 Medical	511.39	547.07	7/1/2018


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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028048801 - 2018/07
RI:423.58 / NM:535.30

MCP Sunset

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

Provider Number: 028048801

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	408.35	423.58	7/1/2018
#8 Non-Ambulatory & #9 Medical	500.79	535.30	7/1/2018

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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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028049601 - 2018/07
RI:368.84 / NM:497.75

Dorchester Cluster (Sunrise)

3201 Ginger Drive
 Tallahassee, FL 32308

Provider Number: 028049601

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	344.60	368.84	7/1/2018
#8 Non-Ambulatory & #9 Medical	464.11	497.75	7/1/2018


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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028059300 - 2018/07
RI:261.87 / 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: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	244.33	261.87	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 Tallahassee, Florida 32308

028062300 - 2018/07
RI:258.54 / NM:303.08

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

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

Provider Type: ICF/IID

Provider Number: 028062300

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	243.19	258.54	7/1/2018
#8 Non-Ambulatory & #9 Medical	284.48	303.08	7/1/2018


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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028065800 - 2018/07
RI:267.45 / 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: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	243.10	267.45	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018


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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028427100 - 2018/07
RI:275.49 / NM:360.23

Fern Park Developmental Center

230 Fern Park Boulevard
 Fern Park, FL 32730

Provider Type: ICF/IID

Provider Number: 028427100

Date: 6/19/2018

FYE: 2/28/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	258.90	275.49	7/1/2018
#8 Non-Ambulatory & #9 Medical	338.72	360.23	7/1/2018

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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Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

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028500500 - 2018/07
RI:237.35 / NM:0.00

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

Provider Number: 028500500
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	218.06	237.35	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018


Rate Type:

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

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028505600 - 2018/07
RI:346.83 / NM:526.50

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

Provider Number: 028505600
 Date: 6/19/2018
 FYE: 9/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	320.84	346.83	7/1/2018
#8 Non-Ambulatory & #9 Medical	487.06	526.50	7/1/2018


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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028512900 - 2018/07
RI:293.66 / NM:0.00

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

Provider Number: 028512900
 Date: 6/19/2018
 FYE: 9/30/2015
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	277.99	293.66	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

Rate Type:	
<u> </u> Interim	<u> </u> Prospective
<u> </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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 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

028513700 - 2018/07
RI:312.45 / NM:380.41

New Horizons of NW Florida, Inc.

10050 Hillview Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 028513700

Date: 6/19/2018

FYE: 9/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	295.85	312.45	7/1/2018
#8 Non-Ambulatory & #9 Medical	356.14	380.41	7/1/2018

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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 Tallahassee, Florida 32308

028519600 - 2018/07
RI:368.26 / NM:0.00

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

Provider Number: 028519600
 Date: 6/19/2018
 FYE: 9/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	347.06	368.26	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018


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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028520000 - 2018/07
RI:259.58 / NM:352.41

Pensacola Care, Inc.
 One Villa Drive
 Pensacola, FL 32506

Provider Number: 028520000
 Date: 6/19/2018
 FYE: 9/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	242.33	259.58	7/1/2018
#8 Non-Ambulatory & #9 Medical	329.72	352.41	7/1/2018

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

Comments:

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 Quest Management Group
 311 North Spring Street
 Pensacola, FL 32501

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028521800 - 2018/07
RI:309.91 / NM:403.10

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

Provider Number: 028521800
 Date: 6/19/2018
 FYE: 9/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	295.71	309.91	7/1/2018
#8 Non-Ambulatory & #9 Medical	373.86	403.10	7/1/2018


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

W.Rydell Samuel 
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For Information only - No Change in rate



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 Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

028522600 - 2018/07
RI:283.50 / NM:378.80

Tallahassee Developmental Center

455 Appleyard Drive
 Tallahassee, FL 32304

Provider Type: ICF/IID

Provider Number: 028522600

Date: 6/19/2018

FYE: 9/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	267.12	283.50	7/1/2018
#8 Non-Ambulatory & #9 Medical	356.93	378.80	7/1/2018


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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 Tallahassee, Florida 32308

028524200 - 2018/07
RI:265.15 / NM:370.74

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

Provider Number: 028524200
 Date: 6/19/2018
 FYE: 9/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	254.18	265.15	7/1/2018
#8 Non-Ambulatory & #9 Medical	357.90	370.74	7/1/2018


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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 311 North Spring Street
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 Tallahassee, Florida 32308

028526900 - 2018/07
RI:268.87 / NM:358.01

Panama City Developmental Center

1407 Lincoln Drive P.O. Box 456

Panama City, FL 32401

Provider Type: ICF/IID

Provider Number: 028526900

Date: 6/19/2018

FYE: 9/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	248.27	268.87	7/1/2018
#8 Non-Ambulatory & #9 Medical	330.96	358.01	7/1/2018

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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Pensacola, FL 32501

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028530700 - 2018/07
RI:241.61 / NM:323.16

**Hillsborough County
 Developmental Ctr**

14219 Bruce B Downs
 Boulevard
 Tampa, FL 33613

Provider Type: ICF/IID

Provider Number: 028530700

Date: 6/19/2018

FYE: 9/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	223.52	241.61	7/1/2018
#8 Non-Ambulatory & #9 Medical	298.96	323.16	7/1/2018

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		

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Home Office:

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 Tallahassee, Florida 32308

028531500 - 2018/07
RI:393.64 / NM:475.17

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

Provider Number: 028531500
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	369.52	393.64	7/1/2018
#8 Non-Ambulatory & #9 Medical	447.00	475.17	7/1/2018


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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028533100 - 2018/07
RI:341.68 / NM:431.66

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

Provider Number: 028533100
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	322.91	341.68	7/1/2018
#8 Non-Ambulatory & #9 Medical	406.65	431.66	7/1/2018


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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 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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028536600 - 2018/07
RI:273.05 / NM:303.94

Squire Court Community Home (Res-Care)

95 Squire Court
 Dunedin, FL 34698

Provider Type: ICF/IID

Provider Number: 028536600

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	251.40	273.05	7/1/2018
#8 Non-Ambulatory & #9 Medical	280.03	303.94	7/1/2018


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

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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

028537400 - 2018/07
RI:282.43 / NM:0.00

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

3438 S.R. 580
 Safety Harbor, FL 34695

Provider Type: ICF/IID

Provider Number: 028537400

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	264.89	282.43	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

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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10140 Linn Station Road

Louisville, KY 40223

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028539100 - 2018/07
RI:437.84 / NM:531.88

Hendricks

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

Provider Number: 028539100

Date: 6/19/2018

FYE: 5/31/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	414.16	437.84	7/1/2018
#8 Non-Ambulatory & #9 Medical	500.61	531.88	7/1/2018

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:

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

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 Tallahassee, Florida 32308

028541200 - 2018/07
RI:284.24 / NM:318.69

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

2281 Twin Lane Drive
 Dundedun, FL 34698

Provider Type: ICF/IID

Provider Number: 028541200

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	261.32	284.24	7/1/2018
#8 Non-Ambulatory & #9 Medical	293.13	318.69	7/1/2018

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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 Home Office:
 Res-Care, Inc.

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Louisville, KY 40223

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Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028547100 - 2018/07
RI:231.99 / NM:0.00

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

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

Provider Type: ICF/IID

Provider Number: 028547100

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	214.16	231.99	7/1/2018
#8 Non-Ambulatory & #9 Medical	276.62	0.00	7/1/2018

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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028548000 - 2018/07
RI:260.98 / NM:305.25

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

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

Provider Type: ICF/IID

Provider Number: 028548000

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	238.24	260.98	7/1/2018
#8 Non-Ambulatory & #9 Medical	279.27	305.25	7/1/2018

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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028552800 - 2018/07
RI:248.03 / NM:289.24

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

1219 26th Terrace
 Cape Coral, FL 33904

Provider Type: ICF/IID

Provider Number: 028552800

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	230.78	248.03	7/1/2018
#8 Non-Ambulatory & #9 Medical	268.99	289.24	7/1/2018


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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028553600 - 2018/07
RI:294.59 / NM:0.00

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

1950 Country Meadows Circle
 Sarasota, FL 34235

Provider Type: ICF/IID

Provider Number: 028553600

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	289.10	294.59	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018


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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028557900 - 2018/07
RI:242.63 / 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: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	222.46	242.63	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018


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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028558700 - 2018/07
RI:247.96 / NM:0.00

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

Provider Number: 028558700
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	228.90	247.96	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

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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028559500 - 2018/07
RI:252.83 / 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: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	237.73	252.83	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018


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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028560900 - 2018/07
RI:261.41 / 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: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	240.59	261.41	7/1/2018
#8 Non-Ambulatory & #9 Medical	302.75	0.00	7/1/2018

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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028561700 - 2018/07
RI:268.82 / NM:0.00

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

18711 Wentworth Drive
 Miami Lakes, FL 33015

Provider Type: ICF/IID

Provider Number: 028561700

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	250.09	268.82	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018

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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028565000 - 2018/07
RI:349.65 / NM:427.91

Lakeview Court
 920 W. Kennedy Blvd
 Orlando, FL 32810

Provider Number: 028565000
 Date: 6/19/2018
 FYE: 11/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	328.41	349.65	7/1/2018
#8 Non-Ambulatory & #9 Medical	401.33	427.91	7/1/2018

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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028566800 - 2018/07
RI:337.11 / NM:403.86

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

Provider Number: 028566800
 Date: 6/19/2018
 FYE: 11/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	321.40	337.11	7/1/2018
#8 Non-Ambulatory & #9 Medical	385.53	403.86	7/1/2018

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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028567600 - 2018/07
RI:338.60 / NM:406.10

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

Provider Number: 028567600
 Date: 6/19/2018
 FYE: 11/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	320.33	338.60	7/1/2018
#8 Non-Ambulatory & #9 Medical	383.50	406.10	7/1/2018

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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028568400 - 2018/07
RI:277.78 / NM:0.00

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

Provider Number: 028568400
 Date: 6/19/2018
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	260.83	277.78	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018


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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028569200 - 2018/07
RI:307.45 / NM:353.89

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

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

Provider Type: ICF/IID

Provider Number: 028569200

Date: 6/19/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	282.68	307.45	7/1/2018
#8 Non-Ambulatory & #9 Medical	325.74	353.89	7/1/2018


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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031256800 - 2018/07
RI:385.16 / NM:465.04

Avon Park Cluster (Mentor)

55 East College Drive
 Avon Park, FL 33825

Provider Number: 031256800

Date: 6/19/2018

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	394.19	385.16	7/1/2018
#8 Non-Ambulatory & #9 Medical	470.42	465.04	7/1/2018


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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031257600 - 2018/07
RI:378.81 / NM:466.73

Eagle Watch Cluster (Mentor)

1725 Fifth Street
 Daytona Beach, FL 32117

Provider Number: 031257600

Date: 6/19/2018

FYE: 9/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	387.98	378.81	7/1/2018
#8 Non-Ambulatory & #9 Medical	483.48	466.73	7/1/2018

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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031258400 - 2018/07
RI:352.88 / NM:439.54

Point West Cluster (Mentor)

4550 Ricker Road
 Jacksonville, FL 32210

Provider Number: 031258400

Date: 6/19/2018

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	373.44	352.88	7/1/2018
#8 Non-Ambulatory & #9 Medical	470.87	439.54	7/1/2018

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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031259200 - 2018/07
RI:381.61 / NM:470.57

Hodges Cluster (Mentor)

3615 Hodges Boulevard
 Jacksonville, FL 32224

Provider Number: 031259200

Date: 6/19/2018

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	366.83	381.61	7/1/2018
#8 Non-Ambulatory & #9 Medical	462.03	470.57	7/1/2018

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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031260600 - 2018/07
RI:351.44 / NM:437.72

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

Provider Number: 031260600
 Date: 6/19/2018
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	356.10	351.44	7/1/2018
#8 Non-Ambulatory & #9 Medical	436.62	437.72	7/1/2018


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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031261400 - 2018/07
RI:409.81 / NM:504.32

**Flamingo Drive Cluster
 (Mentor)**

1285 Flamingo Drive
 Lantana, FL 33462

Provider Type: ICF/IID

Provider Number: 031261400

Date: 6/19/2018

FYE: 9/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	383.60	409.81	7/1/2018
#8 Non-Ambulatory & #9 Medical	471.03	504.32	7/1/2018


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 - 2018/07
RI:322.40 / NM:381.58

**Barranger Group Home
 (Mentor)**

9513 Barranger Drive
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031262200

Date: 6/19/2018

FYE: 9/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	343.71	322.40	7/1/2018
#8 Non-Ambulatory & #9 Medical	367.99	381.58	7/1/2018

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 - 2018/07
RI:249.51 / NM:0.00

**Greenridge Group Home
 (Mentor)**

222 Greenridge Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031263100

Date: 6/19/2018

FYE: 9/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	260.75	249.51	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018


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 - 2018/07
RI:389.85 / NM:479.98

Pensacola Cluster (Mentor)

9460 S. University Parkway
 Pensacola, FL 32515

Provider Number: 031264900

Date: 6/19/2018

FYE: 9/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	378.36	389.85	7/1/2018
#8 Non-Ambulatory & #9 Medical	453.23	479.98	7/1/2018

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

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031265700 - 2018/07
RI:340.15 / NM:413.91

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

Provider Number: 031265700
 Date: 6/19/2018
 FYE: 9/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	314.36	340.15	7/1/2018
#8 Non-Ambulatory & #9 Medical	0.00	413.91	7/1/2018


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 - 2018/07
RI:239.60 / NM:275.75

**Rich Street Group Home
 (Mentor)**

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

Provider Type: ICF/IID

Provider Number: 031266500

Date: 6/19/2018

FYE: 9/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	257.96	239.60	7/1/2018
#8 Non-Ambulatory & #9 Medical	291.38	275.75	7/1/2018


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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031267300 - 2018/07
RI:346.11 / NM:427.82

Sandpiper Cluster (Mentor)

1000 East 14th Street
 Stuart, FL 33496

Provider Number: 031267300

Date: 6/19/2018

FYE: 9/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	329.23	346.11	7/1/2018
#8 Non-Ambulatory & #9 Medical	402.15	427.82	7/1/2018

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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031345900 - 2018/07
RI:423.55 / NM:562.99

New Horizons Village
 1275 N. Rainbow Loop
 Lecanto, FL 34461

Provider Number: 031345900
 Date: 6/19/2018
 FYE: 11/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	397.89	423.55	7/1/2018
#8 Non-Ambulatory & #9 Medical	521.49	562.99	7/1/2018


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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