



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

**000169300 - 2019/07**  
**RI:268.19 / 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: 7/1/2019

FYE: 11/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>272.03</b>	<b>268.19</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:


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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

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W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate



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**001069500 - 2019/07**  
**RI:417.19 / NM:504.47**

**Miner North**  
 85609 Miner Road  
 Yulee, FL 32097

Provider Number: 001069500  
 Date: 7/1/2019  
 FYE: 5/31/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>419.96</b>	<b>417.19</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>502.83</b>	<b>504.47</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

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**001071000 - 2019/07**  
**RI:390.71 / NM:473.37**

**Miner South**

85474 Miner Road  
 Yulee, FL 32097

Provider Number: 001071000

Date: 7/1/2019

FYE: 5/31/2018

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>384.39</b>	<b>390.71</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>464.72</b>	<b>473.37</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

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**012037000 - 2019/07**  
**RI:379.72 / NM:436.84**

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

Provider Number: 012037000  
 Date: 7/1/2019  
 FYE: 9/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>385.51</b>	<b>379.72</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>453.00</b>	<b>436.84</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

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 Medicaid Cost Reimbursement Analysis

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**012038000 - 2019/07**  
**RI:327.41 / NM:381.78**

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

Provider Number: 012038000  
 Date: 7/1/2019  
 FYE: 9/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>355.09</b>	<b>327.41</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>415.56</b>	<b>381.78</b>	<b>7/1/2019</b>


Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<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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**012040300 - 2019/07**  
**RI:381.32 / NM:441.49**

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

Provider Number: 012040300  
 Date: 7/1/2019  
 FYE: 9/30/2016  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>375.21</b>	<b>381.32</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>434.31</b>	<b>441.49</b>	<b>7/1/2019</b>


Rate Type:

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

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**012073200 - 2019/07**  
**RI:463.58 / 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: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>450.40</b>	<b>463.58</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:

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

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**012074200 - 2019/07**  
**RI:361.66 / NM:399.48**

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

1604 Coletta Drive  
 Orlando, FL 32807

Provider Type: ICF/IID

Provider Number: 012074200

Date: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>360.66</b>	<b>361.66</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>397.06</b>	<b>399.48</b>	<b>7/1/2019</b>

Rate Type:

<u>          </u> Interim	<u>          </u> X	<u>          </u> Prospective
<u>          </u> Total Interim	<u>          </u> X	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>          </u>	<u>          </u> Prospective Adjusted for New Cost
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**012074800 - 2019/07**  
**RI:350.32 / NM:384.22**

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

1463 Spring Street  
 Lake City, FL 32052

Provider Type: ICF/IID

Provider Number: 012074800

Date: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>338.19</b>	<b>350.32</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>370.82</b>	<b>384.22</b>	<b>7/1/2019</b>

Rate Type:

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

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**012075300 - 2019/07**  
**RI:343.85 / NM:377.73**

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

102 Alexander Road  
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075300

Date: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>335.55</b>	<b>343.85</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>368.15</b>	<b>377.73</b>	<b>7/1/2019</b>

Rate Type:

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

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 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

**012075700 - 2019/07**  
**RI:322.67 / NM:366.14**

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

1329 Bessent Road  
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075700

Date: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>324.32</b>	<b>322.67</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>359.02</b>	<b>366.14</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**012075900 - 2019/07**  
**RI:382.30 / NM:432.61**

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

Provider Number: 012075900  
 Date: 7/1/2019  
 FYE: 10/31/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>367.75</b>	<b>382.30</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>407.22</b>	<b>432.61</b>	<b>7/1/2019</b>


Rate Type:

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

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 Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**012373500 - 2019/07**  
**RI:356.69 / NM:392.96**

**107th Place Group Home (SH of F)**

2233 NW 41st St Ste 300  
 Gainesville, FL 32606

Provider Type: ICF/IID

Provider Number: 012373500

Date: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>351.41</b>	<b>356.69</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>386.31</b>	<b>392.96</b>	<b>7/1/2019</b>

Rate Type:

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

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 Tallahassee, Florida 32308

**012374200 - 2019/07**  
**RI:417.74 / 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: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>397.95</b>	<b>417.74</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:

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

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 Tallahassee, Florida 32308

**012374400 - 2019/07**  
**RI:360.94 / NM:0.00**

**Rosewood Avenue Group  
 Home (SH of F)**  
 71 Rosewood Avenue  
 Ormond Beach, FL 32174

Provider Number: 012374400  
 Date: 7/1/2019  
 FYE: 10/31/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>349.01</b>	<b>360.94</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>474.96</b>	<b>0.00</b>	<b>7/1/2019</b>


Rate Type:

<u>          </u> Interim	<u>          </u> X	<u>          </u> Prospective
<u>          </u> Total Interim	<u>          </u> X	<u>          </u> Total Prospective
<u>          </u> Interim Component	<u>          </u>	<u>          </u> Prospective Adjusted for New Cost
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**012375400 - 2019/07**  
**RI:391.47 / NM:446.53**

**19th Street Group Home (SH of F)**

529 NW 19th Street  
 Gainesville, FL 32603

Provider Type: ICF/IID

Provider Number: 012375400

Date: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>354.15</b>	<b>391.47</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>391.91</b>	<b>446.53</b>	<b>7/1/2019</b>

Rate Type:

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


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**012386400 - 2019/07**  
**RI:376.28 / NM:0.00**

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

4748 Tunis Street  
 Jacksonville, FL 32205

Provider Type: ICF/IID

Provider Number: 012386400

Date: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>350.49</b>	<b>376.28</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:

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


Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)

Home Office:

Salem Holmes of Florida, Inc.  
 8W. Third St., Suite M-7  
 Winston-Salem, NC 27101

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**012390800 - 2019/07**  
**RI:383.23 / NM:0.00**

**Plaza Oval Group Home (SH of F)**

247 Plaza Oval  
 Casselberry, FL 32707

Provider Type: ICF/IID

Provider Number: 012390800

Date: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>394.62</b>	<b>383.23</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Salem Holmes of Florida, Inc.

8W. Third St., Suite M-7

Winston-Salem, NC 27101

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**012392700 - 2019/07**  
**RI:394.49 / NM:438.73**

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

140 Claudia Drive  
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012392700

Date: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>385.42</b>	<b>394.49</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>428.00</b>	<b>438.73</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Salem Holmes of Florida, Inc.

8W. Third St., Suite M-7

Winston-Salem, NC 27101

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 - 2019/07**  
**RI:322.56 / 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: 7/1/2019

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>341.13</b>	<b>322.56</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Salem Holmes of Florida, Inc.

8W. Third St., Suite M-7

Winston-Salem, NC 27101

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

**015979000 - 2019/07**  
**RI:352.63 / NM:439.77**

**Log Cabin Enterprises, Inc.**  
**(Sunrise)**

22300 SW 162ND Ave  
 Miami, FL 33170-3907

Provider Type: ICF/IID

Provider Number: 015979000

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>340.79</b>	<b>352.63</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>424.47</b>	<b>439.77</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028000300 - 2019/07**  
**RI:288.75 / NM:423.06**

**Sandy Park Development Center**

2975 Garden Street North  
 Ft. Myers, FL 33917

Provider Type: ICF/IID

Provider Number: 028000300

Date: 7/1/2019

FYE: 12/31/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>304.50</b>	<b>288.75</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>423.06</b>	<b>7/1/2019</b>

Rate Type:


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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

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 \_\_\_\_\_  
 \_\_\_\_\_

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028018601 - 2019/07**  
**RI:363.06 / NM:459.31**

**St. Petersburg Cluster  
 (Sunrise)**

1101 102nd Avenue North  
 St. Petersburg, FL 33716

Provider Type: ICF/IID

Provider Number: 028018601

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>372.21</b>	<b>363.06</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>475.70</b>	<b>459.31</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028019401 - 2019/07**  
**RI:468.98 / NM:627.23**

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

Provider Number: 028019401  
 Date: 7/1/2019  
 FYE: 9/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>486.83</b>	<b>468.98</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>616.42</b>	<b>627.23</b>	<b>7/1/2019</b>


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 - 2019/07**  
**RI:369.76 / NM:499.73**

**McCauley Cluster (Sunrise)**

1385 McCauley Road  
 Tallahassee, FL 32308

Provider Number: 028020801

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>362.97</b>	<b>369.76</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>488.54</b>	<b>499.73</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028028301 - 2019/07**  
**RI:335.40 / NM:424.18**

**Greentree Court Cluster  
 (Sunrise)**

2160 GreenTree Court  
 Bartow, FL 33830

Provider Type: ICF/IID

Provider Number: 028028301

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>354.42</b>	<b>335.40</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>452.96</b>	<b>424.18</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028029101 - 2019/07**  
**RI:362.78 / NM:503.67**

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

Provider Number: 028029101  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>370.74</b>	<b>362.78</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>511.51</b>	<b>503.67</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028030501 - 2019/07**  
**RI:261.71 / NM:313.92**

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

Provider Number: 028030501  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>258.78</b>	<b>261.71</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>309.53</b>	<b>313.92</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028031301 - 2019/07**  
**RI:294.65 / NM:404.28**

**Bayshore Cluster (Sunrise)**

2059 Lisenby Avenue  
 Panama City, FL 32405

Provider Number: 028031301

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>334.56</b>	<b>294.65</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>428.63</b>	<b>404.28</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

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

**028032101 - 2019/07**  
**RI:255.38 / NM:338.49**

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

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

Provider Type: ICF/IID

Provider Number: 028032101

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>273.72</b>	<b>255.38</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>330.26</b>	<b>338.49</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028035600 - 2019/07**  
**RI:362.20 / NM:560.84**

**PARC Center Apartments**

3190 75th Street North  
 St. Petersburg, FL 33170

Provider Number: 028035600

Date: 7/1/2019

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>355.96</b>	<b>362.20</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>551.06</b>	<b>560.84</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

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

**028036401 - 2019/07**  
**RI:510.26 / NM:688.49**

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

Provider Number: 028036401  
 Date: 7/1/2019  
 FYE: 9/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>527.73</b>	<b>510.26</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>676.69</b>	<b>688.49</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate





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

**028037201 - 2019/07**  
**RI:315.64 / NM:429.32**

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

Provider Number: 028037201  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>334.97</b>	<b>315.64</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>420.86</b>	<b>429.32</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 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 - 2019/07**  
**RI:235.18 / NM:316.01**

**Ocala Cluster (Res-Care)**

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

Provider Number: 028038101

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>258.73</b>	<b>235.18</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>312.33</b>	<b>316.01</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028040201 - 2019/07**  
**RI:540.06 / NM:682.35**

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

Provider Number: 028040201  
 Date: 7/1/2019  
 FYE: 9/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>531.07</b>	<b>540.06</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>670.82</b>	<b>682.35</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate



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

**028041101 - 2019/07**  
**RI:396.57 / NM:524.29**

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

Provider Number: 028041101  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>419.60</b>	<b>396.57</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>524.82</b>	<b>524.29</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028045301 - 2019/07**  
**RI:430.84 / NM:661.49**

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

Provider Number: 028045301  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>444.84</b>	<b>430.84</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>647.78</b>	<b>661.49</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028046101 - 2019/07**  
**RI:424.15 / NM:560.31**

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

Provider Number: 028046101  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>440.02</b>	<b>424.15</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>547.07</b>	<b>560.31</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028048801 - 2019/07**  
**RI:408.75 / NM:549.61**

**MCP Sunset**

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

Provider Number: 028048801

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>423.56</b>	<b>408.75</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>535.28</b>	<b>549.61</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

UCP Of Miami

1411 NW 14th Ave

Miami, FL 33125

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028049601 - 2019/07**  
**RI:371.10 / NM:504.93**

**Dorchester Cluster (Sunrise)**

3201 Ginger Drive  
 Tallahassee, FL 32308

Provider Number: 028049601

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>368.84</b>	<b>371.10</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>497.75</b>	<b>504.93</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate





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

**028059300 - 2019/07**  
**RI:260.36 / NM:0.00**

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

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

Provider Type: ICF/IID

Provider Number: 028059300

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>261.87</b>	<b>260.36</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028062300 - 2019/07**  
**RI:263.84 / NM:308.78**

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

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

Provider Type: ICF/IID

Provider Number: 028062300

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>258.54</b>	<b>263.84</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>303.08</b>	<b>308.78</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028065800 - 2019/07**  
**RI:263.32 / NM:0.00**

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

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

Provider Type: ICF/IID

Provider Number: 028065800

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>267.45</b>	<b>263.32</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028427100 - 2019/07**  
**RI:283.69 / NM:366.20**

**Fern Park Developmental Center**

230 Fern Park Boulevard  
 Fern Park, FL 32730

Provider Type: ICF/IID

Provider Number: 028427100

Date: 7/1/2019

FYE: 2/28/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>275.48</b>	<b>283.69</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>360.23</b>	<b>366.20</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028500500 - 2019/07**  
**RI:239.01 / NM:0.00**

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

Provider Number: 028500500  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>237.35</b>	<b>239.01</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028505600 - 2019/07**  
**RI:353.03 / NM:535.96**

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

Provider Number: 028505600  
 Date: 7/1/2019  
 FYE: 9/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>346.83</b>	<b>353.03</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>526.50</b>	<b>535.96</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

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

<b>028512900 - 2019/07</b>
<b>RI:299.16 / NM:0.00</b>

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

Provider Number: 028512900  
 Date: 7/1/2019  
 FYE: 9/30/2015  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>293.66</b>	<b>299.16</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

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	

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

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

**028513700 - 2019/07**  
**RI:314.93 / NM:385.01**

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

10050 Hillview Road  
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 028513700

Date: 7/1/2019

FYE: 9/30/2017

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>311.89</b>	<b>314.93</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>381.09</b>	<b>385.01</b>	<b>7/1/2019</b>

Rate Type:


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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

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W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate





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

<b>028519600 - 2019/07</b>
<b>RI:377.65 / NM:0.00</b>

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

Provider Number: 028519600  
 Date: 7/1/2019  
 FYE: 9/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>368.26</b>	<b>377.65</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>


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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

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W.Rydell Samuel   
 \_\_\_\_\_  
 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

**028520000 - 2019/07**  
**RI:265.51 / NM:361.03**

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

Provider Number: 028520000  
 Date: 7/1/2019  
 FYE: 9/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>259.58</b>	<b>265.51</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>352.41</b>	<b>361.03</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 Quest Management Group  
 311 North Spring Street  
 Pensacola, FL 32501

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028521800 - 2019/07**  
**RI:314.62 / NM:408.95**

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

Provider Number: 028521800  
 Date: 7/1/2019  
 FYE: 9/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>309.91</b>	<b>314.62</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>403.10</b>	<b>408.95</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028522600 - 2019/07**  
**RI:290.75 / NM:390.73**

**Tallahassee Developmental Center**

455 Appleyard Drive  
 Tallahassee, FL 32304

Provider Type: ICF/IID

Provider Number: 028522600

Date: 7/1/2019

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>283.50</b>	<b>290.75</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>378.80</b>	<b>390.73</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Quest Management Group

311 North Spring Street

Pensacola, FL 32501

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

**028524200 - 2019/07**  
**RI:269.72 / NM:377.22**

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

Provider Number: 028524200  
 Date: 7/1/2019  
 FYE: 9/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>265.07</b>	<b>269.72</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>370.66</b>	<b>377.22</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 Quest Management Group  
 311 North Spring Street  
 Pensacola, FL 32501

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

**028526900 - 2019/07**  
**RI:276.05 / NM:367.77**

**Panama City Developmental Center**

1407 Lincoln Drive P.O. Box 456

Panama City, FL 32401

Provider Type: ICF/IID

Provider Number: 028526900

Date: 7/1/2019

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>268.87</b>	<b>276.05</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>358.01</b>	<b>367.77</b>	<b>7/1/2019</b>

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:

Quest Management Group

311 North Spring Street

Pensacola, FL 32501

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

**028530700 - 2019/07**  
**RI:249.76 / NM:333.67**

**Hillsborough County  
 Developmental Ctr**

14219 Bruce B Downs  
 Boulevard  
 Tampa, FL 33613

Provider Type: ICF/IID

Provider Number: 028530700

Date: 7/1/2019

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>241.61</b>	<b>249.76</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>323.16</b>	<b>333.67</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Quest Management Group

311 North Spring Street

Pensacola, FL 32501

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028531500 - 2019/07**  
**RI:406.27 / NM:490.15**

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

Provider Number: 028531500  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>393.64</b>	<b>406.27</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>475.17</b>	<b>490.15</b>	<b>7/1/2019</b>

Rate Type:


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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

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W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate





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

**028533100 - 2019/07**  
**RI:354.17 / NM:446.31**

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

Provider Number: 028533100  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>341.68</b>	<b>354.17</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>431.66</b>	<b>446.31</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028536600 - 2019/07**  
**RI:259.66 / NM:292.72**

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

95 Squire Court  
 Dunedin, FL 34698

Provider Type: ICF/IID

Provider Number: 028536600

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>273.05</b>	<b>259.66</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>303.94</b>	<b>292.72</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028537400 - 2019/07**  
**RI:276.40 / NM:0.00**

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

3438 S.R. 580  
 Safety Harbor, FL 34695

Provider Type: ICF/IID

Provider Number: 028537400

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>282.43</b>	<b>276.40</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:


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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 Res-Care, Inc.

10140 Linn Station Road  
Louisville, KY 40223

W.Rydell Samuel   
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028539100 - 2019/07**  
**RI:437.39 / NM:534.18**

**Hendricks**

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

Provider Type: ICF/IID

Provider Number: 028539100

Date: 7/1/2019

FYE: 5/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>438.00</b>	<b>437.39</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>532.07</b>	<b>534.18</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management


DPODS - DCF (4)

Home Office:

Care Centers of Nassau, LLC

95146 Hendricks Road

Fernandina Beach, FL 32034

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

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 - 2019/07**  
**RI:260.37 / NM:294.43**

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

2281 Twin Lane Drive  
 Dundedun, FL 34698

Provider Type: ICF/IID

Provider Number: 028541200

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>284.24</b>	<b>260.37</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>318.69</b>	<b>294.43</b>	<b>7/1/2019</b>

Rate Type:


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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 Res-Care, Inc.

10140 Linn Station Road  
 Louisville, KY 40223

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate



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

**028547100 - 2019/07**  
**RI:236.30 / 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: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>231.99</b>	<b>236.30</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028548000 - 2019/07**  
**RI:245.43 / NM:286.29**

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

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

Provider Type: ICF/IID

Provider Number: 028548000

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>260.98</b>	<b>245.43</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>305.25</b>	<b>286.29</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate



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

**028552800 - 2019/07**  
**RI:249.26 / NM:291.66**

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

1219 26th Terrace  
 Cape Coral, FL 33904

Provider Type: ICF/IID

Provider Number: 028552800

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>248.03</b>	<b>249.26</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>289.24</b>	<b>291.66</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate





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

**028553600 - 2019/07**  
**RI:280.89 / NM:0.00**

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

1950 Country Meadows Circle  
 Sarasota, FL 34235

Provider Type: ICF/IID

Provider Number: 028553600

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>294.59</b>	<b>280.89</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028557900 - 2019/07**  
**RI:240.63 / 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: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>242.63</b>	<b>240.63</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028558700 - 2019/07**  
**RI:251.21 / NM:0.00**

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

Provider Number: 028558700  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>247.96</b>	<b>251.21</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

<b>028559500 - 2019/07</b>
<b>RI:256.89 / NM:0.00</b>

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

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

Provider Type: ICF/IID

Provider Number: 028559500

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>252.82</b>	<b>256.89</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

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

Comments:

Distribution:

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 Home Office:  
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 Miami, FL 33170

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 Medicaid Cost Reimbursement Analysis

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**028560900 - 2019/07**  
**RI:261.63 / NM:0.00**

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

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

Provider Type: ICF/IID

Provider Number: 028560900

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>261.41</b>	<b>261.63</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

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**028561700 - 2019/07**  
**RI:273.50 / NM:0.00**

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

18711 Wentworth Drive  
 Miami Lakes, FL 33015

Provider Type: ICF/IID

Provider Number: 028561700

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>268.82</b>	<b>273.50</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>


Rate Type:

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

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**028565000 - 2019/07**  
**RI:351.73 / NM:431.73**

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

Provider Number: 028565000  
 Date: 7/1/2019  
 FYE: 11/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>349.65</b>	<b>351.73</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>427.91</b>	<b>431.73</b>	<b>7/1/2019</b>


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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**028566800 - 2019/07**  
**RI:343.41 / NM:410.37**

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

Provider Number: 028566800  
 Date: 7/1/2019  
 FYE: 11/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>337.11</b>	<b>343.41</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>403.86</b>	<b>410.37</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

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**028567600 - 2019/07**  
**RI:341.72 / NM:410.99**

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

Provider Number: 028567600  
 Date: 7/1/2019  
 FYE: 11/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>338.60</b>	<b>341.72</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>406.10</b>	<b>410.99</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

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**028568400 - 2019/07**  
**RI:279.91 / NM:0.00**

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

Provider Number: 028568400  
 Date: 7/1/2019  
 FYE: 6/30/2018  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>277.78</b>	<b>279.91</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>


Rate Type:

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

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**028569200 - 2019/07**  
**RI:289.49 / NM:334.10**

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

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

Provider Type: ICF/IID

Provider Number: 028569200

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>307.45</b>	<b>289.49</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>353.89</b>	<b>334.10</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

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**031256800 - 2019/07**  
**RI:365.25 / NM:472.23**

**Avon Park Cluster (Mentor)**

55 East College Drive  
 Avon Park, FL 33825

Provider Number: 031256800

Date: 7/1/2019

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>384.09</b>	<b>365.25</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>463.98</b>	<b>472.23</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

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 Medicaid Cost Reimbursement Analysis

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**031257600 - 2019/07**  
**RI:363.17 / NM:445.96**

**Eagle Watch Cluster (Mentor)**

1725 Fifth Street  
 Daytona Beach, FL 32117

Provider Number: 031257600

Date: 7/1/2019

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>377.95</b>	<b>363.17</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>465.87</b>	<b>445.96</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

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**031258400 - 2019/07**  
**RI:354.27 / NM:441.72**

**Point West Cluster (Mentor)**

4550 Ricker Road  
 Jacksonville, FL 32210

Provider Number: 031258400

Date: 7/1/2019

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>352.88</b>	<b>354.27</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>439.54</b>	<b>441.72</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

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**031259200 - 2019/07**  
**RI:387.58 / NM:477.89**

**Hodges Cluster (Mentor)**

3615 Hodges Boulevard  
 Jacksonville, FL 32224

Provider Number: 031259200

Date: 7/1/2019

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>381.61</b>	<b>387.58</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>470.57</b>	<b>477.89</b>	<b>7/1/2019</b>

Rate Type:

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

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**031260600 - 2019/07**  
**RI:348.14 / NM:431.65**

**Kinkaid Cluster (Mentor)**

5808 Kinkaid Road  
 Jacksonville, FL 32244

Provider Number: 031260600

Date: 7/1/2019

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>351.44</b>	<b>348.14</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>437.72</b>	<b>431.65</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

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 Medicaid Cost Reimbursement Analysis

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**031261400 - 2019/07**  
**RI:395.53 / NM:518.60**

**Flamingo Drive Cluster  
 (Mentor)**

1285 Flamingo Drive  
 Lantana, FL 33462

Provider Type: ICF/IID

Provider Number: 031261400

Date: 7/1/2019

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>409.81</b>	<b>395.53</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>504.32</b>	<b>518.60</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

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 Medicaid Cost Reimbursement Analysis

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**031262200 - 2019/07**  
**RI:310.14 / NM:367.95**

**Barranger Group Home  
 (Mentor)**

9513 Barranger Drive  
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031262200

Date: 7/1/2019

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>322.40</b>	<b>310.14</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>381.58</b>	<b>367.95</b>	<b>7/1/2019</b>

Rate Type:

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

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<b>031263100 - 2019/07</b>
<b>RI:242.70 / NM:0.00</b>

**Greenridge Group Home  
(Mentor)**

222 Greenridge Road  
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031263100

Date: 7/1/2019

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>249.51</b>	<b>242.70</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>0.00</b>	<b>7/1/2019</b>

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

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**031264900 - 2019/07**  
**RI:385.88 / NM:471.09**

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

Provider Number: 031264900  
 Date: 7/1/2019  
 FYE: 9/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>389.85</b>	<b>385.88</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>479.98</b>	<b>471.09</b>	<b>7/1/2019</b>


Rate Type:

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

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 Tallahassee, Florida 32308

**031265700 - 2019/07**  
**RI:345.76 / NM:420.87**

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

Provider Number: 031265700  
 Date: 7/1/2019  
 FYE: 9/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>340.15</b>	<b>345.76</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>413.91</b>	<b>420.87</b>	<b>7/1/2019</b>


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**031266500 - 2019/07**  
**RI:248.37 / NM:285.57**

**Rich Street Group Home  
 (Mentor)**

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

Provider Type: ICF/IID

Provider Number: 031266500

Date: 7/1/2019

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>239.60</b>	<b>248.37</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>275.75</b>	<b>285.57</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**031267300 - 2019/07**  
**RI:345.80 / NM:427.91**

**Sandpiper Cluster (Mentor)**

1000 East 14th Street  
 Stuart, FL 33496

Provider Number: 031267300

Date: 7/1/2019

FYE: 9/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>346.11</b>	<b>345.80</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>427.82</b>	<b>427.91</b>	<b>7/1/2019</b>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**099999900 - 2019/07**  
**RI:445.31 / NM:561.12**

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

Provider Number: 099999900  
 Date: 7/1/2019  
 FYE: 1/31/2020  
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>0.00</b>	<b>445.31</b>	<b>7/1/2019</b>
#8 Non-Ambulatory & #9 Medical	<b>0.00</b>	<b>561.12</b>	<b>7/1/2019</b>

Rate Type:


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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

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W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate