



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

000169300 - 2020/07
RI:255.81 / 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: 7/28/2020

FYE: 11/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	268.19	255.81	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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:

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W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001069500 - 2020/07
RI:404.37 / NM:491.08

Miner North

85609 Miner Road
 Yulee, FL 32097

Provider Number: 001069500

Date: 7/28/2020

FYE: 5/31/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	417.19	404.37	7/1/2020
#8 Non-Ambulatory & #9 Medical	504.47	491.08	7/1/2020

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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DPODS - DCF (4)

Home Office:

Care Centers of Nassau, LLC

95146 Hendricks Road

Fernandina Beach, FL 32034

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001071000 - 2020/07
RI:381.69 / NM:463.81

Miner South
 85474 Miner Road
 Yulee, FL 32097

Provider Number: 001071000
 Date: 7/28/2020
 FYE: 5/31/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	390.71	381.69	7/1/2020
#8 Non-Ambulatory & #9 Medical	473.37	463.81	7/1/2020


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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0101963600 - 2020/07
RI:432.03 / NM:544.33

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

Provider Number: 0101963600
 Date: 7/28/2020
 FYE: 1/31/2020
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	445.31	432.03	7/1/2020
#8 Non-Ambulatory & #9 Medical	561.12	544.33	7/1/2020


Rate Type:

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

Comments:

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

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012037000 - 2020/07
RI:373.04 / NM:429.23

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

Provider Number: 012037000
 Date: 7/28/2020
 FYE: 9/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	379.72	373.04	7/1/2020
#8 Non-Ambulatory & #9 Medical	436.84	429.23	7/1/2020


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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012038000 - 2020/07
RI:321.74 / NM:375.23

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

Provider Number: 012038000
 Date: 7/28/2020
 FYE: 9/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	327.41	321.74	7/1/2020
#8 Non-Ambulatory & #9 Medical	381.78	375.23	7/1/2020


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 - 2020/07
RI:373.05 / NM:430.28

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

Provider Number: 012040300
 Date: 7/28/2020
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	381.32	373.05	7/1/2020
#8 Non-Ambulatory & #9 Medical	441.49	430.28	7/1/2020


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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012073200 - 2020/07
RI:448.72 / 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: 7/28/2020

FYE: 10/31/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	463.58	448.72	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020


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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012074200 - 2020/07
RI:368.66 / NM:411.93

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

1604 Coletta Drive
 Orlando, FL 32807

Provider Type: ICF/IID

Provider Number: 012074200

Date: 7/28/2020

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	375.34	368.66	7/1/2020
#8 Non-Ambulatory & #9 Medical	419.42	411.93	7/1/2020

Rate Type:

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

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012074800 - 2020/07
RI:359.19 / NM:397.47

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

1463 Spring Street
 Lake City, FL 32052

Provider Type: ICF/IID

Provider Number: 012074800

Date: 7/28/2020

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	365.76	359.19	7/1/2020
#8 Non-Ambulatory & #9 Medical	404.75	397.47	7/1/2020

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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012075300 - 2020/07
RI:343.85 / NM:381.93

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

102 Alexander Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075300

Date: 7/28/2020

FYE: 10/31/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	355.86	343.85	7/1/2020
#8 Non-Ambulatory & #9 Medical	394.33	381.93	7/1/2020

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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012075700 - 2020/07
RI:330.85 / NM:378.74

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

1329 Bessent Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075700

Date: 7/28/2020

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	336.91	330.85	7/1/2020
#8 Non-Ambulatory & #9 Medical	385.67	378.74	7/1/2020

Rate Type:

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

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 Tallahassee, Florida 32308

012075900 - 2020/07
RI:389.47 / NM:445.45

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

Provider Number: 012075900
 Date: 7/28/2020
 FYE: 10/31/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	386.46	389.47	7/1/2020
#8 Non-Ambulatory & #9 Medical	436.86	445.45	7/1/2020


Rate Type:

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

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012373500 - 2020/07
RI:367.80 / NM:386.50

107th Place Group Home (SH of F)

2233 NW 41st St Ste 300
 Gainesville, FL 32606

Provider Type: ICF/IID

Provider Number: 012373500

Date: 7/28/2020

FYE: 10/31/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	374.53	367.80	7/1/2020
#8 Non-Ambulatory & #9 Medical	392.96	386.50	7/1/2020

Rate Type:

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

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012374200 - 2020/07
RI:398.25 / 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: 7/28/2020

FYE: 10/31/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	409.17	398.25	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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

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012374400 - 2020/07
RI:371.79 / NM:0.00

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

Provider Number: 012374400
 Date: 7/28/2020
 FYE: 10/31/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	378.12	371.79	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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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 Tallahassee, Florida 32308

012375400 - 2020/07
RI:397.01 / NM:456.23

19th Street Group Home (SH of F)

529 NW 19th Street
 Gainesville, FL 32603

Provider Type: ICF/IID

Provider Number: 012375400

Date: 7/28/2020

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	369.70	397.01	7/1/2020
#8 Non-Ambulatory & #9 Medical	414.15	456.23	7/1/2020

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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012386400 - 2020/07
RI:383.62 / NM:0.00

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

4748 Tunis Street
 Jacksonville, FL 32205

Provider Type: ICF/IID

Provider Number: 012386400

Date: 7/28/2020

FYE: 10/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	372.61	383.62	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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

012390800 - 2020/07
RI:395.29 / NM:0.00

Plaza Oval Group Home (SH of F)

247 Plaza Oval
 Casselberry, FL 32707

Provider Type: ICF/IID

Provider Number: 012390800

Date: 7/28/2020

FYE: 10/31/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	401.93	395.29	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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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012392700 - 2020/07
RI:392.27 / NM:440.56

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

140 Claudia Drive
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012392700

Date: 7/28/2020

FYE: 10/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	407.92	392.27	7/1/2020
#8 Non-Ambulatory & #9 Medical	456.67	440.56	7/1/2020

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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012410100 - 2020/07
RI:328.35 / 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: 7/28/2020

FYE: 10/31/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	335.19	328.35	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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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Contract Management


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Home Office:

Salem Holmes of Florida, Inc.

8W. Third St., Suite M-7

Winston-Salem, NC 27101

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 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
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015979000 - 2020/07
RI:359.60 / NM:456.03

Log Cabin Enterprises, Inc.
(Sunrise)

22300 SW 162ND Ave
 Miami, FL 33170-3907

Provider Type: ICF/IID

Provider Number: 015979000

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	365.58	359.60	7/1/2020
#8 Non-Ambulatory & #9 Medical	462.89	456.03	7/1/2020

Rate Type:

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

Comments:

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DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

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028000300 - 2020/07
RI:268.09 / NM:396.84

Sandy Park Development Center

2975 Garden Street North
 Ft. Myers, FL 33917

Provider Type: ICF/IID

Provider Number: 028000300

Date: 7/28/2020

FYE: 12/31/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	288.75	268.09	7/1/2020
#8 Non-Ambulatory & #9 Medical	423.06	396.84	7/1/2020

Rate Type:


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

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028018601 - 2020/07
RI:362.80 / NM:470.23

**St. Petersburg Cluster
 (Sunrise)**

1101 102nd Avenue North
 St. Petersburg, FL 33716

Provider Type: ICF/IID

Provider Number: 028018601

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	378.27	362.80	7/1/2020
#8 Non-Ambulatory & #9 Medical	489.02	470.23	7/1/2020


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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028019401 - 2020/07
RI:481.47 / NM:599.29

Laurel Hill Cluster

2011 Laurel Hill Cluster
 Orlando, FL 32818

Provider Number: 028019401

Date: 7/28/2020

FYE: 9/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	468.98	481.47	7/1/2020
#8 Non-Ambulatory & #9 Medical	627.23	599.29	7/1/2020

Rate Type:

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

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Home Office:

Life Concepts, Inc.

500 EAST COLONIAL DR.

Orlando, FL 32803

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028020801 - 2020/07
RI:369.94 / NM:499.06

McCauley Cluster (Sunrise)

1385 McCauley Road
 Tallahassee, FL 32308

Provider Number: 028020801

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	369.76	369.94	7/1/2020
#8 Non-Ambulatory & #9 Medical	499.73	499.06	7/1/2020

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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028028301 - 2020/07
RI:351.09 / NM:455.53

**Greentree Court Cluster
 (Sunrise)**

2160 GreenTree Court
 Bartow, FL 33830

Provider Type: ICF/IID

Provider Number: 028028301

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	353.16	351.09	7/1/2020
#8 Non-Ambulatory & #9 Medical	459.00	455.53	7/1/2020


Rate Type:

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

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028029101 - 2020/07
RI:361.77 / NM:499.64

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

Provider Number: 028029101
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	362.78	361.77	7/1/2020
#8 Non-Ambulatory & #9 Medical	503.67	499.64	7/1/2020


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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028030501 - 2020/07
RI:256.51 / NM:309.46

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

Provider Number: 028030501
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	261.71	256.51	7/1/2020
#8 Non-Ambulatory & #9 Medical	313.92	309.46	7/1/2020


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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 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

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028032101 - 2020/07
RI:259.52 / NM:333.88

Gainesville 39th Avenue Cluster (Res-Care)

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

Provider Type: ICF/IID

Provider Number: 028032101

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	255.38	259.52	7/1/2020
#8 Non-Ambulatory & #9 Medical	338.49	333.88	7/1/2020

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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Louisville, KY 40223

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028035600 - 2020/07
RI:358.57 / NM:556.03

PARC Center Apartments
 3190 75th Street North
 St. Petersburg, FL 33170

Provider Number: 028035600
 Date: 7/28/2020
 FYE: 9/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	362.20	358.57	7/1/2020
#8 Non-Ambulatory & #9 Medical	560.84	556.03	7/1/2020

Rate Type:


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

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028036401 - 2020/07
RI:521.71 / NM:649.12

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

Provider Number: 028036401
 Date: 7/28/2020
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	510.26	521.71	7/1/2020
#8 Non-Ambulatory & #9 Medical	688.49	649.12	7/1/2020


Rate Type:

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

Comments:

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

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

028037201 - 2020/07
RI:308.45 / NM:414.15

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

Provider Number: 028037201
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	315.64	308.45	7/1/2020
#8 Non-Ambulatory & #9 Medical	429.32	414.15	7/1/2020


Rate Type:

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

Comments:

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

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

028038101 - 2020/07
RI:235.25 / NM:310.54

Ocala Cluster (Res-Care)

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

Provider Number: 028038101

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	235.18	235.25	7/1/2020
#8 Non-Ambulatory & #9 Medical	316.01	310.54	7/1/2020

Rate Type:

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

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Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

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028040201 - 2020/07
RI:522.19 / NM:629.80

Williams Road Cluster
 1923 Sarah Louise Drive
 Brandon, FL 33510

Provider Number: 028040201
 Date: 7/28/2020
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	540.06	522.19	7/1/2020
#8 Non-Ambulatory & #9 Medical	682.35	629.80	7/1/2020


Rate Type:

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

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028041101 - 2020/07
RI:394.74 / NM:553.66

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

Provider Number: 028041101
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	396.57	394.74	7/1/2020
#8 Non-Ambulatory & #9 Medical	575.40	553.66	7/1/2020


Rate Type:

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

Comments:

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 Miami, FL 33125

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 Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028045301 - 2020/07
RI:445.87 / NM:661.98

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

Provider Number: 028045301
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	430.84	445.87	7/1/2020
#8 Non-Ambulatory & #9 Medical	711.24	661.98	7/1/2020


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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Florida Agency For Health Care Administration
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028046101 - 2020/07
RI:427.05 / NM:587.21

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

Provider Number: 028046101
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	424.15	427.05	7/1/2020
#8 Non-Ambulatory & #9 Medical	602.18	587.21	7/1/2020


Rate Type:

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

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028048801 - 2020/07
RI:413.20 / NM:586.44

MCP Sunset

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

Provider Number: 028048801

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	408.75	413.20	7/1/2020
#8 Non-Ambulatory & #9 Medical	601.73	586.44	7/1/2020

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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UCP Of Miami

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 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

028049601 - 2020/07
RI:361.57 / NM:495.24

Dorchester Cluster (Sunrise)

3201 Ginger Drive
 Tallahassee, FL 32308

Provider Number: 028049601

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	371.10	361.57	7/1/2020
#8 Non-Ambulatory & #9 Medical	504.93	495.24	7/1/2020


Rate Type:

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

Comments:

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 Home Office:
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 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

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 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

028059300 - 2020/07
RI:258.19 / 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: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	260.36	258.19	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020


Rate Type:

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

Comments:

Distribution:

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 Home Office:
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 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
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028062300 - 2020/07
RI:280.69 / NM:331.15

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

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

Provider Type: ICF/IID

Provider Number: 028062300

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	283.09	280.69	7/1/2020
#8 Non-Ambulatory & #9 Medical	334.03	331.15	7/1/2020


Rate Type:

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

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028065800 - 2020/07
RI:278.44 / 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: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	280.54	278.44	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

Rate Type:

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

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028427100 - 2020/07
RI:277.54 / NM:358.33

Fern Park Developmental Center

230 Fern Park Boulevard
 Fern Park, FL 32730

Provider Type: ICF/IID

Provider Number: 028427100

Date: 7/28/2020

FYE: 2/28/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	283.69	277.54	7/1/2020
#8 Non-Ambulatory & #9 Medical	366.20	358.33	7/1/2020

Rate Type:

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

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Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

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028500500 - 2020/07
RI:251.26 / NM:0.00

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

Provider Number: 028500500
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	252.65	251.26	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020


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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028505600 - 2020/07
RI:342.23 / NM:524.07

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

Provider Number: 028505600
 Date: 7/28/2020
 FYE: 9/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	353.03	342.23	7/1/2020
#8 Non-Ambulatory & #9 Medical	535.96	524.07	7/1/2020


Rate Type:

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

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028512900 - 2020/07
RI:294.02 / NM:0.00

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

Provider Number: 028512900
 Date: 7/28/2020
 FYE: 9/30/2015
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	299.16	294.02	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

Rate Type:			
_____	Interim	_____	Prospective
_____	Total Interim	_____	Total Prospective
_____	Interim Component	_____	Prospective Adjusted for New Cost
_____	Settlement Based on Costs		

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028513700 - 2020/07
RI:314.79 / NM:384.45

New Horizons of NW Florida, Inc.

10050 Hillview Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 028513700

Date: 7/28/2020

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	314.93	314.79	7/1/2020
#8 Non-Ambulatory & #9 Medical	385.01	384.45	7/1/2020

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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028519600 - 2020/07
RI:372.30 / NM:0.00

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

Provider Number: 028519600
 Date: 7/28/2020
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	377.65	372.30	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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

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028520000 - 2020/07
RI:263.33 / NM:358.17

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

Provider Number: 028520000
 Date: 7/28/2020
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	265.51	263.33	7/1/2020
#8 Non-Ambulatory & #9 Medical	361.03	358.17	7/1/2020


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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 Quest Management Group
 311 North Spring Street
 Pensacola, FL 32501

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028521800 - 2020/07
RI:318.00 / NM:411.67

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

Provider Number: 028521800
 Date: 7/28/2020
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	314.62	318.00	7/1/2020
#8 Non-Ambulatory & #9 Medical	408.95	411.67	7/1/2020


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

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028522600 - 2020/07
RI:355.98 / NM:459.50

Tallahassee Developmental Center

455 Appleyard Drive
 Tallahassee, FL 32304

Provider Type: ICF/IID

Provider Number: 028522600

Date: 7/28/2020

FYE: 9/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	360.97	355.98	7/1/2020
#8 Non-Ambulatory & #9 Medical	465.18	459.50	7/1/2020

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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028524200 - 2020/07
RI:297.14 / NM:411.42

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

Provider Number: 028524200
 Date: 7/28/2020
 FYE: 9/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	302.79	297.14	7/1/2020
#8 Non-Ambulatory & #9 Medical	420.49	411.42	7/1/2020


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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028526900 - 2020/07
RI:304.32 / NM:400.75

Panama City Developmental Center

1407 Lincoln Drive P.O. Box 456

Panama City, FL 32401

Provider Type: ICF/IID

Provider Number: 028526900

Date: 7/28/2020

FYE: 9/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	306.81	304.32	7/1/2020
#8 Non-Ambulatory & #9 Medical	404.05	400.75	7/1/2020

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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028530700 - 2020/07
RI:250.89 / NM:334.20

**Hillsborough County
 Developmental Ctr**

14219 Bruce B Downs
 Boulevard
 Tampa, FL 33613

Provider Type: ICF/IID

Provider Number: 028530700

Date: 7/28/2020

FYE: 9/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	249.76	250.89	7/1/2020
#8 Non-Ambulatory & #9 Medical	333.67	334.20	7/1/2020

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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028531500 - 2020/07
RI:386.58 / NM:484.24

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

Provider Number: 028531500
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	406.27	386.58	7/1/2020
#8 Non-Ambulatory & #9 Medical	490.15	484.24	7/1/2020


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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028533100 - 2020/07
RI:353.63 / NM:445.17

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

Provider Number: 028533100
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	354.17	353.63	7/1/2020
#8 Non-Ambulatory & #9 Medical	446.31	445.17	7/1/2020


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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028536600 - 2020/07
RI:255.23 / NM:288.07

Squire Court Community Home (Res-Care)

95 Squire Court
 Dunedin, FL 34698

Provider Type: ICF/IID

Provider Number: 028536600

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	259.66	255.23	7/1/2020
#8 Non-Ambulatory & #9 Medical	292.72	288.07	7/1/2020

Rate Type:


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

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 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

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028537400 - 2020/07
RI:268.45 / NM:0.00

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

3438 S.R. 580
 Safety Harbor, FL 34695

Provider Type: ICF/IID

Provider Number: 028537400

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	276.40	268.45	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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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028539100 - 2020/07
RI:422.25 / NM:518.42

Hendricks

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

Provider Number: 028539100

Date: 7/28/2020

FYE: 5/31/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	437.39	422.25	7/1/2020
#8 Non-Ambulatory & #9 Medical	534.18	518.42	7/1/2020

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

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028541200 - 2020/07
RI:257.51 / NM:291.35

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

2281 Twin Lane Drive
 Dundedun, FL 34698

Provider Type: ICF/IID

Provider Number: 028541200

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	260.37	257.51	7/1/2020
#8 Non-Ambulatory & #9 Medical	294.43	291.35	7/1/2020

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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028547100 - 2020/07
RI:234.70 / 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: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	236.30	234.70	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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

Comments:

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9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
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028548000 - 2020/07
RI:265.66 / NM:312.48

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

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

Provider Type: ICF/IID

Provider Number: 028548000

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	271.61	265.66	7/1/2020
#8 Non-Ambulatory & #9 Medical	318.90	312.48	7/1/2020

Rate Type:

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

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028552800 - 2020/07
RI:245.12 / NM:287.25

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

1219 26th Terrace
 Cape Coral, FL 33904

Provider Type: ICF/IID

Provider Number: 028552800

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	249.26	245.12	7/1/2020
#8 Non-Ambulatory & #9 Medical	291.66	287.25	7/1/2020

Rate Type:

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

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028553600 - 2020/07
RI:271.00 / NM:0.00

Country Meadows Grp Home #13 (Sunrise)

1950 Country Meadows Circle
 Sarasota, FL 34235

Provider Type: ICF/IID

Provider Number: 028553600

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	280.89	271.00	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020


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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028557900 - 2020/07
RI:238.42 / 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: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	240.63	238.42	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020


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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028558700 - 2020/07
RI:268.93 / NM:0.00

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

Provider Number: 028558700
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	272.69	268.93	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020


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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028559500 - 2020/07
RI:266.10 / NM:0.00

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

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

Provider Type: ICF/IID

Provider Number: 028559500

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	269.01	266.10	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020


Rate Type:

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

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028560900 - 2020/07
RI:275.97 / 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: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	279.23	275.97	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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

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028561700 - 2020/07
RI:285.15 / NM:0.00

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

18711 Wentworth Drive
 Miami Lakes, FL 33015

Provider Type: ICF/IID

Provider Number: 028561700

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	287.55	285.15	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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

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028565000 - 2020/07
RI:374.01 / NM:474.20

Lakeview Court
 920 W. Kennedy Blvd
 Orlando, FL 32810

Provider Number: 028565000
 Date: 7/28/2020
 FYE: 11/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	383.64	374.01	7/1/2020
#8 Non-Ambulatory & #9 Medical	490.42	474.20	7/1/2020


Rate Type:

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

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028566800 - 2020/07
RI:361.86 / NM:444.94

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

Provider Number: 028566800
 Date: 7/28/2020
 FYE: 11/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	369.41	361.86	7/1/2020
#8 Non-Ambulatory & #9 Medical	457.22	444.94	7/1/2020

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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028567600 - 2020/07
RI:361.36 / NM:450.46

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

Provider Number: 028567600
 Date: 7/28/2020
 FYE: 11/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	368.84	361.36	7/1/2020
#8 Non-Ambulatory & #9 Medical	460.09	450.46	7/1/2020

Rate Type:

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


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028568400 - 2020/07
RI:299.82 / NM:0.00

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

Provider Number: 028568400
 Date: 7/28/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	301.58	299.82	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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

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028569200 - 2020/07
RI:286.30 / NM:330.61

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

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

Provider Type: ICF/IID

Provider Number: 028569200

Date: 7/28/2020

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	289.49	286.30	7/1/2020
#8 Non-Ambulatory & #9 Medical	334.10	330.61	7/1/2020


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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031256800 - 2020/07
RI:371.72 / NM:466.52

Avon Park Cluster (Mentor)

55 East College Drive
 Avon Park, FL 33825

Provider Number: 031256800

Date: 7/28/2020

FYE: 9/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	365.25	371.72	7/1/2020
#8 Non-Ambulatory & #9 Medical	472.23	466.52	7/1/2020

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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DPODS - DCF (4)

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031257600 - 2020/07
RI:346.49 / NM:425.38

Eagle Watch Cluster (Mentor)

1725 Fifth Street
 Daytona Beach, FL 32117

Provider Number: 031257600

Date: 7/28/2020

FYE: 9/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	363.17	346.49	7/1/2020
#8 Non-Ambulatory & #9 Medical	445.96	425.38	7/1/2020


Rate Type:

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

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031258400 - 2020/07
RI:338.50 / NM:424.43

Point West Cluster (Mentor)

4550 Ricker Road
 Jacksonville, FL 32210

Provider Number: 031258400

Date: 7/28/2020

FYE: 9/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	354.27	338.50	7/1/2020
#8 Non-Ambulatory & #9 Medical	441.72	424.43	7/1/2020


Rate Type:

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

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031259200 - 2020/07
RI:366.48 / NM:461.91

Hodges Cluster (Mentor)

3615 Hodges Boulevard
 Jacksonville, FL 32224

Provider Number: 031259200

Date: 7/28/2020

FYE: 9/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	387.58	366.48	7/1/2020
#8 Non-Ambulatory & #9 Medical	477.89	461.91	7/1/2020

Rate Type:

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

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031260600 - 2020/07
RI:347.38 / NM:431.14

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

Provider Number: 031260600
 Date: 7/28/2020
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	348.14	347.38	7/1/2020
#8 Non-Ambulatory & #9 Medical	431.65	431.14	7/1/2020


Rate Type:

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

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031261400 - 2020/07
RI:400.97 / NM:509.77

**Flamingo Drive Cluster
 (Mentor)**

1285 Flamingo Drive
 Lantana, FL 33462

Provider Type: ICF/IID

Provider Number: 031261400

Date: 7/28/2020

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	395.53	400.97	7/1/2020
#8 Non-Ambulatory & #9 Medical	518.60	509.77	7/1/2020


Rate Type:

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

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031262200 - 2020/07
RI:304.74 / NM:360.98

**Barranger Group Home
 (Mentor)**

9513 Barranger Drive
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031262200

Date: 7/28/2020

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	310.14	304.74	7/1/2020
#8 Non-Ambulatory & #9 Medical	367.32	360.98	7/1/2020


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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031263100 - 2020/07
RI:238.39 / NM:0.00

**Greenridge Group Home
(Mentor)**

222 Greenridge Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031263100

Date: 7/28/2020

FYE: 9/30/2018

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	242.70	238.39	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020

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 - 2020/07
RI:371.07 / NM:449.10

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

Provider Number: 031264900
 Date: 7/28/2020
 FYE: 9/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	385.88	371.07	7/1/2020
#8 Non-Ambulatory & #9 Medical	471.09	449.10	7/1/2020


Rate Type:

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

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031265700 - 2020/07
RI:338.98 / NM:400.76

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

Provider Number: 031265700
 Date: 7/28/2020
 FYE: 9/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	345.76	338.98	7/1/2020
#8 Non-Ambulatory & #9 Medical	420.87	400.76	7/1/2020


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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031266500 - 2020/07
RI:246.53 / NM:0.00

**Rich Street Group Home
 (Mentor)**

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

Provider Type: ICF/IID

Provider Number: 031266500

Date: 7/28/2020

FYE: 9/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	248.37	246.53	7/1/2020
#8 Non-Ambulatory & #9 Medical	285.57	0.00	7/1/2020

Rate Type:

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

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031267300 - 2020/07
RI:341.17 / NM:424.63

Sandpiper Cluster (Mentor)

1000 East 14th Street
 Stuart, FL 33496

Provider Number: 031267300

Date: 7/28/2020

FYE: 9/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	345.80	341.17	7/1/2020
#8 Non-Ambulatory & #9 Medical	427.91	424.63	7/1/2020

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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