OF THE STATE	Florida Agency For			000169300 - 2021/07
	Office of Medicaid Cost Re		-	RI:238.56 / NM:0.00
E.		an Drive - Mail Sto	-	
GOD WE TRUST	Tallaha	assee, Florida 3230	8	
St. Augustine Ce	enter for		Provider Num	nber: 000169300
Living			C	Date: 7/9/2021
5155 U.S. 1 South	า		I	FYE: 11/30/2019
St. Augustine, FL	32086		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/II	D			
		Current	New	Effective
Level of Care	ional	Rate	Rate	
#7 Institut		255.81	238.5	
#8 NON-AI	mbulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type:	_	×	Dreeneetive	
Interir	Total Interim	X	Prospective X Total F	Prospective
	Interim Component			ective Adjusted for New Cost
	Settlement Based on 0	Costs		Serve Adjusted for New Oost
Comments:				
Distribution:				
Contract Managemer	nt		W.Rydell Samue	at
DPODS - DCF (4)			-	(`
Home Office:			Medicaid Cost R	eimbursement Analysis
,			Ear lafa	ation only. No Change in rate
				ation only - No Change in rate

	Florida Agency For I Office of Medicaid Cost Re			001069500 - 2021/07 RI:383.08 / NM:466.61
	2727 Mah	an Drive - Mail Stop	23	
GOD WE THIS	Tallaha	ssee, Florida 32308	3	
Miner North			Provider Nun	nber: 001069500
85609 Miner Road			[Date: 7/9/2021
Yulee, FL 32097			I	FYE: 5/31/2020
1000,12 02001			Audit St	atus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care		Rate	_ Rate	Date
#7 Institution	-	404.37		
#8 Non-Amb	ulatory & #9 Medical	491.08	466.6	1 7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			Prospective
	Interim Component	No. 44	Prospe	ective Adjusted for New Cost
	Settlement Based on C	JOSIS		
Comments:				
<u>Distribution:</u> Contract Management			W.Rvdell Samue	TH I I I I I I I I I I I I I I I I I I I
Contract Management			W.Rydell Samue	(
Contract Management DPODS - DCF (4)			-	el The eimbursement Analysis
Contract Management DPODS - DCF (4) Home Office:	, LLC		-	(
Distribution: Contract Management DPODS - DCF (4) Home Office: Care Centers of Nassau 95146 Hendricks Road	, LLC		-	(
Contract Management DPODS - DCF (4) Home Office: Care Centers of Nassau			-	(

	Florida Agency For			001071000 - 2021/07
	Office of Medicaid Cost Re		-	RI:360.45 / NM:439.56
		an Drive - Mail Stop		
COD WE TRUST	Tallaha	assee, Florida 32308	3	
Miner South			Provider Num	nber: 001071000
85474 Miner Road			Γ	Date: 7/9/2021
Yulee, FL 32097			I	FYE: 5/31/2020
,			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care		Rate	_ Rate	Date
#7 Institution		381.69	360.4	5 7/1/2021
#8 Non-Amb	oulatory & #9 Medical	463.81	439.5	6 7/1/2021
Rate Type:		×	Droopostivo	
Interim	Total Interim	X	Prospective X Total F	Prospective
	Interim Component			ective Adjusted for New Cost
	Settlement Based on 0	Costs		
	Settlement Based on (Costs		
Comments:	Settlement Based on (Costs		
Comments:	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		
Comments:	Settlement Based on G	Costs		
Comments:	Settlement Based on G	Costs		
Comments:	Settlement Based on G	Costs		
	Settlement Based on G	Costs		
Distribution:	Settlement Based on G	Costs	W Pudell Comu	T
<u>Distribution:</u> Contract Management	Settlement Based on G	Costs	W.Rydell Samue	
<u>Distribution:</u> Contract Management DPODS - DCF (4)	Settlement Based on G	Costs		eimbursement Analysis
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:		Costs		
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office: Care Centers of Nassau		Costs		
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:	ı, LLC	Costs		

LOF THE STATE	Florida Agency For I	Health Care Ac	Iministration	0101963600 - 2021/07
C C	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:402.26 / NM:506.77
E CALLE	2727 Maha	an Drive - Mail Sto	p 23	
COD WE TRUST	Tallaha	ssee, Florida 3230	8	
New Horizons (Men	tor)		Provider Num	ber: 0101963600
1275 N. Rainbow Loc	-		D	Date: 7/9/2021
Lecanto, FL 34461	- F		F	YE: 1/31/2020
			Audit Sta	atus: Budget
Provider Type: ICF/IID				
Level of Care		Current Rate	New Rate	Effective Date
#7 Institutiona	- -	432.03	402.26	6 7/1/2021
#8 Non-Ambu	latory & #9 Medical	544.33	506.77	7 7/1/2021
	-			
Rate Type:				
X Interim			Prospective	
X	Total Interim		Total P	rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Distribution:				TR
Contract Management			W.Rydell Samuel	I KI
DPODS - DCF (4)			Medicaid Cost Re	eimbursement Analysis
Home Office:				· · · · · · · · · · · · · · · · · · ·
National Mentor Healthca	ire, LLC			
3258 Parkside Center Cir	cle			
Tampa, FL 33619				
			For Informa	ation only - No Change in rate

SOF THE STAR	Florida Agency For I	Health Care Ad	ministration	0107650900 - 2021/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:383.63 / NM:496.41
E	2727 Maha	an Drive - Mail Stor	0 23	
The GOD WE TRUST	Tallaha	assee, Florida 3230	8	
Sunrise Commun	ity, Inc		Provider Num	ber: 0107650900
Log Cabin			D	ate: 7/9/2021
22300 SW 162ND	Ave		F	YE: 5/31/2020
Miami, FL 33170-3	3907		Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID)			
Lovel of Core		Current	New	Effective
Level of Care	-	Rate	_ Rate	
#7 Institutio	-	400.50		
#o NON-AIII	bulatory & #9 Medical	517.73	496.41	7/1/2021
Rate Type:		X	Description	
Interim	Total Interim	X		roopactiva
	Interim Component			rospective ctive Adjusted for New Cost
	Settlement Based on C	Costs	1103pe	cive Adjusted for New Cost
Comments:				
Distribution:				
			W Dudall Samuel	TR
Distribution: Contract Management			W.Rydell Samuel	(
				eimbursement Analysis

For Information only - No Change in rate

OF THE STATE	Florida Agency For	Health Care Ad	ministration	0108357500 - 2021/07
	Office of Medicaid Cost Re			RI:402.32 / NM:491.72
	2727 Mah	an Drive - Mail Stoj	0 23	
COD WE THIS	Tallaha	ssee, Florida 3230	8	
Pensacola Develo	pmental		Provider Num	ber: 0108357500
Center			C	Date: 7/9/2021
One Villa Drive			F	FYE: 11/30/2021
Pensacola, FL 325	506		Audit Sta	atus: Budget
Provider Type: ICF/IID)			
Level of Care		Current Rate	New Rate	Effective Date
#7 Institutio	nal	432.09	402.32	2 7/1/2021
#8 Non-Am	bulatory & #9 Medical	528.15	491.72	2 7/1/2021
Rate Type: X Interim	-		Prospective	
X	Total Interim			Prospective
	Interim Component Settlement Based on C	oste	Prospe	ctive Adjusted for New Cost
		0313		
Comments:				
Distribution				
<u>Distribution:</u> Contract Management				1 Ar
DPODS - DCF (4)			W.Rydell Samue	(
Home Office:			Medicaid Cost R	eimbursement Analysis
,				

For Information only - No Change in rate

OF THE STAT		Florida Agency For	Health Care Adm	inistration	01083584	00 - 2021/07
		Office of Medicaid Cost R	eimbursement Plannir	ng and Finance	RI:401.72	2 / NM:487.92
	5	2727 Mal	han Drive - Mail Stop 2	23		
+ AV COD WE TRUST	¢.	Tallah	assee, Florida 32308			
Panama City	v Deve	lopmental		Provider Num	nber: 010835	8400
Center		•		C	Date: 7/9/202	21
1407 Lincoln	Drive	P.O. Box		F	YE: 11/30/2	2021
456				Audit Sta	atus: Budget	
Panama City,	, FL 3	2401				
Provider Type:	ICF/IID					
Level of Care			Current Rate	New Rate		Effective Date
	nstitutior		431.45		<u> </u>	
		oulatory & #9 Medical	524.07	401.72		7/1/2021
#0 N			524.07	487.92		// 1/2021
Rate Type:						
X I	Interim		Р	Prospective		
	Х	Total Interim		Total P	rospective	
-		Interim Component	_	Prospe	ective Adjusted	for New Cost
-		Settlement Based on	Costs			
-						
Comments:						

Distribution: Contract Management DPODS - DCF (4) Home Office:



Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

OF THE STATE	Florida Agency For H	lealth Care Ad	ministration	0108358800 - 2021/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:420.86 / NM:503.36
E SALE	2727 Maha	an Drive - Mail Stop	o 23	
A COD WE TRUST	Tallaha	ssee, Florida 3230	8	
Fallahassee Dev	elopmental			nber: 0108358800
Center				Date: 7/9/2021
455 Appleyard Dr				FYE: <u>11/30/2021</u>
Tallahassee, FL 3			Audit Sta	atus: Budget
Provider Type: ICF/II	D			
_evel of Care		Current Rate	New Rate	Effective Date
#7 Institut	ional –	452.01	420.8	
	- mbulatory & #9 Medical	540.66	503.3	
	-	040.00		
Rate Type: X Interin	n		Prospective	
interim			-	Prospective
	Interim Component			ective Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:				TR
Contract Managemer	ıt		W.Rydell Samue	PV .
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis
Home Office:				
			For Inform	ation only - No Change in rate

		Florida Agency For H			0108358900 - 2021/07
	G O	ffice of Medicaid Cost Rei		- L	RI:398.98 / NM:472.72
E	5		in Drive - Mail Stop		
GOD WE TRU	SI	Tallahas	ssee, Florida 32308	3	
Ft. Waltor	n Beach			Provider Numb	per: 0108358900
Developm	nental Ctr.			Da	ate: 7/9/2021
1045 Mar	Walt Drive			F	YE: 11/30/2021
Ft. Walton	n Beach, FL	32547		Audit Stat	us: Budget
Provider Typ	pe: ICF/IID				
Level of Car	·е		Current Rate	New Rate	Effective Date
#	#7 Institutional	_	428.50		7/1/2021
#	#8 Non-Ambul	atory & #9 Medical	507.74	472.72	
		_			
Rate Type:					
Х	Interim			Prospective	
	X	Total Interim		Total Pr	ospective
		Interim Component	-	Prospec	tive Adjusted for New Cost
		Settlement Based on Co	osts		
Comments:					
Distribution:					TR
				W.Rydell Samuel	F
<u>Distribution:</u> Contract Ma DPODS - D(anagement				THE INTERNAL INFORMATION INTERNAL INFORMATION INTERNAL INFORMATION INTERNAL INFORMATION INTERNAL INFORMATION INTERNAL IN
Contract Ma DPODS - D0	anagement CF (4)				The second secon
Contract Ma DPODS - D0	anagement CF (4)				The second secon
Contract Ma DPODS - D0	anagement CF (4)				imbursement Analysis
Contract Ma	anagement CF (4)				The second secon

of THE STAD		Florida Agency For			0108366100 - 2021/07
		Office of Medicaid Cost R	eimbursement Plannin	g and Finance	RI:391.46 / NM:463.06
		2727 Mał	nan Drive - Mail Stop 2	3	
GOD WE TRUS	S.	Tallah	assee, Florida 32308		
Hillsborou	igh Coun	ty		Provider Num	nber: 0108366100
Developm				Ε	Date: 7/9/2021
14219 Bruo	ce B Dow	ns		I	FYE: 11/30/2021
Boulevard				Audit Sta	atus: Budget
Tampa, FL	33613				
Provider Typ	e: ICF/IID				
Level of Care	2		Current Rate	New Rate	Effective Date
	7 7 Institution	al	420.42	391.4	
		ulatory & #9 Medical	497.36 463.0		
Rate Type:					
Х	Interim		P	rospective	
	X	Total Interim		Total F	Prospective
		Interim Component	_	Prospe	ective Adjusted for New Cost
		Settlement Based on (Costs		
Comments:					

Distribution: Contract Management DPODS - DCF (4)

Home Office:



Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

OF THE STAR	Florida Agency For H	lealth Care Ac	Iministration	0110232000 - 2021/07
	Office of Medicaid Cost Rei	mbursement Plan	ning and Finance	RI:419.65 / NM:476.76
E A C C E	2727 Maha	n Drive - Mail Sto	p 23	
· IN COD WE THIS	Tallahas	see, Florida 3230	8	
Sunrise Nettles Gr	oup Home		Provider Num	ber: 0110232000
817 West Wheeler	•		D	ate: 7/9/2021
Seffner, FL 33584			F	YE: 6/30/2020
			Audit Sta	itus: Budget
Provider Type: ICF/IID				
Level of Care		Current	New	Effective
	_	Rate	Rate	
#7 Institution	_	0.00	419.65	
#8 Non-Am	oulatory & #9 Medical	0.00	476.76	<u> </u>
Rate Type:				
Interim		х	Prospective	
	Total Interim		-	rospective
	Interim Component			ctive Adjusted for New Cost
	Settlement Based on Co	osts		
Comments:				
Distribution:				TR
Contract Management			W.Rydell Samuel	PO
DPODS - DCF (4)			-	eimbursement Analysis
Home Office:				aniou soment Analysis
Sunrise Community, Ind	C.			
9040 Sunset DriveSuite	e 70-A			
Miami, FL 33170				
			For Informa	ation only - No Change in rate

	Florida Agency For			012037000 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plani	ning and Finance	RI:363.69 / NM:423.45
Ë	2727 Mah	an Drive - Mail Stop	23	
GOD WE TRUST	Tallaha	assee, Florida 3230	8	
Bayview (Mentor))		Provider Num	ber: 012037000
2133 E 12th Stree	-		D	ate: 7/9/2021
Lynn Haven, FL 3			F	YE: 9/30/2019
			Audit Sta	tus: Unaudited Costs
Provider Type: ICF/II	D			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Instituti		380.50		
#8 Non-An	mbulatory & #9 Medical	444.13	423.45	7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			ospective
	Interim Component		Prospec	ctive Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		-
Comments:	Settlement Based on C	Costs		·
Comments:	Settlement Based on C	Costs		-
Comments:	Settlement Based on C	Costs		-
Comments:	Settlement Based on C	Costs		-
Comments:	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		
	Settlement Based on C	Costs		
Comments: Distribution: Contract Managemen		Costs	W.Rvdell Samuel	T
<u>Distribution:</u> Contract Managemen		Costs	W.Rydell Samuel	The second secon
Distribution:		Costs		The second secon
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office:		Costs		- The second sec
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)	thcare, LLC	Costs		imbursement Analysis
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office: National Mentor Healt	thcare, LLC	Costs		imbursement Analysis

Florida	Agency For I	Health Care Ac	ministration	012038000 - 2021/07
		imbursement Plan		RI:320.32 / NM:382.60
	2727 Maha	an Drive - Mail Sto	o 23	<u></u>
	Tallaha	ssee, Florida 3230	8	
Seaview (Mentor)			Provider Num	ber: 012038000
1204 West 13th Street			D	ate: 7/9/2021
	F		F	YE: 9/30/2019
Panama City, FL 32401-201	5			atus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care	_	Rate	Rate	Date
#7 Institutional	_	333.26		2 7/1/2021
#8 Non-Ambulatory & #	#9 Medical	398.25	382.60	7/1/2021
Rate Type:				
Interim		X	Prospective	
Total Ir				rospective
	Component		Prospe	ctive Adjusted for New Cost
Settlen	nent Based on C	osts		
Comments:				
Distribution:				R
Contract Management			W.Rydell Samuel	R
DPODS - DCF (4)			Medicaid Cost Re	eimbursement Analysis
Home Office:				, , , , , , , , , , , , , , , , , , ,
1				

OF THE STAR	Florida Agency For I	Health Care Ad	ministration	012040300 - 2021/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:366.74 / NM:432.82
E E	2727 Maha	an Drive - Mail Stoj	o 23	
COD WE TRUST	Tallaha	ssee, Florida 3230	8	
Gulfview (Mento	or)		Provider Num	ber: 012040300
2603 N State Ave	-		C	ate: 7/9/2021
Panama City, FL 32405-4359		F	YE: 9/30/2019	
· · · · · · · · · · · · · · · · · · ·			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/	IID			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institu	_	385.32		
#8 Non-A	Ambulatory & #9 Medical	454.82	432.82	2 7/1/2021
Rate Type:				
Interi		X	Prospective	
	Total Interim			rospective
	Interim Component Settlement Based on C	`ooto	Prospe	ctive Adjusted for New Cost
Comments:				
				TR
Contract Manageme	nt		W.Rydell Samue	T
Contract Manageme DPODS - DCF (4)	nt			eimbursement Analysis
Contract Manageme DPODS - DCF (4) Home Office:				(
Contract Manageme DPODS - DCF (4) Home Office: National Mentor Hea	althcare, LLC			(
Distribution: Contract Manageme DPODS - DCF (4) Home Office: National Mentor Hea 3258 Parkside Cente	althcare, LLC			(
Contract Manageme DPODS - DCF (4) Home Office: National Mentor Hea	althcare, LLC		Medicaid Cost Ro	(

OF THE STATE	Florida Agency For I	Health Care Ac	Iministration	012073200 - 2021/07
	Office of Medicaid Cost Re			RI:406.57 / NM:0.00
	2727 Maha	an Drive - Mail Sto	p 23	
+ 1 GOD WE IN ST	Tallaha	ssee, Florida 3230	8	
Suffridge Drive G	roup Home		Provider Num	nber: 012073200
(SH of F)			C	Date: 7/9/2021
27566 Suffridge D	rive		F	FYE: 10/31/2020
Bonita Springs, FL	33923		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/III	D			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institutio		448.72	406.5	
#8 Non-An	hbulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:				IR
Contract Management	t		W.Rydell Samue	a 🖉
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis
Home Office:				
Salem Holmes of Flori	da, Inc.			
8W. Third St., Suite M	-7			
Winston-Salem, NC 2	27101			
			For Inform	ation only - No Change in rate

	Florida Agency For Health Care Administration			012074200 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plar	ning and Finance	RI:343.80 / NM:387.89
E	2727 Mah	an Drive - Mail Sto	p 23	
GOD WE TRUST	Tallaha	assee, Florida 3230)8	
Coletta Drive Gro	up Home		Provider Num	ber: 012074200
(SH of F)			Γ	Date: 7/9/2021
1604 Coletta Drive)		F	FYE: 10/31/2020
Orlando, FL 32807	7		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID	0			
		Current	New	Effective
Level of Care		Rate		
#7 Institutio		373.21	343.8	
#8 Non-Am	hbulatory & #9 Medical	418.54		9 7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			Prospective
	Interim Component	No ata	Prospe	ective Adjusted for New Cost
	Settlement Based on C	JOSIS		
Comments:				
Distribution:				TR
	·		W.Rydell Samue	T
Contract Management			·	(
Contract Management DPODS - DCF (4)			·	I TA eimbursement Analysis
Contract Management DPODS - DCF (4) Home Office:			·	(
Distribution: Contract Management DPODS - DCF (4) Home Office: Salem Holmes of Florid 8W. Third St., Suite M-	da, Inc.		·	(
Contract Management DPODS - DCF (4) Home Office: Salem Holmes of Florid	da, Inc. -7		·	(

ST THE STATE	Florida Agency For Health Care Administration			012074800 - 2021/07
	Office of Medicaid Cost Re	eimbursement Planı	ning and Finance	RI:360.83 / NM:378.64
Ë	2727 Mah	an Drive - Mail Stop	23	
GOD WE THUS	Tallaha	assee, Florida 3230	3	
Spring Street G	roup Home		Provider Numb	per: 012074800
(SH of F)			Da	ate: 7/9/2021
1463 Spring Stre	et		F	YE: 10/31/2020
Lake City, FL 32	2052		Audit Stat	us: Unaudited Costs
Provider Type: ICF/	/IID			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institu		382.79		7/1/2021
#8 Non-A	Ambulatory & #9 Medical	401.12	378.64	7/1/2021
Rate Type:				
Inter	im	Х	Prospective	
	Total Interim		X Total Pr	ospective
	Interim Component		Prospec	tive Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Distribution:				
			W/ Rydell Samuel	Ŧ
Contract Manageme	۰		W.Rydell Samuel	T
Contract Manageme DPODS - DCF (4)	•nt			The second secon
Contract Manageme DPODS - DCF (4) Home Office:				The second secon
Contract Manageme DPODS - DCF (4) Home Office: Salem Holmes of Fle	orida, Inc.			imbursement Analysis
Contract Manageme DPODS - DCF (4) Home Office: Salem Holmes of Flo 8W. Third St., Suite	orida, Inc. M-7			imbursement Analysis
Distribution: Contract Manageme DPODS - DCF (4) Home Office: Salem Holmes of Flo 8W. Third St., Suite Winston-Salem, NC	orida, Inc. M-7		Medicaid Cost Re	imbursement Analysis

N A A A A A A A A A A A A A A A A A A A	Florida Agency For I			012075300 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:333.07 / NM:373.69
B. A. B.	2727 Maha	an Drive - Mail Sto	p 23	
A COD WE TRUST	Tallaha	ssee, Florida 3230	8	
Walnut Street Gi	roup Home		Provider Num	ber: 012075300
(SH of F)			C	Date: 7/9/2021
102 Alexander Ro	oad		F	FYE: 10/31/2019
Starke, FL 32091	1		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/I	IID			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institut	-	350.13	333.0	
#8 Non-A	mbulatory & #9 Medical	392.90	373.6	9 7/1/2021
Rate Type:				
Interir	m	X	Prospective	
	Total Interim		X Total F	Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:		Costs		
		Costs		
Distribution:	Settlement Based on C	Costs		TR
<u>Distribution:</u> Contract Managemer	Settlement Based on C	Costs	W.Rydell Samue	TR.
<u>Distribution:</u> Contract Managemer DPODS - DCF (4)	Settlement Based on C	Costs	W.Rydell Samue	TR
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office:	Settlement Based on C	Costs	W.Rydell Samue	THE STREET
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office: Salem Holmes of Flo	Settlement Based on C	Costs	W.Rydell Samue	THE STREET
Comments: Distribution: Contract Managemen DPODS - DCF (4) Home Office: Salem Holmes of Flo 8W. Third St., Suite N Winston-Salem, NC	nt prida, Inc. M-7	Costs	W.Rydell Samue	TR.

	Florida Agency For Health Care Administration			012075700 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:313.98 / NM:358.34
E	2727 Maha	an Drive - Mail Stop	23	
COD WE TRUS	Tallaha	issee, Florida 3230	8	
Bessent Road Gr	oup Home		Provider Num	ber: 012075700
(SH of F)		C	Date: 7/9/2021	
1329 Bessent Roa	ad		F	YE: 10/31/2020
Starke, FL 32091			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/II	D			
		Current	New	Effective
Level of Care	-	Rate	Rate	
#7 Institutio		335.66		
#8 Non-An	nbulatory & #9 Medical	383.70	358.34	4 7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			Prospective
	Interim Component Settlement Based on C	`eete	Prospe	ctive Adjusted for New Cost
		0515		
Comments:				
				Ŧ
Distribution:	t		W.Rydell Samue	T
Distribution: Contract Management	t			I TA eimbursement Analysis
<u>Distribution:</u> Contract Management DPODS - DCF (4)	t			(
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:				(
Comments: Distribution: Contract Management DPODS - DCF (4) Home Office: Salem Holmes of Flori 8W. Third St., Suite M	ida, Inc.			(
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office: Salem Holmes of Flori	ida, Inc. I-7			(

Frederick Avenue Home (SH of F) 325 N Frederick Av Daytona Beach, FL Provider Type: ICF/IID	Tallaha Group	imbursement Plan an Drive - Mail Sto ssee, Florida 3230	p 23 08	RI:346.49 / NM:396.57
Home (SH of F) 325 N Frederick Av Daytona Beach, FL	Tallaha Group)8	
Home (SH of F) 325 N Frederick Av Daytona Beach, FL	Group	ssee, Florida 3230		
Home (SH of F) 325 N Frederick Av Daytona Beach, FL			Drouidor Num	
Home (SH of F) 325 N Frederick Av Daytona Beach, FL			Frovider Num	ber: 012075900
Daytona Beach, FL			C	Date: 7/9/2021
•	enue		F	YE: 10/31/2020
Provider Type: ICF/IID	32114		Audit Sta	atus: Unaudited Costs
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institutio	nal	394.97	346.49	9 7/1/2021
#8 Non-Am	oulatory & #9 Medical	453.53	396.57	7 7/1/2021
Rate Type:				
Interim		Х	Prospective	
	Total Interim		– X Total P	Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:				P
Contract Management			W.Rydell Samuel	AT .
DPODS - DCF (4)				(
Home Office:			wedicaid Cost Re	eimbursement Analysis
Salem Holmes of Florid	la, Inc.			
	1			
8W. Third St., Suite M- Winston-Salem, NC 27				

OF THE STATE	Florida Agency For I	Health Care Ad	ministration	012373500 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:353.76 / NM:367.31
E S	2727 Maha	an Drive - Mail Sto	o 23	
COD WE THUS	Tallaha	ssee, Florida 3230	8	
107th Place Group	o Home (SH		Provider Nun	nber: 012373500
of F)	Υ.		Γ	Date: 7/9/2021
2233 NW 41st St S	te 300		I	FYE: 10/31/2020
Gainesville, FL 326	606		Audit St	atus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institutio	-	373.21	353.7	
#8 Non-Am	bulatory & #9 Medical	386.50	367.3	1 7/1/2021
Rate Type:		X		
Interim	Total Interim	X	Prospective	Prognactiva
	Total Interim			Prospective
	Interim Component Settlement Based on C	`oete	Prospe	ective Adjusted for New Cost
Comments:				
Distribution:				IK
Contract Management			W.Rydell Samue	M
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis
Home Office:				
Salem Holmes of Florid				
8W. Third St., Suite M-				
Winston-Salem, NC 27	/101			
		_	For Inform	ation only - No Change in rate

OF THE STATE	Florida Agency For I	Health Care Ac	dministration	012374200 - 2021/07
	Office of Medicaid Cost Re			RI:374.69 / NM:0.00
	2727 Maha	an Drive - Mail Sto	p 23	
A COD WE TRUST	Tallaha	ssee, Florida 3230)8	
Second Street G	roup Home		Provider Num	nber: 012374200
(SH of F)			C	Date: 7/9/2021
3841 SE 2nd Stre	et		F	FYE: 10/31/2020
Ocala, FL 34471			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/II	D			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Instituti	-	408.05	374.69	
#8 NON-Ar	mbulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type: Interin	<u>_</u>	Х	Prospective	
	Total Interim		_ '	Prospective
	Interim Component			ective Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:				
Contract Managemer	t t			1 Ar
DPODS - DCF (4)	it.		W.Rydell Samue	(
Home Office:			Medicaid Cost R	eimbursement Analysis
Salem Holmes of Flor	rida. Inc.			
8W. Third St., Suite M				
Winston-Salem, NC				
			For Inform	ation only - No Change in rate
		_		

OF THE STAD	Florida Agency For H	Health Care A	dministration	012374400 - 2021/0
	Office of Medicaid Cost Rei			RI:363.47 / NM:0.0
	2727 Maha	an Drive - Mail Sto	op 23	
COD WE THE	Tallahas	ssee, Florida 323	08	
Rosewood Avenue	Group		Provider Num	ber: 012374400
Home (SH of F)	Croup		C	Date: 7/9/2021
71 Rosewood Avenu	le		F	YE: 10/31/2020
Ormond Beach, FL	32174		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care	_	Rate	Rate	Date
#7 Institution	_	379.63	363.47	
#8 Non-Amb	ulatory & #9 Medical	0.00	0.00	7/1/202
Rate Type:				
Interim		X	Prospective	
	Total Interim		X Total P	rospective
	Interim Component		Prospe	ective Adjusted for New Cos
	Settlement Based on Co	osts		
Comments:				
Distribution:				TR
Contract Management			W.Rydell Samue	r fa
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis
Home Office:				
Salem Holmes of Florida	a, Inc.			
8W. Third St., Suite M-7				
Winston-Salem, NC 271	01			

Florida A	gency For H	lealth Care Ac	ministration	012375400 - 2021/07
Office of Me	dicaid Cost Rei	mbursement Plan	ning and Finance	RI:304.46 / NM:346.80
	2727 Maha	n Drive - Mail Sto	o 23	
COD WE TRUST	Tallahas	see, Florida 3230	8	
19th Street Group Home (SH			Provider Num	nber: 012375400
of F)			C	Date: 7/9/2021
529 NW 19th Street			F	FYE: 10/31/2020
Gainesville, FL 32603			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care	_	Rate	Rate	Date
#7 Institutional	_	403.94		
#8 Non-Ambulatory & #9	Medical	466.00	346.80	0 7/1/2021
Rate Type:				
Interim		X	Prospective	
Total Inte				Prospective
	component		Prospe	ective Adjusted for New Cost
Settleme	nt Based on Co	osts		
Comments:				
Distribution:				R
Contract Management			W.Rydell Samue	R
OPODS - DCF (4)			-	(
lome Office:			iviedicald Cost R	eimbursement Analysis
Salem Holmes of Florida, Inc.				
W. Third St., Suite M-7				
Vinston-Salem, NC 27101				
, -			For Inform	ation only - No Change in rate

OF THE STATE	Florida Agency For H	Health Care Ad	dministration	012386400 - 2021/07	
	Office of Medicaid Cost Re	imbursement Plar	nning and Finance	RI:355.85 / NM:0.00	
E M E	2727 Maha	an Drive - Mail Sto	op 23		
The COD WE TRUST	Tallaha	ssee, Florida 3230	08		
Tunis Street Gro	up Home		Provider Num	nber: 012386400	
(SH of F)			Date: 7/9/2021		
4748 Tunis Street			FYE: 10/31/2020		
Jacksonville, FL 3	32205		Audit Sta	atus: Unaudited Costs	
Provider Type: ICF/II	D				
		Current	New	Effective	
Level of Care		Rate	Rate	Date	
#7 Instituti	_	393.30	355.8		
#8 Non-Ar	nbulatory & #9 Medical	0.00	0.00	7/1/2021	
Rate Type:					
Interim		X	Prospective		
	Total Interim			Prospective	
	Interim Component Settlement Based on C		Prospe	ective Adjusted for New Cost	
		0515			
Comments:					
Distribution:				TR	
Contract Managemen	t		W.Rydell Samue	i pi	
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis	
Home Office:					
Salem Holmes of Flor	ida, Inc.				
8W. Third St., Suite N	1-7				
Winston-Salem, NC 2	27101				
			For Informa	ation only - No Change in rate	

OF THE STATE	Florida Agency For	Health Care Ad	ministration	012390800 - 2021/07	
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:391.71 / NM:0.00	
	2727 Mah	an Drive - Mail Sto	o 23		
A AN COD WE TRUST	Tallaha	assee, Florida 3230	8		
Plaza Oval Group	o Home (SH		Provider Num	nber: 012390800	
of F)			Date: 7/9/2021		
247 Plaza Oval			FYE: 10/31/2020		
Casselberry, FL 32707			Audit Sta	atus: Unaudited Costs	
Provider Type: ICF/II	D				
		Current	New	Effective	
Level of Care		Rate	Rate	Date	
#7 Instituti		408.76			
#8 Non-Ar	mbulatory & #9 Medical	0.00	0.00	7/1/2021	
Rate Type:					
Interin		X	Prospective		
	Total Interim			Prospective	
	Interim Component		Prospe	ective Adjusted for New Cost	
	Settlement Based on C	Costs			
Comments:					
Distribution:				(P)	
Contract Managemen	t		W.Rydell Samue	at	
DPODS - DCF (4)			-	(
Home Office:			Medicaid Cost R	eimbursement Analysis	
Salem Holmes of Flor	ida Inc				
8W. Third St., Suite M					
Winston-Salem, NC 2					
			Ear Inform	ation only. No Change in rate	
				ation only - No Change in rate	

	Florida Agency For	Health Care Ad	ministration	012392700 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:362.11 / NM:414.77
E S	2727 Mah	an Drive - Mail Stoj	0 23	
* IN COD WE TRUST	Tallaha	issee, Florida 3230	8	
Claudia Drive Gr	oup Home		Provider Num	nber: 012392700
(SH of F)			Date: 7/9/2021	
140 Claudia Drive)		FYE: 10/31/2020	
Jacksonville, FL 32218			Audit Status: Unaudited C	
Provider Type: ICF/II	ID			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institut	-	392.79		
#8 Non-Aı	mbulatory & #9 Medical	447.32	414.7	7 7/1/2021
Rate Type:				
Interin	n	X	Prospective	
	Total Interim		X Total F	Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Cattlement Beend on C	`aata		
	Settlement Based on C	0515		
Comments:				
Comments:		.0515		
Comments:				
Comments:	Settlement Based on C			
Comments:	Settlement Based on C			
Comments:	Settlement Based on C			
				R
Distribution:			W.Rvdell Samue	T
<u>Distribution:</u> Contract Managemer			W.Rydell Samue	(
<u>Distribution:</u> Contract Managemer DPODS - DCF (4)				I TA eimbursement Analysis
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office:	nt			(
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office: Salem Holmes of Flor	nt rida, Inc.			(
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office:	nt rida, Inc. <i>И</i> -7			(

	Florida Agency For I	Health Care Ac	Iministration	012410100 - 2021/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:323.43 / NM:0.00
	2727 Maha	an Drive - Mail Sto	p 23	
COD WE THIS	Tallaha	ssee, Florida 3230	8	
High Desert Cour	t Group		Provider Num	ber: 012410100
Home (SH of F)	(el oup		D	ate: 7/9/2021
11818 High Desse	et Court		F	YE: 10/31/2020
Jacksonville, FL 3	2218		Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IIE	C			
		Current	New	Effective
Level of Care	-	Rate	Rate	
#7 Institutio		338.09	323.43	
#8 Non-Am	hbulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			rospective
	Interim Component	a a ta	Prospe	ctive Adjusted for New Cost
	Settlement Based on C	osis		
Comments:				R
	t		W.Rydell Samuel	Ŧ
Distribution:	t		W.Rydell Samuel	(
<u>Distribution:</u> Contract Management DPODS - DCF (4)	t		-	Pimbursement Analysis
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:			-	(
Distribution: Contract Management DPODS - DCF (4) Home Office: Salem Holmes of Flori	ida, Inc.		-	(
Distribution: Contract Management DPODS - DCF (4) Home Office:	ida, Inc. -7		-	(

OF THE STALL	Florida Agency For I	Health Care Ac	ministration	028000	300 - 2021/07
	Office of Medicaid Cost Re			RI:248.3	2 / NM:364.61
	2727 Maha	an Drive - Mail Sto	o 23		
· · · · · · · · · · · · · · · · · · ·	Tallaha	ssee, Florida 3230	8		
Sandy Park Deve	lopment		Provider Number: 028000300		
Center			Date: 7/9/2021		
2975 Garden Stre	et North		FYE: 12/31/2019		
Ft. Myers, FL 33917			Audit Sta	itus: Unauc	dited Costs
Provider Type: ICF/II	D				
Level of Care		Current Rate	New Rate		Effective Date
#7 Instituti	onal	268.07	248.32	2	7/1/2021
#8 Non-Ar	- nbulatory & #9 Medical	396.80	364.61	 	7/1/2021
Comments:					
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office:	t		W.Rydell Samuel Medicaid Cost Re	('	it Analysis

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For Information only - No Change in rate

	Florida Agency For			028018601 - 2021/07
	Office of Medicaid Cost Re		C	RI:371.70 / NM:480.20
E S S S S S S S S S S S S S S S S S S S		an Drive - Mail Stop		
A COD WE TRUST	Tallaha	assee, Florida 3230	8	
St. Petersburg Clu	uster		Provider Nun	nber: 028018601
(Sunrise)			Date: 7/9/2021 FYE: 6/30/2020	
1101 102nd Avenu	ie North			
St. Petersburg, FL 33716			Audit St	atus: Unaudited Costs
Provider Type: ICF/IID)			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institutio		389.50		
#8 Non-Am	bulatory & #9 Medical	502.82	480.2	0 7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			Prospective
	Interim Component Settlement Based on C		Prospe	ective Adjusted for New Cost
		20515		
Comments:				
Comments:		-0515		
Comments:		-0515		
Comments:				
Comments:		-0515		
Comments:		-0515		
Comments:		-0515		
Comments:				
Comments:				
				TR
Distribution:			W.Rydell Samue	a T
<u>Distribution:</u> Contract Management			W.Rydell Samue	(
<u>Distribution:</u> Contract Management DPODS - DCF (4)				el The reimbursement Analysis
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:				(
Comments: Distribution: Contract Management DPODS - DCF (4) Home Office: Sunrise Community, In 9040 Sunset DriveSuite	<u></u>			(
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office: Sunrise Community, In	<u></u>			1

	Florida Agency For	Health Care Ad	ministration	028019401 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:457.33 / NM:532.64
E S	2727 Mah	an Drive - Mail Stoj	0 23	
The code we the st	Tallaha	assee, Florida 3230	8	
Laurel Hill Cluster	r		Provider Num	ber: 028019401
2011 Laurel Hill Clu			C	Date: 7/9/2021
Orlando, FL 32818			F	YE: 9/30/2020
	,		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID)			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institutio	-	481.47	457.33	
#8 Non-Am	bulatory & #9 Medical	599.29	532.64	4 7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim		X Total F	rospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Distribution:				TR
			W.Rydell Samue	T
Contract Management			W.Rydell Samue	(
Contract Management DPODS - DCF (4)				I TA eimbursement Analysis
Contract Management DPODS - DCF (4) Home Office:				(
Distribution: Contract Management DPODS - DCF (4) Home Office: Life Concepts, Inc. 500 EAST COLONIAL				(
Contract Management DPODS - DCF (4) Home Office: Life Concepts, Inc.				(

Florida Agency For	Health Care Ad	ministration	028020801 - 2021/07	
Office of Medicaid Cost R	Reimbursement Plan	ning and Finance	RI:376.29 / NM:508.30	
2727 Ma	han Drive - Mail Sto	0 23		
Tallah	assee, Florida 3230	8		
McCauley Cluster (Sunrise)		Provider Num	ber: 028020801	
385 McCauley Road		Date: 7/9/2021		
Fallahassee, FL 32308		FYE: 6/30/2020		
		Audit Sta	tus: Unaudited Costs	
Provider Type: ICF/IID				
	Current	New	Effective	
evel of Care	Rate	Rate	Date	
#7 Institutional	397.03			
#8 Non-Ambulatory & #9 Medical	534.36	508.30	7/1/2021	
Rate Type:				
Interim	Х	Prospective		
Total Interim		X Total Prospective		
Interim Component		Prospe	ctive Adjusted for New Cost	
Settlement Based on	Costs			
Comments:				
Distribution:			TR	
Contract Management		W.Rydell Samuel	PQ	
DPODS - DCF (4)		Medicaid Cost Re	eimbursement Analysis	
lome Office:				
Sunrise Community, Inc.				
040 Sunset DriveSuite 70-A				
Ліаті, FL 33170				
		For Informa	ation only - No Change in rate	

Florida Agency For	Health Care Ad	ministration	028028301 - 2021/07	
Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:377.45 / NM:501.53	
2727 Mah	nan Drive - Mail Sto	o 23		
Tallaha	assee, Florida 3230	8		
Greentree Court Cluster		Provider Num	ber: 028028301	
(Sunrise)		Date: 7/9/2021		
2160 GreenTree Court		F	YE: 6/30/2020	
Bartow, FL 33830		Audit Sta	tus: Unaudited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	391.99			
#8 Non-Ambulatory & #9 Medical	520.94			
Rate Type:				
Interim	Х	Prospective		
Total Interim		-	rospective	
Interim Component		Prospe	ctive Adjusted for New Cost	
Settlement Based on C	Costs			
Comments:				
Distribution:			TR	
Contract Management		W.Rydell Samue	RT	
DPODS - DCF (4)			eimbursement Analysis	
Home Office:			Analysis	
Sunrise Community, Inc.				
Sunrise Community, Inc. 9040 Sunset DriveSuite 70-A				

OF THE STATE	Florida Agency For	Health Care Ac	Iministration	028029101 - 2021/07	
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:373.03 / NM:520.99	
E A S	2727 Mah	an Drive - Mail Sto	p 23		
A COD WE TRUST	Tallaha	assee, Florida 3230	8		
Mahan Cluster (Su	ınrise)		Provider Num	ber: 028029101	
2034 Mahan Drive	,		Date: 7/9/2021		
Tallahassee, FL 32	2308		F	FYE: 6/30/2020	
			Audit Status: Unaudited C		
Provider Type: ICF/IID					
aval of Cara		Current	New	Effective	
evel of Care #7 Institutio	nal .	Rate	Rate		
		394.55			
#o NON-AMI	bulatory & #9 Medical	548.70	520.99	9 7/1/2021	
Rate Type: Interim		Х	Prospective		
	Total Interim		-	rospective	
	Interim Component			ective Adjusted for New Cost	
	Settlement Based on C	Costs			
Comments:					
Distribution:				TR	
Contract Management			W.Rydell Samue	r pu	
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis	
Home Office:				,	
Sunrise Community, Ind	С.				
9040 Sunset DriveSuite	e 70-A				
Miami, FL 33170					
			For Informa	ation only - No Change in rate	

	Florida Agency For	Health Care Ad	ministration	028030501 - 2021/07	
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:244.40 / NM:294.98	
E ALLE	2727 Mah	an Drive - Mail Stop	0 23		
COD WE INUS	Tallaha	ssee, Florida 3230	8		
Lake City Cluster			Provider Num	nber: 028030501	
411 Gwen Lake Bo	ulevard		Date: 7/9/2021		
Lake City, FL 3205			F	FYE: 6/30/2019	
	-		Audit Sta	atus: Unaudited Costs	
Provider Type: ICF/IID	1				
		Current	New	Effective	
Level of Care		Rate	Rate	Date	
#7 Institution	-	256.51	244.4		
#8 Non-Aml	bulatory & #9 Medical	309.46	294.9	8 7/1/2021	
Rate Type:					
Interim		X	Prospective		
	Total Interim		X Total F	Prospective	
	Interim Component		Prospe	ective Adjusted for New Cost	
	Settlement Based on C	Costs			
Comments:					
Distribution:					
			W Rydell Samue	Ŧ	
Contract Management			W.Rydell Samue	/•	
Contract Management DPODS - DCF (4)				eimbursement Analysis	
Contract Management DPODS - DCF (4) Home Office:				/•	
Distribution: Contract Management DPODS - DCF (4) Home Office: Res-Care, Inc.	ad			/•	
Contract Management DPODS - DCF (4) Home Office:	ad			/•	

Florida Agency For He	For Health Care Ad	ministration	028031301 - 2021/07	
Office of Medicaid Co	ost Reimbursement Planr	ing and Finance	RI:306.33 / NM:378.99	
2727	' Mahan Drive - Mail Stop	23		
Ti	allahassee, Florida 32308	3		
Bayshore Cluster (Sunrise)		Provider Num	ber: 028031301	
2059 Lisenby Avenue		Date: 7/9/2021 FYE: 6/30/2018		
Panama City, FL 32405				
		Audit Sta	tus: Unaudited Costs	
Provider Type: ICF/IID				
aval of Coro	Current	New	Effective	
evel of Care #7 Institutional	Rate	Rate	Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical	298.75			
	397.44	378.99	7/1/2021	
Rate Type:				
Interim	х	Prospective		
Total Interim		X Total Prospective		
Interim Compone	nt	Prospe	ctive Adjusted for New Cost	
Settlement Based	d on Costs			
Comments:				
Distribution:				
		W Rydell Samuel	TR	
contract Management		W.Rydell Samuel		
Contract Management		-	Pimbursement Analysis	
Contract Management PPODS - DCF (4) Iome Office:		-	(
Contract Management DPODS - DCF (4) Iome Office: Gunrise Community, Inc.		-		
Distribution: Contract Management DPODS - DCF (4) Home Office: Sunrise Community, Inc. 1040 Sunset DriveSuite 70-A <i>M</i> iami, FL 33170		-		

OF THE STATE	Florida Agency For I	Health Care Ad	ministration	028032101 - 2021/07
	Office of Medicaid Cost Re			RI:266.11 / NM:318.33
E CARACTER S	2727 Maha	an Drive - Mail Stor	0 23	L
		ssee, Florida 3230		
			Provider Num	ber: 028032101
Gainesville 39th Av Cluster (Res-Care)				Date: 7/9/2021
5914 N.W. 39th Ave				YE: 6/30/2019
Gainesville, FL 326				atus: Unaudited Costs
	00			
Provider Type: ICF/IID		Current	N1.	
Level of Care		Current Rate	New Rate	Effective Date
#7 Institution	- al	259.52	266.11	1 7/1/2021
#8 Non-Amb	ulatory & #9 Medical	333.88		3 7/1/2021
	-			
Rate Type:				
Interim		Х	Prospective	
	Total Interim		-	rospective
	Interim Component			ctive Adjusted for New Cost
	Settlement Based on C	costs		
Comments:				
Distribution:				
Contract Management			W Dudall Cameral	at the
DPODS - DCF (4)			W.Rydell Samuel	(
Home Office:			Medicaid Cost Re	eimbursement Analysis
Res-Care, Inc. 10140 Linn Station Road	4			
TO 140 LIDD STATION ROA				
Louisville, KY 40223	<u> </u>			

For Information only - No Change in rate

O AL	Florida Agency For I	Health Care Ad	ninistration	028035600 - 2021/07
	Office of Medicaid Cost Re			RI:347.32 / NM:539.33
	2727 Maha	an Drive - Mail Stop	23	
COD WE THIS	Tallaha	ssee, Florida 32308	3	
PARC Center Apart	ments		Provider Num	ber: 028035600
3190 75th Street Nor			D	ate: 7/9/2021
St. Petersburg, FL 3			F	YE: 9/30/2020
	5170		Audit Sta	itus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institutiona	al -	358.57	347.32	
#8 Non-Ambu	ulatory & #9 Medical	556.03	539.33	3 7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:				TR
<u>Distribution:</u> Contract Management			W.Rydell Samuel	R
				(
Contract Management DPODS - DCF (4)				Pimbursement Analysis
Contract Management DPODS - DCF (4)				(
Contract Management				(
Contract Management DPODS - DCF (4)				(

	Florida Agency For			028036401 - 2021/07
	Office of Medicaid Cost Re		-	RI:496.95 / NM:569.00
	2727 Mah	an Drive - Mail Stop	o 23	
GOD WE TRUST	Tallaha	assee, Florida 3230	8	
Skipper Road Clu	ıster		Provider Num	nber: 028036401
2611 E. Bearss Av			C	Date: 7/9/2021
Tampa, FL 33613			F	FYE: 9/30/2020
rampa, r = 00010			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/III	D			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institution		521.71	496.9	
#8 Non-An	nbulatory & #9 Medical	649.12	569.0	0 7/1/2021
Rate Type:				
Interim	ו	X	Prospective	
	Total Interim		X Total F	Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	Contro		
		20313		
Comments:				
Comments:		-0515		
Comments:		-0515		
Comments:				
Comments:		-0515		
Comments:		-0515		
Comments:		-0515		
Comments:				
Comments:				
Comments:				TR
Distribution:			W.Rvdell Samue	, TF
Distribution: Contract Management			W.Rydell Samue	/•
<u>Distribution:</u> Contract Management DPODS - DCF (4)				eimbursement Analysis
				/•
Distribution: Contract Management DPODS - DCF (4) Home Office:				/•
Distribution: Contract Management DPODS - DCF (4) Home Office: Quest, Inc.				/•

	Florida Agency For	Health Care Ad	ministration	028037201 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:321.96 / NM:399.90
Ë	2727 Mah	an Drive - Mail Stop	0 23	
COD WE TRUST	Tallaha	assee, Florida 3230	8	
Pembroke Pines C	Cluster		Provider Num	ber: 028037201
871 S.W. Douglas I			C	Date: 7/9/2021
Pembroke Pines, F			F	YE: 6/30/2020
	2 00021		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID)			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institutio		308.45	321.90	
#8 Non-Am	bulatory & #9 Medical	414.15		0 7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim		X Total P	rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Distribution:			W.Rvdell Samue	Ŧ
<u>Distribution:</u> Contract Management			W.Rydell Samue	(
<u>Distribution:</u> Contract Management DPODS - DCF (4)				I The eimbursement Analysis
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:				(
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office: Ann Storck Center				(
Comments: Distribution: Contract Management DPODS - DCF (4) Home Office: Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 333				(

	Florida Agency For Office of Medicaid Cost Re			028038101 - 2021/07 RI:241.26 / NM:296.08
		an Drive - Mail Stop	-	
	Tallaha	assee, Florida 3230	8	
			Provider Nun	nber: 028038101
Ocala Cluster (Res	-			Date: 7/9/2021
3205 S. E. 17th Str	eet			FYE: 6/30/2019
Ocala, FL 32671				atus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institution	nal	235.25	241.2	6 7/1/2021
#8 Non-Amb	oulatory & #9 Medical	310.54	296.0	8 7/1/2021
Rate Type:				
Interim		Х	Prospective	
	Total Interim		X Total F	Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Comments.				
Distribution:				TR
Contract Management			W.Rydell Samue	el M
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis
				,
Home Office:				
Home Office: Res-Care, Inc. 10140 Linn Station Roa	ıd			
Res-Care, Inc.	ıd			

	Florida Agency For I	Health Care Ad	ministration	028040201 - 2021/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:457.56 / NM:552.61
e ne za za za	2727 Maha	an Drive - Mail Stop	0 23	
* N COD WE INIS	Tallaha	ssee, Florida 3230	8	
Williams Road C	luster		Provider Num	ber: 028040201
1923 Sarah Louis			C	Date: 7/9/2021
Brandon, FL 335			F	YE: 9/30/2020
			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/II	D			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Instituti	-	522.19	457.50	
#8 Non-Ar	mbulatory & #9 Medical	629.80	552.6 [^]	1 7/1/2021
Rate Type:				
Interin	n	X	Prospective	
	Total Interim		X Total P	rospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:			W Dydoll Samue	TR
<u>Distribution:</u> Contract Managemen			W.Rydell Samue	(
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)			-	I TA eimbursement Analysis
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office:			-	(
Distribution: Contract Managemen DPODS - DCF (4) Home Office: Quest, Inc.	nt		-	(
Distribution: Contract Managemen DPODS - DCF (4) Home Office:	nt		-	(

	Florida Agency For Office of Medicaid Cost Ro			028041101 - 2021/07 RI:408.23 / NM:584.20
		nan Drive - Mail Stop	-	
· · · · · · · · · · · · · · · · · · ·	Tallaha	assee, Florida 32308	3	
			Provider Nun	nber: 028041101
MCP 80th Street				Date: 7/9/2021
11750 S.W. 80th S	Street			FYE: 6/30/2020
Miami, FL 33183				atus: Unaudited Costs
Provider Type: ICF/II	П		, tuan et	
Flovider Type. ICF/III	D	Current	New	Effective
Level of Care		Rate	Rate	
#7 Instituti	ional	394.74	408.2	3 7/1/2021
#8 Non-Ar	mbulatory & #9 Medical	606.71	584.2	0 7/1/2021
			_	
Rate Type:				
Interim	n	х	Prospective	
	Total Interim		X Total I	Prospective
	Interim Component		Prosp	ective Adjusted for New Cost
	Settlement Based on 0	Costs		
Commonto:				
Comments:				
Distribution:	t		W/ Rydell Samu	s TR
Distribution: Contract Managemen	nt		W.Rydell Samue	
Distribution: Contract Managemen DPODS - DCF (4)	nt		-	el Transment Analysis
Distribution: Contract Managemen DPODS - DCF (4) Home Office:	nt		-	
Distribution: Contract Managemen DPODS - DCF (4) Home Office: UCP Of Miami			-	
Comments: Distribution: Contract Managemen DPODS - DCF (4) Home Office: UCP Of Miami 1411 NW 14th Ave Miami, FL 33125	nt		-	

C C C C C C C C C C C C C C C C C C C	Florida Agency For Office of Medicaid Cost Re			028045301 - 2021/07 RI:456.83 / NM:763.19
	2727 Mah	an Drive - Mail Stop	o 23	
A COD WE LINES	Tallaha	assee, Florida 3230	8	
MCP Braddock			Provider Nun	nber: 028045301
	Stract			Date: 7/9/2021
14400 SW 32nd 8				FYE: 6/30/2020
Miami,, FL 33175)			atus: Unaudited Costs
Provider Type: ICF/I	D			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institut	ional	445.87	456.8	3 7/1/2021
#8 Non-A	mbulatory & #9 Medical	796.70	763.1	9 7/1/2021
Comments:	Interim Component Settlement Based on C	Costs		Prospective ective Adjusted for New Cost
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office: UCP Of Miami 1411 NW 14th Ave Miami, FL 33125	nt			Reimbursement Analysis
			For Inform	nation only - No Change in rate

	Florida Agency For Office of Medicaid Cost Re			028046101 - 2021/07 RI:437.86 / NM:617.60
		an Drive - Mail Stop	-	L
	Tallaha	assee, Florida 3230	8	
MOD 2rd Ctro of			Provider Nun	nber: 028046101
MCP 2nd Street				Date: 7/9/2021
11801 NW Second				FYE: 6/30/2020
Miami, Fl., FL 33 ²	182			atus: Unaudited Costs
Provider Type: ICF/II	D			
	-	Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Instituti	ional	427.05	437.8	6 7/1/2021
#8 Non-Ar	mbulatory & #9 Medical	643.83	617.6	0 7/1/2021
Rate Type:				
Interin		X	Prospective	
	Total Interim			Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Distribution:	nt		W Pydoll Somu	N TR
<u>Distribution:</u> Contract Managemen	nt		W.Rydell Samue	
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)	nt			el The Analysis
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office:	nt			1
Distribution: Contract Managemen DPODS - DCF (4) Home Office: UCP Of Miami	nt			
Distribution: Contract Managemen DPODS - DCF (4) Home Office:	nt			

STHE STAR	Florida Agency For			028048801 - 2021/07 RI:425.29 / NM:607.86
	Office of Medicaid Cost Re		-	RI:423.29 / NWI:007.80
E Carlos A		an Drive - Mail Stop		
GOD WE TRUST	Tallana	assee, Florida 3230	8	
MCP Sunset			Provider Nun	nber: 028048801
7100 S.W. 122nd.	Avenue		Γ	Date: 7/9/2021
Miami, FL 33183			I	FYE: <u>6/30/2020</u>
			Audit St	atus: Unaudited Costs
Provider Type: ICF/III	D			
		Current	New	
Level of Care		Rate	Rate	
#7 Institutio		413.20	425.2	
#8 Non-An	hbulatory & #9 Medical	632.67	607.8	6 7/1/2021
Rate Type:				
Interim	I	X	Prospective	
	Total Interim		X Total F	Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Distribution:				
Contract Management	ł		W.Rydell Samue	at
DPODS - DCF (4)			-	(
Home Office:			Medicaid Cost R	eimbursement Analysis
UCP Of Miami				
1411 NW 14th Ave				
Miami, FL 33125				
		_	For Inform	ation only - No Change in rate

Florida Agency For I	Health Care Ad	ministration	028049601 - 2021/07
Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:391.51 / NM:519.94
2727 Maha	an Drive - Mail Stor	0 23	
Tallaha	ssee, Florida 3230	8	
Dorchester Cluster (Sunrise)		Provider Num	ber: 028049601
3201 Ginger Drive		D	ate: 7/9/2021
Tallahassee, FL 32308		F	YE: 6/30/2019
		Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID			
	Current	New	Effective
evel of Care	Rate	Rate	Date
#7 Institutional	411.98		
#8 Non-Ambulatory & #9 Medical	546.45	519.94	7/1/2021
Rate Type:			
Interim	х	Prospective	
Total Interim		-	rospective
Interim Component		Prospe	ctive Adjusted for New Cost
Settlement Based on C	Costs		
Comments:			
Distribution:			P
Contract Management		W.Rydell Samuel	a
PPODS - DCF (4)			(
lome Office:		wedicald Cost Re	eimbursement Analysis
Sunrise Community, Inc.			
040 Sunset DriveSuite 70-A			
040 Sunset DriveSuite 70-A /iami, FL 33170			

OF THE STATE	Florida Agency For H	Health Care Ac	Iministration	028059300 - 2021/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:274.85 / NM:0.00
E A E	2727 Maha	an Drive - Mail Sto	p 23	
A COD WE TRUST	Tallahas	ssee, Florida 3230	8	
146th Place Grp I	Home #10		Provider Num	ber: 028059300
(Sunrise)			D	Date: 7/9/2021
10521 S.W. 146th	Place		F	YE: 6/30/2020
Miami, FL 33186			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/III	2			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institutio	_	286.75	274.8	
#8 Non-An	nbulatory & #9 Medical _	0.00	0.00	7/1/2021
Rate Type:				
Interim	1	Х	Prospective	
	Total Interim		-	rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:				-7
Contract Management	ł		W.Rydell Samuel	at
DPODS - DCF (4)			-	
Home Office:			Medicaid Cost Re	eimbursement Analysis
Sunrise Community, I	nc.			
9040 Sunset DriveSui				
Miami, FL 33170				
			For Informa	ation only - No Change in rate
		_		-

OF THE STALL	Florida Agency For	Health Care Ad	Iministration	028062300 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:318.41 / NM:377.23
E ALLE	2727 Mah	an Drive - Mail Sto	p 23	
COD WE INUS	Tallaha	ssee, Florida 3230	8	
119th Street Grp I	Home #11		Provider Num	ber: 028062300
(Sunrise)			D	Pate: 7/9/2021
13350 S.W. 119th	Street		F	YE: 6/30/2020
Miami, FL 33186			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IIE)			
Level of Care		Current Rate	New Rate	Effective Date
#7 Institutio	onal .	330.66		
	bulatory & #9 Medical	391.99		
Rate Type:				
Interim		х	Prospective	
	Total Interim		-	rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Distribution:				R
Contract Management			W.Rydell Samuel	PU
DPODS - DCF (4)			Medicaid Cost Re	eimbursement Analysis
Home Office:				-
Sunrise Community, Ir	NC.			
9040 Sunset DriveSuit	te 70-A			
Miami, FL 33170	_			
			For Informa	ation only - No Change in rate

OF THE STATE	Florida Agency For I	Health Care Ad	ministration	028065800 - 2021/07
	Office of Medicaid Cost Re			RI:296.72 / NM:0.00
	2727 Maha	an Drive - Mail Sto	o 23	
A GOD WE TRUST	Tallaha	ssee, Florida 3230	8	
22nd Street Grp	Home #6		Provider Num	nber: 028065800
(Sunrise)			C	Date: 7/9/2021
144 N.W. 22nd Street		F	FYE: 6/30/2020	
Homestead, FL 3	33030		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/I	ID			
		Current	New	Effective
Level of Care #7 Institut	tional -	Rate	Rate	
#7 Institut #8 Non-A	mbulatory & #9 Medical	314.77		
#o NUII-A	moulalory & #9 MeulCal -	0.00	0.00	7/1/2021
Rate Type:				
Interir	m	Х	Prospective	
	Total Interim		-	Prospective
	Interim Component			ective Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Comments.				
Distribution:				P
Contract Managemer	nt		W.Rydell Samue	a
DPODS - DCF (4)				
Home Office:			iviedicald Cost R	eimbursement Analysis
Sunrise Community,	Inc.			
9040 Sunset DriveSu				
Miami, FL 33170				
			For Informa	ation only - No Change in rate
		_		

	Florida Agency For	Health Care Ad	ministration	028427100 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:265.87 / NM:340.96
Ë	2727 Mah	nan Drive - Mail Sto	o 23	
The COD WE TRUST	Tallaha	assee, Florida 3230	8	
Fern Park Develo	pmental		Provider Num	ber: 028427100
Center			C	Date: 7/9/2021
230 Fern Park Bou	ulevard		F	YE: 2/29/2020
Fern Park, FL 327	730		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/II	D			
		Current	New	Effective
Level of Care		Rate	Rate	
#7 Institutio		277.54	265.8	
#6 NOII-AII	nbulatory & #9 Medical	358.33	340.90	6 7/1/2021
Rate Type:				
Interim	1	Х	Prospective	
	Total Interim		X Total F	rospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on 0	Costs		
Comments:				Ŧ
			W.Rydell Samue	T
Distribution:			-	I TA eimbursement Analysis
<u>Distribution:</u> Contract Management	t		-	(
<u>Distribution:</u> Contract Management DPODS - DCF (4)	t		-	(
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:			-	(
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office: DDMS 5050 Poplar Avenue S			-	(

OF THE STATE	Florida Agency For H	lealth Care Ad	ministration	028500500 - 2021/07
	Office of Medicaid Cost Re	imbursement Planı	ning and Finance	RI:318.92 / NM:0.00
E A C	2727 Maha	an Drive - Mail Stop	23	
A COD WE TRUST	Tallaha	ssee, Florida 3230	3	
Naranja Group H	ome		Provider Num	ber: 028500500
(Sunrise)			C	Date: 7/9/2021
15190 S.W. 272nd Street		F	YE: 6/30/2020	
Naranja, FL 3303	2		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/III	2			
Level of Care		Current Rate	New Rate	Effective
#7 Institutio	-			
	_	280.98		
#6 NOII-AII	nbulatory & #9 Medical _	0.00	0.00	7/1/2021
Rate Type:				
X Interim	Total Interim		Prospective	Prospective
—X				ective Adjusted for New Cost
	Settlement Based on C	osts	FT05pe	clive Adjusted for New Cost
Comments:				
Distribution:				TR
	t		W.Rydell Samue	PU .
Contract Managemen				
_			Medicaid Cost R	eimbursement Analysis
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis
DPODS - DCF (4) Home Office:	٦С.		Medicaid Cost R	eimbursement Analysis
DPODS - DCF (4) Home Office: Sunrise Community, I			Medicaid Cost R	eimbursement Analysis
Contract Managemen DPODS - DCF (4) Home Office: Sunrise Community, In 9040 Sunset DriveSui Miami, FL 33170			Medicaid Cost R	eimbursement Analysis

OF THE STATE	Florida Agency For	Health Care Ad	ministration	028505600 - 2021/07
	Office of Medicaid Cost Re			RI:335.51 / NM:512.34
	2727 Mah	an Drive - Mail Stop	23	
COD WE THIS	Tallaha	assee, Florida 32308	3	
PARC Cottage			Provider Num	ber: 028505600
3101 76th Way No	rth		D	ate: 7/9/2021
St. Petersburg, FL			F	YE: 9/30/2020
	00110		Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID)			
_evel of Care		Current Rate	New Rate	Effective Date
#7 Institutio	nal	342.23		7/1/2021
#8 Non-Am	bulatory & #9 Medical	524.07	512.34	¥ 7/1/2021
Comments:	Total Interim Interim Component Settlement Based on C	Costs		rospective ctive Adjusted for New Cost
Distribution:				

For Information only - No Change in rate

Florida Agency Fo	r Health Care Adm	inistration	028512900 - 2021/07
Office of Medicaid Cost I			RI:270.96 / NM:0.00
2727 Ma	ahan Drive - Mail Stop 2	23	
Talla	hassee, Florida 32308		
MACtown, Inc.		Provider Num	ber: 028512900
151 NE 62nd Street		D	ate: 7/9/2021
Miami, FL 33138		F	YE: 9/30/2016
		Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID			
	Current	New	Effective
Level of Care	Rate	Rate	Date
#7 Institutional	284.36	270.96	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type:	X D		
Interim	<u> </u>	rospective	roonaatiiya
Total Interim	_		rospective
Interim Component Settlement Based on	–		ctive Adjusted for New Cost
Comments:			
L			
Distribution			
Distribution:			TR
Contract Management		W.Rydell Samuel	T
Contract Management DPODS - DCF (4)		-	imbursement Analysis
Contract Management		-	imbursement Analysis
Contract Management DPODS - DCF (4)		-	imbursement Analysis
Contract Management DPODS - DCF (4)		-	imbursement Analysis
Contract Management DPODS - DCF (4)		Medicaid Cost Re	imbursement Analysis

OF THE STUD	Florida Agency For I	Health Care A	dministration	02851	3700 - 2021/07
	Office of Medicaid Cost Re				.05 / NM:363.01
		an Drive - Mail Sto		L	
COD WE TRUST		ssee, Florida 323			
New Horizons of	NW Florida,		Provider Num	ber: 0288	513700
Inc.			D	ate: 7/9/2	2021
10050 Hillview Ro	bad		F	YE: 9/30	/2019
Pensacola, FL 32	2514		Audit Sta	atus: Una	udited Costs
Provider Type: ICF/I	ID				
Level of Care		Current Rate	New Rate		Effective Date
#7 Institut	ional	314.79	301.05	5	7/1/2021
#8 Non-A	mbulatory & #9 Medical	384.45	363.01	I	7/1/2021
Rate Type:		X			
Interir	n Total Interim	X	Prospective X Total P	rospective	
	Interim Component				ted for New Cost
	Settlement Based on C	osts			
Comments:					
Distribution:				IK	
Contract Managemer	nt		W.Rydell Samuel	PU	
DPODS - DCF (4)			Medicaid Cost Re	eimburseme	ent Analysis
Home Office:					

For Information only - No Change in rate

	Florida Agency For I	Health Care Ad	ministration	028519600 - 2021/07
	Office of Medicaid Cost Re			RI:352.49 / NM:0.00
E A CARACTER	2727 Maha	an Drive - Mail Stop	23	
COD WE TRUST	Tallaha	ssee, Florida 3230	3	
BARC Housing,	Inc.		Provider Num	ber: 028519600
10250 N.W. 53rd			D	ate: 7/9/2021
Sunrise, FL 3335			F	YE: 9/30/2020
00000			Audit Sta	tus: Unaudited Costs
Provider Type: ICF/I	ID			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institut	-	372.30	352.49	
#8 Non-A	mbulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type:				
Interin		X	Prospective	
	Total Interim			ospective
	Interim Component		Prospec	ctive Adjusted for New Cost
	Settlement Based on C	'octo		
		0515		
Comments:				R
			W.Rydell Samuel	Ŧ
Distribution:			W.Rydell Samuel	The induces
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)			-	The second secon
<u>Distribution:</u> Contract Managemei			-	The second secon
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)			-	The second secon
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)			-	The second secon

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308 Ann Storck Center, Inc. 1790 S.W. 43rd Way Ft. Lauderdale, FL 33317 Provider Number: 028521800 Date: 1790 S.W. 43rd Way Ft. Lauderdale, FL 33317 Provider Number: Provider Type: 0/19/2020 #7 Institutional 318.00 #7 Institutional 318.00 #8 Non-Ambulatory & #9 Medical 411.67 #8 Non-Ambulatory & #9 Medical 411.67 Rate Prospective X Total Interim X Prospective Y Interim Component Prospective Settlement Based on Costs Prospective Adjusted for New Cost Comments: V.Rydell Samuel Distribution: W.Rydell Samuel Contract Management W.Rydell Samuel DPODS - DCF (4) Hedicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis	SOF THE STATE	Florida Agency For	Health Care Ad	ministration	028521800 - 2021/07
Tallahassee, Florida 32308 Ann Storck Center, Inc. 1790 S.W. 43rd Way Provider Number: 028521800 Ft. Lauderdale, FL 33317 Date: 7/1/2021 Frovider Type: Interim Interim Effective #7 Institutional 318.00 301.92 7/1/2021 #8 Non-Ambulatory & #9 Medical 411.67 392.18 7/1/2021 Rate Type: Interim X Prospective 7/1/2021 Rate Type: Interim X Prospective 7/1/2021 Rate Type: Interim X Prospective Total Prospective Interim Settlement Based on Costs Prospective Against of the cost of		Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:301.92 / NM:392.18
Ann Storck Center, Inc. 1790 S.W. 43rd Way Ft. Lauderdale, FL 33317 Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Ann Storck Center Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Ann Storck Center Ann S	E A A A A A A A A A A A A A A A A A A A	2727 Mah	an Drive - Mail Sto	o 23	
Ann Stock Center Jate: 7/9/2021 1790 S.W. 43rd Way Date: 7/9/2021 Ft. Lauderdale, FL 33317 FYE: 9/30/2020 Audit Status: Unaudited Costs Provider Type: Current #7 Institutional 318.00 #8 Non-Ambulatory & #9 Medical 411.67 392.18 7/1/2021 Rate Date: 7/9/2024 #8 Non-Ambulatory & #9 Medical 411.67 392.18 7/1/2021 Rate Type:	The cop we TRUST	Tallaha	issee, Florida 3230	8	
1790 S.W. 43rd Way Date: 7/9/2021 Ft. Lauderdale, FL 33317 FYE: 9/30/2020 Provider Type: Interim Rate Rate Date #7 Institutional 318.00 301.92 7/1/2021 #8 Non-Ambulatory & #9 Medical 411.67 392.18 7/1/2021 Rate Type: Interim X Prospective	Ann Storck Cente	r. Inc.		Provider Num	nber: 028521800
Ft. Lauderdale, FL 33317 FYE: 9/30/2020 Provider Type: ICF/IID Audit Status: Unaudited Costs #7 Institutional 318.00 301.92 7/1/2021 #8 Non-Ambulatory & #9 Medical 411.67 392.18 7/1/2021 Rate Type: Interim X Prospective 7/1/2021 Interim Component Settlement Based on Costs Prospective X Total Prospective Comments: V.Rydell Samuel W.Rydell Samuel Medicaid Cost Reimbursement Analysis Distribution: Contract Management W.Rydell Samuel Medicaid Cost Reimbursement Analysis Prospective: Analysis Y.Rydell Samuel Medicaid Cost Reimbursement Analysis				Γ	Date: 7/9/2021
Audit Status: Unaudited Costs Provider Type: ICF/IID Level of Care Rate Rate Date #7 Institutional 318.00 301.92 7/1/2021 #8 Non-Ambulatory & #9 Medical 411.67 392.18 7/1/2021 Rate Type:				F	FYE: 9/30/2020
Level of Care Rate New Rate Effective Date #7 Institutional 318.00 301.92 7/1/2021 #8 Non-Ambulatory & #9 Medical 411.67 392.18 7/1/2021 Rate Type: Interim X Prospective 7/1/2021 Interim X Prospective X Total Prospective Interim Component Prospective Y Y New Cost Settlement Based on Costs Prospective Adjusted for New Cost Y Comments: V.Rydell Samuel Y Y Distribution: W.Rydell Samuel Y Medicaid Cost Reimbursement Analysis DPODS - DCF (4) Home Office: Ann Storck Center Medicaid Cost Reimbursement Analysis T1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Y Y Y		00011		Audit Sta	atus: Unaudited Costs
Level of Care Rate Rate Date #7 Institutional 318.00 301.92 7/1/2021 #8 Non-Ambulatory & #9 Medical 411.67 392.18 7/1/2021 Rate Type:	Provider Type: ICF/IID				
#7 Institutional 318.00 301.92 7/1/2021 #8 Non-Ambulatory & #9 Medical 411.67 392.18 7/1/2021 Rate Type:			Current	New	Effective
#8 Non-Ambulatory & #9 Medical 411.67 392.18 7/1/2021 Rate Type: Interim X Prospective	Level of Care	<u>.</u>	Rate	Rate	Date
Rate Type: Interim X Prospective	#7 Institutio	nal -	318.00		2 7/1/2021
Total Interim X Total Prospective Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: Comments: V.Rydell Samuel Distribution: W.Rydell Samuel Contract Management Medicaid Cost Reimbursement Analysis DPODS - DCF (4) Home Office: Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 External	#8 Non-Aml	bulatory & #9 Medical	411.67	392.1	8 7/1/2021
Interim X Prospective					
Total Interim X Total Prospective Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: Comments: W.Rydell Samuel Distribution: W.Rydell Samuel Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317	Rate Type:				
Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: Comments: W.Rydell Samuel Distribution: W.Rydell Samuel Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317	Interim		Х	Prospective	
Settlement Based on Costs Comments: Distribution: Contract Management DPODS - DCF (4) Home Office: Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317		Total Interim		X Total F	Prospective
Distribution: Contract Management DPODS - DCF (4) Home Office: Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317		Interim Component		Prospe	ective Adjusted for New Cost
Distribution: Contract Management DPODS - DCF (4) Home Office: Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317		Settlement Based on C	Costs		
Distribution: Contract Management DPODS - DCF (4) Home Office: Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317	Comments:				
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Het and the store of the store					
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Het and the store of the store					
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Het and the store of the store					
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Het and the store of the store					
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Het and the store of the store					
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Het and the store of the store					
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Het and the store of the store					
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Het and the store of the store					
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317 Het and the store of the store	Distribution:				P
DPODS - DCF (4) Home Office: Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317				W Rydell Samue	a
Home Office: Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317	-				(
Ann Storck Center 1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317				Medicaid Cost R	eimbursement Analysis
1790 S.W. 43RD WAY Ft. Lauderdale, FL 33317					
Ft. Lauderdale, FL 33317					
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					otion only. No Observation of the

of THE STATE F	Iorida Agency For H	Health Care Ad	ninistration	028531500 - 2021/07
	fice of Medicaid Cost Re			RI:398.73 / NM:477.63
	2727 Maha	an Drive - Mail Stop	23	
	Tallaha	ssee, Florida 32308	3	
OD WE IN			Provider Num	ber: 028531500
Woodhouse, Inc				Date: 7/9/2021
1001 N.E. 3rd Avenue				FYE: 6/30/2020
Pompano Beach, FL	33060			atus: Unaudited Costs
			Addit Sta	
Provider Type: ICF/IID		Our	News	
Level of Care		Current Rate	New Rate	Effective Date
#7 Institutional	-	386.58		3 7/1/2021
#8 Non-Ambula	 atory & #9 Medical	484.24	477.6	
	-			
Rate Type:				
Interim		X	Prospective	
	Total Interim		X Total F	rospective
	Interim Component		Prospe	ective Adjusted for New Cost
	_Settlement Based on C	osts		
Comments:				
Distribution:				P
Contract Management			W.Rydell Samue	at the second se
DPODS - DCF (4)				(
Home Office:			Medicaid Cost R	eimbursement Analysis
,			<i>.</i>	ation only - No Change in rate

	Florida Agency For Office of Medicaid Cost Re			028533100 - 2021/07 RI:362.13 / NM:467.90
		an Drive - Mail Stor	-	
		assee, Florida 3230		
OD WE THE		·		nber: 028533100
Cape Coral Clust				Date: 7/9/2021
2821 Pine Island I				-YE: 6/30/2020
Cape Coral, FL 3	3991			atus: Unaudited Costs
Provider Type: ICF/II	ID			
	-	Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Instituti	ional	386.02	362.1	3 7/1/2021
#8 Non-Ar	mbulatory & #9 Medical	496.46	467.9	0 7/1/2021
Rate Type:				
Interin		X	Prospective	
	Total Interim			Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	Josts		
Commercia				
Comments:				
Distribution:	nt		W Rydell Samue	Ŧ
<u>Distribution:</u> Contract Managemen	nt		W.Rydell Samue	(
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)	nt		-	eimbursement Analysis
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office:			-	(
Distribution: Contract Managemen DPODS - DCF (4) Home Office: Sunrise Community, I 9040 Sunset DriveSui	Inc.		-	
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office: Sunrise Community, I	Inc.		-	(

SOF THE STATE	Florida Agency For I	Health Care Ad	ministration	028536600 - 2021/07
	Office of Medicaid Cost Re	imbursement Planr	ing and Finance	RI:243.22 / NM:274.59
E MESSAE	2727 Maha	an Drive - Mail Stop	23	
· IN GOOD WE TRUS	Tallaha	ssee, Florida 32308	3	
Squire Court Com	munity		Provider Num	ber: 028536600
Home (Res-Care)			C	ate: 7/9/2021
95 Squire Court			F	YE: 6/30/2019
Dunedin, FL 34698			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institution	_	255.23	243.22	
#8 Non-Amb	oulatory & #9 Medical	288.07	274.59	7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:				Ŧ
			W.Rydell Samue	T
Contract Management				i Totaliya eimbursement Analysis
Contract Management DPODS - DCF (4)				(
Contract Management DPODS - DCF (4) Home Office:				(
Distribution: Contract Management DPODS - DCF (4) Home Office: Res-Care, Inc. 10140 Linn Station Roa				(
Contract Management DPODS - DCF (4) Home Office: Res-Care, Inc.				(

OF THE STATE	Florida Agency For	Health Care Ac	Iministration	028537400 - 2021/07
	Office of Medicaid Cost R	eimbursement Plan	ning and Finance	RI:255.86 / NM:0.00
E ALLE	2727 Mat	nan Drive - Mail Sto	p 23	
A GOD WE TRUST	Tallaha	assee, Florida 3230	08	
Bayview Commun	ity Home		Provider Num	nber: 028537400
(Res-Care)			C	Date: 7/9/2021
3438 S.R. 580			F	FYE: 6/30/2019
Safety Harbor, FL 🕄	34695		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
_evel of Care		Rate	Rate	Date
#7 Institutior		268.45	255.80	
#8 Non-Amb	oulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type:		X	Dragageting	
Interim	Total Interim	X	Prospective	Progranting
	Total Interim			Prospective Active Adjusted for New Cost
	Interim Component Settlement Based on (Costs	PI0Spe	clive Adjusted for New Cost
Comments:				
Distribution:				IR
Contract Management			W.Rydell Samue	A A
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis
Home Office:				· · · · · · · · · · · · · · · · · · ·
Res-Care, Inc.				
10140 Linn Station Roa	d			
Louisville, KY 40223				
			For Inform	ation only - No Change in rate

	Florida Agency For I	Health Care Ad	ministration	028539100 - 2021/07
	Office of Medicaid Cost Re			RI:399.87 / NM:492.51
	2727 Maha	an Drive - Mail Stor	0 23	
GOO WE THIST	Tallaha	ssee, Florida 3230	8	
Hendricks			Provider Num	ber: 028539100
95146 Hendricks Rd	Blda D		D	ate: 7/9/2021
Fernandina Beach, F	-		F	YE: 5/31/2020
1474	2 02004		Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institutiona	-	422.25		
#8 Non-Ambi	ulatory & #9 Medical	518.42	492.51	7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
				TR
Distribution:			W.Rydell Samuel	Ŧ
<u>Distribution:</u> Contract Management				(
Distribution: Contract Management DPODS - DCF (4)				Pimbursement Analysis
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:	, LLC			(
Distribution: Contract Management DPODS - DCF (4) Home Office: Care Centers of Nassau, 95146 Hendricks Road	, LLC			(
Distribution: Contract Management DPODS - DCF (4) Home Office: Care Centers of Nassau				(

Florida /	Agency For I	Health Care Ad	ministration	028541200 - 2021/07
Office of M	ledicaid Cost Re	imbursement Plan	ning and Finance	RI:245.23 / NM:277.55
	2727 Maha	an Drive - Mail Stop	0 23	
N COD WE TRUST	Tallaha	ssee, Florida 3230	8	
Twin Lane Community Hon	ne		Provider Num	ber: 028541200
(Res-Care)			D	ate: 7/9/2021
2281 Twin Lane Drive			F	YE: 6/30/2019
Dundedun, FL 34698			Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID				
Level of Care		Current Rate	New Rate	Effective Date
#7 Institutional	-	257.51	245.23	
#8 Non-Ambulatory & #	- #9 Medical	291.35	277.5	
Rate Type:				
Interim		X	Prospective	
Total Ir				rospective
	Component nent Based on C	`octo	Prospe	ctive Adjusted for New Cost
Commenter				
Comments:				
				TR
Distribution:			W.Rydell Samue	Ŧ
Distribution: Contract Management				1
<u>Distribution:</u> Contract Management DPODS - DCF (4)				Pimbursement Analysis
Distribution: Contract Management DPODS - DCF (4) Home Office: Res-Care, Inc.				1

Louisville, KY 40223

For Information only - No Change in rate

OF THE STATE	Florida Agency For H	Health Care Ad	ministration	028547100 - 2021/07
	Office of Medicaid Cost Re			RI:275.16 / NM:0.00
E CALLER S	2727 Maha	an Drive - Mail Sto	o 23	
COD WE THIST	Tallaha	ssee, Florida 3230	8	
62nd Place Grp	Home #17		Provider Num	ber: 028547100
(Sunrise)			C	Date: 7/9/2021
19963 N.W. 62nd	l Place		F	FYE: 6/30/2020
Miami Lakes, FL	33015		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/I	ID			
		Current	New	Effective
Level of Care	-	Rate	Rate	
#7 Institut	_	286.74	275.10	
#8 NON-A	mbulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type:				
Interi	m	х	Prospective	
	Total Interim		- X Total P	Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:				R
Contract Manageme	nt		W.Rydell Samue	I PO
DPODS - DCF (4)				eimbursement Analysis
Home Office:				ombursoment Analysis
Sunrise Community,	Inc.			
9040 Sunset DriveSu	uite 70-A			
Miami, FL 33170				
			For Informa	ation only - No Change in rate

	Florida Agency For			028548000 - 2021/07
	Office of Medicaid Cost Re		-	RI:295.16 / NM:353.92
E		an Drive - Mail Stop		
The COD WE TRUST	Tallaha	assee, Florida 3230	8	
138th Court Grp H	lome #16		Provider Num	nber: 028548000
(Sunrise)			Γ	Date: 7/9/2021
3210 S.W. 138th C	ourt		ł	FYE: 6/30/2020
Miami, FL 33175			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID)			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institutio	-	311.20	295.1	
#8 Non-Am	bulatory & #9 Medical	372.46	353.9	2 7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim		X Total F	Prospective
	Interim Component		Prospe	ective Adjusted for New Cost
	Settlement Based on C	Costs		
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Comments:				
Comments:				
Comments:				
Comments:				
Distribution:				TR
Distribution:			W.Rvdell Samue	Ŧ
<u>Distribution:</u> Contract Management			W.Rydell Samue	(
<u>Distribution:</u> Contract Management DPODS - DCF (4)			-	I To a construction of the second sec
Distribution: Contract Management DPODS - DCF (4) Home Office:			-	1
	IC.		-	(
Distribution: Contract Management DPODS - DCF (4) Home Office: Sunrise Community, In	IC.		-	(

SOF THE STALL	Florida Agency For	Health Care Ad	ministration	028552800 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:247.17 / NM:293.09
E CALLER	2727 Mah	an Drive - Mail Sto	o 23	
COD WE TRUST	Tallaha	issee, Florida 3230	8	
26th Terrace Grp	Home #12		Provider Num	ber: 028552800
(Sunrise)			D	ate: 7/9/2021
1219 26th Terrace			F	YE: 6/30/2020
Cape Coral, FL 33	904		Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID)			
		Current	New	Effective
Level of Care		Rate	Rate	
#7 Institutio		264.79	247.17	
#6 NON-AIII	bulatory & #9 Medical	312.36	293.09	7/1/2021
Γ				
Rate Type:		X	Dreamanting	
	Total Interim	X	Prospective X Total Pr	rospective
	Interim Component			ctive Adjusted for New Cost
	Settlement Based on C	Costs	1103pe	clive Adjusted for New Cost
Comments:				
L				
Distribution:				
Contract Management				1 A
DPODS - DCF (4)			W.Rydell Samuel	(
Home Office:			Medicaid Cost Re	eimbursement Analysis
Sunrise Community, In	ſ			
9040 Sunset DriveSuit				
Miami, FL 33170				
			For Informa	ition only - No Change in rate

OF THE STATE	Florida Agency For H	lealth Care Ac	Iministration	028553600 - 2021/07	
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:281.48 / NM:0.00	
E A E	2727 Maha	an Drive - Mail Sto	p 23		
· IN GOO WE TRUST	Tallahas	ssee, Florida 3230	8		
Country Meadow	vs Grp Home		Provider Num	ber: 028553600	
#13 (Sunrise)	•		Date: 7/9/2021		
1950 Country Mea	adows Circle		FYE: 6/30/2020		
Sarasota, FL 34235			Audit Sta	tus: Unaudited Costs	
Provider Type: ICF/II	D				
Level of Care		Current Rate	New Rate	Effective Date	
#7 Instituti	ional –	293.20		3 7/1/2021	
#8 Non-Ar		0.00	0.00	7/1/2021	
Rate Type:					
Interin		X	Prospective		
	Total Interim			rospective	
	Interim Component		Prospe	ctive Adjusted for New Cost	
	Settlement Based on C	osts			
Comments:					
Distribution:				TR	
Contract Managemen	t		W.Rydell Samuel	PU	
DPODS - DCF (4)			Medicaid Cost Re	eimbursement Analysis	
Home Office:				,	
Sunrise Community, I	nc.				
9040 Sunset DriveSu	ite 70-A				
Miami, FL 33170					
			For Informa	tion only - No Change in rate	

	Florida Agency For H	Health Care Ad	ministration	028557900 - 2021/07
	Office of Medicaid Cost Re			RI:256.19 / NM:0.00
	2727 Maha	an Drive - Mail Stop	23	
The COD WE TRUST	Tallahas	ssee, Florida 3230	3	
148th Court Grp I	Home #20		Provider Num	ber: 028557900
(Sunrise)			D	ate: 7/9/2021
5436 S.W. 148th C	Court		F	YE: 6/30/2020
Miami, FL 33185			Audit Sta	tus: Unaudited Costs
Provider Type: ICF/III	D			
		Current	New	Effective
Level of Care	-	Rate	Rate	
#7 Institutio	_	266.09	256.19	
#8 NON-AN	nbulatory & #9 Medical _	0.00	0.00	7/1/2021
Rate Type:				
Interim	1	Х	Prospective	
	Total Interim		X Total P	rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	osts		
Comments:			· · · · · · · · · · · · · · · · · · ·	
Distribution:				TR
<u>Distribution:</u> Contract Managemen	t		W.Rydell Samuel	T
Contract Managemen	t			(
	t			eimbursement Analysis
Contract Managemen DPODS - DCF (4)				(
Contract Managemen DPODS - DCF (4) Home Office:	nc.			(
Contract Managemen DPODS - DCF (4) Home Office: Sunrise Community, II	nc.			

OF THE STALL	Florida Agency For	Health Care Ad	ministration	028558700 - 2021/07
	Office of Medicaid Cost Re	eimbursement Planı	ning and Finance	RI:285.09 / NM:0.00
E A C C E	2727 Mah	an Drive - Mail Stop	23	
A COD WE TRUST	Tallaha	ssee, Florida 3230	3	
Sunrise Oakmont			Provider Numl	ber: 028558700
19420 W. Oakmont	Drive		D	ate: 7/9/2021
Miami Lakes, FL 3			F	YE: 6/30/2020
			Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID				
Level of Care		Current	New	Effective
#7 Institution	-	Rate	Rate	
	-	298.16	285.09	
#8 NON-AM	oulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type: Interim		х	Prospective	
	Total Interim			ospective
	Interim Component			ctive Adjusted for New Cost
	Settlement Based on C	Costs	1105pet	Silve Adjusted for New Cost
Comments:				
Distribution:				TR
Contract Management			W.Rydell Samuel	R
DPODS - DCF (4)			Medicaid Cost Re	imbursement Analysis
Home Office:				,
Sunrise Community, Inc	C			
9040 Sunset DriveSuite	e 70-A			
Miami, FL 33170				
			For Informa	tion only - No Change in rate

OF	Florida Agency For H	lealth Care Ad	ministration	028559500 - 2021/07
	Office of Medicaid Cost Rei			RI:331.10 / NM:0.00
E CARLER E	2727 Maha	an Drive - Mail Stop	o 23	
COD WE TRUST	Tallahas	ssee, Florida 3230	8	
53rd Court Grp H	ome #9		Provider Num	ber: 028559500
(Sunrise)			C	Date: 7/9/2021
10228 S.W. 53rd (Court		F	YE: 6/30/2020
Cooper City, FL 3	3328		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/III	C			
Level of Care		Current Rate	New	Effective Date
Level of Care #7 Institutio			Rate	
	nbulatory & #9 Medical	<u>348.21</u> 0.00) 7/1/2021 7/1/2021
		0.00	0.00	
Rate Type:				
Interim	1	Х	Prospective	
	Total Interim		-	rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on Co	osts		
Comments:				
Distribution:				TR
	t		W.Rydell Samue	
Contract Management	L		Thirty aon Oannao	191
Contract Management DPODS - DCF (4)	L .			
_	L			eimbursement Analysis
DPODS - DCF (4)				
DPODS - DCF (4) Home Office:	nc.			
DPODS - DCF (4) Home Office: Sunrise Community, Ir	nc.			

OF THE STATE	Florida Agency For I	Health Care Ad	ministration	028560900 - 2021/07
	Office of Medicaid Cost Re			RI:295.59 / NM:0.00
E M E	2727 Maha	an Drive - Mail Sto	o 23	
COD WE TRUST	Tallaha	ssee, Florida 3230	8	
55th Court Grp H	ome #15		Provider Num	ber: 028560900
(Sunrise)			C	Date: 7/9/2021
8430 S.W. 55th C	ourt		F	YE: 6/30/2020
Davie, FL 33320			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/II	D			
		Current	New	Effective
Level of Care	-	Rate	Rate	
#7 Instituti	-	310.17		
#6 NOII-AI	nbulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type: Interim	1	Х	Prospective	
	Total Interim		-	Prospective
	Interim Component			ective Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Distribution:				P
Contract Managemen	t		W.Rydell Samue	a
DPODS - DCF (4)			-	(
Home Office:			iviedicald Cost R	eimbursement Analysis
Sunrise Community, I	nc.			
9040 Sunset DriveSui				
Miami, FL 33170				
			For Informa	ation only - No Change in rate

OF THE STAT	Florida Agency For I	Health Care Ac	ministration	028561700 - 2021/07
	Office of Medicaid Cost Re			RI:323.21 / NM:0.00
E Constant of the second s	2727 Maha	an Drive - Mail Sto	o 23	
· A COD WE TRUST	Tallaha	ssee, Florida 3230	8	
Wentworth Drive C	Grp Home		Provider Num	nber: 028561700
#18 (Sunrise)			C	Date: 7/9/2021
18711 Wentworth E	Drive		F	FYE: 6/30/2020
Miami Lakes, FL 3	3015		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institution	-	339.47		
#8 Non-Amb	oulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type:				
Interim	-	X	Prospective	
	Total Interim			Prospective
	Interim Component Settlement Based on C	`aata	Prospe	ective Adjusted for New Cost
		0815	-	
Comments:				
Distribution:				TR
Contract Management			W.Rydell Samue	a KI
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis
Home Office:				
Sunrise Community, Ind	С.			
9040 Sunset DriveSuite	e 70-A			
Miami, FL 33170				
			For Inform	ation only - No Change in rate

A A A A A A A A A A A A A A A A A A A	Florida Agency For I	Health Care Ad	ministration	028565000 - 2021/07
	Office of Medicaid Cost Re	imbursement Plani	ning and Finance	RI:355.97 / NM:440.45
Ë	2727 Maha	an Drive - Mail Stop	0 23	
COD WE TRUST	Tallaha	issee, Florida 3230	8	
Lakeview Court			Provider Num	nber: 028565000
920 W. Kennedy B	Slvd		C	Date: 7/9/2021
Orlando, FL 3281			F	FYE: 11/30/2020
	•		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/II	D			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institutio	-	376.14	355.9	
#8 Non-Arr	nbulatory & #9 Medical	462.54	440.4	5 7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			Prospective
	Interim Component Settlement Based on C	`ooto		ective Adjusted for New Cost
		-0515		
Comments:				
Distribution:				Ŧ
Contract Management	t		W.Rydell Samue	# TH
Contract Management DPODS - DCF (4)	t			eimbursement Analysis
Contract Management DPODS - DCF (4)	t			/•
Contract Management DPODS - DCF (4) Home Office: DSI	t			(
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office: DSI P.O. BOX 2064				(
Contract Management DPODS - DCF (4) Home Office: DSI				(

	Florida Agency For I	Health Care Ad	Iministration	028566800 - 2021/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:346.75 / NM:408.96
E E	2727 Maha	an Drive - Mail Sto	p 23	
COD WE TRUST	Tallaha	ssee, Florida 3230	8	
Washington Squa	are		Provider Num	ber: 028566800
1401 North U.S. H			C	ate: 7/9/2021
Titusville, FL 3279	0 ,		F	YE: 11/30/2020
			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/III	D			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institutional		360.40		
#8 Non-An	nbulatory & #9 Medical	431.11	408.90	6 7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim			rospective
	Interim Component	a a ta	Prospe	ctive Adjusted for New Cost
	Settlement Based on C	OSIS		
Comments:				
Distribution:				TR
	t		W.Rydell Samue	Ŧ
Contract Management				1
Contract Management DPODS - DCF (4)	t			eimbursement Analysis
Contract Management DPODS - DCF (4) Home Office:	t			(
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office: DSI P.O. BOX 2064	t			(
Contract Management DPODS - DCF (4) Home Office: DSI				(

STOR THE STAR	Florida Agency For I			028567600 - 2021/07
	Office of Medicaid Cost Re		-	RI:342.48 / NM:415.15
B. C.		an Drive - Mail Sto		
GOD WE TRUST	lallaha	issee, Florida 3230	18	
Howell Branch Co	ourt			nber: 028567600
3664 Howell Branc	h Road			Date: 7/9/2021
Winter Park, FL 32	2792			FYE: <u>11/30/2020</u>
			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IIC)			
Level of Care		Current Rate	New Rate	Effective Date
	nal -	355.48		
#7 Institutional#8 Non-Ambulatory & #9 Medical		431.31		
		431.31	413.13	
Rate Type:		×	Droonostivo	
Interim	Total Interim	X	_Prospective X Total F	Prospective
	Interim Component			ective Adjusted for New Cost
	Settlement Based on C	Costs		Serve Adjusted for New Oost
Comments:				
Distribution:				
Contract Management			W.Rydell Samue	at
DPODS - DCF (4)				/•
Home Office:			Medicaid Cost R	eimbursement Analysis
DSI				
P.O. BOX 2064				
Winter Park, FL 32790)			
	-			
			For Inform	ation only - No Change in rate

N N N N N N N N N N N N N N N N N N N	Florida Agency For	Health Care Adr	ninistration	028568400 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plann	ing and Finance	RI:316.59 / NM:0.00
E A S	2727 Mah	an Drive - Mail Stop	23	
COD WE THUS	Tallaha	assee, Florida 32308	3	
157th Terrace (Su	nrise)		Provider Nun	nber: 028568400
9790 S. W. 157th T	-		Γ	Date: 7/9/2021
Miami, FL 33157			I	FYE: 6/30/2020
,			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID	1			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institution		337.23	316.5	
#8 Non-Aml	bulatory & #9 Medical	0.00	0.00	7/1/2021
Rate Type:				
Interim		X	Prospective	
	Total Interim	-		Prospective
	Interim Component	-	Prospe	ective Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Distribution:				R
			W.Rydell Samue	, F
Contract Management			W.Rydell Samue	(
Contract Management DPODS - DCF (4)				eimbursement Analysis
Contract Management DPODS - DCF (4) Home Office:	с.			(
Distribution: Contract Management DPODS - DCF (4) Home Office: Sunrise Community, Inc 9040 Sunset DriveSuite				(
Contract Management DPODS - DCF (4) Home Office: Sunrise Community, Ind				(

Florida Agency For H	Health Care Ac	Iministration	028569200 - 2021/07
Office of Medicaid Cost Re			RI:246.49 / NM:342.31
2727 Maha	an Drive - Mail Sto	p 23	
Tallaha:	ssee, Florida 3230	8	
145th Street Group Home		Provider Num	ber: 028569200
(Sunrise)		D	ate: 7/9/2021
14935 S.W. 145th Street		F	YE: 6/30/2020
Miami, FI 33196		Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID			
	Current	New	Effective
Level of Care #7 Institutional	Rate	Rate	Date
#7 Institutional #8 Non-Ambulatory & #9 Medical	309.20 359.29		
	309.29		7/1/2021
Rate Type:			
Interim	Х	Prospective	
Total Interim		-	rospective
Interim Component			ctive Adjusted for New Cost
Settlement Based on C	osts		
Comments:			
Distribution:			TR
Contract Management		W.Rydell Samuel	R
DPODS - DCF (4)			eimbursement Analysis
Home Office:			
Sunrise Community, Inc.			
9040 Sunset DriveSuite 70-A			
Miami, FL 33170			
		For Informa	tion only - No Change in rate

9	Florida Agency For I			031256800 - 2021/07
	Office of Medicaid Cost Re		-	RI:381.09 / NM:487.54
B. C. C. S. S.	2727 Maha	an Drive - Mail Sto	op 23	
GOD WE TRUST	Tallaha	ssee, Florida 3230	08	
Avon Park Cluste	er (Mentor)		Provider Numbe	er: 031256800
55 East College D			Dat	e: 7/9/2021
Avon Park, FL 33			FY	E: 9/30/2019
			Audit Statu	s: Unaudited Costs
Provider Type: ICF/II	D			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Instituti	_	371.72		7/1/2021
#8 Non-Ar	mbulatory & #9 Medical	512.38	487.54	7/1/2021
Rate Type:				
Interin		X	Prospective	
	Total Interim		X Total Pros	
	Interim Component		Prospectiv	ve Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:				IR
	t		W.Rydell Samuel	Ø
Contract Managemen			-	
			Medicaid Cost Poim	hursement Analysis
Contract Managemen			Medicaid Cost Reim	bursement Analysis
Contract Managemen DPODS - DCF (4)	thcare, LLC		Medicaid Cost Reim	bursement Analysis
Contract Managemen DPODS - DCF (4) Home Office:			Medicaid Cost Reim	bursement Analysis
Contract Managemen DPODS - DCF (4) Home Office: National Mentor Healt			Medicaid Cost Reim	bursement Analysis

OF THE STATE	Florida Agency For	Health Care A	dministration	031257600 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plar	nning and Finance	RI:455.21 / NM:655.07
E A E	2727 Mah	an Drive - Mail Sto	op 23	
+ A COO WE THIS	Tallaha	assee, Florida 323	08	
Eagle Watch Clust	ter (Mentor)		Provider Num	ber: 031257600
1725 Fifth Street			D	Date: 7/9/2021
Daytona Beach, FL	32117		F	YE: 9/30/2020
,			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IID				
Level of Care		Current Rate	New Rate	Effective Date
#7 Institution	nal	467.37	455.21	
	bulatory & #9 Medical	686.68		
Rate Type:				
Interim		х	Prospective	
	Total Interim		– X Total P	rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Distribution:				R
Contract Management			W.Rydell Samue	M
DPODS - DCF (4)			Medicaid Cost Re	eimbursement Analysis
Home Office:				,
National Mentor Health	care, LLC			
3258 Parkside Center (Circle			
Tampa, FL 33619				
			For Informa	ation only - No Change in rate

	Agency For H	ealth Care Ad	ministration	031258400 - 2021/07
Office of Me	edicaid Cost Reir	mbursement Plani	ning and Finance	RI:367.33 / NM:451.72
	2727 Mahai	n Drive - Mail Stop	23	
A COD WE TRUS	Tallahas	see, Florida 3230	3	
Point West Cluster (Mentor)			Provider Num	ber: 031258400
4550 Ricker Road			D	ate: 7/9/2021
Jacksonville, FL 32210			F	YE: 9/30/2020
			Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID				
Level of Care		Current Rate	New Rate	Effective Date
#7 Institutional	—	376.72		7/1/2021
#7 Institutional #8 Non-Ambulatory & #9 Medical		465.40	451.72	
	_			
Rate Type:				
Interim		Х	Prospective	
Total In	terim		X Total P	rospective
Interim	Component		Prospe	ctive Adjusted for New Cost
Settlem	ent Based on Co	sts		
Comments:				
Distribution:				TR
			W.Rydell Samuel	F
Contract Management			-	/ •
Contract Management DPODS - DCF (4)			-	Fimbursement Analysis
Contract Management DPODS - DCF (4) Home Office:			-	/ •
Contract Management DPODS - DCF (4) Home Office: National Mentor Healthcare, LLC			-	/ •
Distribution: Contract Management DPODS - DCF (4) Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619			-	/ •

Florida Agence	cy For Health Care A	dministration	031259200 - 2021/07
	I Cost Reimbursement Pla		RI:358.92 / NM:450.88
27	727 Mahan Drive - Mail S	top 23	
· · · · · · · · · · · · · · · · · · ·	Tallahassee, Florida 32	308	
Hodges Cluster (Mentor)		Provider Num	ber: 031259200
3615 Hodges Boulevard		D	ate: 7/9/2021
Jacksonville, FL 32224		F	YE: 9/30/2020
		Audit Sta	tus: Unaudited Costs
Provider Type: ICF/IID			
_evel of Care	Current Rate	New Rate	Effective Date
#7 Institutional	366.48	358.92	7/1/2021
#8 Non-Ambulatory & #9 Medi	ical 461.91	450.88	7/1/2021
Rate Type:			
Interim	X	Prospective	
Total Interim			rospective
Interim Compo		Prospec	ctive Adjusted for New Cost
Settlement Bas	sed on Costs		
Comments:			
Distribution:			IR
		W.Rydell Samuel	F
Contract Management			/ •
Contract Management DPODS - DCF (4)			imbursement Analysis
Contract Management DPODS - DCF (4) Home Office:			/ •
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle			/ •
Contract Management DPODS - DCF (4) Home Office: National Mentor Healthcare, LLC			/ •

	Florida Agency For	Health Care Ad	dministration	031260600 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plar	nning and Finance	RI:331.12 / NM:411.13
ë m ana e	2727 Mah	an Drive - Mail Sto	p 23	
GOD WE TRUST	Tallaha	assee, Florida 3230	80	
Kinkaid Cluster ((Mentor)		Provider Num	ber: 031260600
5808 Kinkaid Roa			C	Date: 7/9/2021
Jacksonville, FL	-		F	YE: 9/30/2019
			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/II	ID			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Instituti	-	347.38	331.12	
#8 Non-Ar	mbulatory & #9 Medical	431.14	411.13	3 7/1/2021
Rate Type:				
Interin		X	Prospective	
	Total Interim			Prospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
Commonto.				
Distribution:				R
Distribution:	nt		W.Rydell Samue	T
Distribution: Contract Managemen	nt		W.Rydell Samue	(
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)	nt			I The eimbursement Analysis
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office:				(
	thcare, LLC			(
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office: National Mentor Heal	thcare, LLC			(

	Florida Agency For	Health Care Ac	Iministration	031261400 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:418.97 / NM:552.46
Ë	2727 Mah	nan Drive - Mail Sto	p 23	
COD WE TRUST	Tallaha	assee, Florida 3230	8	
Flamingo Drive C	luster		Provider Num	ber: 031261400
(Mentor)			C	Date: 7/9/2021
1285 Flamingo Dri	ve		F	YE: 9/30/2020
Lantana, FL 33462	2		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/IIE	כ			
		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institutio		400.97	418.9	
#8 Non-Am	hbulatory & #9 Medical	551.28	552.4	6
Rate Type:				
Interim	I	X	Prospective	
	Total Interim			Prospective
	Interim Component	_	Prospe	ective Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				
				TR
Distribution:			W.Rydell Samue	Ŧ
<u>Distribution:</u> Contract Management			-	
<u>Distribution:</u> Contract Management DPODS - DCF (4)			-	I TA eimbursement Analysis
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:			-	1
Comments: Distribution: Contract Management DPODS - DCF (4) Home Office: National Mentor Health 3258 Parkside Center	hcare, LLC		-	
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office: National Mentor Health	hcare, LLC		-	

	Florida Agency For	Health Care A	dministration	031262200 - 2021/07
	Office of Medicaid Cost Re	eimbursement Plar	nning and Finance	RI:291.45 / NM:356.26
E SALE	2727 Mah	an Drive - Mail Sto	p 23	
COD WE TRUST	Tallaha	assee, Florida 323	80	
Barranger Group	o Home		Provider Num	nber: 031262200
(Mentor)			C	Date: 7/9/2021
9513 Barranger D	Drive		F	FYE: 9/30/2020
Pensacola, FL 32	2514		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/II	ID			
Level of Care		Current	New	Effective
#7 Institut	tional .	Rate	Rate	Date
	mbulatory & #9 Medical	316.38 384.26		
		304.20		
Rate Type:	~	V	Droopsetive	
Interin	m Total Interim	X	_Prospective X Total F	Prospective
	Interim Component			ective Adjusted for New Cost
			1105pc	circ Adjusted for New Cost
	Settlement Based on C	Costs		
	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		
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Comments:	Settlement Based on C	Costs		
Comments:	Settlement Based on C	Costs		
	Settlement Based on C	Costs		
Distribution:		Costs	W Rydell Samue	TR
<u>Distribution:</u> Contract Managemer		Costs	W.Rydell Samue	/
<u>Distribution:</u> Contract Managemer DPODS - DCF (4)		Costs		I TR eimbursement Analysis
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office:	nt	Costs		/
Comments: Distribution: Contract Managemer DPODS - DCF (4) Home Office: National Mentor Heal 3258 Parkside Cente	nt Ithcare, LLC	Costs		/
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office: National Mentor Heal	nt Ithcare, LLC	Costs		/

OF THE STATE	Florida Agency For H	Health Care Ac	Iministration	031263100 - 2021/07	
	Office of Medicaid Cost Re			RI:256.37 / NM:0.00	
E A C	2727 Maha	an Drive - Mail Sto	p 23		
· IN COD WE TRUST	Tallahassee, Florida 32308				
Greenridge Grou	ıp Home		Provider Num	nber: 031263100	
(Mentor)			Date: 7/9/2021		
222 Greenridge Road			FYE: 9/30/2020		
Pensacola, FL 32	2514		Audit Sta	atus: Unaudited Costs	
Provider Type: ICF/I	ID				
lovel of Core		Current	New	Effective	
Level of Care #7 Institut	-	Rate	Rate	Date	
	mbulatory & #9 Medical	<u>262.68</u> 0.00			
		0.00	0.00		
Dete Truck					
Rate Type: Interir	n	х	Prospective		
	Total Interim		-	Prospective	
	Interim Component			ective Adjusted for New Cost	
	Settlement Based on C	osts			
Comments:					
B 1 (11 (1					
Distribution:				IK	
Contract Managemer	nt		W.Rydell Samue	M	
DPODS - DCF (4)		Medicaid Cost Reimbursement Analysis			
Home Office:					
National Mentor Heal					
3258 Parkside Cente	er Circle				
Tampa, FL 33619					
			For Informa	ation only - No Change in rate	

	Florida Agency For Health Care Administration Office of Medicaid Cost Reimbursement Planning and Finance			031264900 - 2021/07		
				RI:391.38 / NM:474.44		
Ë	2727 Mahan Drive - Mail Stop 23					
COD WE TRUST	Tallaha	Tallahassee, Florida 32308				
Pensacola Clust	ter (Mentor)		Provider Num	nber: 031264900		
9460 S. Universit	. ,		Γ	Date: 7/9/2021		
Pensacola, FL 32515			FYE: 9/30/2020			
,			Audit Sta	atus: Unaudited Costs		
Provider Type: ICF/I	IID					
		Current	New	Effective		
Level of Care	-	Rate	Rate			
#7 Institu	-	414.87				
#8 NON-A	Ambulatory & #9 Medical	501.45	474.4	4 7/1/2021		
Rate Type: Interi	m	х	Prospective			
	Total Interim			Prospective		
	Interim Component			ective Adjusted for New Cost		
	Settlement Based on C	Costs				
Comments:						
-						
-						
Distribution:	nt		W.Rvdell Samue	Ŧ		
Distribution: Contract Manageme	nt		W.Rydell Samue			
<u>Distribution:</u> Contract Manageme DPODS - DCF (4)	nt			eimbursement Analysis		
<u>Distribution:</u> Contract Manageme DPODS - DCF (4) Home Office:						
Distribution: Contract Manageme DPODS - DCF (4) Home Office: National Mentor Hea 3258 Parkside Cente	althcare, LLC					
<u>Distribution:</u> Contract Manageme DPODS - DCF (4) Home Office: National Mentor Hea	althcare, LLC					

	Florida Agency For	Health Care Ac	Iministration	031265700 - 2021/07	
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:319.34 / NM:375.09	
Ē	2727 Mah	an Drive - Mail Sto	p 23		
* IN COD WE THUS	Tallaha	assee, Florida 3230	8		
Caprona Group	Home		Provider Num	nber: 031265700	
(Mentor)			Date: 7/9/2021		
111 N.E Caprona Avenue			FYE: 9/30/2019		
Port St. Lucie, FL	. 34983		Audit Sta	atus: Unaudited Costs	
Provider Type: ICF/I	ID				
		Current	New	Effective	
Level of Care		Rate	Rate	Date	
#7 Institut	-	338.98	319.34		
#8 Non-A	mbulatory & #9 Medical	400.76	375.09	9 7/1/2021	
Rate Type:					
Interir	m	X	Prospective		
	Total Interim			Prospective	
			D		
	Interim Component		Prospe	ective Adjusted for New Cost	
	Settlement Based on C	Costs	Prospe	ective Adjusted for New Cost	
Comments:		Costs	Prospe	ective Adjusted for New Cost	
Comments:		Costs	Prospe	ective Adjusted for New Cost	
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Comments:		Costs	Prospe	ective Adjusted for New Cost	
		Costs	Prospe	ective Adjusted for New Cost	
Distribution:	Settlement Based on C	Costs		TR	
<u>Distribution:</u> Contract Managemer	Settlement Based on C	Costs	W.Rydell Samue	I TR	
<u>Distribution:</u> Contract Managemer DPODS - DCF (4)	Settlement Based on C	Costs	W.Rydell Samue	TR	
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office:	Settlement Based on C	Costs	W.Rydell Samue	I TR	
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office: National Mentor Heal	Settlement Based on C	Costs	W.Rydell Samue	I TR	
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office:	Settlement Based on C	Costs	W.Rydell Samue	I TR	

	Florida Agency For I	Florida Agency For Health Care Administration			
	Office of Medicaid Cost Re	eimbursement Plan	ning and Finance	RI:242.34 / NM:312.88	
E A C	2727 Maha	an Drive - Mail Sto	p 23		
· N COD WE THIS	Tallaha	ssee, Florida 3230	8		
Rich Street Grou	ip Home		Provider Num	ber: 031266500	
(Mentor)			Date: 7/9/2021		
2318 S.E. Rich Street			FYE: 9/30/2020		
Port St. Lucie, FL	34984		Audit Sta	atus: Unaudited Costs	
Provider Type: ICF/I	ID				
		Current	New	Effective	
Level of Care	-	Rate	Rate		
#7 Institut	-	246.53	242.34		
#6 N01-A	mbulatory & #9 Medical	0.00		3 7/1/2021	
Rate Type:					
Interir		X	Prospective		
	Total Interim			rospective	
	Interim Component Settlement Based on C	`aata	Prospe	ctive Adjusted for New Cost	
		0515			
Comments:					
Distribution:				Ŧ	
	nt		W.Rydell Samue	T	
Contract Managemer	nt			I TA eimbursement Analysis	
Contract Managemer DPODS - DCF (4)	nt			(
Contract Managemer DPODS - DCF (4) Home Office:				(
Distribution: Contract Managemer DPODS - DCF (4) Home Office: National Mentor Heal 3258 Parkside Cente	Ithcare, LLC			(
Contract Managemer DPODS - DCF (4) Home Office: National Mentor Heal	Ithcare, LLC			(

Office of Medicaid Cost Reimbursement Planning and Finance RI:389.18 / NM:546.60 2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308 Sandpiper Cluster (Mentor) Date: 7/9/2021 1000 East 14th Street Date: 7/9/2021 Stuart, FL 33496 Provider Number: 0.31267300 Provider Type: ICF/ID Date: 7/9/2021 Level of Care Current #7 Institutional 391.83 #8 Non-Ambulatory & #9 Medical 554.25 Settlement Based on Costs 7/1/2021 Rate Type: Interim	LOF THE STALL	Florida Agency For Health Care Administration			031267300 - 2021/07		
Sandpiper Cluster (Mentor) 1000 East 14th Street Stuart, FL 33496 Provider Number: 031267300 Date: 7/9/2021 FYE: 9/30/2020 Audit Status: Unaudited Costs Provider Type: ICF/IID Inaudited Costs Level of Care Rate #7 Institutional 391.83 #8 Non-Ambulatory & #9 Medical 554.25 546.60 7/1/2021 Rate X Total Interim X Total Interim X Total Interim Y Total Interim Y Total Interim Y Total Interim Y Prospective Y Comments: Y Distribution: Y Contract Management Y DPOD: DCF (4) Y Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle Tatal 1 Tampa, FL 33619 Y		Office of Medicaid Cost Re	eimbursement Plar	nning and Finance	RI:389.18 / NM:546.60		
Sandpjør Cluster (Mentor) Provider Number: 031267300 1000 East 14th Street Trigl2021 Stuart, FL 33496 Effective Provider Type: ICF/IID Effective #7 Institutional 391.83 #8 Non-Ambulatory & #9 Medical 554.25 State Type: Interim	E S	2727 Mah	727 Mahan Drive - Mail Stop 23				
Distribution: Date: 7/9/2021 1000 East 14th Street Date: 7/9/2021 Stuart, FL 33496 Audit Status: Unaudited Costs Provider Type: ICF/ID Effective #7 Institutional 391.83 #8 Non-Ambulatory & #9 Medical 554.25 546.60 7/1/2021 Rate Type: Interim	COD WE TRUST	Tallaha	assee, Florida 3230	08			
1000 East 14th Street Date: 7/9/2021 Stuart, FL 33496 FYE: 9/30/2020 Provider Type: ICF/IID Current Level of Care Rate Rate #7 Institutional 391.83 389.18 7/1/2021 #8 Non-Ambulatory & #9 Medical 554.25 546.60 7/1/2021 Rate Type: Interim X Prospective	Sandpiper Cluste	r (Mentor)		Provider Num	ber: 031267300		
Studit, FL 33490 Audit Status: Unaudited Costs Provider Type: CLF/IID Level of Care Rate #7 Institutional 391.83 389.18 7/1/2021 Rate Type: Std.25 Interim X Total Interim X Total Interim X Settlement Based on Costs Prospective Comments: X Contract Management V.Rydell Samuel PODS - DCF (4) Weical New Cost Costs W.Rydell Samuel Medicaid Cost Reimbursement Analysis Medicaid Cost Reimbursement Analysis				D	ate: 7/9/2021		
Provider Type: ICF/IID Level of Care Rate Rate Effective #7 Institutional 391.83 389.18 7/1/2021 #8 Non-Ambulatory & #9 Medical 554.25 546.60 7/1/2021 Rate Type:				FYE: 9/30/2020			
Level of Care Rate New Rate Effective Date #7 Institutional 391.83 389.18 7/1/2021 #8 Non-Ambulatory & #9 Medical 554.25 546.60 7/1/2021 Rate Type: Interim X Prospective				Audit Status: Unaudited Costs			
Level of Care Rate Rate Rate Date #7 Institutional 391.83 389.18 7/1/2021 #8 Non-Ambulatory & #9 Medical 554.25 546.60 7/1/2021 Rate Type: Interim X Prospective Interim X Prospective Interim Component Prospective Settlement Based on Costs Prospective Adjusted for New Cost Comments: Distribution: W.Rydell Samuel Medicaid Cost Reimbursement Analysis	Provider Type: ICF/III	D					
#8 Non-Ambulatory & #9 Medical 554.25 546.60 7/1/2021 Rate Type:	Level of Care						
Rate Type:	#7 Institutio	onal	391.83	389.18	7/1/2021		
Interim X Prospective	#8 Non-An	hbulatory & #9 Medical	554.25	546.60	7/1/2021		
Interim X Prospective							
Total Interim X Total Prospective Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Prospective Adjusted for New Cost Comments:	Rate Type:						
Interim Component Settlement Based on Costs Prospective Adjusted for New Cost Comments:	Interim	I	х	Prospective			
Settlement Based on Costs Comments: Distribution: Contract Management DPODS - DCF (4) Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619		Total Interim		X Total Pi	rospective		
Comments: Distribution: Contract Management DPODS - DCF (4) Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619		Interim Component		Prospe	ctive Adjusted for New Cost		
Distribution: Contract Management DPODS - DCF (4) Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619		Settlement Based on C	Costs				
Distribution: Contract Management DPODS - DCF (4) Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619	Comments:						
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619 V.Rydell Samuel							
Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619 V.Rydell Samuel							
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Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619 V.Rydell Samuel							
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Contract Management W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Medicaid Cost Reimbursement Analysis National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619 V.Rydell Samuel							
DPODS - DCF (4) Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619	Distribution:				TR		
Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619	Contract Management	t		W.Rydell Samuel	Ø		
Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619	DPODS - DCF (4)			Medicaid Cost Re	eimbursement Analysis		
3258 Parkside Center Circle Tampa, FL 33619	Home Office:						
Tampa, FL 33619	National Mentor Healt	hcare, LLC					
	3258 Parkside Center	Circle					
For Information only - No Change in rate	Tampa, FL 33619						
				For Informa	tion only - No Change in rate		