



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

000169300 - 2021/07
RI:238.56 / NM:0.00

St. Augustine Center for Living

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

Provider Type: ICF/IID

Provider Number: 000169300

Date: 7/9/2021

FYE: 11/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	255.81	238.56	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

Rate Type:


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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

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W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

001069500 - 2021/07
RI:383.08 / NM:466.61

Miner North

85609 Miner Road
 Yulee, FL 32097

Provider Number: 001069500

Date: 7/9/2021

FYE: 5/31/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	404.37	383.08	7/1/2021
#8 Non-Ambulatory & #9 Medical	491.08	466.61	7/1/2021

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Care Centers of Nassau, LLC

95146 Hendricks Road

Fernandina Beach, FL 32034

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 Medicaid Cost Reimbursement Analysis

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

001071000 - 2021/07
RI:360.45 / NM:439.56

Miner South

85474 Miner Road
 Yulee, FL 32097

Provider Number: 001071000

Date: 7/9/2021

FYE: 5/31/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	381.69	360.45	7/1/2021
#8 Non-Ambulatory & #9 Medical	463.81	439.56	7/1/2021

Rate Type:

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

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0101963600 - 2021/07
RI:402.26 / NM:506.77

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

Provider Number: 0101963600
 Date: 7/9/2021
 FYE: 1/31/2020
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	432.03	402.26	7/1/2021
#8 Non-Ambulatory & #9 Medical	544.33	506.77	7/1/2021


Rate Type:

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

Comments:

Distribution:

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

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0107650900 - 2021/07
RI:383.63 / NM:496.41

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

22300 SW 162ND Ave
 Miami, FL 33170-3907

Provider Type: ICF/IID

Provider Number: 0107650900

Date: 7/9/2021

FYE: 5/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	400.50	383.63	7/1/2021
#8 Non-Ambulatory & #9 Medical	517.73	496.41	7/1/2021

Rate Type:


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

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0108357500 - 2021/07
RI:402.32 / NM:491.72

Pensacola Developmental Center

One Villa Drive
 Pensacola, FL 32506

Provider Type: ICF/IID

Provider Number: 0108357500

Date: 7/9/2021

FYE: 11/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	432.09	402.32	7/1/2021
#8 Non-Ambulatory & #9 Medical	528.15	491.72	7/1/2021

Rate Type:


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

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0108358400 - 2021/07
RI:401.72 / NM:487.92

Panama City Developmental Center

1407 Lincoln Drive P.O. Box 456

Panama City, FL 32401

Provider Type: ICF/IID

Provider Number: 0108358400

Date: 7/9/2021

FYE: 11/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	431.45	401.72	7/1/2021
#8 Non-Ambulatory & #9 Medical	524.07	487.92	7/1/2021

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

Comments:

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2727 Mahan Drive - Mail Stop 23
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0108358800 - 2021/07
RI:420.86 / NM:503.36

Tallahassee Developmental Center

455 Appleyard Drive
Tallahassee, FL 32304

Provider Type: ICF/IID

Provider Number: 0108358800

Date: 7/9/2021

FYE: 11/30/2021

Audit Status: Budget


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	452.01	420.86	7/1/2021
#8 Non-Ambulatory & #9 Medical	540.66	503.36	7/1/2021

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

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0108358900 - 2021/07
RI:398.98 / NM:472.72

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

Provider Number: 0108358900
 Date: 7/9/2021
 FYE: 11/30/2021
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	428.50	398.98	7/1/2021
#8 Non-Ambulatory & #9 Medical	507.74	472.72	7/1/2021


Rate Type:

X Interim	____ Prospective
____ X Total Interim	____ Total Prospective
____ Interim Component	____ Prospective Adjusted for New Cost
____ Settlement Based on Costs	

Comments:

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0108366100 - 2021/07
RI:391.46 / NM:463.06

**Hillsborough County
 Developmental Ctr**

14219 Bruce B Downs
 Boulevard
 Tampa, FL 33613

Provider Type: ICF/IID

Provider Number: 0108366100

Date: 7/9/2021

FYE: 11/30/2021

Audit Status: Budget

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	420.42	391.46	7/1/2021
#8 Non-Ambulatory & #9 Medical	497.36	463.06	7/1/2021

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

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 Tallahassee, Florida 32308

0110232000 - 2021/07
RI:419.65 / NM:476.76

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

Provider Number: 0110232000
 Date: 7/9/2021
 FYE: 6/30/2020
 Audit Status: Budget

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	0.00	419.65	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	476.76	7/1/2021


Rate Type:

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

Comments:

Distribution:

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

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 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

012037000 - 2021/07
RI:363.69 / NM:423.45

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

Provider Number: 012037000
 Date: 7/9/2021
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	380.50	363.69	7/1/2021
#8 Non-Ambulatory & #9 Medical	444.13	423.45	7/1/2021


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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 2727 Mahan Drive - Mail Stop 23
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012038000 - 2021/07
RI:320.32 / NM:382.60

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

Provider Number: 012038000
 Date: 7/9/2021
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	333.26	320.32	7/1/2021
#8 Non-Ambulatory & #9 Medical	398.25	382.60	7/1/2021


Rate Type:

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

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 Tallahassee, Florida 32308

012040300 - 2021/07
RI:366.74 / NM:432.82

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

Provider Number: 012040300
 Date: 7/9/2021
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	385.32	366.74	7/1/2021
#8 Non-Ambulatory & #9 Medical	454.82	432.82	7/1/2021


Rate Type:

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

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 Tallahassee, Florida 32308

012073200 - 2021/07
RI:406.57 / NM:0.00

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

27566 Suffridge Drive
 Bonita Springs, FL 33923

Provider Type: ICF/IID

Provider Number: 012073200

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	448.72	406.57	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Salem Holmes of Florida, Inc.

8W. Third St., Suite M-7

Winston-Salem, NC 27101

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012074200 - 2021/07
RI:343.80 / NM:387.89

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

1604 Coletta Drive
 Orlando, FL 32807

Provider Type: ICF/IID

Provider Number: 012074200

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	373.21	343.80	7/1/2021
#8 Non-Ambulatory & #9 Medical	418.54	387.89	7/1/2021

Rate Type:

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


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 DPODS - DCF (4)

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 Winston-Salem, NC 27101

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012074800 - 2021/07
RI:360.83 / NM:378.64

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

1463 Spring Street
 Lake City, FL 32052

Provider Type: ICF/IID

Provider Number: 012074800

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	382.79	360.83	7/1/2021
#8 Non-Ambulatory & #9 Medical	401.12	378.64	7/1/2021

Rate Type:

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


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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012075300 - 2021/07
RI:333.07 / NM:373.69

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

102 Alexander Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075300

Date: 7/9/2021

FYE: 10/31/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	350.13	333.07	7/1/2021
#8 Non-Ambulatory & #9 Medical	392.90	373.69	7/1/2021

Rate Type:

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


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012075700 - 2021/07
RI:313.98 / NM:358.34

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

1329 Bessent Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075700

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	335.66	313.98	7/1/2021
#8 Non-Ambulatory & #9 Medical	383.70	358.34	7/1/2021

Rate Type:

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

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

012075900 - 2021/07
RI:346.49 / NM:396.57

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

Provider Number: 012075900
 Date: 7/9/2021
 FYE: 10/31/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	394.97	346.49	7/1/2021
#8 Non-Ambulatory & #9 Medical	453.53	396.57	7/1/2021


Rate Type:

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

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012373500 - 2021/07
RI:353.76 / NM:367.31

107th Place Group Home (SH of F)

2233 NW 41st St Ste 300
 Gainesville, FL 32606

Provider Type: ICF/IID

Provider Number: 012373500

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	373.21	353.76	7/1/2021
#8 Non-Ambulatory & #9 Medical	386.50	367.31	7/1/2021

Rate Type:

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

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8W. Third St., Suite M-7

Winston-Salem, NC 27101

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012374200 - 2021/07
RI:374.69 / NM:0.00

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

3841 SE 2nd Street
 Ocala, FL 34471

Provider Type: ICF/IID

Provider Number: 012374200

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	408.05	374.69	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

Rate Type:

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

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012374400 - 2021/07
RI:363.47 / NM:0.00

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

Provider Number: 012374400
 Date: 7/9/2021
 FYE: 10/31/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	379.63	363.47	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021


Rate Type:

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

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012375400 - 2021/07
RI:304.46 / NM:346.80

19th Street Group Home (SH of F)

529 NW 19th Street
 Gainesville, FL 32603

Provider Type: ICF/IID

Provider Number: 012375400

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	403.94	304.46	7/1/2021
#8 Non-Ambulatory & #9 Medical	466.00	346.80	7/1/2021

Rate Type:

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

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012386400 - 2021/07
RI:355.85 / NM:0.00

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

4748 Tunis Street
 Jacksonville, FL 32205

Provider Type: ICF/IID

Provider Number: 012386400

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	393.30	355.85	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

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

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012390800 - 2021/07
RI:391.71 / NM:0.00

Plaza Oval Group Home (SH of F)

247 Plaza Oval
 Casselberry, FL 32707

Provider Type: ICF/IID

Provider Number: 012390800

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	408.76	391.71	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021


Rate Type:

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

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012392700 - 2021/07
RI:362.11 / NM:414.77

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

140 Claudia Drive
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012392700

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	392.79	362.11	7/1/2021
#8 Non-Ambulatory & #9 Medical	447.32	414.77	7/1/2021

Rate Type:

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

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012410100 - 2021/07
RI:323.43 / NM:0.00

High Desert Court Group Home (SH of F)

11818 High Desset Court
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012410100

Date: 7/9/2021

FYE: 10/31/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	338.09	323.43	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

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

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028000300 - 2021/07
RI:248.32 / NM:364.61

Sandy Park Development Center

2975 Garden Street North
 Ft. Myers, FL 33917

Provider Type: ICF/IID

Provider Number: 028000300

Date: 7/9/2021

FYE: 12/31/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	268.07	248.32	7/1/2021
#8 Non-Ambulatory & #9 Medical	396.80	364.61	7/1/2021

Rate Type:


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

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028018601 - 2021/07
RI:371.70 / NM:480.20

**St. Petersburg Cluster
 (Sunrise)**

1101 102nd Avenue North
 St. Petersburg, FL 33716

Provider Type: ICF/IID

Provider Number: 028018601

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	389.50	371.70	7/1/2021
#8 Non-Ambulatory & #9 Medical	502.82	480.20	7/1/2021


Rate Type:

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

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

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028019401 - 2021/07
RI:457.33 / NM:532.64

Laurel Hill Cluster

2011 Laurel Hill Cluster
 Orlando, FL 32818

Provider Number: 028019401

Date: 7/9/2021

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	481.47	457.33	7/1/2021
#8 Non-Ambulatory & #9 Medical	599.29	532.64	7/1/2021

Rate Type:

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

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Home Office:

Life Concepts, Inc.

500 EAST COLONIAL DR.

Orlando, FL 32803

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028020801 - 2021/07
RI:376.29 / NM:508.30

McCauley Cluster (Sunrise)

1385 McCauley Road
 Tallahassee, FL 32308

Provider Number: 028020801

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	397.03	376.29	7/1/2021
#8 Non-Ambulatory & #9 Medical	534.36	508.30	7/1/2021


Rate Type:

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

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028028301 - 2021/07
RI:377.45 / NM:501.53

**Greentree Court Cluster
 (Sunrise)**

2160 GreenTree Court
 Bartow, FL 33830

Provider Type: ICF/IID

Provider Number: 028028301

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	391.99	377.45	7/1/2021
#8 Non-Ambulatory & #9 Medical	520.94	501.53	7/1/2021


Rate Type:

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

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028029101 - 2021/07
RI:373.03 / NM:520.99

Mahan Cluster (Sunrise)

2034 Mahan Drive
 Tallahassee, FL 32308

Provider Number: 028029101

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	394.55	373.03	7/1/2021
#8 Non-Ambulatory & #9 Medical	548.70	520.99	7/1/2021

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

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028030501 - 2021/07
RI:244.40 / NM:294.98

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

Provider Number: 028030501
 Date: 7/9/2021
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	256.51	244.40	7/1/2021
#8 Non-Ambulatory & #9 Medical	309.46	294.98	7/1/2021

Rate Type:

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


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 10140 Linn Station Road

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028031301 - 2021/07
RI:306.33 / NM:378.99

Bayshore Cluster (Sunrise)

2059 Lisenby Avenue
 Panama City, FL 32405

Provider Number: 028031301

Date: 7/9/2021

FYE: 6/30/2018

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	298.75	306.33	7/1/2021
#8 Non-Ambulatory & #9 Medical	397.44	378.99	7/1/2021


Rate Type:

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

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028032101 - 2021/07
RI:266.11 / NM:318.33

Gainesville 39th Avenue Cluster (Res-Care)

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

Provider Type: ICF/IID

Provider Number: 028032101

Date: 7/9/2021

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	259.52	266.11	7/1/2021
#8 Non-Ambulatory & #9 Medical	333.88	318.33	7/1/2021

Rate Type:


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

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028035600 - 2021/07
RI:347.32 / NM:539.33

PARC Center Apartments

3190 75th Street North
 St. Petersburg, FL 33170

Provider Number: 028035600

Date: 7/9/2021

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	358.57	347.32	7/1/2021
#8 Non-Ambulatory & #9 Medical	556.03	539.33	7/1/2021


Rate Type:

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

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028036401 - 2021/07
RI:496.95 / NM:569.00

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

Provider Number: 028036401
 Date: 7/9/2021
 FYE: 9/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	521.71	496.95	7/1/2021
#8 Non-Ambulatory & #9 Medical	649.12	569.00	7/1/2021


Rate Type:

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

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 Quest, Inc.
 P.O. Box 531125
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028037201 - 2021/07
RI:321.96 / NM:399.90

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

Provider Number: 028037201
 Date: 7/9/2021
 FYE: 6/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	308.45	321.96	7/1/2021
#8 Non-Ambulatory & #9 Medical	414.15	399.90	7/1/2021


Rate Type:

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

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

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028038101 - 2021/07
RI:241.26 / NM:296.08

Ocala Cluster (Res-Care)

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

Provider Number: 028038101

Date: 7/9/2021

FYE: 6/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	235.25	241.26	7/1/2021
#8 Non-Ambulatory & #9 Medical	310.54	296.08	7/1/2021

Rate Type:

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

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Louisville, KY 40223

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 Medicaid Cost Reimbursement Analysis

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

028040201 - 2021/07
RI:457.56 / NM:552.61

Williams Road Cluster
 1923 Sarah Louise Drive
 Brandon, FL 33510

Provider Number: 028040201
 Date: 7/9/2021
 FYE: 9/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	522.19	457.56	7/1/2021
#8 Non-Ambulatory & #9 Medical	629.80	552.61	7/1/2021


Rate Type:

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

Comments:

Distribution:

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

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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028041101 - 2021/07
RI:408.23 / NM:584.20

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

Provider Number: 028041101
 Date: 7/9/2021
 FYE: 6/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	394.74	408.23	7/1/2021
#8 Non-Ambulatory & #9 Medical	606.71	584.20	7/1/2021


Rate Type:

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

Comments:

Distribution:

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 Home Office:
 UCP Of Miami
 1411 NW 14th Ave
 Miami, FL 33125

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 Medicaid Cost Reimbursement Analysis

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028045301 - 2021/07
RI:456.83 / NM:763.19

MCP Braddock
 14400 SW 32nd Street
 Miami, FL 33175

Provider Number: 028045301
 Date: 7/9/2021
 FYE: 6/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	445.87	456.83	7/1/2021
#8 Non-Ambulatory & #9 Medical	796.70	763.19	7/1/2021


Rate Type:

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

Comments:

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028046101 - 2021/07
RI:437.86 / NM:617.60

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

Provider Number: 028046101
 Date: 7/9/2021
 FYE: 6/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	427.05	437.86	7/1/2021
#8 Non-Ambulatory & #9 Medical	643.83	617.60	7/1/2021


Rate Type:

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

Comments:

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028048801 - 2021/07
RI:425.29 / NM:607.86

MCP Sunset

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

Provider Number: 028048801

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	413.20	425.29	7/1/2021
#8 Non-Ambulatory & #9 Medical	632.67	607.86	7/1/2021

Rate Type:

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

Comments:

Distribution:

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028049601 - 2021/07
RI:391.51 / NM:519.94

Dorchester Cluster (Sunrise)

3201 Ginger Drive
 Tallahassee, FL 32308

Provider Number: 028049601

Date: 7/9/2021

FYE: 6/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	411.98	391.51	7/1/2021
#8 Non-Ambulatory & #9 Medical	546.45	519.94	7/1/2021


Rate Type:

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

Comments:

Distribution:

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

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028059300 - 2021/07
RI:274.85 / NM:0.00

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

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

Provider Type: ICF/IID

Provider Number: 028059300

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	286.75	274.85	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021


Rate Type:

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

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028062300 - 2021/07
RI:318.41 / NM:377.23

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

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

Provider Type: ICF/IID

Provider Number: 028062300

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	330.66	318.41	7/1/2021
#8 Non-Ambulatory & #9 Medical	391.99	377.23	7/1/2021


Rate Type:

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

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028065800 - 2021/07
RI:296.72 / NM:0.00

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

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

Provider Type: ICF/IID

Provider Number: 028065800

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	314.77	296.72	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

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

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028427100 - 2021/07
RI:265.87 / NM:340.96

Fern Park Developmental Center

230 Fern Park Boulevard
 Fern Park, FL 32730

Provider Type: ICF/IID

Provider Number: 028427100

Date: 7/9/2021

FYE: 2/29/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	277.54	265.87	7/1/2021
#8 Non-Ambulatory & #9 Medical	358.33	340.96	7/1/2021

Rate Type:

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

Comments:

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Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

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Medicaid Cost Reimbursement Analysis

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028500500 - 2021/07
RI:318.92 / NM:0.00

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

Provider Number: 028500500
 Date: 7/9/2021
 FYE: 6/30/2020
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	280.98	318.92	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021


Rate Type:

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

Comments:

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028505600 - 2021/07
RI:335.51 / NM:512.34

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

Provider Number: 028505600
 Date: 7/9/2021
 FYE: 9/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	342.23	335.51	7/1/2021
#8 Non-Ambulatory & #9 Medical	524.07	512.34	7/1/2021


Rate Type:

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

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028512900 - 2021/07
RI:270.96 / NM:0.00

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

Provider Number: 028512900
 Date: 7/9/2021
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	284.36	270.96	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021


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

Comments:

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 Medicaid Cost Reimbursement Analysis

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028513700 - 2021/07
RI:301.05 / NM:363.01

New Horizons of NW Florida, Inc.

10050 Hillview Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 028513700

Date: 7/9/2021

FYE: 9/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	314.79	301.05	7/1/2021
#8 Non-Ambulatory & #9 Medical	384.45	363.01	7/1/2021

Rate Type:


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

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028519600 - 2021/07
RI:352.49 / NM:0.00

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

Provider Number: 028519600
 Date: 7/9/2021
 FYE: 9/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	372.30	352.49	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

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

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 Medicaid Cost Reimbursement Analysis

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 Office of Medicaid Cost Reimbursement Planning and Finance
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028521800 - 2021/07
RI:301.92 / NM:392.18

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

Provider Number: 028521800
 Date: 7/9/2021
 FYE: 9/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current 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:

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

Comments:

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

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 Medicaid Cost Reimbursement Analysis

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

028531500 - 2021/07
RI:398.73 / NM:477.63

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

Provider Number: 028531500
 Date: 7/9/2021
 FYE: 6/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	386.58	398.73	7/1/2021
#8 Non-Ambulatory & #9 Medical	484.24	477.63	7/1/2021


Rate Type:

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

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 Medicaid Cost Reimbursement Analysis

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

028533100 - 2021/07
RI:362.13 / NM:467.90

Cape Coral Cluster (Sunrise)

2821 Pine Island Road, S.W.
 Cape Coral, FL 33991

Provider Number: 028533100

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	386.02	362.13	7/1/2021
#8 Non-Ambulatory & #9 Medical	496.46	467.90	7/1/2021


Rate Type:

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

Comments:

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 Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 23
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028536600 - 2021/07
RI:243.22 / NM:274.59

Squire Court Community Home (Res-Care)

95 Squire Court
 Dunedin, FL 34698

Provider Type: ICF/IID

Provider Number: 028536600

Date: 7/9/2021

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	255.23	243.22	7/1/2021
#8 Non-Ambulatory & #9 Medical	288.07	274.59	7/1/2021

Rate Type:


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

Comments:

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 Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

W.Rydell Samuel 
Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 23
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028537400 - 2021/07
RI:255.86 / NM:0.00

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

3438 S.R. 580
 Safety Harbor, FL 34695

Provider Type: ICF/IID

Provider Number: 028537400

Date: 7/9/2021

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	268.45	255.86	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

Rate Type:

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

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Louisville, KY 40223

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028539100 - 2021/07
RI:399.87 / NM:492.51

Hendricks

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

Provider Number: 028539100

Date: 7/9/2021

FYE: 5/31/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	422.25	399.87	7/1/2021
#8 Non-Ambulatory & #9 Medical	518.42	492.51	7/1/2021

Rate Type:

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


Comments:

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

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

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

028541200 - 2021/07
RI:245.23 / NM:277.55

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

2281 Twin Lane Drive
 Dundedun, FL 34698

Provider Type: ICF/IID

Provider Number: 028541200

Date: 7/9/2021

FYE: 6/30/2019

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	257.51	245.23	7/1/2021
#8 Non-Ambulatory & #9 Medical	291.35	277.55	7/1/2021

Rate Type:

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

Comments:

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Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel 
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028547100 - 2021/07
RI:275.16 / NM:0.00

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

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

Provider Type: ICF/IID

Provider Number: 028547100

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	286.74	275.16	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

Rate Type:

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

Comments:

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DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

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 Tallahassee, Florida 32308

028548000 - 2021/07
RI:295.16 / NM:353.92

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

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

Provider Type: ICF/IID

Provider Number: 028548000

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	311.20	295.16	7/1/2021
#8 Non-Ambulatory & #9 Medical	372.46	353.92	7/1/2021


Rate Type:

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

Comments:

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 Tallahassee, Florida 32308

028552800 - 2021/07
RI:247.17 / NM:293.09

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

1219 26th Terrace
 Cape Coral, FL 33904

Provider Type: ICF/IID

Provider Number: 028552800

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	264.79	247.17	7/1/2021
#8 Non-Ambulatory & #9 Medical	312.36	293.09	7/1/2021


Rate Type:

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

Comments:

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 Tallahassee, Florida 32308

028553600 - 2021/07
RI:281.48 / NM:0.00

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

1950 Country Meadows Circle
 Sarasota, FL 34235

Provider Type: ICF/IID

Provider Number: 028553600

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	293.20	281.48	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021


Rate Type:

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

Comments:

Distribution:

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 Tallahassee, Florida 32308

028557900 - 2021/07
RI:256.19 / NM:0.00

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

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

Provider Type: ICF/IID

Provider Number: 028557900

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	266.09	256.19	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

Rate Type:

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

Comments:

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Home Office:

Sunrise Community, Inc.

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Miami, FL 33170

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028558700 - 2021/07
RI:285.09 / NM:0.00

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

Provider Number: 028558700
 Date: 7/9/2021
 FYE: 6/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	298.16	285.09	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021


Rate Type:

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

Comments:

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 Tallahassee, Florida 32308

028559500 - 2021/07
RI:331.10 / NM:0.00

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

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

Provider Type: ICF/IID

Provider Number: 028559500

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	348.21	331.10	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

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

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028560900 - 2021/07
RI:295.59 / NM:0.00

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

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

Provider Type: ICF/IID

Provider Number: 028560900

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	310.17	295.59	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021

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

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028561700 - 2021/07
RI:323.21 / NM:0.00

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

18711 Wentworth Drive
 Miami Lakes, FL 33015

Provider Type: ICF/IID

Provider Number: 028561700

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	339.47	323.21	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021


Rate Type:

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

Comments:

Distribution:

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 Tallahassee, Florida 32308

028565000 - 2021/07
RI:355.97 / NM:440.45

Lakeview Court
 920 W. Kennedy Blvd
 Orlando, FL 32810

Provider Number: 028565000
 Date: 7/9/2021
 FYE: 11/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	376.14	355.97	7/1/2021
#8 Non-Ambulatory & #9 Medical	462.54	440.45	7/1/2021

Rate Type:

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


Comments:

Distribution:

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

 P.O. BOX 2064

 Winter Park, FL 32790

W.Rydell Samuel 

 Medicaid Cost Reimbursement Analysis

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

028566800 - 2021/07
RI:346.75 / NM:408.96

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

Provider Number: 028566800
 Date: 7/9/2021
 FYE: 11/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	360.40	346.75	7/1/2021
#8 Non-Ambulatory & #9 Medical	431.11	408.96	7/1/2021


Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 DSI
 P.O. BOX 2064
 Winter Park, FL 32790

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

028567600 - 2021/07
RI:342.48 / NM:415.15

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

Provider Number: 028567600
 Date: 7/9/2021
 FYE: 11/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	355.48	342.48	7/1/2021
#8 Non-Ambulatory & #9 Medical	431.31	415.15	7/1/2021


Rate Type:

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

Comments:

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Contract Management
 DPODS - DCF (4)
 Home Office:
 DSI
 P.O. BOX 2064
 Winter Park, FL 32790

W.Rydell Samuel 
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 Tallahassee, Florida 32308

028568400 - 2021/07
RI:316.59 / NM:0.00

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

Provider Number: 028568400
 Date: 7/9/2021
 FYE: 6/30/2020
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	337.23	316.59	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021


Rate Type:

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

Comments:

Distribution:

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W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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028569200 - 2021/07
RI:246.49 / NM:342.31

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

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

Provider Type: ICF/IID

Provider Number: 028569200

Date: 7/9/2021

FYE: 6/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	309.20	246.49	7/1/2021
#8 Non-Ambulatory & #9 Medical	359.29	342.31	7/1/2021


Rate Type:

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

Comments:

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W.Rydell Samuel 
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031256800 - 2021/07
RI:381.09 / NM:487.54

Avon Park Cluster (Mentor)

55 East College Drive
 Avon Park, FL 33825

Provider Number: 031256800

Date: 7/9/2021

FYE: 9/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	371.72	381.09	7/1/2021
#8 Non-Ambulatory & #9 Medical	512.38	487.54	7/1/2021

Rate Type:

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

Comments:

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Contract Management


DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031257600 - 2021/07
RI:455.21 / NM:655.07

Eagle Watch Cluster (Mentor)

1725 Fifth Street
 Daytona Beach, FL 32117

Provider Number: 031257600

Date: 7/9/2021

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	467.37	455.21	7/1/2021
#8 Non-Ambulatory & #9 Medical	686.68	655.07	7/1/2021

Rate Type:

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

Comments:

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Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

031258400 - 2021/07
RI:367.33 / NM:451.72

Point West Cluster (Mentor)

4550 Ricker Road
 Jacksonville, FL 32210

Provider Number: 031258400

Date: 7/9/2021

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	376.72	367.33	7/1/2021
#8 Non-Ambulatory & #9 Medical	465.40	451.72	7/1/2021

Rate Type:

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

Comments:

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Contract Management


DPODS - DCF (4)

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Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

031259200 - 2021/07
RI:358.92 / NM:450.88

Hodges Cluster (Mentor)

3615 Hodges Boulevard
 Jacksonville, FL 32224

Provider Number: 031259200

Date: 7/9/2021

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	366.48	358.92	7/1/2021
#8 Non-Ambulatory & #9 Medical	461.91	450.88	7/1/2021

Rate Type:

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

Comments:

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DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

031260600 - 2021/07
RI:331.12 / NM:411.13

Kinkaid Cluster (Mentor)

5808 Kinkaid Road
 Jacksonville, FL 32244

Provider Number: 031260600

Date: 7/9/2021

FYE: 9/30/2019

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	347.38	331.12	7/1/2021
#8 Non-Ambulatory & #9 Medical	431.14	411.13	7/1/2021

Rate Type:

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

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031261400 - 2021/07
RI:418.97 / NM:552.46

**Flamingo Drive Cluster
 (Mentor)**

1285 Flamingo Drive
 Lantana, FL 33462

Provider Type: ICF/IID

Provider Number: 031261400

Date: 7/9/2021

FYE: 9/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	400.97	418.97	7/1/2021
#8 Non-Ambulatory & #9 Medical	551.28	552.46	7/1/2021

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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031262200 - 2021/07
RI:291.45 / NM:356.26

**Barranger Group Home
 (Mentor)**

9513 Barranger Drive
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031262200

Date: 7/9/2021

FYE: 9/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	316.38	291.45	7/1/2021
#8 Non-Ambulatory & #9 Medical	384.26	356.26	7/1/2021


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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031263100 - 2021/07
RI:256.37 / NM:0.00

**Greenridge Group Home
 (Mentor)**

222 Greenridge Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031263100

Date: 7/9/2021

FYE: 9/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	262.68	256.37	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2021


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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031264900 - 2021/07
RI:391.38 / NM:474.44

Pensacola Cluster (Mentor)

9460 S. University Parkway
 Pensacola, FL 32515

Provider Number: 031264900

Date: 7/9/2021

FYE: 9/30/2020

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	414.87	391.38	7/1/2021
#8 Non-Ambulatory & #9 Medical	501.45	474.44	7/1/2021

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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031265700 - 2021/07
RI:319.34 / NM:375.09

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

Provider Number: 031265700
 Date: 7/9/2021
 FYE: 9/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	338.98	319.34	7/1/2021
#8 Non-Ambulatory & #9 Medical	400.76	375.09	7/1/2021


Rate Type:

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

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031266500 - 2021/07
RI:242.34 / NM:312.88

**Rich Street Group Home
 (Mentor)**

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

Provider Type: ICF/IID

Provider Number: 031266500

Date: 7/9/2021

FYE: 9/30/2020

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	246.53	242.34	7/1/2021
#8 Non-Ambulatory & #9 Medical	0.00	312.88	7/1/2021

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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031267300 - 2021/07
RI:389.18 / NM:546.60

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

Level of Care	Current 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:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
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