



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

028003800 - 2019/07
RI:311.04 / NM:446.23

Sunland Marianna I
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028003800
 Date: 6/4/2019
 FYE: 6/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	293.49	311.04	7/1/2019
#8 Non-Ambulatory & #9 Medical	416.60	446.23	7/1/2019


Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

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028004600 - 2019/07
RI:321.49 / NM:455.12

Tacachale Facility I
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028004600
 Date: 6/4/2019
 FYE: 6/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	308.49	321.49	7/1/2019
#8 Non-Ambulatory & #9 Medical	434.21	455.12	7/1/2019


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<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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028006200 - 2019/07
RI:310.78 / NM:440.81

Tacachale Facility II
 1621 N. E. Waldo Road
 Gainesville,, FL 32609

Provider Number: 028006200
 Date: 6/4/2019
 FYE: 6/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	293.20	310.78	7/1/2019
#8 Non-Ambulatory & #9 Medical	413.43	440.81	7/1/2019


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<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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028009700 - 2019/07
RI:445.50 / NM:671.82

Sunland Marianna II
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028009700
 Date: 6/4/2019
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	431.75	445.50	7/1/2019
#8 Non-Ambulatory & #9 Medical	651.03	671.82	7/1/2019


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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028015100 - 2019/07
RI:351.71 / NM:517.09

Tacachale Facility IV
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028015100
 Date: 6/4/2019
 FYE: 6/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	326.01	351.71	7/1/2019
#8 Non-Ambulatory & #9 Medical	479.72	517.09	7/1/2019


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<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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028016000 - 2019/07
RI:253.11 / NM:349.88

Sunland Marianna III
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028016000
 Date: 6/4/2019
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	245.31	253.11	7/1/2019
#8 Non-Ambulatory & #9 Medical	339.07	349.88	7/1/2019


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<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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028024100 - 2019/07
RI:350.77 / NM:513.57

Tacachale Facility V
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028024100
 Date: 6/4/2019
 FYE: 6/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	327.95	350.77	7/1/2019
#8 Non-Ambulatory & #9 Medical	474.49	513.57	7/1/2019


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
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028026700 - 2019/07
RI:374.70 / NM:527.56

Tacachale Facility VII
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028026700
 Date: 6/4/2019
 FYE: 6/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	326.56	374.70	7/1/2019
#8 Non-Ambulatory & #9 Medical	452.95	527.56	7/1/2019


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<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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028055100 - 2019/07
RI:506.60 / NM:790.53

Tacachale Facility VIII
 1621 N.E. WALDO ROAD
 GAINESVILLE, FL 32609

Provider Number: 028055100
 Date: 6/4/2019
 FYE: 6/30/2018
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	451.33	506.60	7/1/2019
#8 Non-Ambulatory & #9 Medical	689.08	790.53	7/1/2019


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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028058500 - 2019/07
RI:279.37 / NM:370.42

Sunland Marianna IV
 3700 Williams Road
 Marianna, FL 32446

Provider Number: 028058500
 Date: 6/4/2019
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>270.77</u>	<u>279.37</u>	<u>7/1/2019</u>
#8 Non-Ambulatory & #9 Medical	<u>359.00</u>	<u>370.42</u>	<u>7/1/2019</u>


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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028562500 - 2019/07
RI:300.23 / NM:424.54

Sunland Marianna V
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028562500
 Date: 6/4/2019
 FYE: 6/30/2017
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	290.98	300.23	7/1/2019
#8 Non-Ambulatory & #9 Medical	411.43	424.54	7/1/2019


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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