

Office of Medicaid Cost Reimbursement Planning and Finance

028003800 - 2019/07

RI:311.04 / NM:446.23

Sunland Ma	arianna I			Provider Number: 028003800			
3700 Williams Drive Marianna, FL 32446				Date: 6/4/2019			
				FYE: 6/30/2018			
,				Aı	udit Status: Una	udited Costs	
Provider Type:	: ICF/IID						
Level of Care			Current Rate		New Rate	Effective Date	
#7 Institutional			293.49		311.04	7/1/2019 7/1/2019	
#8 Non-Ambulatory & #9 Medical		416.60		446.23			
Rate Type:			_				
21	Interim		Х	Prospective			
	_	Total Interim		_ x	Total Prospective		
		Interim Component			Prospective Adjus	ted for New Cost	
		Settlement Based on Co	ests				
Comments:							
<u>Distribution:</u> Contract Mana DPODS - DCF	_			W.Rydell	Samuel Cost Reimbursem	ont Applysis	
Home Office:				ivieuicald	i Oost Neiiiibuiseiii	eni Anaiysis	
,							
				Fo	r Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

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

For Information only - No Change in rate

Tacabala Facility I	Provider Number: 028004600				
Tacachale Facility I		Date: 6/4/2019			
1621 N.E. Waldo Road					
Gainesville, FL 32609		FYE: <u>6/3</u>			
		Audit Status: Un	audited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	308.49	321.49	7/1/2019 7/1/2019		
#8 Non-Ambulatory & #9 Medical	434.21	455.12			
Rate Type:					
Interim	X F	Prospective			
 Total Interim		X Total Prospectiv	e		
Interim Component	_		usted for New Cost		
Settlement Based or	n Costs				
Comments:					
Distribution:		LA	Ζ		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburser	ment Analysis		
Home Office:		saisaia ssot Kombulool			
Attn: Revenue Management/Tacachale					
1621 N. E. Waldo Road.					
Gainesville, FL 32609					



Office of Medicaid Cost Reimbursement Planning and Finance

028006200 - 2019/07 RI:310.78 / NM:440.81

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028006200 Tacachale Facility II Date: 6/4/2019 1621 N. E. Waldo Road FYE: 6/30/2018 Gainesville,, FL 32609 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 293.20 310.78 7/1/2019 #8 Non-Ambulatory & #9 Medical 413.43 440.81 7/1/2019 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Attn: Revenue Management/Tacachale 1621 N. E. Waldo Road.

Gainesville, FL 32609



Office of Medicaid Cost Reimbursement Planning and Finance

028009700 - 2019/07 RI:445.50 / NM:671.82

For Information only - No Change in rate

Sunland Marianna II 3700 Williams Drive Marianna, FL 32446 Provider Type: ICF/IID Level of Care #7 Institutional		Current Rate 431.75	FYE:		: 028009700 : 6/4/2019 : 6/30/2017 : Unaudited Costs Effective Date 7/1/2019	
#8 Non-Ambulatory & #9 Medical		651.03		671.82		7/1/2019
Interin	Interim n Component ment Based on Cos	X	Prospective X	Total Prospe Prospective		r New Cost
Comments:						
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:			W.Rydell Medicaid	Samuel Cost Reimbu	ursement Ar	nalysis



Office of Medicaid Cost Reimbursement Planning and Finance

028015100 - 2019/07

RI:351.71 / NM:517.09

Tacachale Facility IV		Date: 6/4/2019 FYE: 6/30/2018			
1621 N.E. Waldo Road					
Gainesville, FL 32609					
		Audit Status: Un	audited 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 Medica	4 79.72	517.09	7/1/2019		
Rate Type:					
Interim	X F	Prospective			
Total Interim		X Total Prospectiv	е		
Interim Compone	ent	Prospective Adju	usted for New Cost		
Settlement Base	ed on Costs				
Comments:					
Distribution:			7		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)			mont Analysis		
Home Office:		Medicaid Cost Reimburser	nent Analysis		
Attn: Revenue Management/Tacachale					
1621 N. E. Waldo Road.					
Gainesville, FL 32609					
		For Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2019/07 RI:253.11 / NM:349.88

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028016000 **Sunland Marianna III** Date: 6/4/2019 3700 Williams Drive FYE: 6/30/2017 Marianna, FL 32446 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 245.31 253.11 7/1/2019 #8 Non-Ambulatory & #9 Medical 339.07 349.88 7/1/2019 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office:



Office of Medicaid Cost Reimbursement Planning and Finance

028024100 - 2019/07

RI:350.77 / NM:513.57

Tacachale	Facility V		Provider Number: 028024100 Date: 6/4/2019			
1621 N.E. V	Valdo Road					
Gainesville,	FL 32609			FYE: 6/3	0/2018	
· · · · · · · · · · · · · · · · · ·				Audit Status: Un	audited 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:						
, tate 1, per	Interim	X	Prospectiv	ve		
	– Total Interim	-	X	Total Prospectiv	е	
	Interim Component			— Prospective Adju	usted for New Cost	
	Settlement Based on Co	osts		_		
Comments:						
Comments.						
Distribution:				-14	Z	
Contract Mana	agement		W.Ryd	ell Samuel		
DPODS - DCF	- (4)		Medicaid Cost Reimbursement Analysis			
Home Office:			Medica	ald Cost Itellibuisei	Herit Arialysis	
Attn: Revenue	Management/Tacachale					
1621 N. E. Wa	aldo Road.					
Gainesville, Fl	L 32609					
			F	For Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028026700 - 2019/07

RI:374.70 / NM:527.56

Tacachale	Facility VII		Provider Number: 028026700			
1621 N.E. V	-	Date: 6/4/2019 FYE: 6/30/2018				
Gainesville,						
· · · · · · · · · · · · · · · · · · ·	3_333	Α	udit Status: Una	audited 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:						
••	Interim	X	Prospective			
	Total Interim		X	Total Prospective	•	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts		_		
Comments:						
<u>Distribution:</u>				IA	~	
Contract Mana	agement		W.Rydell Samuel			
DPODS - DCF	- (4)		Medicaid Cost Reimbursement Analysis			
Home Office:					,	
Attn: Revenue	Management/Tacachale					
1621 N. E. Wa	aldo Road.					
Gainesville, Fl						
			Fo	r Information only	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028055100 - 2019/07

RI:506.60 / NM:790.53

For Information only - No Change in rate

Tacachale Faci	lity VIII		Provider Number: 028055100 Date: 6/4/2019			
1621 N.E. WALI	DO ROAD					
GAINESVILLE,			FYE: 6/3	0/2018		
<i>5,</i> 12.5 7 12.2 1,	. 1 02000		Audit Status: Un	audited Costs		
Provider Type: ICF	F/IID					
Level of Care		Current Rate	New Rate	Effective Date		
#7 Instit	utional	451.33	506.60	7/1/2019		
#8 Non-Ambulatory & #9 Medical		689.08	790.53	7/1/2019		
Rate Type:						
Inte	rim	X F	Prospective			
	Total Interim		X Total Prospective	е		
	Interim Component	_	Prospective Adju	sted for New Cost		
	Settlement Based on C	osts				
Comments:						
Distribution:			- Lt	ζ		
Contract Managem	ent		W.Rydell Samuel			
DPODS - DCF (4)			Medicaid Cost Reimburser	ment Analysis		
Home Office:				nont / mary oro		
Attn: Revenue Man	agement/Tacachale					
1621 N. E. Waldo F	Road.					
Gainesville, FL 326	609					



Office of Medicaid Cost Reimbursement Planning and Finance

028058500 - 2019/07

RI:279.37 / NM:370.42

Sunland Ma	arianna I\	<i>l</i>		Provider Number: 028058500				
3700 Williams Road Marianna, FL 32446				Date: 6/4/2019				
					FYE: 6/30/2017			
				A	udit Status: Una	audited Costs		
Provider Type	e: ICF/IID							
Level of Care			Current Rate		New Rate	Effective Date		
#7 Institutional			270.77		279.37	7/1/2019		
#8 Non-Ambulatory & #9 Medical		atory & #9 Medical –	359.00		370.42	7/1/2019		
Rate Type:								
	Interim		Χ	Prospective				
	_	Total Interim		_ X	Total Prospective	•		
		Interim Component			Prospective Adju	sted for New Cost		
		Settlement Based on Co	osts		_			
Comments:								
Distribution: Contract Mana	_			W.Rydel	Samuel	<		
DPODS - DCF (4)				Medicaid	Cost Reimbursen	nent Analysis		
Home Office:								
,								
				Fo	r Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2019/07

RI:300.23 / NM:424.54

Sunland Marianna V			Provider Number: 028562500				
3700 Williams Drive				Date: 6/4/2019			
Marianna, FL 32446		FYE		6/30/2017			
Manama, 1 L 32440			,	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:							
Interim		X	Prospectiv	е			
	Total Interim		X	Total Prospe	ective		
	Interim Component			Prospective	Adjusted for New Cost		
	Settlement Based on Co	osts		_			
Comments:							
<u>Distribution:</u>					R		
Contract Management			W Ryde	ell Samuel	at		
DPODS - DCF (4)					/ V		
Home Office:			Medica	id Cost Reimbu	ursement Analysis		
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			F	or Information	only - No Change in rate		