

Office of Medicaid Cost Reimbursement Planning and Finance

028003800 - 2021/07

RI:351.15 / NM:491.82

Sunland Mariani	na I		Provider Number: <u>028003800</u>			
3700 Williams Drive Marianna, FL 32446			Date: 6/10/2021			
				FYE: 6/30/2020		
			Αι	udit Status: Una	audited Costs	
Provider Type: ICF/I	ID					
Level of Care #7 Institutional #8 Non-Ambulatory & #9 Medical		Current Rate		New Rate	Effective Date	
		323.20		351.15	7/1/2021	
		458.97		491.82	7/1/2021	
Rate Type:						
Interi	m	Х	Prospective			
	Total Interim		X	Total Prospective	e	
	Interim Component			Prospective Adju	sted for New Cost	
Settlement Based		osts				
Comments:						
<u>Distribution:</u> Contract Manageme	nt		W.Rydell	Samuel #	ζ	
DPODS - DCF (4)			Medicaid	Cost Reimbursen	nent Analysis	
Home Office:						
,			_		N. O.	
			For	r Information only	 No Change in rate 	



Office of Medicaid Cost Reimbursement Planning and Finance

028004600 - 2021/07

RI:362.25 / NM:524.23

Tacachale Facility I			Provider Number: <u>028004600</u>				
1621 N.E. Waldo Road			Date: 6/10/2021				
Gainesville, FL 32609			FYE: 6/30/2020				
,			A	udit Status:	Unaudited Costs		
Provider Type: ICF/IID							
Level of Care #7 Institutional		Current Rate		New Rate	Effective Date		
		336.42		362.25	7/1/202	1	
#8 Non-Ambulatory & #9	Medical —	484.58	<u> </u>	524.23	7/1/202		
Rate Type:							
Interim		X	Prospective	Э			
Total Int	erim		X	_ Total Prospec	ctive		
Interim (Component			Prospective A	Adjusted for New Cost		
Settleme	ent Based on Cos	ts					
Comments:							
5 1.4.11.41							
<u>Distribution:</u>					JK.		
Contract Management			W.Ryde	ll Samuel	aV		
DPODS - DCF (4)			Medicai	d Cost Reimbur	sement Analysis		
Home Office:							
Attn: Revenue Management/Tacach	ale						
1621 N. E. Waldo Road.	_						
Gainesville, FL 32609							
			F	or Information o	nly - No Change in rat	е	



Office of Medicaid Cost Reimbursement Planning and Finance

028006200 - 2021/07

RI:349.67 / NM:482.46

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

COD WE TRUS	ssee, Florida 323	308			
Tacachale Facility II Provider Number: 028006200					
1621 N. E. Waldo Road		Date: 6/10/2021			
Gainesville,, FL 32609		FYE: 6/30/2020			
,, ,			Audit Status: Una	audited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date 	
#7 Institutional	321.03		349.67		
#8 Non-Ambulatory & #9 Medical	452.96	482.46		7/1/2021	
Rate Type:					
Interim	X	Prospectiv	ve		
Total Interim		X	Total Prospective	9	
Interim Component			Prospective Adju	sted for New Cost	
Settlement Based on Co	osts				
Comments:					
<u>Distribution:</u>			14	2	
Contract Management		W.Ryd	ell Samuel		
DPODS - DCF (4)		Medica	aid Cost Reimbursen	nent Analysis	
Home Office:			2001.1011104.0011		
Attn: Revenue Management/Tacachale					
1621 N. E. Waldo Road.					

Gainesville, FL 32609



Office of Medicaid Cost Reimbursement Planning and Finance

028009700 - 2021/07 RI:586.58 / NM:896.16

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028009700 **Sunland Marianna II** Date: 6/10/2021 3700 Williams Drive FYE: 6/30/2020 Marianna, FL 32446 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 525.84 586.58 7/1/2021 #8 Non-Ambulatory & #9 Medical 806.27 896.16 7/1/2021 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

028015100 - 2021/07

RI:385.34 / NM:557.69

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

GOD WE TRUST	Tallaha	ssee, Florida 323	308	
Tacachale Facility I	V		Provider Number: ()28015100
1621 N.E. Waldo Ro			Date: 6	6/10/2021
Gainesville, FL 3260	9		FYE: 6	6/30/2020
			Audit Status: L	Jnaudited Costs
Provider Type: ICF/IID				
Level of Care		Current Rate	New Rate	Effective Date
#7 Institutiona	- I	355.15	385.34	7/1/2021
#8 Non-Ambulatory & #9 Medical		525.01	557.69	7/1/2021
Rate Type:				
Interim		Χ	Prospective	
	Total Interim		X Total Prospec	tive
	Interim Component		Prospective A	djusted for New Cost
	Settlement Based on C —	osts		
Comments:				
Distribution:				ア
Contract Management			W.Rydell Samuel	A)
DPODS - DCF (4)			Medicaid Cost Reimbur	sement Analysis
Home Office:				

Attn: Revenue Management/Tacachale

1621 N. E. Waldo Road.
Gainesville, FL 32609



Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2021/07

RI:362.81 / NM:486.58

For Information only - No Change in rate

Sunland M	arianna II	I		Provider Number: 028016000				
	3700 Williams Drive				Date: 6/10/2021			
Marianna, F				FYE: 6/30/2020				
ivianamia, i	L 32440				Audit Status: Un	audited Costs		
Provider Type	e: ICF/IID							
Level of Care #7 Institutional #8 Non-Ambulatory & #9 Medical			Current Rate		New Rate	Effective Date		
		_ II	289.25		362.81	7/1/2021		
		391.87	486.58		7/1/2021			
Rate Type:								
	Interim		Х	Prospectiv	/e			
	_	Total Interim		X	Total Prospectiv	е		
		Interim Component			Prospective Adju	usted for New Cost		
		Settlement Based on C	osts					
Comments:								
Distribution:					-14	Z		
Contract Man	agement			W.Ryd	ell Samuel 🛮 🗐			
DPODS - DCI	F (4)				id Cost Reimburser	mont Analysis		
Home Office:				Medica	iid Cost Keimbursei	Herit Arialysis		
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Office of Medicaid Cost Reimbursement Planning and Finance

028024100 - 2021/07

RI:379.02 / NM:541.76

For Information only - No Change in rate

Tacachale Facility	V		Provider Number: <u>028024100</u>				
1621 N.E. Waldo R	1621 N.E. Waldo Road			Date: 6/10/2021			
Gainesville, FL 326	609		FYE: <u>6/30/2020</u>				
				dit Status: <u>Ur</u>	naudited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional #8 Non-Ambulatory & #9 Medical		372.09		79.02	7/1/2021		
		543.20		541.76	7/1/2021		
Rate Type:							
Interim		X	Prospective				
	Total Interim		- x	Total Prospectiv	/e		
	Interim Component			Prospective Adj	usted for New Cost		
	Settlement Based on C	osts					
Comments:							
Distribution:				-1	R		
Contract Management			W.Rydell S	Samuel 🍂			
DPODS - DCF (4)			Medicaid Cost Reimbursement Analysis				
Home Office:					, -		
Attn: Revenue Manage	ment/Tacachale						
1621 N. E. Waldo Road	<u>I.</u>						
Gainesville, FL 32609							



Office of Medicaid Cost Reimbursement Planning and Finance

028026700 - 2021/07

RI:339.68 / NM:449.42

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028026700 **Tacachale Facility VII** Date: 6/10/2021 1621 N.E. Waldo Road FYE: 6/30/2020 Gainesville, FL 32609 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 338.14 339.68 7/1/2021 #8 Non-Ambulatory & #9 Medical 463.04 449.42 7/1/2021 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

028055100 - 2021/07 RI:496.04 / NM:761.55

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Tacachale Facility VIII		Provider Number: 028055100			
1621 N.E. WALDO ROAD		Date: 6/10/2021			
GAINESVILLE, FL 32609	FYE: 6/30/2020				
C, 11112 C 1122, 1 2 02000	А	udit Status: Un	audited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate		Effective Date	
#7 Institutional	509.43	_	496.04	7/1/2021	
#8 Non-Ambulatory & #9 Medical	789.61		761.55	7/1/2021	
Rate Type:					
Interim	X	Prospective)		
Total Interim		Χ	Total Prospectiv	е	
Interim Component			Prospective Adju	usted for New Cost	
Settlement Based o	n Costs		_		
Comments:					
Distribution:				7	
Contract Management		M/Dardal			
-		W.Rydell Samuel			
DPODS - DCF (4)		Medicaio	d Cost Reimbursei	ment Analysis	
Home Office:					
Attn: Revenue Management/Tacachale					
1621 N. E. Waldo Road.					
Gainesville, FL 32609					
		Fo	r Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028058500 - 2021/07

RI:377.71 / NM:489.65

For Information only - No Change in rate

Sunland Marianna IV 3700 Williams Road Marianna, FL 32446 Provider Type: ICF/IID Level of Care #7 Institutional #8 Non-Ambula	atory & #9 Medical	Current Rate 303.99 397.40	Provider Number: 028058500 Date: 6/10/2021 FYE: 6/30/2020 Audit Status: Unaudited Costs New Effective Date 377.71 7/1/2021 489.65 7/1/2021			
Rate Type:			_			
Interim	Total Interim	X	Prospectiv		an activa	
	Total Interim - Interim Component		X	Total Pro	spective ive Adjusted for New	Cost
	Settlement Based on Costs	3		_ 103pect	ive Aujusted for Ivew	Cost
Comments:	=					
Distribution:					ア	
Contract Management			W.Ryde	ell Samuel	PU	
DPODS - DCF (4)			Medicai	d Cost Rein	nbursement Analysis	-
Home Office:						
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Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2021/07 RI:428.91 / NM:628.13

2727 Mahan Drive - Mail Stop 23

OD WE TRUST	Tall	lahassee, Florida 32308			
Sunland Ma	arianna V		Provider Number:	028562500	
3700 Williar	ns Drive		Date: 6/10/2021		
Marianna. F	a, FL 32446 FYE: <u>6/30/2020</u>		6/30/2020		
,			Audit Status:	Unaudited Costs	
Provider Type	: ICF/IID				
Level of Care		Current Rate	New Rate	Effective Date	
#7	Institutional	336.51	428.91	7/1/2021	
#8 Non-Ambulatory & #9 Medical		491.17	628.13	7/1/2021	
Rate Type:					
	Interim	X	Prospective		
	Total Interim		X Total Prospe	ective	
	Interim Component		Prospective	Adjusted for New Cost	
	Settlement Based of	on Costs			
Comments:					

Distribution:	THE STATE OF THE S
Contract Management	W.Rydell Samuel
DPODS - DCF (4)	Medicaid Cost Reimbursement Analysis
Home Office:	,
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	For Information only - No Change in rate