



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Dean Hilton
Apalachee Center
2634-J Capital Circle NE
Tallahassee, FL 32308

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 016911900**

Dear Mr. Hilton:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$656,459 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Smith".

Lisa Smith, Bureau Chief,
Medicaid Program Finance

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **016911900**

Facility Name (current) : **Apalachee Center**

Annual Group 4 distribution to your facility	(A)	\$656,459
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$656,459
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$656,459

[1] This payment may be made by check or transferred electronically.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Scott Griffiths
Aspire Health Partners
5151 Adanson St. Suite 200
Orlando, FL 32804

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 011030400**

Dear Mr. Griffiths:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$3,461,934 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **011030400**

Facility Name (current) : **Aspire Health Partners**

Annual Group 4 distribution to your facility	(A)	\$3,461,934
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$3,461,934
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$3,461,934

[1] This payment may be made by check or transferred electronically.



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

June 5, 2019

Sean Gingras
Centerstone of Florida
2020 26th Avenue East
Bradenton, FL 34208

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 060280905**

Dear Mr. Gringas:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$650,556 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **060280905**

Facility Name (current) : **Centerstone of Florida**

Annual Group 4 distribution to your facility	(A)	\$650,556
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$650,556
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$650,556

[1] This payment may be made by check or transferred electronically.



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

June 5, 2019

Steven Welch
Gracepoint
5707 N 22nd St.
Tampa, FL 33610

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 010294000**

Dear Mr. Welch:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$487,022 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **010294000**

Facility Name (current) : **Gracepoint**

Annual Group 4 distribution to your facility	(A)	\$487,022
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$487,022
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$487,022

[1] This payment may be made by check or transferred electronically.



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

June 5, 2019

Sean Gingras
Lifestream Behavioral Health
P.O. Box 491000
Leesburg, FL 34749

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 016556800**

Dear Mr. Gingras:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$1,407,929 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **016556800**

Facility Name (current) : **Lifestream Behavioral Health**

Annual Group 4 distribution to your facility	(A)	\$1,407,929
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$1,407,929
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$1,407,929

[1] This payment may be made by check or transferred electronically.



RON DESANTIS
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MARY C. MAYHEW
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June 5, 2019

Richard Barlow
Park Place Behavioral
206 Park Place Boulevard
Kissimmee, FL 34741

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 017645900**

Dear Mr. Barlow:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$490,850 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

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Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **017645900**

Facility Name (current) : **Park Place Behavioral**

Annual Group 4 distribution to your facility	(A)	\$490,850
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$490,850
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$490,850

[1] This payment may be made by check or transferred electronically.



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MARY C. MAYHEW
SECRETARY

June 5, 2019

Eric Horst
SMA Behavioral
150 Magnolia Dr.
Daytona Beach, FL 32114

**RE: State Fiscal Year 2018 - 2019
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 017706400**

Dear Mr. Horst:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2018 - 2019. This proviso language directs payments to be made to facilities meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment and previously disbursed payments represent 100% of your annual appropriation of \$344,002 for state fiscal year 2018 - 2019. The formula used to determine the amount of your payment is shown on the enclosed calculation sheet.

I would like to take this opportunity to thank you for your ongoing commitment to Medicaid beneficiaries and indigent persons in Florida. Your contributions to the provision of adequate and appropriate health care to Floridians in need are truly appreciated.

If you have any questions regarding the above, please call Ryan Perry of my staff at (850) 412-4132.

Sincerely,

Lisa Smith, Bureau Chief,
Medicaid Program Finance

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2018 - 2019 Annual Payment

Medicaid Number : **017706400**

Facility Name (current) : **SMA Behavioral**

Annual Group 4 distribution to your facility	(A)	\$344,002
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$344,002
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$344,002

[1] This payment may be made by check or transferred electronically.