



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

May 1, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 2019 - 2020. 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 \$437,907 for state fiscal year 2019 - 2020. 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 2019 - 2020 Second Payment

Medicaid Number : **016911900**

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

Annual Group 4 distribution to your facility	(A)	\$437,907
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$437,907
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$218,954
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$218,953

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



RON DESANTIS
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MARY C. MAYHEW
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May 1, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 2019 - 2020. 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 \$5,334,109 for state fiscal year 2019 - 2020. 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

LS:rp

Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **011030400**

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

Annual Group 4 distribution to your facility	(A)	\$5,334,109
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$5,334,109
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$2,667,055
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$2,667,054

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



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MARY C. MAYHEW
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May 1, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 2019 - 2020. 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 \$716,727 for state fiscal year 2019 - 2020. 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 2019 - 2020 Second Payment

Medicaid Number : **060280905**

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

Annual Group 4 distribution to your facility	(A)	\$716,727
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$716,727
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$358,364
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$358,363

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



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

May 1, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 060272800**

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 2019 - 2020. 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 \$705,947 for state fiscal year 2019 - 2020. 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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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **060272800**

Facility Name (current) : **Gracepoint**

Annual Group 4 distribution to your facility	(A)	\$705,947
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$705,947
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$352,974
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$352,973

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



RON DESANTIS
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MARY C. MAYHEW
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May 1, 2020

Erica M. Ricketts, MBA
Henderson Behavioral Health
4740 North State Road 7, Suite #201
Fort Lauderdale, FL 33319

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 060338449**

Dear Ms. Ricketts:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. 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 \$273,501 for state fiscal year 2019 - 2020. 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
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Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **060338449**

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

Annual Group 4 distribution to your facility	(A)	\$273,501
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$273,501
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$136,751
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$136,750

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



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MARY C. MAYHEW
SECRETARY

May 1, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 2019 - 2020. 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 \$1,673,254 for state fiscal year 2019 - 2020. 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.

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State of Florida
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Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **016556800**

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

Annual Group 4 distribution to your facility	(A)	\$1,673,254
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$1,673,254
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$836,627
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$836,627

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



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MARY C. MAYHEW
SECRETARY

May 1, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 2019 - 2020. 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 \$747,765 for state fiscal year 2019 - 2020. 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
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Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **017645900**

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

Annual Group 4 distribution to your facility	(A)	\$747,765
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$747,765
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$373,883
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$373,882

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MARY C. MAYHEW
SECRETARY

May 1, 2020

Robert A. Sommers, Ph.D., M.B.A.
Mental Health Resource Center
P.O.Box 19249
Jacksonville, FL 32245-9249

**RE: State Fiscal Year 2019 - 2020
Second Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 060293113**

Dear Mr. Sommers:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2019 - 2020. 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 \$1,124,438 for state fiscal year 2019 - 2020. 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
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Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2019 - 2020 Second Payment

Medicaid Number : **060293113**

Facility Name (current) : **Mental Health Resource Center**

Annual Group 4 distribution to your facility	(A)	\$1,124,438
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$1,124,438
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$562,219
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$562,219

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



RON DESANTIS
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MARY C. MAYHEW
SECRETARY

May 1, 2020

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

**RE: State Fiscal Year 2019 - 2020
Second 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 2019 - 2020. 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 \$712,307 for state fiscal year 2019 - 2020. 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 2019 - 2020 Second Payment

Medicaid Number : **017706400**

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

Annual Group 4 distribution to your facility	(A)	\$712,307
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$712,307
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$356,154
Your Scheduled Group 4 Payment [1]	(C - D) = (E)	\$356,153

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