



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Jay A. Reeve, PhD
Apalachee Center
2634 Capital Circle NE
Tallahassee, FL 32308

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 016911900**

Dear Dr. Reeve:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$651,956 for state fiscal year 2020 - 2021. 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 2020 - 2021 Annual Payment

Medicaid Number : **016911900**

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

Annual Group 4 distribution to your facility	(A)	\$651,956
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$651,956
Total of your Group 4 Payments previously paid in this fiscal year	(D)	0\$
Your Scheduled Group 4 Payment [1]	(E)	\$651,956

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



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February 15, 2021

Babette Hankey
Aspire Health Partners
5151 Adanson St. Suite 200
Orlando, FL 32804

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 011030400**

Dear Ms. Hankey:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 2020 - 2021. 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 2020 - 2021 Annual 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)	0\$
Your Scheduled Group 4 Payment [1]	(E)	\$5,334,109

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



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February 15, 2021

David L. Feldman
Circles of Care, Inc.
400 E. Sheridan Rd.
Melbourne, FL 32901

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 060291400**

Dear Mr. Feldman:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$3,272,000 for state fiscal year 2020 - 2021. 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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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 2020 - 2021 Annual Payment

Medicaid Number : **060291400**

Facility Name (current) : **Circles of Care, Inc.**

Annual Group 4 distribution to your facility	(A)	\$3,272,000
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$3,272,000
Total of your Group 4 Payments previously paid in this fiscal year	(D)	0\$
Your Scheduled Group 4 Payment [1]	(E)	\$3,272,000

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



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February 15, 2021

Melissa Larkin Skinner
Centerstone of Florida
391 6th Avenue West
Bradenton, FL 34205

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 060280905**

Dear Ms. Skinner:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 2020 - 2021. 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 2020 - 2021 Annual 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)	0\$
Your Scheduled Group 4 Payment [1]	(E)	\$716,727

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



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February 15, 2021

Joe Rutherford
Gracepoint
5707 N 22nd St.
Tampa, FL 33610

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 060272800**

Dear Mr. Rutherford:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$740,252 for state fiscal year 2020 - 2021. 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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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 2020 - 2021 Annual Payment

Medicaid Number : **060272800**

Facility Name (current) : **Gracepoint**

Annual Group 4 distribution to your facility	(A)	\$740,252
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$740,252
Total of your Group 4 Payments previously paid in this fiscal year	(D)	0\$
Your Scheduled Group 4 Payment [1]	(E)	\$740,252

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



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February 15, 2021

Steven Ronik
Henderson Behavioral Health
4740 North State Road 7
Fort Lauderdale, FL 33319

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 060338400**

Dear Mr. Ronik:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 2020 - 2021. 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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Medicaid Program Finance

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Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **060338400**

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)	0\$
Your Scheduled Group 4 Payment [1]	(E)	\$273,501

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



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SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Jonathan M. Cherry
Lifestream Behavioral Health
P.O. Box 491000
Leesburg, FL 34749

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 016556800**

Dear Mr. Cherry:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 2020 - 2021. 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

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State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2020 - 2021 Annual 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)	0\$
Your Scheduled Group 4 Payment [1]	(E)	\$1,673,254

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



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ACTING SECRETARY

February 15, 2021

James Shank
Park Place Behavioral
206 Park Place Boulevard
Kissimmee, FL 34741

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 060313900**

Dear Mr. Shank:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 \$771,368 for state fiscal year 2020 - 2021. 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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Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2020 - 2021 Annual Payment

Medicaid Number : **060313900**

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

Annual Group 4 distribution to your facility	(A)	\$771,368
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$771,368
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
Your Scheduled Group 4 Payment [1]	(E)	\$771,368

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



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SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

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

**RE: State Fiscal Year 2020 - 2021
Annual 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 2020 - 2021. 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 \$2,318,914 for state fiscal year 2020 - 2021. 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 2020 - 2021 Annual Payment

Medicaid Number : **060293113**

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

Annual Group 4 distribution to your facility	(A)	\$2,318,914
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
Total of your facility's annual Group 4 Payments	(A - B) = (C)	\$2,318,914
Total of your Group 4 Payments previously paid in this fiscal year	(D)	0\$
Your Scheduled Group 4 Payment [1]	(E)	\$2,318,914

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



RON DESANTIS
GOVERNOR

SHEVAUN L. HARRIS
ACTING SECRETARY

February 15, 2021

Ivan Cosimi
SMA Behavioral
150 Magnolia Avenue
Daytona Beach, FL 32114

**RE: State Fiscal Year 2020 - 2021
Annual Scheduled Low Income Pool (LIP) Group 4 Payment
Medicaid Number: 017706400**

Dear Mr. Cosimi:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2020 - 2021. 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 2020 - 2021. 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 2020 - 2021 Annual 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)	0\$
Your Scheduled Group 4 Payment [1]	(E)	\$712,307

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