	Florida Agency For I	Health Care Ad	ninistration	028003800 - 2022/07
	Office of Medicaid Cost Re			RI:384.73 / NM:544.60
	2727 Maha	an Drive - Mail Stop	23	
	Tallaha	ssee, Florida 32308	3	
SO WE IT			Provider Num	ber: 028003800
Sunland Marianna				ate: 6/3/2022
3700 Williams Driv				YE: 6/30/2021
Marianna, FL 3244	46			tus: Unaudited Costs
	`		Addit Ota	
Provider Type: ICF/IID)	Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institutio	- onal	351.15	384.73	7/1/2022
#8 Non-Am	- bulatory & #9 Medical	491.82	544.60	7/1/2022
	-			
Rate Type:				
Interim		х	Prospective	
	Total Interim		X Total P	rospective
	Interim Component	-	Prospe	ctive Adjusted for New Cost
	Settlement Based on C	Costs		
Comments:				TR
			W.Rydell Samuel	Ŧ
Distribution:			-	
<u>Distribution:</u> Contract Management			-	Fimbursement Analysis
<u>Distribution:</u> Contract Management DPODS - DCF (4)			-	
<u>Distribution:</u> Contract Management DPODS - DCF (4)			-	
<u>Distribution:</u> Contract Management DPODS - DCF (4)			-	

	Florida Agency For H	Health Care Ad	ministration	028004600 - 2022/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:408.56 / NM:573.50
E E	2727 Maha	an Drive - Mail Sto	o 23	
COD WE TRUST	Tallaha	ssee, Florida 3230	8	
Tacachale Facil	itv l		Provider Num	ber: 028004600
1621 N.E. Waldo	-		C	Date: 6/3/2022
Gainesville, FL 3			F	YE: 6/30/2021
			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/	'IID			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institu	-	362.25	408.5	
#8 Non-A	Ambulatory & #9 Medical	524.23	573.5	0 7/1/2022
Rate Type:				
Interi		X	Prospective	
	Total Interim			rospective
	Interim Component Settlement Based on C	ooto	Prospe	ctive Adjusted for New Cost
		0515		
Comments:				R
	ent		W.Rydell Samue	Ŧ
Distribution:	ent			
<u>Distribution:</u> Contract Manageme	ent			I TA eimbursement Analysis
<u>Distribution:</u> Contract Manageme DPODS - DCF (4)				
<u>Distribution:</u> Contract Manageme DPODS - DCF (4) Home Office:	agement/Tacachale			
<u>Distribution:</u> Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana	agement/Tacachale oad.			

	Florida Agency For H	lealth Care Ad	ministration	028006200 - 2022/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:447.28 / NM:603.17
E E	2727 Maha	an Drive - Mail Stor	o 23	
The cop we TRUST	Tallaha	ssee, Florida 3230	8	
Tacachale Facili	itv II		Provider Num	ber: 028006200
1621 N. E. Waldo	-		C	Date: 6/3/2022
Gainesville,, FL 3			F	YE: 6/30/2021
	52000		Audit Sta	atus: Unaudited Costs
Provider Type: ICF/I	IID			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institut	_	349.67	447.28	
#8 Non-A	mbulatory & #9 Medical	482.46	603.1	7 7/1/2022
Rate Type:				
Interi		X	Prospective	
	Total Interim			Prospective
	Interim Component Settlement Based on C	aata	Prospe	ctive Adjusted for New Cost
Comments:				
Distribution:				TR
	nt		W.Rydell Samue	T
Contract Manageme	nt		-	I TAT
Contract Managemer DPODS - DCF (4)	nt		-	(
Contract Managemen DPODS - DCF (4) Home Office:			-	(
<u>Distribution:</u> Contract Managemer DPODS - DCF (4) Home Office: Attn: Revenue Mana 1621 N. E. Waldo Ro	gement/Tacachale		-	(
Contract Managemer DPODS - DCF (4) Home Office: Attn: Revenue Mana	gement/Tacachale		-	(

OF THE STALL	Florida Agency For H	Health Care Ad	ministration	028009700 - 2022/07
	Office of Medicaid Cost Re			RI:593.83 / NM:923.31
	2727 Maha	an Drive - Mail Stop	23	
· IN COD WE INIS	Tallaha	ssee, Florida 3230	3	
Sunland Marianna			Provider Num	ber: 028009700
	11			ate: 6/3/2022
3700 Williams Drive				YE: 6/30/2021
Marianna, FL 32446)			tus: Unaudited Costs
Provider Type: ICF/IID				
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institution	al -	586.58	593.83	7/1/2022
#8 Non-Amb	ulatory & #9 Medical	896.16	923.31	7/1/2022
Rate Type:				
Interim		Х	Prospective	
	Total Interim		X Total P	rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:				P
<u>Distribution:</u> Contract Management			W.Rvdell Samuel	TR
Contract Management			W.Rydell Samuel	
Contract Management DPODS - DCF (4)				Fimbursement Analysis
Contract Management DPODS - DCF (4)				
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:				
Contract Management DPODS - DCF (4)				
Contract Management DPODS - DCF (4)			Medicaid Cost Re	

S S S	Florida Agency For H	Health Care Ad	ministration	028015100 - 2022/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:463.45 / NM:663.38
Ë	2727 Maha	an Drive - Mail Sto	o 23	
COD WE TRUST	Tallaha	ssee, Florida 3230	8	
Tacachale Facili	itv IV		Provider Num	ber: 028015100
1621 N.E. Waldo	-		C	Date: 6/3/2022
Gainesville, FL 3			F	FYE: 6/30/2021
			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/	IID			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institu	_	385.34	463.4	
#8 Non-A	Ambulatory & #9 Medical	557.69	663.3	8 7/1/2022
Rate Type:				
Interi		X	Prospective	
	Total Interim			Prospective
	Interim Component Settlement Based on C	aata	Prospe	ective Adjusted for New Cost
		0515	-	
Comments:				
Distribution:				TR
	nt		W.Rydell Samue	T
Contract Manageme	nt		-	I The eimbursement Analysis
Contract Manageme DPODS - DCF (4)	nt		-	/
Contract Manageme DPODS - DCF (4) Home Office:			-	/
<u>Distribution:</u> Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana 1621 N. E. Waldo Ro	igement/Tacachale		-	(
Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana	agement/Tacachale		-	(

	Florida Agency For H	Health Care Ad	ninistration	028016000 - 2022/07
	Office of Medicaid Cost Re			RI:373.89 / NM:515.17
	2727 Maha	an Drive - Mail Stop	23	
· · · · · · · · · · · · · · · · · · ·	Tallaha	ssee, Florida 32308	3	
	- 111		Provider Num	ber: 028016000
	-			ate: 6/3/2022
3700 Williams Driv				YE: 6/30/2021
Marianna, FL 324	46			tus: Unaudited Costs
Provider Type: ICF/IIE	h			
	-	Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institutio	onal	362.81	373.89	7/1/2022
#8 Non-Am	- hbulatory & #9 Medical	486.58	515.17	7/1/2022
Rate Type:				
Interim		X	Prospective	
	Total Interim		X Total P	rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				T
			W.Rydell Samuel	T
Distribution:				(
<u>Distribution:</u> Contract Management				Pimbursement Analysis
<u>Distribution:</u> Contract Management DPODS - DCF (4)	· · · · · · · · · · · · · · · · · · ·			(
<u>Distribution:</u> Contract Management DPODS - DCF (4)				(
<u>Distribution:</u> Contract Management DPODS - DCF (4)				(

SOF THE STAR	Florida Agency For H	Health Care Ad	ministration	028024100 - 2022/07
	Office of Medicaid Cost Re	imbursement Plan	ning and Finance	RI:434.67 / NM:622.47
E E	2727 Maha	an Drive - Mail Sto	p 23	
COD WE TRUST	Tallaha	ssee, Florida 3230	8	
Tacachale Facili	itv V		Provider Num	ber: 028024100
1621 N.E. Waldo			D	ate: 6/3/2022
Gainesville, FL 3			F	YE: 6/30/2021
			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/I	IID			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institu	-	379.02	434.67	
#8 Non-A	mbulatory & #9 Medical	541.76	622.47	7 7/1/2022
Rate Type:				
Interi		X	Prospective	
	Total Interim			rospective
	Interim Component Settlement Based on C	octo	Prospe	ctive Adjusted for New Cost
		0515		
Comments:				
				TR
Contract Manageme	nt		W.Rydell Samue	T
Contract Manageme DPODS - DCF (4)	nt		-	eimbursement Analysis
Contract Manageme DPODS - DCF (4) Home Office:			-	(
Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana	gement/Tacachale		-	(
Distribution: Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana 1621 N. E. Waldo Ro	gement/Tacachale		-	(
Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana	gement/Tacachale		Medicaid Cost Re	(

SOF THE STATE	Florida Agency For H	Health Care Ac	dministration	028026700 - 2022/07
6	Office of Medicaid Cost Re	imbursement Plan	nning and Finance	RI:402.48 / NM:518.03
Ë A	2727 Maha	an Drive - Mail Sto	p 23	
COD WE TRUST	Tallaha	ssee, Florida 3230	08	
Tacachale Facil	itv VII		Provider Num	ber: 028026700
1621 N.E. Waldo	-		C	Date: 6/3/2022
Gainesville, FL 3			F	YE: 6/30/2021
,			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/	IID			
		Current	New	Effective
Level of Care		Rate	Rate	
#7 Institu	_	339.68		
#8 NON- <i>F</i>	Ambulatory & #9 Medical	449.42	518.03	3 7/1/2022
Rate Type:				
Inter	ım Total Interim	X	_Prospective X Total P	Propostivo
	Interim Component			Prospective ective Adjusted for New Cost
	Settlement Based on C	osts	F105pe	clive Aujusted for New Cost
Comments:				
Distribution:				IK
Contract Manageme	int		W.Rydell Samue	M
-				
DPODS - DCF (4)			Medicaid Cost R	eimbursement Analysis
DPODS - DCF (4) Home Office:			Medicaid Cost R	eimbursement Analysis
DPODS - DCF (4) Home Office: Attn: Revenue Mana	-		Medicaid Cost R	eimbursement Analysis
DPODS - DCF (4) Home Office: Attn: Revenue Mana 1621 N. E. Waldo Re	oad.		Medicaid Cost R	eimbursement Analysis
DPODS - DCF (4) Home Office: Attn: Revenue Mana	oad.			eimbursement Analysis ation only - No Change in rate

	Florida Agency For			028055100 - 2022/07
a de la companya de la	Office of Medicaid Cost Re		-	RI:570.41 / NM:854.64
S. S		an Drive - Mail Sto		
COD WE TRUS	Tallaha	assee, Florida 3230	SN 200	
Tacachale Facilit	y VIII		Provider Num	ber: 028055100
1621 N.E. WALDO	D ROAD		Ε	Date: 6/3/2022
GAINESVILLE, FL	_ 32609		I	FYE: <u>6/30/2021</u>
			Audit Sta	atus: Unaudited Costs
Provider Type: ICF/III	D			
l aval of Care		Current	New	Effective
Level of Care	opol	Rate	Rate	
#7 Institution	nbulatory & #9 Medical	496.04	570.4	
#6 NOII-AII	nbulatory & #9 Medical	761.55	854.6	4 //1/2022
Rate Type: Interim	h	х	Prospective	
	Total Interim			Prospective
	Interim Component			ective Adjusted for New Cost
	Settlement Based on C	Costs	·	
• • • • • • • • •				
Comments:				
				R
Distribution:	t		W.Rydell Samue	Ŧ
Distribution: Contract Managemen	t		W.Rydell Samue	/•
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)	t			I The eimbursement Analysis
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office:				/•
Comments: Distribution: Contract Managemen DPODS - DCF (4) Home Office: Attn: Revenue Manag 1621 N. E. Waldo Roa	jement/Tacachale			/•
<u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office: Attn: Revenue Manag	jement/Tacachale			/ •

	Florida Agency For I	Health Care Ad	ministration	028058500 - 2022/07
	Office of Medicaid Cost Re			RI:387.18 / NM:508.67
	2727 Maha	an Drive - Mail Stoj	o 23	
COD WE TRUST	Tallaha	ssee, Florida 3230	8	
Sunland Marian	na IV		Provider Num	ber: 028058500
3700 Williams Ro			D	ate: 6/3/2022
Marianna, FL 32			F	YE: 6/30/2021
			Audit Sta	tus: Unaudited Costs
Provider Type: ICF/I	IID			
		Current	New	Effective
Level of Care	-	Rate	Rate	Date
#7 Institut	-	377.71		
#8 Non-A	mbulatory & #9 Medical	489.65	508.67	7/1/2022
Rate Type:				
Interi	m	X	Prospective	
	Total Interim		X Total P	rospective
	Interim Component		Prospe	ctive Adjusted for New Cost
	Settlement Based on C	osts		
Comments:				
Distribution:			W Rydell Samuel	Ŧ
<u>Distribution:</u> Contract Manageme			W.Rydell Samuel	(
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)			-	Fimbursement Analysis
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)			-	(
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)	nt		-	(
Comments: Distribution: Contract Managemen DPODS - DCF (4) Home Office:	nt		-	(
<u>Distribution:</u> Contract Managemen DPODS - DCF (4)	nt		Medicaid Cost Re	(

No.	Florida Agency For I	Health Care Ad	ministration	028562500 - 2022/07
	Office of Medicaid Cost Re			RI:454.46 / NM:634.60
	2727 Maha	an Drive - Mail Stor	0 23	
· · · · · · · · · · · · · · · · · · ·	Tallaha	ssee, Florida 3230	8	
Sunland Marianna	- 1/		Provider Num	ber: 028562500
				ate: 6/3/2022
3700 Williams Driv	-			YE: 6/30/2021
Marianna, FL 3244	46			tus: Unaudited Costs
Provider Type: ICF/IID)			
rionder rype. Ior/IIL		Current	New	Effective
Level of Care		Rate	Rate	Date
#7 Institutio	onal	428.91	454.46	5 7/1/2022
#8 Non-Am	- bulatory & #9 Medical	628.13	634.60	7/1/2022
Rate Type:				
Interim		X	Prospective	
	Total Interim			rospective
	Interim Component	N	Prospe	ctive Adjusted for New Cost
	Settlement Based on C	JOSIS		
Comments:				~7
Distribution:				TR
Distribution: Contract Management			W.Rydell Samuel	T
<u>Distribution:</u> Contract Management DPODS - DCF (4)				Pimbursement Analysis
<u>Distribution:</u> Contract Management DPODS - DCF (4)				(
<u>Distribution:</u> Contract Management DPODS - DCF (4)				(
				(
<u>Distribution:</u> Contract Management DPODS - DCF (4)			Medicaid Cost Re	(