



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028003800 - 2022/07
RI:384.73 / NM:544.60

Sunland Marianna I
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028003800
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>351.15</u>	<u>384.73</u>	<u>7/1/2022</u>
#8 Non-Ambulatory & #9 Medical	<u>491.82</u>	<u>544.60</u>	<u>7/1/2022</u>


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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028004600 - 2022/07
RI:408.56 / NM:573.50

Tacachale Facility I
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028004600
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	362.25	408.56	7/1/2022
#8 Non-Ambulatory & #9 Medical	524.23	573.50	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

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Contract Management
 DPODS - DCF (4)
 Home Office:
 Attn: Revenue Management/Tacachale
 1621 N. E. Waldo Road.
 Gainesville, FL 32609

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028006200 - 2022/07
RI:447.28 / NM:603.17

Tacachale Facility II
 1621 N. E. Waldo Road
 Gainesville,, FL 32609

Provider Number: 028006200
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	349.67	447.28	7/1/2022
#8 Non-Ambulatory & #9 Medical	482.46	603.17	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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028009700 - 2022/07
RI:593.83 / NM:923.31

Sunland Marianna II
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028009700
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	586.58	593.83	7/1/2022
#8 Non-Ambulatory & #9 Medical	896.16	923.31	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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028015100 - 2022/07
RI:463.45 / NM:663.38

Tacachale Facility IV
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028015100
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	385.34	463.45	7/1/2022
#8 Non-Ambulatory & #9 Medical	557.69	663.38	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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028016000 - 2022/07
RI:373.89 / NM:515.17

Sunland Marianna III
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028016000
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	362.81	373.89	7/1/2022
#8 Non-Ambulatory & #9 Medical	486.58	515.17	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
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028024100 - 2022/07
RI:434.67 / NM:622.47

Tacachale Facility V
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028024100
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	379.02	434.67	7/1/2022
#8 Non-Ambulatory & #9 Medical	541.76	622.47	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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 Tallahassee, Florida 32308

028026700 - 2022/07
RI:402.48 / NM:518.03

Tacachale Facility VII
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028026700
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	339.68	402.48	7/1/2022
#8 Non-Ambulatory & #9 Medical	449.42	518.03	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
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028055100 - 2022/07
RI:570.41 / NM:854.64

Tacachale Facility VIII
 1621 N.E. WALDO ROAD
 GAINESVILLE, FL 32609

Provider Number: 028055100
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	496.04	570.41	7/1/2022
#8 Non-Ambulatory & #9 Medical	761.55	854.64	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
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028058500 - 2022/07
RI:387.18 / NM:508.67

Sunland Marianna IV
 3700 Williams Road
 Marianna, FL 32446

Provider Number: 028058500
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	377.71	387.18	7/1/2022
#8 Non-Ambulatory & #9 Medical	489.65	508.67	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
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028562500 - 2022/07
RI:454.46 / NM:634.60

Sunland Marianna V
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028562500
 Date: 6/3/2022
 FYE: 6/30/2021
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	428.91	454.46	7/1/2022
#8 Non-Ambulatory & #9 Medical	628.13	634.60	7/1/2022


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
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