



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

April 12, 2023

Jay Reeve  
Apalachee Center  
2634B Capital Cir. NE  
Tallahassee, FL 32308

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 110718500**

Dear Mr. 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 2022 - 2023. 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 represents 100% of your annual appropriation of \$797,196.00 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,  
Medicaid Program Finance

KS:mm

Enclosure:

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2727 Mahan Drive • Mail Stop # 23  
Tallahassee, FL 32308  
AHCA.MyFlorida.com



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Facebook.com/AHCAFlorida  
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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **110718500**

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

Annual Group 4 distribution to your facility	(A)	\$797,196.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$797,196.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$797,196.00</b>

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

April 12, 2023

Babette Hankey  
Aspire Health Partners  
237 Fernwood Blvd.  
Fern Park, FL 32730

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 11030400**

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 2022 - 2023. 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 represents 100% of your annual appropriation of \$5,150,964.00 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,  
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **11030400**

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

Annual Group 4 distribution to your facility	(A)	\$5,150,964.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$5,150,964.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$5,150,964.00</b>

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

April 12, 2023

James Whitaker  
Circles of Care, Inc.  
400 E Sheridan Rd.  
Melbourne, FL 32901

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60291400**

Dear Mr. Whitaker:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. 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 represents 100% of your annual appropriation of \$3,159,657.00 for state fiscal year 2022 - 2023. 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 Mike Massey 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 2022 - 2023 Annual Payment

Medicaid Number : **60291400**

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

Annual Group 4 distribution to your facility	(A)	\$3,159,657.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$3,159,657.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$3,159,657.00</b>

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS  
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SECRETARY

April 12, 2023

Melissa Larkin-Skinner  
Centerstone of Florida  
2020 26th Ave. E  
Bradenton, FL 34208

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60280905**

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 2022 - 2023. 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 represents 100% of your annual appropriation of \$712,192.00 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

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Medicaid Program Finance

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Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **60280905**

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

Annual Group 4 distribution to your facility	(A)	\$712,192.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$712,192.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$712,192.00</b>

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.





RON DESANTIS  
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SECRETARY

April 12, 2023

Joe Lallanilla  
Gracepoint  
5707 North 22nd St  
Tampa, FL 33610

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60272800**

Dear Mr. Lallanilla:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. 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 represents 100% of your annual appropriation of \$1,892,864.00 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

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Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **60272800**

Facility Name (current) : **Gracepoint**

Annual Group 4 distribution to your facility	(A)	\$1,892,864.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$1,892,864.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$1,892,864.00</b>

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

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RON DESANTIS  
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April 12, 2023

Steven Ronik, Ed.D.  
Henderson Behavioral Health  
330 NW 27th Ave.  
Fort Lauderdale, FL 33311

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60338400**

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 2022 - 2023. 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 represents 100% of your annual appropriation of \$266,043.00 for state fiscal year 2022 - 2023. 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 Mike Massey 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 2022 - 2023 Annual Payment

Medicaid Number : **60338400**

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

Annual Group 4 distribution to your facility	(A)	\$266,043.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$266,043.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$266,043.00</b>

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RON DESANTIS  
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SECRETARY

April 12, 2023

Jonathan M. Cherry  
Lifestream Behavioral Health  
2020 Talley Rd.  
Leesburg, FL 34748

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 112815000**

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 2022 - 2023. 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 represents 100% of your annual appropriation of \$1,760,065.81 for state fiscal year 2022 - 2023. 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 Mike Massey 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 2022 - 2023 Annual Payment

Medicaid Number : **112815000**

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

Annual Group 4 distribution to your facility	(A)	\$1,760,065.81
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$1,760,065.81
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$1,760,065.81</b>

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RON DESANTIS  
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April 12, 2023

Jim Shanks  
Park Place Behavioral  
206 Park Place Blvd.  
Kissimmee, FL 34741

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60313900**

Dear Mr. Shanks:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. 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 represents 100% of your annual appropriation of \$451,021.46 for state fiscal year 2022 - 2023. 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 Mike Massey 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 2022 - 2023 Annual Payment

Medicaid Number : **60313900**

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

Annual Group 4 distribution to your facility	(A)	\$451,021.46
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$451,021.46
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$451,021.46</b>

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.





RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

April 12, 2023

Robert Sommers  
Mental Health Resource Center  
3333 W 20th St.  
Jacksonville, FL 32254

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60293113**

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 2022 - 2023. 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 represents 100% of your annual appropriation of \$4,288,155.00 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

Kristin Sokoloski, Acting Budget and Planning Bureau Chief,  
Medicaid Program Finance

KS:mm

Enclosure:



State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **60293113**

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

Annual Group 4 distribution to your facility	(A)	\$4,288,155.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$4,288,155.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$4,288,155.00</b>

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

April 12, 2023

Ivan Cosimi  
SMA Behavioral  
1150 Red John Dr.  
Daytona Beach, FL 32124

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 112795300**

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 2022 - 2023. 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 represents 100% of your annual appropriation of \$759,041.49 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

Sincerely,

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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 2022 - 2023 Annual Payment

Medicaid Number : **112795300**

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

Annual Group 4 distribution to your facility	(A)	\$759,041.49
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$759,041.49
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$759,041.49</b>

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

April 12, 2023

Mario Jardon, LCSW  
Citrus Health Network  
4175 W 20th Ave.  
Hialeah, FL 33012

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60304000**

Dear Mr. Jardon:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. 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 represents 100% of your annual appropriation of \$924,186.00 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **60304000**

Facility Name (current) : **Citrus Health Network**

Annual Group 4 distribution to your facility	(A)	\$924,186.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$924,186.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$924,186.00</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

April 12, 2023

Deanna Obregon  
Cove - DACCO Behavioral Health  
4422 E Columbus Dr.  
Tampa, FL 33605

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60650200**

Dear Ms. Obregon:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. 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 represents 100% of your annual appropriation of \$246,562.00 for state fiscal year 2022 - 2023. 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.

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **60650200**

Facility Name (current) : **Cove - DACCO Behavioral Health**

Annual Group 4 distribution to your facility	(A)	\$246,562.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$246,562.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$246,562.00</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

April 12, 2023

Robert C. Rihn  
Tri County Behavioral Health  
1815 Crystal Lake Dr.  
Lakeland, FL 33801

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60397003**

Dear Mr. Rihn:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. 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 represents 100% of your annual appropriation of \$2,078,974.00 for state fiscal year 2022 - 2023. 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 Mike Massey of my staff at (850) 412-4132.

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **60397003**

Facility Name (current) : **Tri County Behavioral Health**

Annual Group 4 distribution to your facility	(A)	\$2,078,974.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$2,078,974.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$2,078,974.00</b>

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[2] This amount may be explicit instead of being based on quarterly distribution calculations.



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

April 12, 2023

Larry G. Williams, Jr.  
Peace River Behavioral Health  
1835 N Gilmore Ave.  
Lakeland, FL 33805

**RE: State Fiscal Year 2022 - 2023  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60310400**

Dear Mr. Williams:

Your facility has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2022 - 2023. 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 represents 100% of your annual appropriation of \$783,699.00 for state fiscal year 2022 - 2023. 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.

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Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2022 - 2023 Annual Payment

Medicaid Number : **60310400**

Facility Name (current) : **Peace River Behavioral Health**

Annual Group 4 distribution to your facility	(A)	\$783,699.00
Amount being withheld from distribution in anticipation of funding reductions	(B)	\$0
<b>Total of your facility's annual Group 4 Payments</b>	(A - B) = (C)	\$783,699.00
Total of your Group 4 Payments previously paid in this fiscal year	(D)	\$0
<b>Your Scheduled Group 4 Payment [1] [2]</b>	(E)	<b>\$783,699.00</b>

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

[2] This amount may be explicit instead of being based on quarterly distribution calculations.