



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

<b>028003800 - 2023/07</b>
<b>RI:465.78 / NM:654.97</b>

**Sunland Marianna I**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028003800  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>384.73</b>	<b>465.78</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>544.60</b>	<b>654.97</b>	<b>7/1/2023</b>


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			

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

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W.Rydell Samuel   
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 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

**028004600 - 2023/07**  
**RI:419.61 / NM:591.75**

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

Provider Number: 028004600  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>408.56</b>	<b>419.61</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>573.50</b>	<b>591.75</b>	<b>7/1/2023</b>

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			

Comments:

Distribution:

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

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**028006200 - 2023/07**  
**RI:432.47 / NM:582.87**

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

Provider Number: 028006200  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>447.28</b>	<b>432.47</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>603.17</b>	<b>582.87</b>	<b>7/1/2023</b>


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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 Home Office:  
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1621 N. E. Waldo Road.  
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**028009700 - 2023/07**  
**RI:719.59 / NM:1109.85**

**Sunland Marianna II**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028009700  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>593.83</b>	<b>719.59</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>923.31</b>	<b>1109.85</b>	<b>7/1/2023</b>


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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 Tallahassee, Florida 32308

**028015100 - 2023/07**  
**RI:474.92 / NM:695.68**

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

Provider Number: 028015100  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>463.45</b>	<b>474.92</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>663.38</b>	<b>695.68</b>	<b>7/1/2023</b>


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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**028016000 - 2023/07**  
**RI:428.50 / NM:585.32**

**Sunland Marianna III**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028016000  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>373.89</b>	<b>428.50</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>515.17</b>	<b>585.32</b>	<b>7/1/2023</b>

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>

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**Florida Agency For Health Care Administration**  
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 Tallahassee, Florida 32308

**028024100 - 2023/07**  
**RI:449.97 / NM:643.22**

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

Provider Number: 028024100  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>434.67</b>	<b>449.97</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>622.47</b>	<b>643.22</b>	<b>7/1/2023</b>


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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Gainesville, FL 32609

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**028026700 - 2023/07**  
**RI:405.63 / NM:519.86**

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

Provider Number: 028026700  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>402.48</b>	<b>405.63</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>518.03</b>	<b>519.86</b>	<b>7/1/2023</b>


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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**028055100 - 2023/07**  
**RI:535.44 / NM:778.98**

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

Provider Number: 028055100  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>570.41</b>	<b>535.44</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>854.64</b>	<b>778.98</b>	<b>7/1/2023</b>


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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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**028058500 - 2023/07**  
**RI:432.42 / NM:558.78**

**Sunland Marianna IV**  
 3700 Williams Road  
 Marianna, FL 32446

Provider Number: 028058500  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>387.18</b>	<b>432.42</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>508.67</b>	<b>558.78</b>	<b>7/1/2023</b>


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>

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 2727 Mahan Drive - Mail Stop 23  
 Tallahassee, Florida 32308

**028562500 - 2023/07**  
**RI:477.58 / NM:690.02**

**Sunland Marianna V**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028562500  
 Date: 6/26/2023  
 FYE: 6/30/2022  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>454.46</b>	<b>477.58</b>	<b>7/1/2023</b>
#8 Non-Ambulatory & #9 Medical	<b>634.60</b>	<b>690.02</b>	<b>7/1/2023</b>


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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