



RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

July 3, 2024

Jay Reeve  
Apalachee Center  
2634B Capital Cir NE  
Tallahassee, Florida 32308-4106

**RE: State Fiscal Year 2023 - 2024  
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 2023 - 2024. 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 \$716,629.55 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **110718500**

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

Annual Group 4 distribution to your facility	(A)	\$716,629.55
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)	\$716,629.55
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>\$716,629.55</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

July 3, 2024

Babette Hankey  
Aspire Health Partners  
237 Fernwood Blvd  
Fern Park, Florida 32730-2116

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 11030400**

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 2023 - 2024. 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 \$8,513,519.93 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **11030400**

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

Annual Group 4 distribution to your facility	(A)	\$8,513,519.93
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)	\$8,513,519.93
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>\$8,513,519.93</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

July 3, 2024

James Whitaker  
Circles of Care, Inc.  
400 E Sheridan Rd  
Melbourne, Florida 32901-3184

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60291400**

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 2023 - 2024. 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 \$324,2627.29 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60291400**

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

Annual Group 4 distribution to your facility	(A)	\$324,2627.29
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)	\$324,2627.29
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>\$324,2627.29</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

July 3, 2024

Scott Burgess  
David Lawrence Behavioral Health  
6075 Bathey Ln  
Naples, Florida 34116

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60288404**

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 2023 - 2024. 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 \$1,338,965.24 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60288404**

Facility Name (current) : **David Lawrence Behavioral Health**

Annual Group 4 distribution to your facility	(A)	\$1,338,965.24
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)	\$1,338,965.24
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>\$1,338,965.24</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

July 3, 2024

Melissa Larkin-Skinner  
Centerstone of Florida  
2020 26th Ave E  
Bradenton, Florida 34208-7753

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60280905**

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 2023 - 2024. 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 \$730,893.34 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting 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 2023 - 2024 Annual Payment

Medicaid Number : **60280905**

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

Annual Group 4 distribution to your facility	(A)	\$730,893.34
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)	\$730,893.34
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>\$730,893.34</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

July 3, 2024

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

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60272800**

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 2023 - 2024. 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 \$2,945,537.42 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60272800**

Facility Name (current) : **Gracepoint**

Annual Group 4 distribution to your facility	(A)	\$2,945,537.42
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)	\$2,945,537.42
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>\$2,945,537.42</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

July 3, 2024

Steven Ronik, Ed.D.  
Henderson Behavioral Health  
330 NW 27th Ave  
Fort Lauderdale, Florida 33311-8650

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60338400**

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 2023 - 2024. 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 \$273,028.82 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60338400**

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

Annual Group 4 distribution to your facility	(A)	\$273,028.82
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)	\$273,028.82
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>\$273,028.82</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

July 3, 2024

Jonathan M. Cherry  
Lifestream Behavioral Health  
2020 Talley Rd  
Leesburg, Florida 34748-3426

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 112815000**

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 2023 - 2024. 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 \$1,806,283.13 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **112815000**

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

Annual Group 4 distribution to your facility	(A)	\$1,806,283.13
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)	\$1,806,283.13
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>\$1,806,283.13</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

July 3, 2024

Jim Shanks  
Park Place Behavioral  
206 Park Place Blvd  
Kissimmee, Florida 34741-2344

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60313900**

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 2023 - 2024. 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 \$881,627.94 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60313900**

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

Annual Group 4 distribution to your facility	(A)	\$881,627.94
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)	\$881,627.94
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>\$881,627.94</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

July 3, 2024

Robert Sommers  
Mental Health Resource Center  
3333 W 20TH ST  
Jacksonville, Florida 32254-1703

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60293113**

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 2023 - 2024. 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 \$4,442,374.61 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60293113**

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

Annual Group 4 distribution to your facility	(A)	\$4,442,374.61
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)	\$4,442,374.61
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>\$4,442,374.61</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

July 3, 2024

Ivan Cosimi  
SMA Behavioral  
1150 Red John Dr  
Daytona beach, Florida 32124-1016

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 112795300**

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 2023 - 2024. 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 \$3,594,933 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **112795300**

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

Annual Group 4 distribution to your facility	(A)	\$3,594,933
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)	\$3,594,933
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>\$3,594,933</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

July 3, 2024

Mario Jardon, LCSW  
Citrus Health Network  
4175 W. 20TH AVE  
Hialeah, Florida 33012-5835

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60304000**

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 2023 - 2024. 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 \$1,659,259.92 for state fiscal year 2023 - 2024. 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

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State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60304000**

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

Annual Group 4 distribution to your facility	(A)	\$1,659,259.92
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)	\$1,659,259.92
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>\$1,659,259.92</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

July 3, 2024

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

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60650200**

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 2023 - 2024. 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 \$354,751.55 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting 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 2023 - 2024 Annual Payment

Medicaid Number : **60650200**

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

Annual Group 4 distribution to your facility	(A)	\$354,751.55
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)	\$354,751.55
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>\$354,751.55</b>

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

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RON DESANTIS  
GOVERNOR

JASON WEIDA  
SECRETARY

July 3, 2024

Shawn Salamida  
Lakeview Center  
1221 West Lakeview Ave.  
Pensacola, FL 32501

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60271000**

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 2023 - 2024. 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 \$801,632.57 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60271000**

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

Annual Group 4 distribution to your facility	(A)	\$801,632.57
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)	\$801,632.57
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>\$801,632.57</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

July 3, 2024

Robert C. Rihn  
Tri County Behavioral Health  
5421 US Hwy 98 SOUTH  
Highland, Florida 33846

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60397003**

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 2023 - 2024. 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 \$993,708.68 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60397003**

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

Annual Group 4 distribution to your facility	(A)	\$993,708.68
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)	\$993,708.68
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>\$993,708.68</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

July 3, 2024

Larry G. Williams, Jr.  
Peace River Behavioral Health  
1835 N Gilmore Ave  
Lakeland, Florida 33805-1559

**RE: State Fiscal Year 2023 - 2024  
Annual Scheduled Low Income Pool (LIP) Group 4 Distribution  
Medicaid Number: 60310400**

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 2023 - 2024. 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 \$1,346,044.12 for state fiscal year 2023 - 2024. 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,

Staci Griffis, Acting Bureau Chief,  
Medicaid Program Finance

SG:mm  
Enclosure:

State of Florida  
Agency for Health Care Administration  
Medicaid Program Finance

Low Income Pool (LIP) Group 4

State Fiscal Year 2023 - 2024 Annual Payment

Medicaid Number : **60310400**

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

Annual Group 4 distribution to your facility	(A)	\$1,346,044.12
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)	\$1,346,044.12
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>\$1,346,044.12</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.