



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

**028003800 - 2024/07**  
**RI:639.41 / NM:943.33**

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

Provider Number: 028003800  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>465.78</b>	<b>639.41</b>	<b>7/1/2024</b>
#8 Non-Ambulatory & #9 Medical	<b>654.97</b>	<b>943.33</b>	<b>7/1/2024</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:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

W.Rydell Samuel   
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate



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

**028004600 - 2024/07**  
**RI:496.98 / NM:701.82**

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

Provider Number: 028004600  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>419.61</b>	<b>496.98</b>	<b>7/1/2024</b>
#8 Non-Ambulatory & #9 Medical	<b>591.75</b>	<b>701.82</b>	<b>7/1/2024</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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028006200 - 2024/07**  
**RI:502.36 / NM:692.48**

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

Provider Number: 028006200  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>432.47</b>	<b>502.36</b>	<b>7/1/2024</b>
#8 Non-Ambulatory & #9 Medical	<b>582.87</b>	<b>692.48</b>	<b>7/1/2024</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:

Distribution:

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

W.Rydell Samuel   
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

**028009700 - 2024/07**  
**RI:972.15 / NM:1472.79**

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

Provider Number: 028009700  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>719.59</b>	<b>972.15</b>	<b>7/1/2024</b>
#8 Non-Ambulatory & #9 Medical	<b>1109.85</b>	<b>1472.79</b>	<b>7/1/2024</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:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

W.Rydell Samuel   
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate



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

**028015100 - 2024/07**  
**RI:573.70 / NM:847.68**

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

Provider Number: 028015100  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>474.92</b>	<b>573.70</b>	<b>7/1/2024</b>
#8 Non-Ambulatory & #9 Medical	<b>695.68</b>	<b>847.68</b>	<b>7/1/2024</b>


Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Total Prospective
		<input type="checkbox"/> Prospective Adjusted for New Cost

Comments:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

<b>028016000 - 2024/07</b>
<b>RI:595.76 / NM:894.90</b>

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

Provider Number: 028016000  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>428.50</b>	<b>595.76</b>	<b>7/1/2024</b>
#8 Non-Ambulatory & #9 Medical	<b>585.32</b>	<b>894.90</b>	<b>7/1/2024</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>	

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

W.Rydell Samuel   
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate



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

**028024100 - 2024/07**  
**RI:589.53 / NM:884.00**

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

Provider Number: 028024100  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>449.97</b>	<b>589.53</b>	<b>7/1/2024</b>
#8 Non-Ambulatory & #9 Medical	<b>643.22</b>	<b>884.00</b>	<b>7/1/2024</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:

Distribution:

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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate



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

**028026700 - 2024/07**  
**RI:444.68 / NM:581.67**

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

Provider Number: 028026700  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>405.63</b>	<b>444.68</b>	<b>7/1/2024</b>
#8 Non-Ambulatory & #9 Medical	<b>519.86</b>	<b>581.67</b>	<b>7/1/2024</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>	

Comments:

Distribution:

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

W.Rydell Samuel   
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate





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

**028055100 - 2024/07**  
**RI:608.97 / NM:903.31**

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

Provider Number: 028055100  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>535.44</b>	<b>608.97</b>	<b>7/1/2024</b>
#8 Non-Ambulatory & #9 Medical	<b>778.98</b>	<b>903.31</b>	<b>7/1/2024</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

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_ For Information only - No Change in rate



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

**028058500 - 2024/07**  
**RI:553.29 / NM:770.52**

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

Provider Number: 028058500  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>432.42</u>	<u>553.29</u>	<u>7/1/2024</u>
#8 Non-Ambulatory & #9 Medical	<u>558.78</u>	<u>770.52</u>	<u>7/1/2024</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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



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

**028562500 - 2024/07**  
**RI:672.79 / NM:954.49**

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

Provider Number: 028562500  
 Date: 7/30/2024  
 FYE: 6/30/2023  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>477.58</b>	<b>672.79</b>	<b>7/1/2024</b>
#8 Non-Ambulatory & #9 Medical	<b>690.02</b>	<b>954.49</b>	<b>7/1/2024</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:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

\_\_\_\_\_  
 \_\_\_\_\_  
 ,

\_\_\_\_\_ For Information only - No Change in rate