| OF THE STREET | Florida Agency For H | Health Care Ad | Iministration | 028003800 - 2024/07 |
|------------------------|----------------------------|---------------------|----------------|--------------------------------|
| | Office of Medicaid Cost Re | | | RI:639.41 / NM:943.3 |
| | 2727 Maha | an Drive - Mail Sto | p 23 | |
| | Tallaha | ssee, Florida 3230 |)8 | |
| O U UU | | | Provider Num | nber: 028003800 |
| Sunland Marianna | | | | Date: 7/30/2024 |
| 3700 Williams Drive | - | | | FYE: 6/30/2023 |
| Marianna, FL 3244 | 16 | | | atus: Unaudited Costs |
| Provider Type: ICF/IID | | | | |
| TTOVIDEL TYPE. ICF/IID | | Current | New | Effective |
| Level of Care | | Rate | Rate | Date |
| #7 Institutio | nal – | 465.78 | 639.4 | 1 7/1/2024 |
| #8 Non-Am | – bulatory & #9 Medical | 654.97 | 943.3 | 3 7/1/2024 |
| | | | | |
| Rate Type: | | | | |
| Interim | | х | Prospective | |
| _ | Total Interim | | – X Total F | Prospective |
| | Interim Component | | Prospe | ective Adjusted for New Cost |
| | Settlement Based on C | osts | | |
| Comments: | | | | |
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| Distribution: | | | | TR |
| Contract Management | | | W.Rydell Samue | A |
| DPODS - DCF (4) | | | - | eimbursement Analysis |
| Home Office: | | | | empursement Andlysis |
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| | | | For Inform | ation only - No Change in rate |

| STATES THE STATES | Florida Agency For I | Health Care Ad | Iministration | 028004600 - 2024/07 |
|--|---|---------------------|------------------|-----------------------------|
| | Office of Medicaid Cost Re | imbursement Plan | ning and Finance | RI:496.98 / NM:701.82 |
| E CARLES | 2727 Maha | an Drive - Mail Sto | p 23 | |
| COD WE TRUST | Tallaha | ssee, Florida 3230 | 8 | |
| Tacachale Facil | itv I | | Provider Num | ber: 028004600 |
| 1621 N.E. Waldo | - | | D | ate: 7/30/2024 |
| Gainesville, FL 3 | | | F | YE: 6/30/2023 |
| | | | Audit Sta | atus: Unaudited Costs |
| Provider Type: ICF/ | IID | | | |
| | | Current | New | Effective |
| Level of Care | | Rate | Rate | Date |
| #7 Institu | - | 419.61 | 496.98 | |
| #8 Non-A | Ambulatory & #9 Medical | 591.75 | 701.82 | 2 7/1/2024 |
| | | | | |
| Rate Type: | | | _ | |
| Interi | | X | Prospective | |
| | Total Interim | | | rospective |
| | Interim Component Settlement Based on C | `osts | Prospe | ctive Adjusted for New Cost |
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| Comments: | | | | |
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| Contract Manageme | nt | | W.Rydell Samue | FF |
| Contract Manageme DPODS - DCF (4) | nt | | | eimbursement Analysis |
| Contract Manageme DPODS - DCF (4) Home Office: | | | | (|
| Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana | agement/Tacachale | | | (|
| Distribution: Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana 1621 N. E. Waldo Ro | agement/Tacachale oad. | | | (|
| Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana | agement/Tacachale oad. | | Medicaid Cost Re | (|

| | Florida Agency For H | -lealth Care Ad | ministration | 028006200 - 2024/07 |
|--|----------------------------|----------------------|------------------|--|
| | Office of Medicaid Cost Re | imbursement Plan | ning and Finance | RI:502.36 / NM:692.48 |
| E E | 2727 Maha | an Drive - Mail Stop | o 23 | |
| COD WE TRUST | Tallaha | ssee, Florida 3230 | 8 | |
| Tacachale Facili | ity II | | Provider Num | ber: 028006200 |
| 1621 N. E. Waldo | - | | D | ate: 7/30/2024 |
| Gainesville,, FL | | | F | YE: 6/30/2023 |
| ,, | | | Audit Sta | tus: Unaudited Costs |
| Provider Type: ICF/I | IID | | | |
| | | Current | New | Effective |
| Level of Care | | Rate | Rate | |
| #7 Institu | - | 432.47 | 502.36 | |
| #8 NON-A | Ambulatory & #9 Medical | 582.87 | 692.48 | 7/1/2024 |
| Data Tura | | | | |
| Rate Type: Interi | im | х | Prospective | |
| | Total Interim | | - | ospective |
| | Interim Component | | | tive Adjusted for New Cost |
| | Settlement Based on C | osts | | |
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| Comments: | | | | |
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| Distribution: | | | | TR |
| | nt | | W.Rydell Samuel | F |
| Contract Manageme | nt | | | The second secon |
| Contract Manageme DPODS - DCF (4) | nt | | | imbursement Analysis |
| Contract Manageme DPODS - DCF (4) Home Office: | | | | imbursement Analysis |
| Distribution: Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana 1621 N. E. Waldo Ro | agement/Tacachale | | | imbursement Analysis |
| Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana | agement/Tacachale | | | imbursement Analysis |

| | Florida Agency For | Health Care Ad | ninistration | 028009700 - 2024/07 |
|--|----------------------------|----------------------|-----------------|-----------------------------|
| | Office of Medicaid Cost Re | eimbursement Planr | ing and Finance | RI:972.15 / NM:1472.79 |
| e E | 2727 Mah | an Drive - Mail Stop | 23 | |
| COD WE TRUST | Tallaha | assee, Florida 32308 | 3 | |
| Sunland Marian | na ll | | Provider Num | ber: 028009700 |
| 3700 Williams Dr | rive | | C | ate: 7/30/2024 |
| Marianna, FL 32 | 2446 | | F | YE: 6/30/2023 |
| | | | Audit Sta | tus: Unaudited Costs |
| Provider Type: ICF/ | (IID | | | |
| | | Current | New | Effective |
| Level of Care | | Rate | _ Rate | Date |
| #7 Institu | | 719.59 | 972.1 | |
| #8 Non-A | Ambulatory & #9 Medical | 1109.85 | 1472.7 | 9 7/1/2024 |
| | | | | |
| Rate Type: | | | | |
| Interi | | X | Prospective | |
| | Total Interim | | | rospective |
| | Interim Component | | Prospe | ctive Adjusted for New Cost |
| | Settlement Based on C | Costs | | |
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| Comments: | | | | |
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| Distribution: | | | W Dudall Comus | TR |
| Distribution: Contract Manageme | ent | | W.Rydell Samue | Ŧ |
| <u>Distribution:</u> Contract Manageme DPODS - DCF (4) | ent | | | Pimbursement Analysis |
| <u>Distribution:</u> Contract Manageme DPODS - DCF (4) | ent | | | (|
| <u>Distribution:</u> Contract Manageme DPODS - DCF (4) | ent | | | (|
| Distribution: | ent | | | (|
| <u>Distribution:</u> Contract Manageme DPODS - DCF (4) | ent | | | (|

| | Florida Agency For I | | | 028015100 - 2024/07 |
|--|----------------------------|---------------------|------------------|-------------------------------|
| | Office of Medicaid Cost Re | eimbursement Plan | ning and Finance | RI:573.70 / NM:847.68 |
| Ë | 2727 Maha | an Drive - Mail Sto | p 23 | |
| COD WE TRUST | Tallaha | issee, Florida 3230 | 8 | |
| Tacachale Facili | itv IV | | Provider Num | ber: 028015100 |
| 1621 N.E. Waldo | - | | C | Date: 7/30/2024 |
| Gainesville, FL 3 | | | F | YE: 6/30/2023 |
| , | | | Audit Sta | atus: Unaudited Costs |
| Provider Type: ICF/I | IID | | | |
| | | Current | New | Effective |
| Level of Care | - | Rate | Rate | |
| #7 Institu | - | 474.92 | 573.70 | |
| #8 NON-A | mbulatory & #9 Medical | 695.68 | 847.68 | B 7/1/2024 |
| | | | | |
| Rate Type: Interi | ~ | х | Prospective | |
| | Total Interim | | - | rospective |
| | Interim Component | | | ective Adjusted for New Cost |
| | Settlement Based on C | Costs | | |
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| Comments: | | | | |
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| Distribution: | | | | R |
| | nt | | W.Rydell Samue | Ŧ |
| Contract Manageme | nt | | - | (|
| Contract Manageme DPODS - DCF (4) | nt | | - | I TA eimbursement Analysis |
| Contract Manageme DPODS - DCF (4) Home Office: | | | - | (|
| Distribution: Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana 1621 N. E. Waldo Ro | gement/Tacachale | | - | (|
| Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana | gement/Tacachale | | - | (|

| OF THE STATE | Florida Agency For H | Health Care Ac | dministration | 028016000 - 2024/07 |
|---------------------------------------|----------------------------|---------------------|------------------|-----------------------------|
| | Office of Medicaid Cost Re | | | RI:595.76 / NM:894.90 |
| | 2727 Maha | an Drive - Mail Sto | p 23 | |
| · · · · · · · · · · · · · · · · · · · | Tallaha | ssee, Florida 3230 | 08 | |
| Sunland Marianna | | | Provider Num | ber: 028016000 |
| 3700 Williams Drive | | | D | Date: 7/30/2024 |
| Marianna, FL 32446 | x · | | F | YE: 6/30/2023 |
| |) | | Audit Sta | atus: Unaudited Costs |
| Provider Type: ICF/IID | | | | |
| | | Current | New | Effective |
| Level of Care | - | Rate | Rate | Date |
| #7 Institution | _ | 428.50 | 595.76 | |
| #8 Non-Ambi | ulatory & #9 Medical | 585.32 | 894.90 | 0 7/1/2024 |
| | | | | |
| Rate Type: | | | | |
| Interim | | X | Prospective | |
| | Total Interim | | | rospective |
| | Interim Component | | Prospe | ctive Adjusted for New Cost |
| | Settlement Based on C | osts | | |
| Comments: | | | | |
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| Distribution: | | | | R |
| Contract Management | | | W.Rydell Samue | R |
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| DPODS - DCF (4) | | | Medicaid Cost Re | eimbursement Analysis |
| DPODS - DCF (4) | | | Medicaid Cost Re | eimbursement Analysis |
| DPODS - DCF (4) Home Office: | | | Medicaid Cost Re | eimbursement Analysis |
| DPODS - DCF (4) | | | Medicaid Cost Re | eimbursement Analysis |
| DPODS - DCF (4) | | | | eimbursement Analysis |

| A CONTRACTOR | Florida Agency For I | lealth Care Ad | ministration | 028024100 - 2024/07 |
|--|---|----------------------|------------------|-------------------------------|
| | Office of Medicaid Cost Re | imbursement Plan | ning and Finance | RI:589.53 / NM:884.00 |
| Ë | 2727 Maha | an Drive - Mail Stop | o 23 | |
| COD WE TRUS | Tallaha | ssee, Florida 3230 | 8 | |
| Tacachale Facili | itv V | | Provider Num | ber: 028024100 |
| 1621 N.E. Waldo | - | | C | Date: 7/30/2024 |
| Gainesville, FL 3 | | | F | YE: 6/30/2023 |
| | | | Audit Sta | atus: Unaudited Costs |
| Provider Type: ICF/ | liD | | | |
| | | Current | New | Effective |
| Level of Care | - | Rate | Rate | Date |
| #7 Institu | - | 449.97 | 589.53 | |
| #8 Non-A | mbulatory & #9 Medical | 643.22 | 884.00 | 0 7/1/2024 |
| | | | | |
| Rate Type: | | | | |
| Interi | | X | Prospective | |
| | Total Interim | | | Prospective |
| | Interim Component Settlement Based on C | osts | Prospe | ctive Adjusted for New Cost |
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| Comments: | | | | |
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| Contract Manageme | nt | | W.Rydell Samue | F |
| Contract Manageme DPODS - DCF (4) | nt | | | I TA eimbursement Analysis |
| Contract Manageme DPODS - DCF (4) Home Office: | | | | (|
| Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana | gement/Tacachale | | | (|
| Distribution: Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana 1621 N. E. Waldo Ro | gement/Tacachale | | | (|
| Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana | gement/Tacachale | | Medicaid Cost Ro | (|

| | Florida Agency For H | Health Care Ad | ministration | 028026700 - 2024/07 |
|---|----------------------------|---------------------|--------------------------|-----------------------------|
| | Office of Medicaid Cost Re | imbursement Plan | ning and Finance | RI:444.68 / NM:581.67 |
| E E | 2727 Maha | an Drive - Mail Sto | p 23 | |
| COD WE TRUS | Tallaha | ssee, Florida 3230 | 8 | |
| Tacachale Facili | ity VII | | Provider Num | ber: 028026700 |
| 1621 N.E. Waldo | - | | D | ate: 7/30/2024 |
| Gainesville, FL 3 | | | F | YE: 6/30/2023 |
| | | | Audit Sta | tus: Unaudited Costs |
| Provider Type: ICF/ | (IID | | | |
| | | Current | New | Effective |
| Level of Care | | Rate | Rate | |
| #7 Institu | - | 405.63 | | |
| #8 Non-A | Ambulatory & #9 Medical | 519.86 | 581.67 | 7/1/2024 |
| | | | | |
| Rate Type: | | X | Descention | |
| Interi | m Total Interim | X | Prospective X Total P | rospective |
| | Interim Component | | | ctive Adjusted for New Cost |
| | Settlement Based on C | osts | | |
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| Comments: | | | | |
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| Distribution: | ent | | W.Rvdell Samue | Ŧ |
| Distribution: Contract Manageme | ent | | W.Rydell Samue | (|
| <u>Distribution:</u> Contract Manageme DPODS - DCF (4) | ent | | - | Pimbursement Analysis |
| <u>Distribution:</u> Contract Manageme DPODS - DCF (4) Home Office: | | | - | (|
| Comments: Distribution: Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana 1621 N. E. Waldo Ro | agement/Tacachale | | - | (|
| <u>Distribution:</u> Contract Manageme DPODS - DCF (4) Home Office: Attn: Revenue Mana | agement/Tacachale oad. | | - | (|

| OF THE STATE | Florida Agency For I | | | 028055100 - 2024/07 |
|--|---|---------------------|---------------------------------------|-------------------------------------|
| LA CO | Office of Medicaid Cost Re | | - | RI:608.97 / NM:903.31 |
| E | | an Drive - Mail Sto | | |
| GOD WE TRUST | Tallaha | issee, Florida 3230 | 8 | |
| Tacachale Facilit | y VIII | | Provider Numbe | r: 028055100 |
| 1621 N.E. WALDO | - | | Date | e: 7/30/2024 |
| GAINESVILLE, FL | _ 32609 | | FYI | E: 6/30/2023 |
| | | | Audit Statu | s: Unaudited Costs |
| Provider Type: ICF/II | D | | | |
| | | Current | New | Effective |
| Level of Care | - | Rate | Rate | Date |
| #7 Instituti | - | 535.44 | | 7/1/2024 |
| #8 Non-An | nbulatory & #9 Medical | 778.98 | 903.31 | 7/1/2024 |
| | | | | |
| Rate Type: | | | | |
| Interim | | X | Prospective | ti |
| | Total Interim | | X Total Pros | pective ve Adjusted for New Cost |
| | Interim Component Settlement Based on C | `osts | FI0Spectiv | e Aujusted for New Cost |
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| Comments: | | | | |
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| Contract Managemen | t | | W.Rydell Samuel | FF |
| Contract Managemen DPODS - DCF (4) | t | | W.Rydell Samuel Medicaid Cost Reim | JF bursement Analysis |
| Contract Managemen DPODS - DCF (4) Home Office: | | | | bursement Analysis |
| Contract Managemen DPODS - DCF (4) Home Office: Attn: Revenue Manag | jement/Tacachale | | | JF bursement Analysis |
| <u>Distribution:</u> Contract Managemen DPODS - DCF (4) Home Office: Attn: Revenue Manag 1621 N. E. Waldo Roa | jement/Tacachale | | | W bursement Analysis |
| Contract Managemen DPODS - DCF (4) Home Office: Attn: Revenue Manag | jement/Tacachale | | Medicaid Cost Reim | bursement Analysis |

| | Florida Agency For H | Health Care Ad | ministration | 028058500 | - 2024/07 |
|---|----------------------------|----------------------|-------------------------------------|-------------------|-------------------|
| | Office of Medicaid Cost Re | | | RI:553.29 / | NM:770.52 |
| New York Street | 2727 Maha | an Drive - Mail Stor | 0 23 | | |
| | Tallaha | ssee, Florida 3230 | 8 | | |
| O VE V | N / | | Provider Num | har: 0280585 | 00 |
| Sunland Marianna | | | | ate: 7/30/202 | |
| 3700 Williams Roa | | | | YE: 6/30/202 | |
| Marianna, FL 324 | 46 | | | tus: Unaudite | |
| | ` | | | | u 00313 |
| Provider Type: ICF/IIE |) | Current | New | | Effective |
| Level of Care | | Current Rate | New Rate | | Effective Date |
| #7 Institutio | - onal | 432.42 | 553.29 |) | 7/1/2024 |
| #8 Non-Am | - bulatory & #9 Medical | 558.78 | 770.52 | 2 | 7/1/2024 |
| | - | | | | |
| Rate Type: | | | | | |
| Interim | | х | Prospective | | |
| | Total Interim | | X Total P | rospective | |
| | Interim Component | | Prospe | ctive Adjusted fo | r New Cost |
| | Settlement Based on C | osts | | | |
| Comments: | | | | | |
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| Distribution: | | | | | |
| Distribution: Contract Management | | | W Rydell Samuel | Ŧ | |
| Contract Management | | | W.Rydell Samuel | (| |
| Contract Management DPODS - DCF (4) | | | W.Rydell Samuel Medicaid Cost Re | (| nalysis |
| Contract Management DPODS - DCF (4) | | | | (| nalysis |
| | | | | (| nalysis |
| Contract Management DPODS - DCF (4) | | | | (| nalysis |

| | Florida Agency For | Health Care Ad | ministration | 028562500 - 2024/07 |
|--|---|----------------------|------------------|-----------------------------|
| | Office of Medicaid Cost Re | eimbursement Planr | ning and Finance | RI:672.79 / NM:954.49 |
| | 2727 Mah | an Drive - Mail Stop | 23 | |
| · · · · · · · · · · · · · · · · · · · | Tallaha | assee, Florida 3230 | 3 | |
| Sunland Marianna | Ň | | Provider Num | ber: 028562500 |
| 3700 Williams Drive | | | | ate: 7/30/2024 |
| Marianna, FL 3244 | | | | YE: 6/30/2023 |
| IVIAIIAIIIIA, FL 3244 | ю | | Audit Sta | tus: Unaudited Costs |
| Provider Type: ICF/IID | 1 | | | |
| <u> </u> | | Current | New | Effective |
| Level of Care | | Rate | Rate | Date |
| #7 Institution | nal | 477.58 | 672.79 | 7/1/2024 |
| #8 Non-Amł | bulatory & #9 Medical | 690.02 | 954.49 | 7/1/2024 |
| | | | | |
| Rate Type: | | | | |
| Interim | Tatal lataria | X | Prospective | |
| | Total Interim | | | rospective |
| | Interim Component Settlement Based on C | Costs | Prospe | ctive Adjusted for New Cost |
| | | | | |
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| Comments: | | | | |
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| Distribution: | | | | T |
| <u>Distribution:</u> Contract Management | | | W.Rydell Samuel | (|
| <u>Distribution:</u> Contract Management DPODS - DCF (4) | | | | Fimbursement Analysis |
| <u>Distribution:</u> Contract Management DPODS - DCF (4) | | | | (|
| <u>Distribution:</u> Contract Management DPODS - DCF (4) | | | | (|
| | | | | (|
| <u>Distribution:</u> Contract Management DPODS - DCF (4) | | | Medicaid Cost Re | (|