



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

February 19, 2025

Robert Quam
Florida State Hospital
100 N Main St.
Chattahoochee, FL 32324

RE: State Fiscal Year 2024-2025
Mental Health Disproportionate Share Hospital Payment
Medicaid Number: 26001100

Dear Mr. Quam:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 50% (rounded) of your annual appropriation of \$34,801,809 for state fiscal year 2024-2025. 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 Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Mental Health Disproportionate Share Distribution

State Fiscal Year 2024 - 2025 Payment

Medicaid Number : **26001100**

Facility Name (current) : **Florida State Hospital**

Annual Mental Health DSH distribution to your facility	(A)	\$34,801,809
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Mental Health DSH Distribution	(C)	\$34,801,809
Total of your "Mental Health DSH" Payments previously paid in this fiscal year	(D)	\$8,700,452
Your Scheduled Mental Health DSH Payment [1] [2]	(C x 0.50) – (D) = (E)	\$8,700,452

[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

February 19, 2025

James Warren
Northeast Florida State Hospital
7487 South State Road 121
MacClenny, Florida 32063

RE: State Fiscal Year 2024-2025
Mental Health Disproportionate Share Hospital Payment
Medicaid Number: 26002900

Dear Mr. Warren:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 50% (rounded) of your annual appropriation of \$40,077,547 for state fiscal year 2024-2025. 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 Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Mental Health Disproportionate Share Distribution

State Fiscal Year 2024 - 2025 Payment

Medicaid Number : **26002900**

Facility Name (current) : **Northeast Florida State Hospital**

Annual Mental Health DSH distribution to your facility	(A)	\$40,077,547
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Mental Health DSH Distribution	(C)	\$40,077,547
Total of your "Mental Health DSH" Payments previously paid in this fiscal year	(D)	\$10,019,387
Your Scheduled Mental Health DSH Payment [1] [2]	(C x 0.50) – (D) = (E)	\$10,019,387

[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

February 19, 2025

Joy Neves
South Florida State Hospital
800 East Cypress Drive
Pembroke Pines, Florida 33025

RE: State Fiscal Year 2024-2025
Mental Health Disproportionate Share Hospital Payment
Medicaid Number: 26004500

Dear Ms. Neves:

Your hospital has been deemed eligible to receive the associated payment under proviso language contained in the General Appropriations Act for state fiscal year 2024-2025. This proviso language directs payments to be made to hospitals meeting eligibility criteria. The amounts of such payments are calculated according to the distribution methodology defined in the proviso.

The enclosed payment represents 50% (rounded) of your annual appropriation of \$11,895,450 for state fiscal year 2024-2025. 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 Samantha Coleman of my staff at (850) 412-4131.

Sincerely,

Staci Griffis, Acting Bureau Chief
Medicaid Program Finance

SG:sc
Enclosure:



State of Florida
Agency for Health Care Administration
Medicaid Program Finance

Mental Health Disproportionate Share Distribution

State Fiscal Year 2024 - 2025 Payment

Medicaid Number : **26004500**

Facility Name (current) : **South Florida State Hospital**

Annual Mental Health DSH distribution to your facility	(A)	\$11,895,450
Amount being withheld from distribution in anticipation of funding reductions	(B)	
Total of your facility's scheduled Mental Health DSH Distribution	(C)	\$11,895,450
Total of your "Mental Health DSH" Payments previously paid in this fiscal year	(D)	\$2,973,862
Your Scheduled Mental Health DSH Payment [1] [2]	(C x 0.50) – (D) = (E)	\$2,973,862

[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.