



**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 75% (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)	
<b>Total of your facility's scheduled Mental Health DSH Distribution</b>	(C)	\$34,801,809
Total of your "Mental Health DSH" Payments previously paid in this fiscal year	(D)	\$17,400,904
<b>Your Scheduled Mental Health DSH Payment [1] [2]</b>	<b>(C x 0.75) – (D) = (E)</b>	<b>\$8,700,452</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**

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 75% (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)	
<b>Total of your facility's scheduled Mental Health DSH Distribution</b>	(C)	\$40,077,547
Total of your "Mental Health DSH" Payments previously paid in this fiscal year	(D)	\$20,038,774
<b>Your Scheduled Mental Health DSH Payment [1] [2]</b>	<b>(C x 0.75) – (D) = (E)</b>	<b>\$10,019,387</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**

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 75% (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)	
<b>Total of your facility's scheduled Mental Health DSH Distribution</b>	(C)	\$11,895,450
Total of your "Mental Health DSH" Payments previously paid in this fiscal year	(D)	\$5,947,725
<b>Your Scheduled Mental Health DSH Payment [1] [2]</b>	<b>(C x 0.75) – (D) = (E)</b>	<b>\$2,973,862</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.