

Office of Medicaid Cost Reimbursement Planning and Finance

000169300 - 2018/07 RI:272.03 / NM:0.00

2727 Mahan Drive - Mail Stop 23

St. Augusti	ne Center for		Provider Number: 000169300			
Living			Date: 6/19/2018			
5155 U.S. 1	South		FYE: 11/30/2016			
St. Augustin	ne, FL 32086		Audit S	tatus: Unau	dited Costs	
Provider Type	: ICF/IID					
Level of Care		Current Rate	Nev Rate		Effective Date	
#7	Institutional	264.25	272.0	03	7/1/2018	
#8	Non-Ambulatory & #9 Medical	0.00	0.00	0	7/1/2018	
Rate Type:						
	Interim	X	Prospective			
	Total Interim		X Total	Prospective		
	Interim Component		Prosp	pective Adjuste	ed for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:						
Contract Mana	agament		W Davidall Carre	R		
			W.Rydell Samu	lei /V		
DPODS - DCF (4)			Medicaid Cost	Reimburseme	nt Analysis	
Home Office:						
,						
			Ear Inform	mation only. A	lo Chango in rato	



Office of Medicaid Cost Reimbursement Planning and Finance

001069500 - 2018/07 RI:419.96 / NM:502.83

2727 Mahan Drive - Mail Stop 23

Z727 Manan Drive - Maii Stop 2 Tallahassee, Florida 32308

Miner Nort	h		Provider Number: 001069500				
85609 Mine	er Road			Date: 6/19/2018			
Yulee, FL 32097			FYE: 5/31/2017				
100,12	52001		Aud	dit Status: Un	audited Costs		
Provider Type	e: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date		
#7	Institutional	391.46	4	19.96	7/1/2018		
#8	Non-Ambulatory & #9 Medical	468.35	5	602.83	7/1/2018		
Rate Type:							
	Interim	X	Prospective				
	Total Interim		_ X	Total Prospective	е		
	Interim Component			Prospective Adju	sted for New Cost		
	Settlement Based on C	Costs					
Comments:							
Distribution:				11	7		
Contract Man	agement		W.Rydell S	Samuel 🛭			
DPODS - DC					mont Analysis		
Home Office:	,		Medicaid C	Cost Reimburser	nent Analysis		
Care Centers	of Nassau, LLC						
95146 Hendri							
Fernandina B	each, FL 32034						
			For I	nformation only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

001071000 - 2018/07

RI:384.39 / NM:464.72

For Information only - No Change in rate

Miner South		Provider Number: 001071000			
85474 Miner Road		Date: 6/19/2018			
		FYE: 5	5/31/2017		
Yulee, FL 32097		_	Jnaudited Costs		
Provider Type: ICF/IID		_			
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	358.35	384.39	7/1/2018		
#8 Non-Ambulatory & #9 Medical	432.88	464.72	7/1/2018		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospec	tive		
Interim Component	•	Prospective A	djusted for New Cost		
Settlement Based on	Costs				
Comments:					
<u>Distribution:</u>			R		
Contract Management		W.Rydell Samuel	()		
DPODS - DCF (4)		Medicaid Cost Reimburs	sement Analysis		
Home Office:			, 		
Care Centers of Nassau, LLC					
95146 Hendricks Road					
Fernandina Beach, FL 32034					



Office of Medicaid Cost Reimbursement Planning and Finance

012037000 - 2018/07 RI:385.51 / NM:453.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 012037000 **Bayview (Mentor)** Date: 6/19/2018 2133 E 12th Street FYE: 9/30/2016 Lynn Haven, FL 32444-3109 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 431.39 385.51 7/1/2018 #8 Non-Ambulatory & #9 Medical 508.95 453.00 7/1/2018 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle

Tampa, FL 33619



Office of Medicaid Cost Reimbursement Planning and Finance

012038000 - 2018/07

RI:356.19 / NM:416.66

For Information only - No Change in rate

Seaview (M	lentor)			Provider Number: 012038000				
1204 West	13th Stre	et			Date: 6/19/2018 FYE: 9/30/2016			
Panama Cit	v. FL 32	401-2015						
					Audit Status: Un	audited Costs		
Provider Type: ICF/IID								
Level of Care			Current Rate		New Rate	Effective Date		
#7	Institutiona	al	378.55		356.19	7/1/2018		
		442.44		416.66	7/1/2018			
Rate Type:								
	Interim		X	Prospectiv	ve			
	_	Total Interim		_ X	Total Prospectiv	е		
		Interim Component			Prospective Adju	usted for New Cost		
		Settlement Based on C	osts					
Comments:								
Distribution:					H	Z		
Contract Mana	agement			W.Ryd	lell Samuel 🛚 🎉			
DPODS - DCF	= (4)			Medica	aid Cost Reimburse	ment Analysis		
Home Office:						•		
,								



Office of Medicaid Cost Reimbursement Planning and Finance

012040300 - 2018/07

For Information only - No Change in rate

RI:381.49 / NM:432.85

Gulfview	(Mentor)		Provider Number: 012040300 Date: 6/19/2018			
	tate Ave E 12th ST					
	City, FL 32405-4359		FYE: 9/3	60/2016		
ranama	City, FL 32400-4309		Audit Status: Un			
Provider Ty	/pe: ICF/IID					
Level of Ca		Current Rate	New Rate	Effective Date		
	#7 Institutional	357.36	381.49	7/1/2018		
	#8 Non-Ambulatory & #9 Medical	405.37	432.85	7/1/2018		
Rate Type:						
Х	Interim	Pr	ospective			
	 Total Interim		Total Prospectiv	е		
	Interim Component		Prospective Adju	usted for New Cost		
	X Settlement Based	on Costs				
Comments	:					
Distribution	<u>:</u>		14	ζ		
Contract M	anagement		W.Rydell Samuel			
DPODS - D	OCF (4)		Medicaid Cost Reimburser	ment Analysis		
Home Office	e:					
National Me	entor Healthcare, LLC					
3258 Parks	side Center Circle					
Tampa, FL	33619					



Office of Medicaid Cost Reimbursement Planning and Finance

012073200 - 2018/07 RI:356.42 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Suffridge Drive Group Home		Provider Number: 012073200			
(SH of F)		Date: 6/19/2018			
27566 Suffridge Drive		FYE: 10/31/2016			
Bonita Springs, FL 33923		P	Audit Status: Un	audited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date	
#7 Institutional	421.45	_	356.42	7/1/2018	
#8 Non-Ambulatory & #9 Medical			0.00	7/1/2018	
Rate Type:					
Interim	X	Prospectiv	е		
Total Interim		X	Total Prospectiv	re	
Interim Componer	nt		Prospective Adj	usted for New Cost	
Settlement Based	on Costs				
Comments:					
<u>Distribution:</u> Contract Management		W.Ryde	ell Samuel	R	
DPODS - DCF (4)		Medicai	d Cost Reimburse	ment Analysis	
Home Office:					
Salem Holmes of Florida, Inc.					
8W. Third St., Suite M-7					
Winston-Salem, NC 27101					
		F	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012074200 - 2018/07

For Information only - No Change in rate

RI:360.66 / NM:397.06

Coletta Drive Group Home		Provider Number: <u>012074200</u>			
(SH of F)		Date: 6/19/2018			
1604 Coletta Drive		FYE: 10	/31/2016		
Orlando, FL 32807		Audit Status: Un	audited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	338.47	360.66	7/1/2018		
#8 Non-Ambulatory & #9 Medical	372.47	397.06	7/1/2018		
Rate Type:					
Interim	X F	Prospective			
Total Interim		X Total Prospectiv	е		
Interim Component	_	Prospective Adju	usted for New Cost		
Settlement Based or	n Costs				
Comments:					
<u>Distribution:</u>		· W	Z		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburse	ment Analysis		
Home Office:		saisaia ssot Kombulool			
Salem Holmes of Florida, Inc.					
8W. Third St., Suite M-7					
Winston-Salem, NC 27101					



Office of Medicaid Cost Reimbursement Planning and Finance

012074800 - 2018/07

RI:229.04 / NM:260.71

Spring Street Group	Home		Provider Number: 012074800 Date: 6/19/2018		
(SH of F)					
1463 Spring Street				10/31/2016	
Lake City, FL 32052			Audit Status:	Unaudited Costs	
Provider Type: ICF/IID					
Level of Care		Current Rate	New Rate	Effective Date	
#7 Institutiona	I -	318.14	229.04	7/1/2018	
#8 Non-Ambu	latory & #9 Medical	348.61	260.71	7/1/2018	
Rate Type:					
Interim		X	Prospective		
	Total Interim		X Total Prospe	ective	
	Interim Component		Prospective	Adjusted for New Cost	
	Settlement Based on C	osts			
Distribution:				ア	
Contract Management			W.Rydell Samuel	PU	
DPODS - DCF (4)			Medicaid Cost Reimbu	rsement Analysis	
Home Office:					
Salem Holmes of Florida,	Inc.				
8W. Third St., Suite M-7					
Winston-Salem, NC 2710	<u></u>)1				
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Office of Medicaid Cost Reimbursement Planning and Finance

012075300 - 2018/07

RI:256.90 / NM:288.56

Walnut Stre	eet Group Home		Provider Number: 012075300			
(SH of F)	•		Date: 6/19/2018			
102 Alexand	ler Road		FYE: 10/31/2016			
Starke, FL 3	32091		Αι	udit Status: Una	udited Costs	
Provider Type:	ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7	Institutional -	314.38		256.90	7/1/2018	
#8	Non-Ambulatory & #9 Medical	344.83		288.56	7/1/2018	
Rate Type:						
,,	Interim	X	Prospective			
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjus	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				- UK	•	
Contract Mana	gement		W.Rydell	4/1		
DPODS - DCF	(4)		Medicaid Cost Reimbursement Analysis			
Home Office:			Medicald	Cost Reimbursem	Cit Analysis	
Salem Holmes	of Florida, Inc.					
8W. Third St.,	Suite M-7					
Winston-Salen	n, NC 27101					
			For	r Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012075700 - 2018/07

RI:245.23 / NM:278.92

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

WE I'M					
Bessent Road Group Home			Provider Number: 012	2075700	
(SH of F)			Date: 6/19/2018		
1329 Bessent Road			FYE: 10/3	31/2016	
Starke, FL 32091			Audit Status: Una	audited Costs	
Provider Type: ICF/IID					
Level of Care		Current Rate	New Rate	Effective Date	
#7 Institutional	_	303.64	245.23	7/1/2018	
#8 Non-Ambulatory & #9 M	edical -	336.06	278.92	7/1/2018	
Rate Type:					
Interim		XI	Prospective		
Total Interin		_	X Total Prospective		
Interim Con	•	_	Prospective Adju	sted for New Cost	
Settlement	Based on C	osts			
Comments:					
<u>Distribution:</u>			W	2	
Contract Management			W.Rydell Samuel		
DPODS - DCF (4)			Medicaid Cost Reimbursen	nent Analysis	
Home Office:			saidaia esot itoimisaidon		
Salem Holmes of Florida, Inc.					
8W. Third St., Suite M-7	<u> </u>				

Winston-Salem, NC 27101



Office of Medicaid Cost Reimbursement Planning and Finance

012075900 - 2018/07 RI:299.95 / NM:336.15

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Frederick Avenue	e Group		Provider Number: 012075900 Date: 6/19/2018			
Home (SH of F)						
325 N Frederick A	venue			FYE: 10/3	31/2016	
Daytona Beach, F	L 32114		Α	udit Status: <u>Una</u>	audited Costs	
Provider Type: ICF/III	D					
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institution	onal –	347.51		299.95	7/1/2018	
#8 Non-An	nbulatory & #9 Medical	383.33		336.15	7/1/2018	
Rate Type:						
Interim	1	Χ	Prospective	Э		
	Total Interim		X	Total Prospective)	
	Interim Component			_ _ Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				W	2	
Contract Management	t		W.Ryde	ll Samuel		
DPODS - DCF (4)		Medicai	d Cost Reimbursen	nent Analysis		
Home Office:						
Salem Holmes of Flor	ida, Inc.					
8W. Third St., Suite M	l-7					
Winston-Salem, NC 2	27101					
			Fo	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012373500 - 2018/07 RI:276.96 / NM:311.07

Provider Number: 012373500

2727 Mahan Drive - Mail Stop 23

107th Plac of F)	e Group I	Home (SH		Provider Number: 012373500 Date: 6/19/2018 FYE: 10/31/2016			
, 2233 NW 4	1st St Ste	300					
Gainesville	, FL 3260	06		А	udit Status: Una	audited Costs	
Provider Type	e: ICF/IID						
Level of Care			Current Rate		New Rate	Effective Date	
#7	' Institutiona	_ II	330.36		276.96	7/1/2018	
#8	8 Non-Ambu	latory & #9 Medical	362.95		311.07	7/1/2018	
Rate Type:							
	Interim		Χ	Prospective	e		
		Total Interim		X	Total Prospective	е	
		Interim Component			Prospective Adju	sted for New Cost	
		Settlement Based on C	osts				
Comments:							
Distribution:					THE STATE OF THE S	ζ	
Contract Management				W.Ryde	ll Samuel		
DPODS - DC	F (4)			Medicai	d Cost Reimburser	nent Analysis	
Home Office:							
Salem Holme		Inc.					
8W. Third St.,							
Winston-Sale	m, NC 2710	01					
				F0	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012374200 - 2018/07 RI:340.33 / NM:0.00

2727 Mahan Drive - Mail Stop 23

	et Group Home		Provide	Provider Number: <u>012374200</u>			
(SH of F)	_			Date: 6/19/2018			
3841 SE 2nd			FYE: 10/3				
Ocala, FL 34471			Αι	udit Status: <u>Una</u>	audited Costs		
Provider Type:	ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date		
#7 Ir	nstitutional -	375.16	_	340.33	7/1/2018		
#8 Non-Ambulatory & #9 Medical		0.00		0.00	7/1/2018		
Rate Type:							
	Interim	Χ	Prospective				
	Total Interim	-	X	Total Prospective	e		
_	Interim Component			Prospective Adju	sted for New Cost		
	Settlement Based on C	osts		•			
Comments:							
Distribution:				H	2		
Contract Manag			W.Rydell	Samuel /			
DPODS - DCF ((4)		Medicaid	Cost Reimbursen	nent Analysis		
Home Office:							
Salem Holmes	of Florida, Inc.						
8W. Third St., S	Suite M-7						
Winston-Salem,	, NC 27101						
			Foi	Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

012374400 - 2018/07 RI:270.47 / NM:0.00

COD WE TUS	Tallahassee, Flor
Rosewood Avenue Group	

Rosewood	l Avenue Group		Provider Number: 012374400 Date: 6/19/2018 FYE: 10/31/2016			
Home (SH	• • • • • • • • • • • • • • • • • • •					
71 Rosewo	ood Avenue					
Ormond Be	Ormond Beach, FL 32174		Αι	udit Status: Una	audited Costs	
Provider Type	e: ICF/IID					
Level of Care	•	Current Rate		New Rate	Effective Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		326.68		270.47	7/1/2018	
		0.00		0.00	7/1/2018	
Rate Type:						
7.	Interim	Х	Prospective			
	Total Interim		X	Total Prospective	e	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on Co	osts				
Comments:						
<u>Distribution:</u> Contract Mar	nagement		W.Rydell	Samuel	ζ.	
DPODS - DC						
Home Office:	, ,		Medicaid	Cost Reimburser	nent Analysis	
	es of Florida, Inc.					
8W. Third St.						
	em, NC 27101					
			For	Information only	- No Change in rate	
				•	-	



Office of Medicaid Cost Reimbursement Planning and Finance

012375400 - 2018/07 RI:291.48 / NM:327.02

2727 Mahan Drive - Mail Stop 23

19th Street	Group H	ome (SH		Provider Number: 012375400 Date: 6/19/2018 FYE: 10/31/2016			
of F)	· · ·						
529 NW 19	th Street						
Gainesville,	, FL 3260	3		Αι	udit Status: Una	audited Costs	
Provider Type	e: ICF/IID						
Level of Care #7 Institutional 33		Current Rate		New Rate	Effective Date		
		334.07		291.48	7/1/2018		
		369.80		327.02	7/1/2018		
Rate Type:							
Nate Type.	Interim		X	Prospective			
		Total Interim		X	Total Prospective)	
		_ Interim Component			Prospective Adju	sted for New Cost	
		Settlement Based on Co —	osts				
Comments:							
Distribution:	agamont			W.B	THE STATE OF THE S	<	
Contract Man	_			W.Rydell	Samuel /		
DPODS - DCI	F (4)			Medicaid	Cost Reimbursen	nent Analysis	
Home Office:	م مذ [امعنام	Ina					
Salem Holmes		inc.					
8W. Third St., Winston-Sale		<u></u>					
vvii i21011-28161	III, NO ZITO			-	· luformotiere en l	No Change is sets	
				F0r	mormation only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012386400 - 2018/07 RI:271.04 / NM:0.00

2727 Mahan Drive - Mail Stop 23

	et Group Home		Provider Number: 012386400 Date: 6/19/2018			
(SH of F)						
4748 Tunis Street			FYE: 10/31/2016			
Jacksonville	e, FL 32205		Αι	udit Status: <u>Un</u>	audited Costs	
Provider Type	: ICF/IID					
Level of Care #7 Institutional #8 Non-Ambulatory & #9 Medical		Current Rate		New Ei		
		328.05		271.04	7/1/2018	
		0.00		0.00	7/1/2018	
	_					
Rate Type:						
,	Interim	X	Prospective			
	Total Interim		X	Total Prospective	е	
	Interim Component			Prospective Adju	usted for New Cost	
	Settlement Based on C	osts		-		
Comments:						
Distribution:					7	
Contract Mana	agement		W.Rydell	Samuel		
DPODS - DCI						
Home Office:	(4)		Medicaid	Cost Reimburser	ment Analysis	
	s of Florida, Inc.					
8W. Third St.,	<u> </u>					
Winston-Sale						
vviiistori-salei	III, INO 21 IUI		-	· Information of	No Change in the	
			F0I	information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012390800 - 2018/07 RI:394.62 / NM:0.00

2727 Mahan Drive - Mail Stop 23

8	2727 Manan Drive - Maii Glop
COD WE THIS	Tallahassee, Florida 32308

Plaza Ova	al Group H	ome (SH		Provider Number: 012390800				
of F)		- (Date: 6/19/2018 FYE: 10/31/2016				
247 Plaza	Oval							
Casselber	Casselberry, FL 32707			А	udit Status: Una	audited Costs		
Provider Typ								
Level of Care Current Rate #7 Institutional 302.47					New Rate	Effective Date		
					394.62	7/1/2018		
#8 Non-Ambulatory & #9 Medical		0.00		0.00	7/1/2018			
		0.00		0.00	77172010			
Rate Type:								
X	Interim		X	Prospective				
		Total Interim		X	Total Prospective)		
		Interim Component		X	Prospective Adju	sted for New Cost		
	Х	Settlement Based on Co	osts		_			
Comments:								
Distribution:					H	2		
Contract Ma	_			W.Rydel	l Samuel			
DPODS - DO	CF (4)			Medicaio	Medicaid Cost Reimbursement Analysis			
Home Office) :							
Salem Holm	es of Florida	, Inc.						
8W. Third S	t., Suite M-7							
Winston-Sal	em, NC 271	01						
				Fo	r Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

012392700 - 2018/07 RI:371.44 / NM:412.77

Provider Number: 012392700

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Claudia Drive Group Home

(SH of F)			Date: 6/19/2018				
140 Claudia D	40 Claudia Drive			FYE: 10/31/2016			
Jacksonville, F	FL 32218		Audit Status: Unaudited C				
Provider Type: 10	CF/IID						
Level of Care		Current Rate	New Rate	Effective Date			
#7 Institutional #8 Non-Ambulatory & #9 Medical		404.81	371.44	7/1/2018			
		444.51	412.77	7/1/2018			
Poto Typo:							
Rate Type: Ir	nterim	Х	Prospective				
"	Total Interim		X Total Prospe	ective			
_	Interim Component			Adjusted for New Cost			
_	Settlement Based on 0	Costs		•			
Comments:							
Distribution:				~			
<u>Distribution.</u> Contract Manage	ament		W.Rydell Samuel				
DPODS - DCF (4				rv			
Home Office:	·)		Medicaid Cost Reimbu	rsement Analysis			
Salem Holmes of	f Florida. Inc.						
BW. Third St., Su							
Winston-Salem,							
			For Information of	only - No Change in rate			
		_		,			



Office of Medicaid Cost Reimbursement Planning and Finance

012410100 - 2018/07 RI:269.23 / NM:0.00

For Information only - No Change in rate

OO WE I'M					
High Desert Court Group		•	Provider Number: 012410100		
Home (SH of F)	Date: 6/19/2018				
11818 High Desset Court	11818 High Desset Court				
Jacksonville, FL 32218		Audit Status:	Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	327.28	269.23	7/1/2018		
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018		
Rate Type:					
Interim	Χ	Prospective			
 Total Interim		· X Total Prospe	ective		
Interim Component		Prospective A	Adjusted for New Cost		
Settlement Based on Co	osts				
Comments:					
Distribution:			TP.		
Contract Management		W.Rydell Samuel	at		
DPODS - DCF (4)			versament Analysis		
Home Office:		Medicaid Cost Reimbu	irsement Analysis		
Salem Holmes of Florida, Inc.					
8W. Third St., Suite M-7					
Winston-Salem, NC 27101					



Office of Medicaid Cost Reimbursement Planning and Finance

015979000 - 2018/07

RI:340.79 / NM:424.47

For Information only - No Change in rate

OD WE THE		•					
Log Cabin Enterpri	ses, Inc.		Provider Number: 0	15979000			
(Sunrise)	Sunrise)			Date: 6/19/2018			
22300 SW 162ND A	ve		FYE: 6	3/30/2017			
Miami, FL 33170-39	07		Audit Status: L	Inaudited Costs			
Provider Type: ICF/IID							
Level of Care		Current Rate	New Rate	Effective Date			
#7 Institutiona	_ al	320.44	340.79	- 7/1/2018			
	ulatory & #9 Medical	398.06		7/1/2018			
#O NOH-AIIIDO	matory & #9 Medical –	396.06	424.47				
Rate Type:							
Interim		X	Prospective				
	Total Interim	-	X Total Prospect	tive			
	— Interim Component		Prospective A	djusted for New Cost			
	Settlement Based on C	osts					
Comments:							
<u>Distribution:</u> Contract Management			W.Rydell Samuel	R			
DPODS - DCF (4)				<u>v</u>			
Home Office:			Medicaid Cost Reimburs	sement Analysis			
Sunrise Community, Inc.							
9040 Sunset DriveSuite							
Miami Fl 33170							



Office of Medicaid Cost Reimbursement Planning and Finance

028000300 - 2018/07 RI:304.50 / NM:0.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028000300 **Sandy Park Development** Center Date: 6/19/2018 2975 Garden Street North FYE: 12/31/2016 Audit Status: Unaudited Costs Ft. Myers, FL 33917 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 291.06 304.50 7/1/2018 #8 Non-Ambulatory & #9 Medical 0.00 0.00 7/1/2018 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office:



Office of Medicaid Cost Reimbursement Planning and Finance

028018601 - 2018/07 RI:372.21 / NM:475.70

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028018601 St. Petersburg Cluster (Sunrise) Date: 6/19/2018 1101 102nd Avenue North FYE: 6/30/2017 Audit Status: Unaudited Costs St. Petersburg, FL 33716 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 361.44 372.21 7/1/2018 #8 Non-Ambulatory & #9 Medical 469.03 475.70 7/1/2018 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Sunrise Community, Inc. 9040 Sunset DriveSuite 70-A

Miami, FL 33170



Office of Medicaid Cost Reimbursement Planning and Finance

028019401 - 2018/07 RI:466.42 / NM:596.01

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028019401 **Laurel Hill Cluster** Date: 6/19/2018 2011 Laurel Hill Cluster FYE: 9/30/2017 Orlando, FL 32818 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 464.64 466.42 7/1/2018 #8 Non-Ambulatory & #9 Medical 593.41 596.01 7/1/2018 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Life Concepts, Inc. 500 EAST COLONIAL DR.

Orlando, FL 32803



Office of Medicaid Cost Reimbursement Planning and Finance

028020801 - 2018/07

RI:362.97 / NM:488.54

McCauley Cluster (Sunrise)		Date: 6/30/2017			
1385 McCauley Roa	d					
Tallahassee, FL 323	808					
			Αι	udit Status: <u>Un</u>	audited Costs	
Provider Type: ICF/IID						
Level of Care	Current Rate		New Rate	Effective Date		
#7 Institutional #8 Non-Ambulatory & #9 Medical		339.99	<u> </u>	362.97	7/1/2018	
		455.06		488.54	7/1/2018	
Rate Type:						
Interim		Χ	Prospective			
	Total Interim		_ x	Total Prospective	Э	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts		-		
Comments:						
Distribution:				-14	>	
Contract Management			W.Rydell	Samuel		
DPODS - DCF (4)				Cost Reimburser	nont Analysis	
Home Office:			iviculcalu	Cost Relinibulsel	non Analysis	
Sunrise Community, Inc.						
9040 Sunset DriveSuite	70-A					
Miami, FL 33170						
			For	r Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028028301 - 2018/07

RI:354.42 / NM:452.96

For Information only - No Change in rate

Greentree Court Cluster		Provider Number: 028028301			
(Sunrise)		Date: <u>6/19/2018</u>			
2160 GreenTree Court		_	6/30/2017		
Bartow, FL 33830		Audit Status:	Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	332.18	354.42	7/1/2018		
#8 Non-Ambulatory & #9 Medical	422.50	452.96	7/1/2018		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospec	ctive		
Interim Component		Prospective A	Adjusted for New Cost		
Settlement Based on	Costs				
Comments:					
Distribution:			 R		
Contract Management		W.Rydell Samuel	V		
DPODS - DCF (4)		Medicaid Cost Reimbur	rsement Analysis		
Home Office:					
Sunrise Community, Inc.					
9040 Sunset DriveSuite 70-A					
Miami, FL 33170					



Office of Medicaid Cost Reimbursement Planning and Finance

028029101 - 2018/07 RI:370.74 / NM:511.51

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028029101 Mahan Cluster (Sunrise) Date: 6/19/2018 2034 Mahan Drive FYE: 6/30/2017 Tallahassee, FL 32308 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 350.67 370.74 7/1/2018 #8 Non-Ambulatory & #9 Medical 480.29 511.51 7/1/2018 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Sunrise Community, Inc. 9040 Sunset DriveSuite 70-A

Miami, FL 33170



Lake City Cluster

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028030501 - 2018/07 RI:258.78 / NM:309.53

Provider Number: 028030501

2727 Mahan Drive - Mail Stop 23

411 Gwen Lake Boule	evard			Date	: 6/19/2018	3
Lake City, FL 32055				FYE	: 6/30/2017	7
_a			Αu	dit Status	: Unaudite	d Costs
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate		Effective Date
#7 Institutional		243.36		258.78		7/1/2018
#8 Non-Ambulatory & #9 Medical		283.77		309.53		7/1/2018
Rate Type:						
Interim		Х	Prospective			
	Total Interim		X	Total Prosp	ective	
	Interim Component			Prospective	e Adjusted fo	r New Cost
	Settlement Based on Costs	;				
Comments:						
Distribution:			W Decelous	Comme	T	
Contract Management			W.Rydell	Samuei	Μ	
DPODS - DCF (4) Home Office:			Medicaid	Cost Reimb	ursement Ar	alysis
Res-Care, Inc.						
10140 Linn Station Road						
Louisville, KY 40223						
LOUISVIIIG, IXI 40220			Ear	Information	only - No Ch	ango in rato
				iiiiOiiiialiOii	only - NO CI	iange in fale



Office of Medicaid Cost Reimbursement Planning and Finance

028031301 - 2018/07

RI:334.56 / NM:428.63

For Information only - No Change in rate

Bayshore Cluster (Sunrise) 2059 Lisenby Avenue Panama City, FL 32405 Provider Type: ICF/IID Level of Care	Current Rate	Provider Number: 026 Date: 6/1 FYE: 6/3 Audit Status: Un New Rate	9/2018 30/2017	
#7 Institutional	331.65	334.56	7/1/2018 7/1/2018	
#8 Non-Ambulatory & #9 Medical	407.84	428.63		
Rate Type:				
Interim	XP	rospective		
Total Interim	_	X Total Prospectiv		
Interim Componer Settlement Based		Prospective Adju	usted for New Cost	
Comments:				
<u>Distribution:</u>		H	Z	
Contract Management		W.Rydell Samuel		
DPODS - DCF (4)		Medicaid Cost Reimburser	ment Analysis	
Home Office:				
Sunrise Community, Inc.				
9040 Sunset DriveSuite 70-A				
Miami, FL 33170				



Office of Medicaid Cost Reimbursement Planning and Finance

028032101 - 2018/07 RI:273.72 / NM:330.26

2727 Mahan Drive - Mail Stop 23

Gainesville 39th Avenue Cluster (Res-Care) 5914 N.W. 39th Avenue			Provider Number: 028032101			
			Date: 6/19/2018			
			FYE: 6/30/2017			
Gainesville, FL 32	2606		,	Audit Status: Una	audited Costs	
Provider Type: ICF/III	D					
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		262.84	273.72 330.26		7/1/2018 7/1/2018	
		308.09				
Rate Type:						
Interim	1	X	Prospectiv	/e		
	Total Interim		_ X	Total Prospective	•	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:					2	
	4		W D . I	#		
Contract Managemen	l		w.Rya	ell Samuel 📈		
DPODS - DCF (4)			Medica	aid Cost Reimbursen	nent Analysis	
Home Office:						
Res-Care, Inc.						
10140 Linn Station Ro	oad —————					
Louisville, KY 40223						
			F	or Information only	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028035600 - 2018/07 RI:355.96 / NM:551.06

Provider Number: 028035600

2727 Mahan Drive - Mail Stop 23

PARC Center Apa	rtments		Provid	er Number: 028	3035600	
3190 75th Street N				Date: 6/1	9/2018	
St. Petersburg, FL 33170			FYE: 9/30/2017 Audit Status: Unaudited Costs			
•		Current		New	Effective	
Level of Care	_	Rate		Rate	Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		328.02		355.96	7/1/2018	
		508.51	551.06		7/1/2018	
Rate Type:						
Interim		X	Prospective)		
	Total Interim		_ x	Total Prospective	е	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts		_		
<u>Distribution:</u> Contract Management			W.Rydel	I Samuel	ζ	
DPODS - DCF (4)				d Cost Reimburser	nent Analysis	
Home Office:			Wedicard	2 Cost Reimburser	Herit Allalysis	
,			Fc	r Information only	- No Change in rate	



Tampa, FL 33613

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028036401 - 2018/07 RI:527.73 / NM:676.69

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 **Skipper Road Cluster** 2611 E. Bearss Avenue

Provider Number: 028036401 Date: 6/19/2018 FYE: 9/30/2017 Audit Status: Unaudited Costs Effective New Rate Date 527.73 7/1/2018 676.69 7/1/2018 Χ **Total Prospective** Prospective Adjusted for New Cost

For Information only - No Change in rate

Provider Type: ICF/IID Current Level of Care Rate #7 Institutional 501.55 #8 Non-Ambulatory & #9 Medical 633.02 Rate Type: Prospective Interim Χ **Total Interim** Interim Component Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Quest, Inc. P.O. Box 531125 Orlando, FL 32853



Office of Medicaid Cost Reimbursement Planning and Finance

028037201 - 2018/07

RI:334.97 / NM:420.86

For Information only - No Change in rate

		5			
Pembroke Pines Cluster		Provider Number: 028037201			
871 S.W. Douglas Road	Date: 6/19/2018				
Pembroke Pines, FL 33024		FYE: 6/30/2017			
		Audit Status: Un	audited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	318.59	334.97	7/1/2018 7/1/2018		
#8 Non-Ambulatory & #9 Medical		420.86			
Rate Type:					
Interim	X P	rospective			
 Total Interim		X Total Prospectiv	e		
Interim Compone	ent —		usted for New Cost		
Settlement Based	d on Costs				
Comments:					
Comments.					
<u>Distribution:</u>		- IA	Z		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburser	ment Analysis		
Home Office:		saisaia Socritoinibulool			
Ann Storck Center					
1790 S.W. 43RD WAY					
Ft. Lauderdale, FL 33317					



Office of Medicaid Cost Reimbursement Planning and Finance

028038101 - 2018/07

RI:258.73 / NM:312.33

Ocala Cluster (Res-	Care)		Provider Number: 028038101			
3205 S. E. 17th Street Ocala, FL 32671			Date: 6/19/2018			
			FYE: 6/30/2017 Audit Status: Unaudited Costs			
						Provider Type: ICF/IID
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional 251.93			258.73		7/1/2018	
#8 Non-Ambulatory & #9 Medical		294.75	312.33		7/1/2018	
Rate Type:						
Interim		Χ	Prospectiv	е		
	Total Interim		X	Total Prospective	Э	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
<u>Distribution:</u>					2	
			W.D. I.	WO		
Contract Management			W.Ryde	ell Samuel		
DPODS - DCF (4)			Medicai	d Cost Reimbursen	nent Analysis	
Home Office:						
Res-Care, Inc.						
10140 Linn Station Road						
Louisville, KY 40223						
			F	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028040201 - 2018/07 RI:531.07 / NM:670.82

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028040201 Williams Road Cluster Date: 6/19/2018 1923 Sarah Louise Drive FYE: 9/30/2017 Brandon, FL 33510 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 491.55 531.07 7/1/2018 #8 Non-Ambulatory & #9 Medical 625.87 670.82 7/1/2018 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Quest, Inc. P.O. Box 531125

Orlando, FL 32853



Office of Medicaid Cost Reimbursement Planning and Finance

028041101 - 2018/07 RI:419.60 / NM:524.82

For Information only - No Change in rate

MCP 80th Street		Provider Number: 028041101			
11750 S.W. 80th Street	Date: 6/19/2018				
Miami, FL 33183		FYE: <u>6</u> /30/2017			
		Audit Status:	Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	405.64	419.60			
#8 Non-Ambulatory & #9 Medical	493.20	524.82	7/1/2018		
<u> </u>					
Rate Type:					
Interim	Χ	Prospective			
Total Interim		X Total Prosp	ective		
Interim Component			Adjusted for New Cost		
Settlement Based on Co	osts				
Comments:					
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:		W.Rydell Samuel Medicaid Cost Reimb	ursement Analysis		
UCP Of Miami					
1411 NW 14th Ave					
Miami, FL 33125					



Office of Medicaid Cost Reimbursement Planning and Finance

028045301 - 2018/07 RI:444.84 / NM:555.45

For Information only - No Change in rate

WE I			
MCP Braddock		Provider Number: 02	8045301
14400 SW 32nd Street		Date: <u>6/1</u>	19/2018
Miami,, FL 33175		FYE: <u>6/3</u>	30/2017
.,	Audit Status: Unaudited		
Provider Type: ICF/IID			
	Current	New	Effective
Level of Care	Rate	Rate	Date
#7 Institutional	432.72	444.84	7/1/2018
#8 Non-Ambulatory & #9 Medical	522.67	555.45	7/1/2018
Rate Type:			
Interim	Χ	Prospective	
Total Interim		X Total Prospectiv	re .
Interim Component	t	Prospective Adj	usted for New Cost
Settlement Based of	on Costs		
Comments:			
Confinents.			
<u>Distribution:</u>		-14	Z
Contract Management		W.Rydell Samuel	
DPODS - DCF (4)		Medicaid Cost Reimburse	ment Analysis
Home Office:		Medicald Cost Neilliburse	ment Analysis
UCP Of Miami			
1411 NW 14th Ave			
Miami, FL 33125			



Office of Medicaid Cost Reimbursement Planning and Finance

028046101 - 2018/07

RI:440.02 / NM:547.07

MCP 2nd Street			Provider Number: <u>028046101</u>			
11801 NW Second Street Miami, Fl., FL 33182			Date: 6/19/2018 FYE: 6/30/2017			
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effec Dat	
#7 Institutional #8 Non-Ambulatory & #9 Medical		423.70		440.02	7/1/2	018
		511.39		547.07	7/1/2	018
Rate Type:						
Interim		X	Prospective	.		
Tota	al Interim		_ x	Total Prosp	pective	
Inter	rim Component			_ Prospective	e Adjusted for New C	ost
Sett	lement Based on Cos	sts				
Comments:						
Distribution:					W.	
Contract Management			W.Rydel	l Samuel	P()	
DPODS - DCF (4)			Medicaio	l Cost Reimb	oursement Analysis	
Home Office:					,	
UCP Of Miami						
1411 NW 14th Ave						
Miami, FL 33125						
			Fo	r Information	n only - No Change in	rate



Office of Medicaid Cost Reimbursement Planning and Finance

028048801 - 2018/07

RI:423.58 / NM:535.30

For Information only - No Change in rate

MCP Sunset			Provider Number: 028048801				
7100 S.W. 122nd. Avenue Miami, FL 33183				Date: 6/19/2018			
				30/2017			
,		1	Audit Status: Ur	naudited Costs			
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional		408.35		423.58	7/1/2018		
#8 Non-Ambulatory & #9 Medical		500.79		535.30	7/1/2018		
Rate Type:							
Interim		X	Prospectiv	/e			
	Total Interim		X	Total Prospectiv			
	Interim Component			Prospective Adj	usted for New Cost		
	Settlement Based on C	Costs					
Comments:							
<u>Distribution:</u>				-1	R		
Contract Management			W.Ryd	ell Samuel 🏻 🎉			
DPODS - DCF (4)			Medica	nid Cost Reimburse	ment Analysis		
Home Office:			Modioc				
UCP Of Miami							
1411 NW 14th Ave							
Miami, FL 33125							



Office of Medicaid Cost Reimbursement Planning and Finance

028049601 - 2018/07

RI:368.84 / NM:497.75

For Information only - No Change in rate

Dorchester Cluster (Sunrise) 3201 Ginger Drive			Provider Number: 028049601			
			Date		6/19/2018	
				FYE:	6/30/2017	
Tallahassee, FL 32308		А	udit Status:	Unaudited Costs		
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional	_	344.60		368.84	7/1/2018	
#8 Non-Ambulatory & #9 Medical		464.11		497.75	7/1/2018	
Rate Type:						
Interim		X	Prospective)		
Total li	nterim		X	Total Prospe	ective	
Interim Component				Prospective	Adjusted for New Cost	
Settler	nent Based on Co	osts				
Comments:						
<u>Distribution:</u>				-	R	
Contract Management			W.Ryde	II Samuel	RO .	
DPODS - DCF (4)			Medicaio	d Cost Reimbi	ursement Analysis	
Home Office:			modican	2 0000 10001100	2.00.mont / thatyolo	
Sunrise Community, Inc.						
9040 Sunset DriveSuite 70-A						
Miami, FL 33170						



Office of Medicaid Cost Reimbursement Planning and Finance

028059300 - 2018/07 RI:261.87 / NM:0.00

2727 Mahan Drive - Mail Stop 23

146th Place Grp Ho (Sunrise)	me #10		Date: 6/19/2018				
10521 S.W. 146th Pl	ace		FYE: 6/30/2017				
Miami, FL 33186			А	udit Status: Un			
Provider Type: ICF/IID			, ,	dan Otatao. On			
Provider Type. ICF/IID		Current		New	Effective		
Level of Care		Rate		Rate	Date		
#7 Institutiona	- I	244.33		261.87	7/1/2018		
#8 Non-Ambulatory & #9 Medical		0.00		0.00	7/1/2018		
Rate Type:							
Interim		Х	Prospective)			
	Total Interim		X	Total Prospective	е		
	Interim Component			Prospective Adju	sted for New Cost		
	Settlement Based on Co	osts					
Comments:							
Distribution:				-14	>		
Contract Management			W.Ryde	ll Samuel			
DPODS - DCF (4)				d Cost Reimburser	nont Analysis		
Home Office:			Medical	d Cost Reimburser	nent Analysis		
Sunrise Community, Inc.							
9040 Sunset DriveSuite 7	70-A						
Miami, FL 33170							
			Fo	or Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028062300 - 2018/07

RI:258.54 / NM:303.08

For Information only - No Change in rate

119th Street Grp Hor (Sunrise) 13350 S.W. 119th Str Miami, FL 33186 Provider Type: ICF/IID	Current	Provider Number: 028062300 Date: 6/19/2018 FYE: 6/30/2017 Audit Status: Unaudited Costs New Effective			
Level of Care #7 Institutional #8 Non-Ambulatory & #9 Medical		Rate		Rate	Date
		243.19		258.54	7/1/2018
		284.48		303.08	7/1/2018
Rate Type:					
Interim		X	Prospectiv	e	
	Total Interim		X	Total Prospe	
	Interim Component			Prospective /	Adjusted for New Cost
	Settlement Based on Co	sts			
Comments:					
<u>Distribution:</u>					TR
Contract Management			W.Ryde	ell Samuel	Ø() `
DPODS - DCF (4)			Medica	id Cost Reimbu	rsement Analysis
Home Office:			oaioa	Coot Homilbu	. como in analy old
Sunrise Community, Inc.					
9040 Sunset DriveSuite 70	D-A				
Miami, FL 33170					



Office of Medicaid Cost Reimbursement Planning and Finance

028065800 - 2018/07

RI:267.45 / NM:0.00

22nd Street Grp Hom	e #6		Provider Number: 028065800				
(Sunrise)			Date: 6/19/2018				
444 N.W. 22nd Street				FYE: 6/3	30/2017		
Homestead, FL 33030)		Αι	udit Status: <u>Un</u>	audited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional		243.10		267.45	7/1/2018		
#8 Non-Ambula	tory & #9 Medical	0.00		0.00	7/1/2018		
Rate Type:							
Interim		Х	Prospective				
	Total Interim		X	Total Prospectiv	е		
	Interim Component			Prospective Adju	usted for New Cost		
	Settlement Based on Costs						
Comments:							
Distribution:			W.B. Juli	and M	Z		
Contract Management			W.Rydell	('			
DPODS - DCF (4) Home Office:			Medicaid	Cost Reimburse	ment Analysis		
Sunrise Community, Inc.	Α						
9040 Sunset DriveSuite 70	-A						
Miami, FL 33170			_				
			Fo	r Intormation only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028427100 - 2018/07 RI:275.49 / NM:360.23

2727 Mahan Drive - Mail Stop 23

Fern Park	Developmental		Provider Number: 028427100			
Center 230 Fern Park Boulevard			Date: 6/19/2018 FYE: 2/28/2017			
Provider Type	e: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional		258.90	_	275.49	7/1/2018	
#8	Non-Ambulatory & #9 Medical	338.72		360.23	7/1/2018	
Rate Type:						
	Interim	X	Prospective			
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjust	ed for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				R		
Contract Man	agement		W.Rydell	Samuel 🖊		
DPODS - DCI	F (4)		Medicaid	Cost Reimburseme	ent Analysis	
Home Office:					•	
DDMS						
5050 Poplar <i>A</i> 718	Avenue Suite 2000Suite					
Memphis, TN	38157					
			Foi	Information only - I	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028500500 - 2018/07

RI:237.35 / NM:0.00

Naranja Group Hon	ne		Provider Number: 028500500 Date: 6/19/2018			
(Sunrise)						
15190 S.W. 272nd S			FYE: <u>6/3</u>			
Naranja, FL 33032			,	Audit Status: <u>Un</u>	audited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutiona	al –	218.06		237.35	7/1/2018	
#8 Non-Ambu	ulatory & #9 Medical	0.00		0.00	7/1/2018	
Rate Type:						
Interim		X	Prospectiv	ve		
	Total Interim		X	Total Prospective	Э	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				THE STATE OF THE S	ζ	
Contract Management			W.Ryde	ell Samuel 🛚 🎉		
DPODS - DCF (4)			Medica	id Cost Reimburser	nent Analysis	
Home Office:						
Sunrise Community, Inc.						
9040 Sunset DriveSuite	70-A					
Miami, FL 33170						
			_	or Information only	No Chango in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028505600 - 2018/07

RI:346.83 / NM:526.50

PARC Cotta	age		Provider Number: 028505600 Date: 6/19/2018			
	_					
3101 76th Way North St. Petersburg, FL 33710			FYE: 9/30/2017			
Ot. 1 Glerand	ig, i L 337 i 0		,	Audit Status: Un	audited Costs	
Provider Type:	ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
	- Institutional	320.84	_	346.83	7/1/2018	
#8 Non-Ambulatory & #9 Medical		487.06	_	526.50	7/1/2018	
		401100		020.00		
Rate Type:						
71	Interim	Χ	Prospectiv	/e		
	Total Interim		X	Total Prospective	е	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				14	Z	
Contract Mana	gement		W.Ryde	ell Samuel		
DPODS - DCF	(4)			('	mant Analysis	
Home Office:	``		iviedica	id Cost Reimburser	nent Analysis	
, 2						
,						
			F	or Information only	- No Change in rate	



Home Office:

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028512900 - 2018/07 RI:293.66 / NM:0.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028512900 MACtown, Inc. Date: 6/19/2018 151 NE 62nd Street FYE: 9/30/2015 Miami, FL 33138 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 277.99 293.66 7/1/2018 #8 Non-Ambulatory & #9 Medical 0.00 0.00 7/1/2018 Rate Type: Interim Prospective **Total Interim Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis



Office of Medicaid Cost Reimbursement Planning and Finance

028513700 - 2018/07 RI:312.45 / NM:380.41

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028513700 New Horizons of NW Florida, Date: 6/19/2018 10050 Hillview Road FYE: 9/30/2016 Audit Status: Unaudited Costs Pensacola, FL 32514 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 295.85 312.45 7/1/2018 #8 Non-Ambulatory & #9 Medical 356.14 380.41 7/1/2018 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office:



Office of Medicaid Cost Reimbursement Planning and Finance

028519600 - 2018/07 RI:368.26 / NM:0.00

For Information only - No Change in rate

BARC Housing, Inc. 10250 N.W. 53rd Stree Sunrise, FL 33351	et		Provider Number: 028519600 Date: 6/19/2018 FYE: 9/30/2017 Audit Status: Unaudited Costs			
Provider Type: ICF/IID Level of Care #7 Institutional #8 Non-Ambula	utory & #9 Medical	Current Rate 347.06 0.00		New Rate 368.26 0.00	7/1/2018 7/1/2018	
Rate Type: Interim	Total Interim Interim Component Settlement Based on Cos	X	Prospective X	Total Prospective Prospective Adjust	ed for New Cost	
Comments:						
Distribution: Contract Management DPODS - DCF (4) Home Office:				Il Samuel	ent Analysis	



Office of Medicaid Cost Reimbursement Planning and Finance

028520000 - 2018/07

RI:259.58 / NM:352.41

Pensacola Care, Inc.			Provider Number: <u>028520000</u>			
One Villa Drive Pensacola, FL 32506			Date: 6/19/2018			
				FYE:	9/30/2017	
			Α	udit Status:	Unaudited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional		242.33		259.58	7/1/2018	
#8 Non-Ambulatory & #9 Medical		329.72		352.41	7/1/2018	
Rate Type:						
X Interim		Х	Prospective			
	Total Interim		X	Total Prospe	ective	
X	Interim Component			- Prospective	Adjusted for New Cost	
X	Settlement Based on Cost	S				
Comments:						
Distribution:						
Contract Management			W.Rydel	l Camual	dt.	
DPODS - DCF (4)					74	
Home Office:			Medicaio	l Cost Reimbu	ırsement Analysis	
Quest Management Group	`					
311 North Spring Street						
Pensacola, FL 32501						
1 6113acola, 1°L 32301			_	. 1. (I No Ol	
			Fo	r Information	only - No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028521800 - 2018/07

RI:309.91 / NM:403.10

Ann Storck Center. I	Ann Storck Center, Inc.				Provider Number: 028521800			
1790 S.W. 43rd Way			Date: 6/19/2018					
Ft. Lauderdale, FL 33	317			FYE:	9/30/2017			
Tt. Laddordalo, TL Oc				Audit Status:	Unaudited Costs			
Provider Type: ICF/IID				-				
Level of Care	Current Rate		New Rate	Effective Date				
#7 Institutional #8 Non-Ambulatory & #9 Medical		295.71		309.91	7/1/2018			
		373.86		403.10	7/1/2018			
Rate Type:								
Interim		Х	Prospectiv	/e				
	Total Interim		_ x	Total Prospe	ctive			
	Interim Component			Prospective A	Adjusted for New Cost			
	Settlement Based on Co	osts						
Comments:								
Distribution:			W.D.	all Cannot	F			
Contract Management DPODS - DCF (4)				ell Samuel	PV			
. ,			Medica	id Cost Reimbu	rsement Analysis			
Home Office:								
Ann Storck Center								
1790 S.W. 43RD WAY								
Ft. Lauderdale, FL 33317								
			F	or Information of	only - No Change in rate			



Office of Medicaid Cost Reimbursement Planning and Finance

028522600 - 2018/07

RI:283.50 / NM:378.80

Tallahassee Develop	omental		Provider Number: <u>028522600</u>				
Center	Center			Date: 6/19/2018			
455 Appleyard Drive			FYE: 9/30/2016				
Tallahassee, FL 3230	04		Aı	udit Status: Ur	naudited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional #8 Non-Ambulatory & #9 Medical		267.12		283.50	7/1/2018		
		356.93		378.80	7/1/2018		
Rate Type:							
Interim		Х	Prospective				
	Total Interim		X	Total Prospectiv	/e		
	Interim Component			Prospective Adj	usted for New Cost		
	Settlement Based on Co	sts					
Comments:							
<u>Distribution:</u>				-1	R		
Contract Management			W.Rydell	Samuel /			
DPODS - DCF (4)			Medicaid	Cost Reimburse	ement Analysis		
Home Office:					,		
Quest Management Group)						
311 North Spring Street							
Pensacola, FL 32501							
			Fo	r Information only	No Chango in rata		



Office of Medicaid Cost Reimbursement Planning and Finance

028524200 - 2018/07 RI:265.15 / NM:370.74

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028524200 Ft. Walton Beach **Developmental Ctr.** Date: 6/19/2018 1045 Mar Walt Drive FYE: 9/30/2017 Audit Status: Unaudited Costs Ft. Walton Beach, FL 32547 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 254.18 265.15 7/1/2018 #8 Non-Ambulatory & #9 Medical 357.90 370.74 7/1/2018 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: **Quest Management Group** 311 North Spring Street

Pensacola, FL 32501



Provider Type: ICF/IID

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028526900 - 2018/07

RI:268.87 / NM:358.01

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

COD WE TRE	rananasso, rienaa sesso	
Panama City Developmental	Provider Numbe	: 028526900
Center	Date	e: 6/19/2018
1407 Lincoln DriveP.O. Box	FYE	9/30/2017
456	Audit Status	: Unaudited Costs
Panama City, FL 32401		

 Level of Care
 Current Rate
 New Rate
 Effective Date

 #7 Institutional
 248.27
 268.87
 7/1/2018

 #8 Non-Ambulatory & #9 Medical
 330.96
 358.01
 7/1/2018

Rate Type:					
	Interim		Χ	Prospective	
	_	Total Interim		_ x	Total Prospective
		Interim Component			Prospective Adjusted for New Cost
		Settlement Based on Costs			•
Comments:					

<u>Distribution:</u>	- VR
Contract Management	W.Rydell Samuel
DPODS - DCF (4)	Medicaid Cost Reimbursement Analysis
Home Office:	
Quest Management Group	
311 North Spring Street	
Pensacola, FL 32501	
	For Information only - No Change in rate



Office of Medicaid Cost Reimbursement Planning and Finance

028530700 - 2018/07 RI:241.61 / NM:323.16

Provider Number: 028530700

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 **Hillsborough County**

Developmental Ctr Ó			Date: 6/19/2018				
14219 Brud	4219 Bruce B Downs			FYE: 9/30/2017			
Boulevard				Audit Status: Unaudited Costs			
Гатра, FL	33613				_	•	
Provider Type	e: ICF/IID						
			Current		New	Effective	
Level of Care			Rate		Rate	Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		223.52		241.61	7/1/2018		
		298.96		323.16	7/1/2018		
Rate Type:							
	Interim —		X	Prospective			
		Total Interim		X	Total Prospecti		
		Interim Component			Prospective Ad	justed for New Cost	
		Settlement Based on Co	osts				
Comments:							
Distribution:						Z	
Contract Man	agement			W.Rydell	Samuel 🛭		
OPODS - DC	F (4)			Medicaid Cost Reimbursement Analysis			
Home Office:				iviedicaid	Cost Reimburse	ement Analysis	
Quest Manag		qı					
311 North Sp		<u>·</u>					
Pensacola, F							
				Fo	r Information onl	y - No Change in rate	
						, onango in rato	



Office of Medicaid Cost Reimbursement Planning and Finance

028531500 - 2018/07

RI:393.64 / NM:475.17

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028531500 Woodhouse, Inc Date: 6/19/2018 1001 N.E. 3rd Avenue FYE: 6/30/2017 Pompano Beach, FL 33060 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 369.52 393.64 7/1/2018 #8 Non-Ambulatory & #9 Medical 447.00 475.17 7/1/2018 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office:



Cape Coral Cluster (Sunrise)

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028533100 - 2018/07 RI:341.68 / NM:431.66

Provider Number: 028533100

2727 Mahan Drive - Mail Stop 23

2821 Pine Island Ro	vad S W			Date: 6/19	9/2018	
			FYE: 6/30/2017			
Cape Coral, FL 339	191		Audit Status: Unaudited Costs			
Provider Type: ICF/IID						
_evel of Care		Current Rate		New Rate	Effective Date	
#7 Institution	nal	322.91	_	341.68	7/1/2018	
- #8 Non-Ambulatory & #9 Medical		406.65		431.66	7/1/2018	
#6 146H 7 HH	- anatory a no modical	400.03		431.00	17172010	
Data Tima						
Rate Type: Interim		Х	Prospective			
	Total Interim		_ X	Total Prospective)	
	Interim Component			<u>-</u>	sted for New Cost	
	Settlement Based on C	Costs		<u> </u>		
Comments:						
Comments.						
<u>Distribution:</u>				H	2	
Contract Management			W.Rydell	Samuel 🖊		
OPODS - DCF (4)			Medicaid	Cost Reimbursen	nent Analysis	
Home Office:						
Sunrise Community, Inc	·					
9040 Sunset DriveSuite	70-A					
Miami, FL 33170						
			For	r Information only	- No Change in rate	
		-				



Office of Medicaid Cost Reimbursement Planning and Finance

028536600 - 2018/07

RI:273.05 / NM:303.94

Squire Court Comm	nunity		Provider Number: 028536600				
Home (Res-Care)	Home (Res-Care)			Date: 6/19/2018			
95 Squire Court				FYE: 6/30/2017			
Dunedin, FL 34698			Αι	ıdit Status: <u>Una</u> ı	udited Costs		
Provider Type: ICF/IID							
Level of Care	Current Rate		New Rate	Effective Date			
#7 Institutional #8 Non-Ambulatory & #9 Medical		251.40		273.05	7/1/2018		
		280.03		303.94	7/1/2018		
Rate Type:							
Interim		Х	Prospective				
	Total Interim	-	X	Total Prospective			
	Interim Component			Prospective Adjust	ed for New Cost		
	Settlement Based on Cost	S					
Comments:							
<u>Distribution:</u>				T			
Contract Management			W.Rydell	Samuel 👭			
DPODS - DCF (4)			Medicaid	Cost Reimburseme	ent Analysis		
Home Office:					•		
Res-Care, Inc.							
10140 Linn Station Road							
Louisville, KY 40223							
			For	Information only - I	No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028537400 - 2018/07 RI:282.43 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Bayview Community Home			Provider Number: 028537400			
(Res-Care)	,		Date: 6/19/2018			
3438 S.R. 580				80/2017		
Safety Harbor, FL 34	695		,	Audit Status: Un	audited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutiona	_ 	264.89		282.43	7/1/2018	
#8 Non-Ambulatory & #9 Medical		0.00		0.00	7/1/2018	
Rate Type:						
Interim		X	Prospectiv	/e		
	Total Interim		X	Total Prospectiv	е	
	Interim Component			Prospective Adj	usted for New Cost	
	Settlement Based on Co	osts				
Distribution: Contract Management DPODS - DCF (4) Home Office: Res-Care, Inc. 10140 Linn Station Road Louisville, KY 40223				ell Samuel did Cost Reimburse		
			F	or Information call	No Chango in rato	



Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2018/07

RI:437.84 / NM:531.88

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

			D '	0=00400		
Hendricks			Provider Number: 028539100			
95146 Hendricks Rd, Bl	dg D		Date: 6/19/2018 FYE: 5/31/2017			
Fernandina Beach, FL						
1474			Audit Status: U	naudited Costs		
Provider Type: ICF/IID						
Level of Care		Current Rate	New Rate	Effective Date		
#7 Institutional #8 Non-Ambulatory & #9 Medical		414.16	437.84	7/1/2018		
		500.61	531.88	7/1/2018		
Rate Type:						
Interim		X F	Prospective			
	Total Interim		X Total Prospecti	ve		
	nterim Component	_		justed for New Cost		
	Settlement Based on C	osts				
Comments:						
Distribution:				R		
Contract Management			W.Rydell Samuel			
DPODS - DCF (4)			Medicaid Cost Reimbursement Analysis			
Home Office:			Medicald Cost Nellibulst	Michi Analysis		
Care Centers of Nassau, LL	С					
95146 Hendricks Road						

Fernandina Beach, FL 32034



Office of Medicaid Cost Reimbursement Planning and Finance

028541200 - 2018/07

RI:284.24 / NM:318.69

For Information only - No Change in rate

WE I'M				
Twin Lane Community Home		Provider Number: 02		
(Res-Care)		Date: 6/19/2018		
2281 Twin Lane Drive		FYE: 6/30/2017		
Dundedun, FL 34698		Audit Status: Un	audited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	261.32	284.24	7/1/2018	
#8 Non-Ambulatory & #9 Medical	293.13	318.69	7/1/2018	
Rate Type:				
Interim	X F	Prospective		
Total Interim		X Total Prospectiv	е	
Interim Component	-	Prospective Adju	usted for New Cost	
Settlement Based of	on Costs			
Comments:				
Comments.				
			_	
Distribution:		- us	Z	
Contract Management		W.Rydell Samuel		
DPODS - DCF (4)		Medicaid Cost Reimburser	ment Analysis	
Home Office:		Medicald Cost Nellibulsel	mont Analysis	
Res-Care, Inc.				
10140 Linn Station Road				
Louisville, KY 40223				



Office of Medicaid Cost Reimbursement Planning and Finance

028547100 - 2018/07

RI:231.99 / NM:0.00

62nd Place Grp Ho (Sunrise)	me #17		Provider Number: 028547100 Date: 6/19/2018			
19963 N.W. 62nd Place			FYE: 6/30/2017			
Miami Lakes, FL 33			Δ	udit Status: Una		
	.010		, ,	dan Otatas. One		
Provider Type: ICF/IID		Current		New	Effective	
Level of Care	Rate		Rate	Date		
#7 Institutional		214.16		231.99	7/1/2018	
#8 Non-Ambulatory & #9 Medical		276.62		0.00	7/1/2018	
Rate Type:						
Interim		X	_ Prospective	•		
	Total Interim		X	Total Prospective	•	
	Interim Component			Prospective Adjus	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:					>	
Contract Management			W Dydo	II Samual		
-				ll Samuel 📈		
DPODS - DCF (4) Medicaid Cost Reimbursement Analys			nent Analysis			
Home Office:						
Sunrise Community, Inc.						
9040 Sunset DriveSuite	/ U-A					
Miami, FL 33170						
			Fo	or Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028548000 - 2018/07 RI:260.98 / NM:305.25

Provider Number: 028548000

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 138th Court Grp Home #16

(Sunrise)			Date: 6/19/2018				
3210 S.W. 138th Court				FYE: 6/30/2017			
Miami, FL 33175			Audit Status: Unaudited Costs				
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional	_	238.24		260.98	7/1/2018		
#8 Non-Ambul	atory & #9 Medical	279.27		305.25	7/1/2018		
Data Tomas							
Rate Type: Interim		X	Prospective				
	Total Interim		X	Total Prospectiv	e		
	Interim Component			-	usted for New Cost		
	Settlement Based on Co	sts		-			
Comments:							
Distribution: Contract Management			W.Rydell	Samuel	ζ		
DPODS - DCF (4)				Cost Reimburser	mont Analysis		
Home Office:			ivieuicalu	Oost IZellibrigel	Helit Allalysis		
Sunrise Community, Inc.							
9040 Sunset DriveSuite 7	0-A						
Miami, FL 33170							
			Fo	r Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028552800 - 2018/07

RI:248.03 / NM:289.24

26th Terrace Grp Home #	12		Provider Number: 028552800			
(Sunrise) 1219 26th Terrace			Date: 6/19/2018			
				FYE: 6/30/2017		
Cape Coral, FL 33904			Αι	udit Status: <u>Una</u>	audited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional	_	230.78		248.03	7/1/2018	
#8 Non-Ambulatory 8	& #9 Medical	268.99		289.24	7/1/2018	
Rate Type:						
Interim		Х	Prospective			
Total	Interim		X	Total Prospective	•	
Interi	m Component			Prospective Adju	sted for New Cost	
Settle	ement Based on Cos	sts				
Comments:						
<u>Distribution:</u>				-W		
Contract Management			W.Rydell	Samuel 🖊		
DPODS - DCF (4)			Medicaid Cost Reimbursement Analysis			
Home Office:			Modicala		ioni / inalyolo	
Sunrise Community, Inc.						
9040 Sunset DriveSuite 70-A						
Miami, FL 33170						
			Foi	Information only	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028553600 - 2018/07

RI:294.59 / NM:0.00

For Information only - No Change in rate

WE Indi					
Country Meadows Grp Home		Provider Number: 028553600			
#13 (Sunrise)		Date: 6/19/2018			
1950 Country Meadows Circle		FYE: 6/3	30/2017		
Sarasota, FL 34235		Audit Status: Un	audited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	289.10	294.59	7/1/2018		
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018		
Rate Type:					
Interim	X	Prospective			
Total Interim	-	X Total Prospectiv			
Interim Componen	-	Prospective Adj	usted for New Cost		
Settlement Based	on Costs				
Comments:					
Distribution:			7		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)					
Home Office:		Medicaid Cost Reimburse	ment Analysis		
Sunrise Community, Inc.					
9040 Sunset DriveSuite 70-A					
Miami, FL 33170					
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Office of Medicaid Cost Reimbursement Planning and Finance

028557900 - 2018/07 RI:242.63 / NM:0.00

2727 Mahan Drive - Mail Stop 23

148th Court G	rp Home #20		Provider Number: <u>028557900</u>				
(Sunrise)				Date: 6/19/2018			
5436 S.W. 148th Court			FYE: <u>6/30/2017</u>				
Miami, FL 331	85		A	Audit Status: <u>Una</u>	udited Costs		
Provider Type: IC	F/IID						
Level of Care		Current Rate	New Rate		Effective Date		
#7 Inst	itutional	222.46			7/1/2018		
#8 Nor	n-Ambulatory & #9 Medical	0.00			7/1/2018		
Rate Type:							
Int	erim	Χ	Prospective	е			
	Total Interim		X	Total Prospective			
	Interim Component			Prospective Adjus	sted for New Cost		
	Settlement Based on Co	osts					
Comments:							
Distribution:				W	,		
Contract Manager	ment		W.Ryde	ell Samuel	`		
DPODS - DCF (4)			Medicai	d Cost Reimbursem	ent Analysis		
Home Office:			Modrodi		one randiyolo		
Sunrise Communi	ty, Inc.						
9040 Sunset Drive	eSuite 70-A						
Miami, FL 33170							
			F	or Information only -	No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028558700 - 2018/07

RI:247.96 / NM:0.00

For Information only - No Change in rate

Sunrise Oakmont		Provider Number: 028558700			
19420 W. Oakmont Drive	Date: 6/19/2018				
Miami Lakes, FL 33015		FYE: 6	5/30/2017		
		Audit Status: U	Inaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	228.90	247.96	7/1/2018		
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018		
Rate Type:					
Interim	XF	Prospective			
Total Interim		X Total Prospec	tive		
Interim Component	_	Prospective A	djusted for New Cost		
Settlement Based on	Costs				
Comments:					
<u>Distribution:</u>			R		
Contract Management		W.Rydell Samuel	()		
DPODS - DCF (4)		Medicaid Cost Reimburs	sement Analysis		
Home Office:		saisaia soot Rombuit	20311071110119010		
Sunrise Community, Inc.					
9040 Sunset DriveSuite 70-A					
Miami FI 33170					



Office of Medicaid Cost Reimbursement Planning and Finance

028559500 - 2018/07 RI:252.83 / NM:0.00

53rd Court Grp Home #9		Provider Number: 028559500 Date: 6/19/2018			
(Sunrise)					
10228 S.W. 53rd Court		FYE: 6/30/2017			
Cooper City, FL 33328		Audit Status: Un	audited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	237.73	252.83	7/1/2018		
#8 Non-Ambulatory & #9 Medica	0.00	0.00	7/1/2018		
Rate Type:					
Interim	XF	Prospective			
Total Interim	_	X Total Prospectiv	е		
Interim Compon	ent _	Prospective Adju	usted for New Cost		
Settlement Base	ed on Costs				
Comments:					
Distribution:		THE STATE OF THE S	Z		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburser	ment Analysis		
Home Office:					
Sunrise Community, Inc.					
9040 Sunset DriveSuite 70-A					
Miami, FL 33170					
		For Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028560900 - 2018/07 RI:261.41 / NM:0.00

2727 Mahan Drive - Mail Stop 23

55th Court Grp Hon	ne #15		Provider Number: 028560900			
(Sunrise) 8430 S.W. 55th Court			Date: 6/19/2018			
					6/30/2017	
Davie, FL 33320			А	udit Status:	Unaudited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate	New Rate		Effective Date	
#7 Institutiona	- I	240.59		261.41	7/1/2018	
#8 Non-Ambu	latory & #9 Medical	302.75		0.00	7/1/2018	
Rate Type:						
Interim		Χ	Prospective			
	Total Interim		X	Total Prospe	ective	
	Interim Component			Prospective	Adjusted for New Cost	
	Settlement Based on C	osts				
Comments:						
<u>Distribution:</u> Contract Management			W.Rydel	l Samuel	R	
DPODS - DCF (4)			Medicaio	LCost Reimbu	ursement Analysis	
Home Office:			oaioaic	. Jost Komilbe		
Sunrise Community, Inc.						
9040 Sunset DriveSuite 7	70-A					
Miami, FL 33170						
			Fo	r Information	only - No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028561700 - 2018/07 RI:268.82 / NM:0.00

Provider Number: 028561700

2727 Mahan Drive - Mail Stop 23

Wentworth Drive (Grp Home		Provider Number: 028561700 Date: 6/19/2018			
18711 Wentworth Drive FYE:			FYE: 6/30/2017			
			udit Status: Una			
Provider Type: ICF/IID			710	Jan Glatag. Glia		
Flovider Type. ICF/IID		Current		New	Effective	
Level of Care		Rate		Rate	Date	
#7 Institutio	nal _	250.09		268.82	7/1/2018	
#8 Non-Am	bulatory & #9 Medical	0.00		0.00	7/1/2018	
Rate Type:						
Interim		X	Prospective			
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjus	ted for New Cost	
	Settlement Based on Co	OSTS				
Comments:						
Dietwikustieur						
Distribution:			W.D. I. II	. #		
Contract Management			W.Rydell	Samuel /		
DPODS - DCF (4)			Medicaid	Cost Reimbursem	ent Analysis	
Home Office:						
Sunrise Community, In						
9040 Sunset DriveSuite	e /U-A					
Miami, FL 33170						
			For	Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028565000 - 2018/07

For Information only - No Change in rate

RI:349.65 / NM:427.91

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Lakeview Court		Provider Number: 028	565000
920 W. Kennedy Blvd Date: 6/19/2018			9/2018
Orlando, FL 32810	FYE: 11/30/2016		
		Audit Status: Una	udited Costs
Provider Type: ICF/IID			
	Current	New	Effective
Level of Care	Rate	Rate	Date
#7 Institutional	328.41	349.65	7/1/2018
#8 Non-Ambulatory & #9 Medical	401.33	427.91	7/1/2018
Rate Type:			
Interim	X	Prospective	
Total Interim		X Total Prospective	
Interim Component		Prospective Adjus	sted for New Cost
Settlement Based o	n Costs		
Comments:			
<u>Distribution:</u>		IX	,
Contract Management		W.Rydell Samuel 🖊	
DPODS - DCF (4)		Medicaid Cost Reimbursem	ent Analysis
Home Office:			, - -
DSI			
P.O. BOX 2064			

Winter Park, FL 32790



Washington Square

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028566800 - 2018/07 RI:337.11 / NM:403.86

Provider Number: 028566800

2727 Mahan Drive - Mail Stop 23

1401 North U.S. High	way 1		Date: 6/19/2018			
Titusville, FL 32796		FYE:		11/30/2016		
711.0071110, 7 2 02700		Α	udit Status:	Unaudited Costs		
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutiona	_ I	321.40		337.11 7/1/		
#8 Non-Ambul	latory & #9 Medical –	385.53			7/1/2018	
Rate Type:						
Interim		Χ	Prospective			
	Total Interim		_ x	Total Prospe	ective	
	Interim Component			Prospective .	Adjusted for New Cost	
	Settlement Based on Co	osts		-		
Comments:				_		
Distribution:				-	R	
Contract Management			W.Rydel	Samuel	M	
DPODS - DCF (4)			Medicaio	Cost Reimbu	rsement Analysis	
Home Office:						
DSI						
P.O. BOX 2064						
Winter Park, FL 32790						
			Fo	r Information of	only - No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028567600 - 2018/07 RI:338.60 / NM:406.10

Provider Number: 028567600

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Howell Branch Cou	rt		Provide	er Number: <u>0285</u>	67600	
3664 Howell Branch	Road		Date: 6/19/2018			
Winter Park, FL 327	92		FYE: 11/30/2016			
,			Αι	udit Status: Unau	udited Costs	
Provider Type: ICF/IID						
Level of Care Current Rate Rate Rate #7 Institutional 320.33 338.60					Effective Date	
		338.60	7/1/2018			
#8 Non-Ambu	ulatory & #9 Medical	383.50			7/1/2018	
Rate Type:		V	Prospective			
Interim	Total Interim	X	X	Total Prospective		
	Interim Component			Prospective Adjust	ed for New Cost	
	Settlement Based on Co	ests		-	ica for fivew cost	
	_					
Comments:						
Distribution:				- IR		
Contract Management			W.Rydell	Samuel		
DPODS - DCF (4)				Cost Reimburseme	ont Analysis	
Home Office:			Medicald	Cost Reimburseme	ani Arialysis	
DSI						
P.O. BOX 2064						
Winter Park, FL 32790						
			Fo	r Information only - I	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028568400 - 2018/07 RI:277.78 / NM:0.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028568400 157th Terrace (Sunrise) Date: 6/19/2018 9790 S. W. 157th Terrace FYE: 6/30/2017 Miami, FL 33157 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 260.83 277.78 7/1/2018 #8 Non-Ambulatory & #9 Medical 0.00 0.00 7/1/2018 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Sunrise Community, Inc. 9040 Sunset DriveSuite 70-A

Miami, FL 33170



Office of Medicaid Cost Reimbursement Planning and Finance

028569200 - 2018/07

RI:307.45 / NM:353.89

For Information only - No Change in rate

OD WE THE	·			
145th Street Group Home		Provider Number: 02	8569200	
(Sunrise)		Date: 6/19/2018		
14935 S.W. 145th Street		FYE: 6/3	30/2017	
Miami, FI 33196		Audit Status: Un	audited Costs	
Provider Type: ICF/IID				
_evel of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	282.68	307.45	7/1/2018	
#8 Non-Ambulatory & #9 Medical	325.74	353.89	7/1/2018	
Rate Type:				
Interim	X P	rospective		
Total Interim		X Total Prospectiv	e	
Interim Compone	ent	Prospective Adju	usted for New Cost	
Settlement Based	d on Costs			
Comments:				
Distribution:		-14	Z	
Contract Management		W.Rydell Samuel		
DPODS - DCF (4)		Medicaid Cost Reimburser	ment Analysis	
Home Office:		saisaia ssot Kombulool		
Sunrise Community, Inc.				
9040 Sunset DriveSuite 70-A				
Miami, FL 33170				



Office of Medicaid Cost Reimbursement Planning and Finance

031256800 - 2018/07

RI:385.16 / NM:465.04

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Aven Berk Clus	tor (Montor)		Provider Number: 031256800			
Avon Park Cluster (Mentor)			Date: 6/19/2018			
55 East College I			_	9/30/2017		
Avon Park, FL 3	3825		_			
			Audit Status: L	Jnaudited Costs		
Provider Type: ICF/	IID					
Level of Care		Current Rate	New Rate	Effective Date		
#7 Institutional		394.19		7/1/2018		
#8 Non-Ambulatory & #9 Medical		470.42	465.04	7/1/2018		
	-			_		
Data Tunas						
Rate Type: Interi	im	Х	Prospective			
Intern	Total Interim		X Total Prospec	ctive		
	Interim Component		·	Adjusted for New Cost		
	Settlement Based on C	osts		iajaotoa foi fioni ocot		
Comments:						
Distribution:				77		
Contract Manageme	ent		W.Rydell Samuel			
DPODS - DCF (4)				V		
Home Office:			Medicaid Cost Reimbur	sement Analysis		
National Mentor Hea	althcare, LLC					
3258 Parkside Cente						

Tampa, FL 33619



Office of Medicaid Cost Reimbursement Planning and Finance

031257600 - 2018/07 RI:378.81 / NM:466.73

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Eagle Watch Cluster (Mentor) 1725 Fifth Street Daytona Beach, FL 32117 Provider Type: ICF/IID Level of Care	Current Rate	Provider Number: 03 Date: 6/1 FYE: 9/3 Audit Status: Un New Rate	9/2018 30/2016 audited Costs Effective Date
#7 Institutional #8 Non-Ambulatory & #9 Medical	387.98 483.48	378.81 466.73	7/1/2018 7/1/2018
Rate Type: Interim Total Interim Interim Compone Settlement Based	 nt	Prospective X Total Prospective Prospective Adju	e usted for New Cost
Comments:			
Distribution: Contract Management DPODS - DCF (4) Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle Tampa, FL 33619		W.Rydell Samuel Medicaid Cost Reimburser	



Office of Medicaid Cost Reimbursement Planning and Finance

031258400 - 2018/07 RI:352.88 / NM:439.54

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Point West Cluster (Mentor)		Provider Number: 031258400			
4550 Ricker Road		Date: 6/19/2018			
		FYE: 9/30/2017			
Jacksonville, FL 32210		,	Audit Status: Un		
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date	
#7 Institutional	373.44		352.88	7/1/2018	
#8 Non-Ambulatory & #9 Medica				7/1/2018	
Rate Type:					
Interim	X	Prospectiv	re		
Total Interim		X	Total Prospective	е	
Interim Compon	nent	Prospective Adjusted for New Co		usted for New Cost	
Settlement Based on Costs					
Comments:					
<u>Distribution:</u>			14	Z	
Contract Management		W.Ryde	ell Samuel		
DPODS - DCF (4)		Medica	id Cost Reimburser	ment Analysis	
Home Office:		Medica	id Cost Reimbursei	Hent Analysis	
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					
		F	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031259200 - 2018/07

RI:381.61 / NM:470.57

Hodges Cluster (Mentor)		Provider Number: 031259200 Date: 6/19/2018			
3615 Hodges Boulevard					
Jacksonville, FL 32224		FYE: 9/30/2017			
		Audit Status: Un	audited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	366.83	381.61	7/1/2018		
#8 Non-Ambulatory & #9 Medica	462.03				
Rate Type:					
Interim	X Pro	ospective			
Total Interim		X Total Prospectiv	е		
Interim Compon		Prospective Adju	usted for New Cost		
Settlement Base	ed on Costs				
Comments:					
Distribution:		H	ζ		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4) Medicaid Cost Reimbursement Analysis			ment Analysis		
Home Office:					
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					
		For Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

031260600 - 2018/07

RI:351.44 / NM:437.72

Kinkaid Cl	uster (Mentor)		Provi	Provider Number: 031260600 Date: 6/19/2018		
5808 Kinka						
	e, FL 32244			FYE: 9/30/2016		
	0,1 = 0== 1.			Audit Status: Un	audited Costs	
Provider Type	e: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7	Institutional	356.10		351.44	7/1/2018	
#8	Non-Ambulatory & #9 Medical	436.62		437.72	7/1/2018	
Rate Type:						
	Interim	X	Prospectiv	/e		
	 Total Interim		X	Total Prospectiv	е	
	Interim Component			Prospective Adju	usted for New Cost	
	Settlement Based on C	osts		_		
Comments:						
Distribution: Contract Man DPODS - DC Home Office: National Men	F (4)			ell Samuel did Cost Reimburser		
3258 Parksid	e Center Circle					
Tampa, FL 3	3619					
			-	For Information only	No Chango in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031261400 - 2018/07

RI:409.81 / NM:504.32

Flamingo [Orive Cluster		Provid	der Number: <u>03</u>	1261400	
(Mentor)			Date: 6/19/2018			
1285 Flamii	ngo Drive			FYE: 9/30/2017		
Lantana, Fl	_ 33462		A	udit Status: Un	audited Costs	
Provider Type	: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7	Institutional	383.60	383.60 409.81 7/1/2018		7/1/2018	
#8	Non-Ambulatory & #9 Medical	471.03		504.32	7/1/2018	
Rate Type:						
	Interim	X	Prospective	е		
	Total Interim		X	Total Prospective	Э	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	costs				
Comments:						
Distribution:				14	ζ	
Contract Mana	agement		W.Ryde	ll Samuel 🖊		
DPODS - DCI	= (4)		Medicai	d Cost Reimburser	ment Analysis	
Home Office:						
National Ment	or Healthcare, LLC					
3258 Parkside	e Center Circle					
Tampa, FL 33	3619					
			F	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031262200 - 2018/07

RI:322.40 / NM:381.58

Barranger Group Home				Provider Number: 031262200		
(Mentor)				9/2018		
9513 Barranger Driv	е		FYE: 9/30/2016		0/2016	
Pensacola, FL 3251	4			Audit Status: Una	udited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional 343.71 322.40 #8 Non-Ambulatory & #9 Medical 367.99 381.58		343.71		322.40	7/1/2018	
		7/1/2018				
Rate Type:						
Interim		X	Prospecti	ve		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjus	sted for New Cost	
	Settlement Based on C	costs				
Comments:						
Distribution:				W		
Contract Management			W.Ryd	ell Samuel		
DPODS - DCF (4)			Medicaid Cost Reimbursement Analysis			
Home Office:						
National Mentor Healthc	are, LLC					
3258 Parkside Center Ci	rcle					
Tampa, FL 33619						
			i	or Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031263100 - 2018/07

RI:249.51 / NM:0.00

Greenridge Group Home		Provider Number: 031263100 Date: 6/19/2018			
(Mentor)					
222 Greenridge Road		FYE:	9/30/2016		
Pensacola, FL 32514		Audit Status:	: Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	260.75	249.51	7/1/2018		
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2018		
Rate Type:					
Interim	Χ	Prospective			
Total Interim		X Total Prosp	ective		
Interim Component		Prospective	Adjusted for New Cost		
Settlement Based on Co	osts				
Comments:					
Distribution:			TP.		
Contract Management		W.Rydell Samuel	RT		
DPODS - DCF (4)		Medicaid Cost Reimb	urcoment Analysis		
Home Office:		Medicaid Cost Reimb	ursement Analysis		
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					
		For Information	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

031264900 - 2018/07

RI:389.85 / NM:479.98

For Information only - No Change in rate

Pensacol	a Cluster	(Mentor)		Provider Nu	ımber: <u>0312</u>	64900	
	niversity P			Date: 6/19/2018			
	a, FL 3251	-		FYE: 9/30/2016 Audit Status: Unaudited Costs			
	•						
Provider Typ	pe: ICF/IID						
Level of Car	·e		Current Rate	Ne Ra		Effective Date	
#	#7 Institution	al _	378.36	389.85 7/1/20		7/1/2018	
#	#8 Non-Ambı	ulatory & #9 Medical	453.23			7/1/2018	
		_					
Rate Type:							
Х	Interim		X	Prospective			
		Total Interim			I Prospective		
	X	Interim Component		Pros	spective Adjust	ed for New Cost	
	X	Settlement Based on C —	osts				
Comments:							
Distribution:					IR		
Contract Ma	nagement			W.Rydell Sam	uel 👭		
DPODS - D	CF (4)			Medicaid Cost	Reimburseme	nt Analysis	
Home Office	e:			modicala cost	T CONTINUE OF THE		
National Me	ntor Healthc	are, LLC					
3258 Parksi	de Center Ci	rcle					
Tampa, FL	33619						



Office of Medicaid Cost Reimbursement Planning and Finance

031265700 - 2018/07 RI:340.15 / NM:413.91

Ë	2727 Mahan Drive - Mail Stop 2	3
GOD WE THE	Tallahassee, Florida 32308	
Caprona Group Home		Provider Nu

Caprona Group Home (Mentor)			Provider Number: 031265700 Date: 6/19/2018			
Port St. Lucie, FL 34983		Αι	audited Costs			
Provider Type: ICF/IID						
Level of Care	Current Rate		New Rate	Effective Date		
#7 Institutional	314.36			7/1/2018		
#8 Non-Ambulatory & #9 Medical	0.00		413.91	7/1/2018		
D						
Rate Type: Interim	Х	Prospective				
Total Interim		X	Total Prospective	е		
Interim Component		Prospective Adjusted for New		sted for New Cost		
Settlement Based on 0	Costs					
Comments:						
Distribution:		W Dodali	S	<		
Contract Management DPODS - DCF (4) Home Office:		W.Rydell Samuel				
		Medicaid Cost Reimbursement Analysis				
National Mentor Healthcare, LLC 3258 Parkside Center Circle						
Tampa, FL 33619		-				
		Foi	r Intormation only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

031266500 - 2018/07

RI:239.60 / NM:275.75

For Information only - No Change in rate

Rich Street Group Home	Provider Number: 031266500			
(Mentor)	Date:	6/19/2018		
2318 S.E. Rich Street		FYE:	9/30/2017	
Port St. Lucie, FL 34984		Audit Status:	Unaudited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	257.96	239.60	7/1/2018	
#8 Non-Ambulatory & #9 Medical	291.38	275.75	7/1/2018	
Rate Type:				
Interim	X	Prospective		
Total Interim		X Total Prosp	ective	
Interim Component		Prospective	Adjusted for New Cost	
Settlement Based on Co	osts			
Comments:				
<u>Distribution:</u>			IR	
Contract Management		W.Rydell Samuel	P()	
DPODS - DCF (4)		Medicaid Cost Reimb	ursement Analysis	
Home Office:		Medicald Cost NeIIID	uisement Analysis	
National Mentor Healthcare, LLC				
3258 Parkside Center Circle				
Tampa FL 33619				



Office of Medicaid Cost Reimbursement Planning and Finance

031267300 - 2018/07

RI:346.11 / NM:427.82

For Information only - No Change in rate

Sandpiper Cluster (Mentor)	Provide	Number:	031267300		
1000 East 14th Street	Date:		6/19/2018		
				9/30/2016	
Stuart, FL 33496				Unaudited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date	
#7 Institutional	329.23	346.11 427.82		7/1/2018 7/1/2018	
#8 Non-Ambulatory & #9 Medical	402.15				
Rate Type:					
Interim	Х	Prospective			
Total Interim		Χ	Total Prospe	ective	
Interim Component			Prospective	Adjusted for New Cost	
Settlement Based on C	costs				
Comments:					
Distribution:			-	K	
Contract Management		W.Rydell S	Samuel	R) `	
DPODS - DCF (4)		Medicaid (Cost Reimbu	Irsement Analysis	
Home Office:		Modiodia	Joe Romino		
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					



Office of Medicaid Cost Reimbursement Planning and Finance

031345900 - 2018/07

RI:423.55 / NM:562.99

For Information only - No Change in rate

New Horizons Village 1275 N. Rainbow Loc Lecanto, FL 34461 Provider Type: ICF/IID		Current		Date: FYE:	031345900 6/19/2018 11/30/2016 Unaudited Costs	
Level of Care #7 Institutional		Rate Rate		Rate	Date	
		397.89		423.55	7/1/2018	
#8 Non-Ambu	atory & #9 Medical	521.49		562.99	7/1/2018	
Rate Type:						
Interim		X	Prospectiv			
	Total Interim		X	Total Prospe		
	Interim Component Settlement Based on Cos	sts		Prospective	Adjusted for New Cost	
Comments:						
<u>Distribution:</u>					R	
Contract Management			W.Ryd	ell Samuel	PV.	
DPODS - DCF (4)			Medica	id Cost Reimbu	ursement Analysis	
Home Office:						
,						