

Office of Medicaid Cost Reimbursement Planning and Finance

000169300 - 2019/07 RI:268.19 / NM:0.00

2727 Mahan Drive - Mail Stop 23

St. Augustine Center for		Provider Number: 000169300				
Living		Date: 7/1/2019				
5155 U.S. 1 South		FYE: <u>11</u>	/30/2017			
St. Augustine, FL 32086		Audit Status: Ur	audited Costs			
Provider Type: ICF/IID						
Level of Care	Current Rate	New Rate	Effective Date			
#7 Institutional	272.03 268.19		7/1/2019			
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2019			
Rate Type:						
Interim	XP	rospective				
Total Interim	_	X Total Prospectiv	re			
Interim Componen	_	Prospective Adj	usted for New Cost			
Settlement Based	on Costs					
Comments:						
<u>Distribution:</u> Contract Management DPODS - DCF (4) Home Office:		W.Rydell Samuel Medicaid Cost Reimburse	ment Analysis			
,		For Information and	v. No Chango in rata			



Office of Medicaid Cost Reimbursement Planning and Finance

001069500 - 2019/07 RI:417.19 / NM:504.47

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 001069500 **Miner North** Date: 7/1/2019 85609 Miner Road FYE: 5/31/2018 Yulee, FL 32097 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 419.96 417.19 7/1/2019 #8 Non-Ambulatory & #9 Medical 502.83 504.47 7/1/2019 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:

Care Centers of Nassau, LLC

Fernandina Beach, FL 32034

95146 Hendricks Road



Office of Medicaid Cost Reimbursement Planning and Finance

001071000 - 2019/07

RI:390.71 / NM:473.37

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

WE THE				
Miner South		Provider Number: 00		
85474 Miner Road		Date: <u>7/1</u>	/2019	
Yulee, FL 32097		FYE: <u>5/3</u>	31/2018	
,		Audit Status: Un	audited Costs	
Provider Type: ICF/IID				
	Current	New	Effective	
Level of Care	Rate	Rate	Date	
#7 Institutional	384.39	390.71	7/1/2019	
#8 Non-Ambulatory & #9 Medical	464.72	473.37	7/1/2019	
Rate Type:				
Interim	X Pr	rospective		
 Total Interim		X Total Prospectiv	е	
Interim Component		Prospective Adju	usted for New Cost	
Settlement Based o	n Costs			
Comments:				
Distribution:			2	
Contract Management		W.Rydell Samuel		
DPODS - DCF (4)		Medicaid Cost Reimbursement Analysis		
Home Office:		Modicald Cool Northburgor	mone / maryoro	
Care Centers of Nassau, LLC				
95146 Hendricks Road				

Fernandina Beach, FL 32034



Office of Medicaid Cost Reimbursement Planning and Finance

012037000 - 2019/07 RI:379.72 / NM:436.84

2727 Mahan Drive - Mail Stop 23

Bayview (Me	entor)		Provi	der Number: 012	2037000	
2133 E 12th	•		Date: 7/1/2019 FYE: 9/30/2018			
	FL 32444-3109					
Lyriii riavon,	12 02111 0100		,	Audit Status: Una	audited Costs	
Provider Type:	ICF/IID					
Current New Level of Care Rate Rate		Effective Date				
#7 Ir	- nstitutional	385.51		379.72	7/1/2019	
#8 N	on-Ambulatory & #9 Medical	453.00		436.84	7/1/2019	
	-					
Rate Type:						
	Interim	Χ	Prospectiv	/e		
	Total Interim		X	Total Prospective)	
_	Interim Component			Prospective Adju	sted for New Cost	
_	Settlement Based on C	osts				
Comments:						
Distribution:					7	
Contract Manag	iomont		\/\ DI			
DPODS - DCF (w.Rya	ell Samuel		
	(4)		Medica	id Cost Reimbursen	nent Analysis	
Home Office:						
	Healthcare, LLC					
3258 Parkside (
Tampa, FL 336	19					
			F	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012038000 - 2019/07

RI:327.41 / NM:381.78

Provider Number: 012038000

Seaview (Mente	or)		Provider Number: 012038000 Date: 7/1/2019 FYE: 9/30/2018			
1204 West 13th	-					
Panama City, FI						
· anama eng, · ·	_ 0_101 _010		Αι	udit Status: Una	audited Costs	
Provider Type: ICF	F/IID					
Level of Care Current Rate				New Rate	Effective Date	
#7 Instit	tutional -	355.09		327.41	7/1/2019	
#8 Non-Ambulatory & #9 Medical		415.56		381.78	7/1/2019	
Rate Type:						
Inte	rim	X	Prospective			
	Total Interim		X	Total Prospective	е	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	Costs		-		
Comments:						
Distribution:				14	ζ	
Contract Managem	ent		W.Rydell	Samuel 👭		
DPODS - DCF (4)			Medicaid	Cost Reimburser	ment Analysis	
Home Office:					·	
,			For	r Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012040300 - 2019/07 RI:381.32 / NM:441.49

Provider Number: 012040300

2727 Mahan Drive - Mail Stop 23

Gulfview (Mentor)		Provider Number: 012040300 Date: 7/1/2019 FYE: 9/30/2016			
2603 N State Ave E 12th ST					
Panama City, FL 32405-4359					
• •		Audit Status:	Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	stitutional 375.21 381.32		7/1/2019		
#8 Non-Ambulatory & #9 Medical	434.31	441.49	7/1/2019		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospe	ctive		
Interim Component	•	Prospective A	Adjusted for New Cost		
Settlement Based o	n Costs				
Comments:					
Distribution:			不		
Contract Management		W.Rydell Samuel	P()		
DPODS - DCF (4)		Medicaid Cost Reimbu	rsement Analysis		
Home Office:			,		
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					
		For Information of	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

012073200 - 2019/07 RI:463.58 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Suffridge Drive Group Home (SH of F)		Provider Number: 012073200 Date: 7/1/2019 FYE: 10/31/2018			
27566 Suffridge Drive					
Bonita Springs, FL 33923		Audit Status: Unaudited Costs			
, ,		Auui	i Status. One	addited Costs	
Provider Type: ICF/IID	0 .		. 1	- "	
Level of Care			New Rate	Effective Date	
#7 Institutional	450.40	40 463.58 7/		7/1/2019	
#8 Non-Ambulatory & #9 Medical	0.00		0.00	7/1/2019	
Rate Type:					
Interim	X	Prospective			
Total Interim		XTc	otal Prospective	9	
Interim Component		Pr	ospective Adju	sted for New Cost	
Settlement Based o	n Costs				
Comments:					
Distribution:			W	ζ	
Contract Management		W.Rydell Sa	ımuel 👭		
DPODS - DCF (4)		Medicaid Co	ost Reimbursen	nent Analysis	
Home Office:					
Salem Holmes of Florida, Inc.					
8W. Third St., Suite M-7					
Winston-Salem, NC 27101					
		For Inf	formation only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012074200 - 2019/07

RI:361.66 / NM:399.48

Coletta Driv	e Group Home		Provider Number: 012074200			
(SH of F)	•		Date: 7/1/2019			
1604 Coletta	Drive			FYE: 10/	31/2018	
Orlando, FL	32807		,	Audit Status: Un	audited Costs	
Provider Type:	ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional		360.66		361.66	7/1/2019	
#8 1	Non-Ambulatory & #9 Medical	397.06		399.48	7/1/2019	
Rate Type:						
	Interim	X	Prospectiv	/e		
	Total Interim		X	Total Prospective	е	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				- IA	2	
Contract Manag	gement		W.Ryde	ell Samuel		
DPODS - DCF	(4)			id Cost Reimburser	nont Analysis	
Home Office:			Medica	ila Cost iveli libursei	Hent Analysis	
Salem Holmes	of Florida, Inc.					
8W. Third St., S	Suite M-7					
Winston-Salem	, NC 27101					
			F	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012074800 - 2019/07

RI:350.32 / NM:384.22

For Information only - No Change in rate

GOD WE THE				-	
Spring Street	t Group	Home		Provider Number:	012074800
(SH of F)				Date:	7/1/2019
1463 Spring S	Street			FYE:	10/31/2018
Lake City, FL	32052			Audit Status:	Unaudited Costs
Provider Type: I	ICF/IID				
Level of Care			Current Rate	New Rate	Effective Date
	stitutional	_	338.19	350.32	
		tory & #9 Medical	370.82	384.22	7/1/2019
# O 140		—	370.02		
Poto Typo:					
Rate Type:	nterim		X	Prospective	
		Total Interim		X Total Prospe	ective
_		Interim Component			Adjusted for New Cost
_		Settlement Based on Co	osts		,
Comments:					
Distribution: Contract Manage	ement			W.Rydell Samuel	F
DPODS - DCF (4	4)			Medicaid Cost Reimbu	rsement Analysis
Home Office:				Modicale Cost Rolling	a. comone / maryolo
Salem Holmes o	f Florida, I	nc.			
8W. Third St., Su	uite M-7				
Winston-Salam	NC 27101				



Office of Medicaid Cost Reimbursement Planning and Finance

012075300 - 2019/07

RI:343.85 / NM:377.73

For Information only - No Change in rate

O WE I'M				
Walnut Street Group Home		Provider Number: 012075300		
(SH of F)	Date: <u>7/1/2019</u>			
102 Alexander Road		FYE:	10/31/2018	
Starke, FL 32091	Audit Status:	Unaudited Costs		
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	335.55	343.85	7/1/2019	
#8 Non-Ambulatory & #9 Medical	368.15	377.73	7/1/2019	
_			<u> </u>	
Rate Type:				
Interim	X	Prospective		
Total Interim		- X Total Prospe	ective	
Interim Component		Prospective .	Adjusted for New Cost	
Settlement Based on Co	osts			
Comments:				
Comments.				
Distribution:		_	TR	
Contract Management		W.Rydell Samuel	K() `	
DPODS - DCF (4)		Medicaid Cost Reimbu	rsement Analysis	
Home Office:		Wicalould Cost Northbu	noomone / maryoto	
Salem Holmes of Florida, Inc.				
8W. Third St., Suite M-7				
Winston-Salem, NC 27101				



Office of Medicaid Cost Reimbursement Planning and Finance

012075700 - 2019/07 RI:322.67 / NM:366.14

For Information only - No Change in rate

Z Mala a Dai a Mail Ota a O

Bessent F	Bessent Road Group Home				Provider Number: 012075700			
(SH of F)					Date: 7/1/2019			
1329 Bess	ent Road			FYE: 10/31/2018				
Starke, FL	32091				Audit Status: Un	audited Costs		
Provider Typ	e: ICF/IID							
Level of Care			Current Rate		New Rate	Effective Date		
#	7 Institutional	- I	324.32	.32 322.67 7/1/		7/1/2019		
#	8 Non-Ambul	atory & #9 Medical			7/1/2019			
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:					-14	Z		
Contract Ma	nagement			W.Ryd	ell Samuel 🏻 🖊			
DPODS - DO	CF (4)			Medica	aid Cost Reimbursei	ment Δnalvsis		
Home Office	:			Modice	aid Cost (Cimbarse)	mont Analysis		
Salem Holm	es of Florida,	Inc.						
8W. Third St	., Suite M-7							
Winston-Sale	em, NC 2710)1						



Office of Medicaid Cost Reimbursement Planning and Finance

012075900 - 2019/07

RI:382.30 / NM:432.61

For Information only - No Change in rate

WE I'M				
Frederick Avenue Group		Provid	der Number: 012	
Home (SH of F)	Date: 7/1/2019			
325 N Frederick Avenue		FYE: 10/3	31/2018	
Daytona Beach, FL 32114		A	udit Status: Una	udited Costs
Provider Type: ICF/IID				
Level of Care	Current Rate		New Rate	Effective Date
#7 Institutional	367.75		382.30	7/1/2019
#8 Non-Ambulatory & #9 Medical	407.22		432.61	7/1/2019
Rate Type:				
Interim	Χ	Prospective	е	
Total Interim		X	Total Prospective	
Interim Component			Prospective Adjust	sted for New Cost
Settlement Based on Co	osts		_	
Comments:				
Distribution:			- WK	,
Contract Management		W.Ryde	ell Samuel	
DPODS - DCF (4)		Medicai	d Cost Reimbursem	ent Analysis
Home Office:		MEGICAI	a Jost Kollibursell	on Analysis
Salem Holmes of Florida, Inc.				
8W. Third St., Suite M-7				
Winston-Salem, NC 27101				



Office of Medicaid Cost Reimbursement Planning and Finance

012373500 - 2019/07

RI:356.69 / NM:392.96

For Information only - No Change in rate

107th Place Group H	lome (SH		Provider Number: 012373500			
of F)	of F)			Date	7/1/2019	
2233 NW 41st St Ste	300			FYE	: 10/31/2018	
Gainesville, FL 3260	6			Audit Status	: Unaudited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate	New Rate		Effective Date	
#7 Institutional		351.41		356.69	7/1/2019	
#8 Non-Ambul	atory & #9 Medical	386.31		392.96	7/1/2019	
Rate Type:						
Interim		Х	Prospectiv	/e		
	Total Interim		X	Total Prosp	ective	
	Interim Component			Prospective	e Adjusted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:					不	
Contract Management			W.Ryd	ell Samuel	FU	
DPODS - DCF (4)			Medica	id Cost Reimb	oursement Analysis	
Home Office:					,	
Salem Holmes of Florida,	Inc.					
8W. Third St., Suite M-7						
Winston-Salem, NC 2710)1					



Office of Medicaid Cost Reimbursement Planning and Finance

012374200 - 2019/07 RI:417.74 / NM:0.00

For Information only - No Change in rate

OD WE THE					
Second Street Group Home		Provider Number: 012374200			
(SH of F)		Date: 7/1/2019			
3841 SE 2nd Street			FYE: 10/3	31/2018	
Ocala, FL 34471		Audi	t Status: Una	udited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date	
#7 Institutional	397.95	41	17.74	7/1/2019	
#8 Non-Ambulatory & #9 Medical	0.00		0.00	7/1/2019	
Rate Type:					
Interim	Х	Prospective			
Total Interim		— Х то	otal Prospective		
Interim Component		Pı	rospective Adjus	sted for New Cost	
Settlement Based on Co	osts				
Comments:					
Distribution:			- W	,	
Contract Management		W.Rydell Sa	amuel a		
DPODS - DCF (4)			('		
Home Office:		Medicaid Co	ost Reimbursem	ent Analysis	
Salem Holmes of Florida, Inc.					
8W. Third St., Suite M-7					
Winston-Salem, NC 27101					
vviilotori-Galeili, NO ZI IUI					



Office of Medicaid Cost Reimbursement Planning and Finance

012374400 - 2019/07

RI:360.94 / NM:0.00

Rosewood Avenue Group		Provider Number: 012374400 Date: 7/1/2019			
Home (SH of F)					
71 Rosewood Avenue Ormond Beach, FL 32174			FYE: 10	/31/2018	
		Αι	udit Status: Ur	naudited Costs	
Provider Type: ICF/IID					
Level of Care	New Rate		Effective Date		
#7 Institutional	349.01	_	360.94	7/1/2019	
#8 Non-Ambulatory & #9 Medical	474.96		0.00	7/1/2019	
Rate Type:					
Interim	X	Prospective			
Total Interim		X	Total Prospectiv	/e	
Interim Component			Prospective Adj	usted for New Cost	
Settlement Based of	on Costs				
Comments:					
Distribution:				P	
Contract Management		W.Rydell	11		
DPODS - DCF (4)			Cost Reimburse	ment Analysis	
Home Office:		Medicald	Cost Reimburse	ment Analysis	
Salem Holmes of Florida, Inc.					
8W. Third St., Suite M-7					
Winston-Salem, NC 27101					
		Foi	r Information only	· - No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012375400 - 2019/07 RI:391.47 / NM:446.53

2727 Mahan Drive - Mail Stop 23

	Group Home (SH		Provider Number: 0123/5400			
of F)	•		Date: 7/1/2019			
529 NW 19				FYE: 10/		
Gainesville,	FL 32603		Αι	udit Status: <u>Un</u>	audited Costs	
Provider Type	: ICF/IID					
Level of Care				New Rate	Effective Date	
#7 Institutional 354.15 #8 Non-Ambulatory & #9 Medical 391.91			391.47	7/1/2019		
		391.91		446.53	7/1/2019	
Rate Type:						
	Interim	Χ	Prospective			
	Total Interim		X	Total Prospective	е	
	Interim Componen	t		Prospective Adju	sted for New Cost	
	Settlement Based	on Costs				
Comments:						
Distribution:				- 14	ζ	
Contract Mana	agement		W.Rydell	Samuel 👭		
DPODS - DCF	= (4)		Medicaid	Cost Reimburser	ment Analysis	
Home Office:					,	
Salem Holmes	s of Florida, Inc.					
8W. Third St.,	Suite M-7					
Winston-Saler	m, NC 27101					
	_		Foi	r Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012386400 - 2019/07

RI:376.28 / NM:0.00

For Information only - No Change in rate

WE I'M				
Tunis Street Group Home		Provider Number: 0		
(SH of F)		Date: <u>7/1/2019</u>		
4748 Tunis Street		FYE: 10	0/31/2018	
Jacksonville, FL 32205		Audit Status: U	naudited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	350.49	376.28	7/1/2019	
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2019	
		_		
Rate Type:				
Interim	X	Prospective		
Total Interim		X Total Prospect	ive	
Interim Component		Prospective Ac	djusted for New Cost	
Settlement Based on Co	osts			
Comments:				
Comments.				
<u>Distribution:</u>			R	
Contract Management		W.Rydell Samuel	g `	
DPODS - DCF (4)		Medicaid Cost Reimburs	ement Analysis	
Home Office:				
Salem Holmes of Florida, Inc.				
8W. Third St., Suite M-7				
Winston-Salem, NC 27101				



Office of Medicaid Cost Reimbursement Planning and Finance

012390800 - 2019/07 RI:383.23 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Plaza Oval G	roup Home (SH		Provider Number: 012390800				
of F)				Date: 7/1/2019			
247 Plaza Ova	al		FYE: 10/31/2018				
Casselberry, F	FL 32707		1	Audit Status: Una	audited Costs		
Provider Type: I	CF/IID						
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional 394.62 #8 Non-Ambulatory & #9 Medical 0.00		394.62	_	383.23	7/1/2019		
				0.00	7/1/2019		
Rate Type:							
	nterim	Х	Prospectiv	re			
	Total Interim		X	Total Prospective	9		
_	Interim Component			Prospective Adju	sted for New Cost		
_	Settlement Based on Co	osts					
Comments:							
Distribution:				- IK	7		
Contract Manage	ement		W.Ryde	ell Samuel			
DPODS - DCF (4	1)			id Cost Reimbursen	nent Analysis		
Home Office:			Medica	ia oost Keimbarsen	nont Analysis		
Salem Holmes o	f Florida, Inc.						
8W. Third St., Sเ	uite M-7						
Winston-Salem,	NC 27101						
			F	or Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

012392700 - 2019/07 RI:394.49 / NM:438.73

2727 Mahan Drive - Mail Stop 23

Claudia Dri	ive Group Home		Provider Number: 012392700 Date: 7/1/2019			
(SH of F)						
140 Claudia	a Drive		FYE: 10/31/2018			
Jacksonville	e, FL 32218		А	udit Status: Un	audited Costs	
Provider Type	: ICF/IID					
Level of Care Current Rate				New Rate	Effective Date	
#7 Institutional 385.42 #8 Non-Ambulatory & #9 Medical 428.00			394.49	7/1/2019		
		428.00		438.73	7/1/2019	
Rate Type:						
	Interim	X	Prospective)		
	Total Interim		X	_ Total Prospective	Э	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:					>	
Contract Mana	agement		W Dydo	Il Samuel		
DPODS - DCF				Il Samuel //		
Home Office:	(4)		Medicai	d Cost Reimburser	nent Analysis	
	a of Florida Inc					
	s of Florida, Inc.					
8W. Third St.,						
Winston-Saler	m, NC 2/101					
			Fo	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012410100 - 2019/07 RI:322.56 / NM:0.00

Provider Number: 012410100

2727 Mahan Drive - Mail Stop 23

High Deser- Home (SH o		Group		Provide	er Number: <u>01:</u> Date: 7/1	
11818 High	-	Court			/31/2018	
Jacksonville				Aı	udit Status: Un	
Provider Type:	: ICF/IID					
Level of Care			Current Rate		New Rate	Effective Date
	Institutiona	_ al	341.13		322.56	7/1/2019
#8 Non-Ambulatory & #9 Medical		_	0.00	<u> </u>	0.00	7/1/2019
		-				
Rate Type:						
, , , , , , , , , , , , , , , , , , ,	Interim		Х	Prospective		
	_	Total Interim		X	Total Prospectiv	е
		Interim Component			Prospective Adj	usted for New Cost
		Settlement Based on C	osts			
Comments:						
Distribution:					H	Z
Contract Mana	•			W.Rydell	Samuel 👭	
DPODS - DCF	(4)			Medicaid	Cost Reimburse	ment Analysis
Home Office:						
Salem Holmes	of Florida	, Inc.				
8W. Third St.,	Suite M-7					
Winston-Salen	n, NC 271	01				
				Fo	r Information only	- No Change in rate



Office of Medicaid Cost Reimbursement Planning and Finance

015979000 - 2019/07

RI:352.63 / NM:439.77

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Log Cabin Enterprises, Inc.			Provider Number	r: 015979000		
(Sunrise)			Date: 7/1/2019			
22300 SW 162ND Ave			FYE	E: 6/30/2018		
Miami, FL 33170-3907			Audit Status	s: Unaudited Costs		
Provider Type: ICF/IID						
Level of Care		Current Rate	New Rate	Effective Date		
#7 Institutional	_	340.79	352.63	7/1/2019		
#8 Non-Ambulatory & #9	Medical	424.47	439.77	7/1/2019		
Rate Type:						
Interim		Χ	Prospective			
Total Inter	rim		X Total Pros	pective		
Interim Co	omponent		Prospectiv	e Adjusted for New Cost		
Settlemer	nt Based on Co	osts				
Comments:						
<u>Distribution:</u>				IR		
Contract Management			W.Rydell Samuel	RO `		
DPODS - DCF (4)			Medicaid Cost Reiml	hursement Analysis		
Home Office:			Modicald Cool Rolling	ourson one randiyolo		
Sunrise Community, Inc.						
9040 Sunset DriveSuite 70-A						

Miami, FL 33170



Office of Medicaid Cost Reimbursement Planning and Finance

028000300 - 2019/07

RI:288.75 / NM:423.06

Sandy Park Development		Provide	er Number: <u>028</u>			
Center			Date: 7/1/2019			
2975 Garden Street North			FYE: 12/31/2017			
Ft. Myers, FL 33917		Αι	udit Status: <u>Una</u>	audited Costs		
Provider Type: ICF/IID						
Level of Care	Current Rate		New Rate	Effective Date		
#7 Institutional 304.50			288.75	7/1/2019		
#8 Non-Ambulatory & #9 Medical	0.00		423.06	7/1/2019		
Rate Type:						
Interim	Χ	Prospective				
Total Interim		X	Total Prospective	•		
Interim Component			Prospective Adjus	sted for New Cost		
Settlement Based on Co	osts					
Comments:						
Distribution: Contract Management DPODS - DCF (4)		W.Rydell	('	~		
Home Office:		Medicaid	Cost Reimbursem	nent Analysis		
nome Office.						



Office of Medicaid Cost Reimbursement Planning and Finance

028018601 - 2019/07

RI:363.06 / NM:459.31

St. Petersburg Cluster		Provid	Provider Number: 028018601				
(Sunrise)	(Sunrise)			Date: 7/1/2019			
1101 102nd Avenue North			FYE: 6/3	0/2018			
St. Petersburg, FL 33716		Α	udit Status: Una	audited Costs			
Provider Type: ICF/IID							
Level of Care	Current Rate		New Rate	Effective Date			
#7 Institutional 372.21			363.06	7/1/2019			
#8 Non-Ambulatory & #9 Med	dical 475.70		459.31	7/1/2019			
Rate Type:							
Interim	X	Prospective					
Total Interim		X	Total Prospective	Э			
Interim Comp			Prospective Adju	sted for New Cost			
Settlement Ba	ased on Costs						
Comments:							
Distribution:			14	ζ			
Contract Management		W.Rydel	l Samuel				
DPODS - DCF (4)		Medicaio	I Cost Reimburser	ment Analysis			
Home Office:							
Sunrise Community, Inc.							
9040 Sunset DriveSuite 70-A							
Miami, FL 33170							
		Fo	r Information only	- No Change in rate			



Office of Medicaid Cost Reimbursement Planning and Finance

028019401 - 2019/07 RI:468.98 / NM:627.23

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028019401 **Laurel Hill Cluster** Date: 7/1/2019 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 486.83 468.98 7/1/2019 #8 Non-Ambulatory & #9 Medical 616.42 627.23 7/1/2019 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 - 2019/07

RI:369.76 / NM:499.73

For Information only - No Change in rate

McCauley Cluster (Sunrise) 1385 McCauley Road Tallahassee, FL 32308 Provider Type: ICF/IID Level of Care	Current Rate	FYE: 6/3	028020801 7/1/2019 6/30/2018 Unaudited Costs Effective Date	
#7 Institutional	362.97	369.76	7/1/2019	
#8 Non-Ambulatory & #9 Medical	488.54	499.73	7/1/2019	
Rate Type:				
Interim	X F	Prospective		
Total Interim		X Total Prospectiv	⁄e	
Interim Compone	nt	Prospective Adj	usted for New Cost	
Settlement Based	I on Costs			
Comments:				
<u>Distribution:</u>		- u	R	
Contract Management		W.Rydell Samuel		
DPODS - DCF (4)		Medicaid Cost Reimburse	ment Analysis	
Home Office:		Saisaia Soci Komibuloo		
Sunrise Community, Inc.				
9040 Sunset DriveSuite 70-A				
Miami, FL 33170				



Office of Medicaid Cost Reimbursement Planning and Finance

028028301 - 2019/07

For Information only - No Change in rate

RI:335.40 / NM:424.18

OD WE THE	·				
Greentree Court Cluster		Provider Number: 028028301			
(Sunrise)		Date: 7/1/2019			
2160 GreenTree Court		FYE: <u>6/3</u>	30/2018		
Bartow, FL 33830		Audit Status: Un	audited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	354.42	335.40	7/1/2019		
#8 Non-Ambulatory & #9 Medical		424.18	7/1/2019		
Rate Type:					
Interim	X F	rospective			
 Total Interim		X Total Prospectiv	re		
Interim Compone	nt	Prospective Adj	usted for New Cost		
Settlement Based	d on Costs				
Comments					
Comments:					
<u>Distribution:</u>		-4	Z		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburse	ment Analysis		
Home Office:		Miscriscia Cost Neimburse	mont Analysis		
Sunrise Community, Inc.					
9040 Sunset DriveSuite 70-A					
Miami, FL 33170					



Office of Medicaid Cost Reimbursement Planning and Finance

028029101 - 2019/07

RI:362.78 / NM:503.67

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028029101 Mahan Cluster (Sunrise) Date: 7/1/2019 2034 Mahan Drive FYE: 6/30/2018 Tallahassee, FL 32308 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 370.74 362.78 7/1/2019 #8 Non-Ambulatory & #9 Medical 511.51 503.67 7/1/2019 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

028030501 - 2019/07

RI:261.71 / NM:313.92

Lake City Cluster			Provider Number: 028030501			
411 Gwen Lake Bouleva	Date: 7/1/2019					
Lake City, FL 32055	FYE: 6/30/2018					
, ,			Αι	udit Status:	Unaudited Cost	S
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effec Dat	
#7 Institutional		258.78		261.71		019
#8 Non-Ambulator	ry & #9 Medical	309.53		313.92	7/1/2	019
Rate Type: Interim		Χ	Prospective			
To	otal Interim		_ · X	Total Prosp	ective	
In	nterim Component			- Prospective	Adjusted for New C	ost
s	ettlement Based on Costs			-		
Comments:						
Distribution:				,	W.	
Contract Management			W.Rydell	Samuel	RI	
DPODS - DCF (4)			Medicaid	Cost Reimb	ursement Analysis	
Home Office:			Modrodia		arooment, mary ere	
Res-Care, Inc.						
10140 Linn Station Road						
Louisville, KY 40223						
			Fo	r Information	only - No Change in	rate



Bayshore Cluster (Sunrise)

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028031301 - 2019/07 RI:294.65 / NM:404.28

Provider Number: 028031301

2727 Mahan Drive - Mail Stop 23

	, d ,						
2059 Lisenby Avenue Panama City, FL 32405				Date: <u>7/1/2019</u>			
				FYE: <u>6/30/2018</u>			
•			Αι	udit Status: <u>Una</u>	udited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutiona	 .I	334.56	<u> </u>	294.65	7/1/2019		
	Latory & #9 Medical	428.63		404.28	7/1/2019		
	_	420.00					
Rate Type:							
Interim		Χ	Prospective				
	Total Interim		_ X	Total Prospective			
-	— Interim Component			- Prospective Adjus	ted for New Cost		
	Settlement Based on Co	ests		-			
Comments:	<u> </u>						
Distribution:				10			
Contract Management			W.Rydell	Samuel 0	`		
DPODS - DCF (4)							
Home Office:			Medicaid	Cost Reimburseme	ent Analysis		
Sunrise Community, Inc.							
9040 Sunset DriveSuite 7	<u></u>						
	<u>U-A</u>						
Miami, FL 33170							
			Foi	Information only -	No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028032101 - 2019/07

For Information only - No Change in rate

RI:255.38 / NM:338.49

WE I				
Gainesville 39th Avenue	Provider Number: 028032101 Date: 7/1/2019			
Cluster (Res-Care)				
5914 N.W. 39th Avenue	FYE: (6/30/2018		
Gainesville, FL 32606		Audit Status:	Unaudited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	273.72	255.38	7/1/2019	
#8 Non-Ambulatory & #9 Medical	330.26	338.49	7/1/2019	
Rate Type:				
Interim	X	Prospective		
Total Interim		X Total Prospec	ctive	
Interim Compone	ent	Prospective A	Adjusted for New Cost	
Settlement Based	d on Costs			
Comments:				
Distribution:			T.	
Contract Management		W.Rydell Samuel	4	
DPODS - DCF (4)			roment Analysis	
Home Office:		Medicaid Cost Reimbur	sement Analysis	
Res-Care, Inc.				
10140 Linn Station Road				
Louisville, KY 40223				



Office of Medicaid Cost Reimbursement Planning and Finance

028035600 - 2019/07

RI:362.20 / NM:560.84

PARC Center Apartments 3190 75th Street North St. Petersburg, FL 33170 Provider Type: ICF/IID Current				Provider Number: 028035600 Date: 7/1/2019 FYE: 9/30/2017 Audit Status: Unaudited Costs New Effective			
Level of Care	- Charles Carral	Rate		Rate	Date		
	Institutional	355.96		362.20	7/1/2019		
#8	Non-Ambulatory & #9 Medical	551.06		560.84	7/1/2019		
Rate Type:	lata dia		Duranastina				
	Interim - Total Interim	X	Prospective X	total Prospectiv	۵		
	Interim Component			_	usted for New Cost		
	Settlement Based on Co	osts		_			
Comments:							
<u>Distribution:</u> Contract Mana DPODS - DCI Home Office:				I Samuel d d Cost Reimburser			
,			Fo	or Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028036401 - 2019/07

RI:510.26 / NM:688.49

Skipper Road Cl	uster		Provid	Provider Number: <u>028036401</u>			
2611 E. Bearss Avenue				Date: 7/1/2019			
Tampa, FL 33613	FYE: 9/30/2017						
,		Α	udit Status: Una	audited Costs			
Provider Type: ICF/II	D						
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institut	onal	527.73		510.26	7/1/2019		
#8 Non-Aı	mbulatory & #9 Medical	676.69		688.49	7/1/2019		
Rate Type:							
Interin	n	X	Prospective)			
	Total Interim		_ x	Total Prospective	Э		
	Interim Component			Prospective Adju	sted for New Cost		
	Settlement Based on C	costs		_			
Comments:							
Distribution:				14	Z		
Contract Managemer	t		W.Rydel	ll Samuel	`		
DPODS - DCF (4)			Medicaio	d Cost Reimbursen	nent Analysis		
Home Office:				2 0 0 0 1 1 0 1 1 1 0 0 1 1			
Quest, Inc.							
P.O. Box 531125							
Orlando, FL 32853							
			Fo	or Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028037201 - 2019/07

RI:315.64 / NM:429.32

Pembroke Pines Cluster		Provider Number: <u>028037201</u>				
871 S.W. Douglas Road		Date: 7/1/2019 FYE: 6/30/2018				
Pembroke Pines, FL 33024						
		Audit Status: Una	audited Costs			
Provider Type: ICF/IID						
Level of Care	Current Rate	New Rate	Effective Date			
#7 Institutional	334.97	315.64	7/1/2019			
#8 Non-Ambulatory & #9 Medica	420.86	429.32	7/1/2019			
Rate Type:						
Interim	X F	Prospective				
Total Interim		X Total Prospective	е			
Interim Compon	ent	Prospective Adju	sted for New Cost			
Settlement Base	ed on Costs					
Comments:						
Distribution:		- IX	Z			
Contract Management		W.Rydell Samuel				
DPODS - DCF (4)		Medicaid Cost Reimburser	ment Analysis			
Home Office:		Wicalcala Cost Normburser	Hent Analysis			
Ann Storck Center						
1790 S.W. 43RD WAY						
Ft. Lauderdale, FL 33317						
		For Information only	- No Change in rate			



Office of Medicaid Cost Reimbursement Planning and Finance

028038101 - 2019/07 RI:235.18 / NM:316.01

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028038101 Ocala Cluster (Res-Care) Date: 7/1/2019 3205 S. E. 17th Street FYE: 6/30/2018 Ocala, FL 32671 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 258.73 235.18 7/1/2019 #8 Non-Ambulatory & #9 Medical 312.33 316.01 7/1/2019 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: Res-Care, Inc. 10140 Linn Station Road

Louisville, KY 40223



Williams Road Cluster

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028040201 - 2019/07 RI:540.06 / NM:682.35

Provider Number: 028040201

2727 Mahan Drive - Mail Stop 23

1923 Sarah	Louise D	rive		Date: 7/1/2019				
Brandon, FL 33510				FYE: 9/30/2017				
				Αι	ıdit Status: Una	udited Costs		
Provider Type:	ICF/IID							
Level of Care			Current Rate		New Rate	Effective Date		
#7	Institutiona	 I	531.07	<u> </u>	540.06	7/1/2019		
#8	Non-Ambul	latory & #9 Medical	670.82		682.35	7/1/2019		
				<u> </u>				
Rate Type:								
,,	Interim		Х	Prospective				
	-	Total Interim	-	X	Total Prospective			
		Interim Component			Prospective Adjus	sted for New Cost		
		Settlement Based on Co	ests		•			
Comments:								
					_			
Distribution:					IX			
Contract Mana	igement			W.Rydell	Samuel			
DPODS - DCF	(4)			Medicaid	Cost Reimbursem	ent Analysis		
Home Office:						•		
Quest, Inc.								
P.O. Box 5311	25							
Orlando, FL 3	2853							
				Foi	Information only -	No Change in rate		
					-			



Office of Medicaid Cost Reimbursement Planning and Finance

028041101 - 2019/07

RI:396.57 / NM:524.29

For Information only - No Change in rate

MCP 80th	Street			Provider Number: <u>028041101</u>				
11750 S.W. 80th Street Miami, FL 33183					Date: 7/1/2019 FYE: 6/30/2018			
					Audit Status: <u>Ur</u>	naudited Costs		
Provider Type	e: ICF/IID							
Level of Care			Current Rate		New Rate	Effective Date		
#7	' Institutiona	al –	419.60		396.57	7/1/2019		
#8	3 Non-Ambu	ulatory & #9 Medical	524.82		524.29	7/1/2019		
Rate Type:								
	Interim		X	Prospectiv	ve			
		Total Interim		X	Total Prospectiv	/e		
		Interim Component			Prospective Adj	usted for New Cost		
		Settlement Based on Co	osts					
Comments:								
Distribution:						P		
Contract Man	agement			W.Rvd	ell Samuel			
DPODS - DCF (4)						mont Analysis		
Home Office:				ivieuica	aid Cost Reimburse	mem Analysis		
UCP Of Miam								
1411 NW 14tl								
Miami, FL 33								
· ·								



Office of Medicaid Cost Reimbursement Planning and Finance

028045301 - 2019/07

For Information only - No Change in rate

RI:430.84 / NM:661.49

MCP Braddock 14400 SW 32nd Stree Miami,, FL 33175 Provider Type: ICF/IID Level of Care	et 	Current Rate	FYE:		: 028045301 : 7/1/2019 : 6/30/2018 : Unaudited Costs Effective Date	
#7 Institutional #8 Non-Ambul	atory & #9 Medical	444.84 647.78	430.8		7/1/2019 7/1/2019	
Rate Type: Interim	Total Interim Interim Component Settlement Based on Cos	X		Prospective A	ctive Adjusted for New Cost	
Comments:						
Distribution: Contract Management DPODS - DCF (4) Home Office: UCP Of Miami 1411 NW 14th Ave Miami, FL 33125			W.Rydell Samue Medicaid Cost F		sement Analysis	



Office of Medicaid Cost Reimbursement Planning and Finance

028046101 - 2019/07 RI:424.15 / NM:560.31

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028046101 **MCP 2nd Street** Date: 7/1/2019 11801 NW Second Street FYE: 6/30/2018 Miami, Fl., FL 33182 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 440.02 424.15 7/1/2019 #8 Non-Ambulatory & #9 Medical 547.07 560.31 7/1/2019 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: **UCP Of Miami** 1411 NW 14th Ave

Miami, FL 33125



Office of Medicaid Cost Reimbursement Planning and Finance

028048801 - 2019/07

RI:408.75 / NM:549.61

MCP Sunse	et			Provi	der Number: 02	8048801	
7100 S.W. 122nd. Avenue				Date: 7/1/2019			
Miami, FL 33183				FYE: 6/30/2018			
					Audit Status: Un	audited Costs	
Provider Type	: ICF/IID						
Level of Care			Current Rate		New Rate	Effective Date	
#7	Institutional		423.56		408.75	7/1/2019	
#8	Non-Ambulatory & #9 M	edical	535.28		549.61	7/1/2019	
Rate Type:							
	Interim		Χ	Prospectiv	ve		
	Total Interin	n		X	Total Prospectiv	е	
	Interim Con	nponent			Prospective Adju	usted for New Cost	
	Settlement	Based on Cos	ts				
Comments:							
Discoller design						-	
Distribution:					H	Κ	
Contract Mana	_			W.Ryd	ell Samuel		
DPODS - DCF	- (4)			Medica	aid Cost Reimburse	ment Analysis	
Home Office:							
UCP Of Miam	j 	_					
1411 NW 14th	Ave	_					
Miami, FL 33	125	_					
		_			For Information only	No Chango in rato	



Office of Medicaid Cost Reimbursement Planning and Finance

028049601 - 2019/07

RI:371.10 / NM:504.93

For Information only - No Change in rate

Dorchester Cluster (Sunrise)		Provider Number: 02		
3201 Ginger Drive		Date: 7/1/2019		
Tallahassee, FL 32308		FYE: <u>6/3</u>	80/2018	
		Audit Status: Un	audited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	368.84	371.10	7/1/2019	
#8 Non-Ambulatory & #9 Medical	497.75	504.93	7/1/2019	
Rate Type:				
Interim	X F	Prospective		
Total Interim		X Total Prospectiv	е	
Interim Componer	nt	Prospective Adju	usted for New Cost	
Settlement Based	on Costs			
Comments:				
Distribution:		- MA	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

028059300 - 2019/07 RI:260.36 / NM:0.00

2727 Mahan Drive - Mail Stop 23

146th Place Gr	p Home #10		Provider Number: 028059300 Date: 7/1/2019 FYE: 6/30/2018			
(Sunrise)	Oth Diago					
10521 S.W. 140			Λ.			
Miami, FL 3318			Al	udit Status: <u>Una</u>	ludited Costs	
Provider Type: IC	F/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7 Insti	tutional	261.87		260.36	7/1/2019	
#8 Non	-Ambulatory & #9 Medical	0.00		0.00	7/1/2019	
Rate Type:						
Inte	erim	X	Prospective			
	Total Interim		Χ	Total Prospective		
	Interim Component			Prospective Adjus	sted for New Cost	
	Settlement Based on Co	osts				
Comments:						
Distribution:				W.		
Contract Managen	nent		W.Rydell	Samuel 👭		
DPODS - DCF (4)			Medicaid	Cost Reimbursem	ent Analysis	
Home Office:					·	
Sunrise Communit	y, Inc.					
9040 Sunset Drive	Suite 70-A					
Miami, FL 33170						
			Foi	r Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028062300 - 2019/07

RI:263.84 / NM:308.78

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

119th Street	Grn	⊔ omo	#11
i i sui sueet	GIP	поше	#11
(Sunrise)			

13350 S.W. 119th Street

Miami, FL 33186

DPODS - DCF (4)

Miami, FL 33170

Sunrise Community, Inc. 9040 Sunset DriveSuite 70-A

Home Office:

Provider Number: 028062300

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Date: 7/1/2019

FYE: 6/30/2018

Audit Status: Unaudited Costs

		riddir Otatao. C	Tradation Cools
Provider Type: ICF/IID			
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	258.54	263.84	7/1/2019
#8 Non-Ambulatory & #9 Medi	ical 303.08	308.78	7/1/2019
Rate Type:			
Interim	XF	Prospective	
Total Interim		X Total Prospec	tive
Interim Compo	onent	Prospective A	djusted for New Cost
Settlement Bas	sed on Costs		
Comments:			
Distribution:			IZ.
Contract Management		W.Rydell Samuel	0

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr



Office of Medicaid Cost Reimbursement Planning and Finance

028065800 - 2019/07 RI:263.32 / NM:0.00

2727 Mahan Drive - Mail Stop 23

	: Grp Home #6		Provider Number: 028065800 Date: 7/1/2019			
(Sunrise)						
444 N.W. 22				: 6/30/2018		
Homestead,	FL 33030		Audit Status	: Unaudited Costs		
Provider Type:	ICF/IID					
Level of Care		Current Rate	New Rate	Effective Date		
#7	Institutional	267.45	263.32	7/1/2019		
#8	Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2019		
Rate Type:						
	Interim	X	Prospective			
	Total Interim		X Total Prosp	pective		
	Interim Component		Prospective	e Adjusted for New Cost		
	Settlement Based on	Costs				
Comments:						
<u>Distribution:</u> Contract Mana	gament		W Dudall Carronal	T		
			W.Rydell Samuel	M		
DPODS - DCF	(4)		Medicaid Cost Reimb	oursement Analysis		
Home Office:	9 1					
Sunrise Comm						
	OriveSuite 70-A					
Miami, FL 331	70					
			For Information	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028427100 - 2019/07

RI:283.69 / NM:366.20

Fern Park Developmental				Provider Number: 028427100			
Center				Date: 7/1/2019			
230 Fern Pa	ark Boulevard			FYE: 2/28/2018			
Fern Park, I	FL 32730		Αι	udit Status: Una	audited Costs		
Provider Type	: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date		
#7	Institutional	275.48	<u> </u>	283.69	7/1/2019		
#8	Non-Ambulatory & #9 Medical	360.23		366.20	7/1/2019		
Rate Type:							
	Interim	X	Prospective				
	Total Interim		X	Total Prospective			
	Interim Component			Prospective Adjus	sted for New Cost		
	Settlement Based on C	Costs					
Comments:							
Distribution:				- W			
Contract Mana	agement		W.Rydell	Samuel			
DPODS - DCI	F (4)		Medicaid	Cost Reimbursem	nent Analysis		
Home Office:			Medicala	Cost (Combarson)	ioni / marysis		
DDMS							
5050 Poplar <i>A</i> 718	Avenue Suite 2000Suite						
Memphis, TN	38157						
			Foi	r Information only -	No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028500500 - 2019/07 RI:239.01 / NM:0.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028500500 Naranja Group Home (Sunrise) Date: 7/1/2019 15190 S.W. 272nd Street FYE: 6/30/2018 Audit Status: Unaudited Costs Naranja, FL 33032 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 237.35 239.01 7/1/2019 #8 Non-Ambulatory & #9 Medical 0.00 0.00 7/1/2019 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



PARC Cottage

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028505600 - 2019/07 RI:353.03 / NM:535.96

Provider Number: 028505600

2727 Mahan Drive - Mail Stop 23

3101 76th Way North St. Petersburg, FL 33710					Date: 7/1/2019			
				FYE: 9/30/2017				
	g, o			Αι	udit Status:	Jnaudited Costs		
Provider Type	: ICF/IID							
Level of Care			Current Rate		New Rate	Effective Date		
#7	Institutiona	al	346.83		353.03	7/1/2019		
#8	Non-Ambu	llatory & #9 Medical	526.50		535.96	7/1/2019		
Rate Type:								
	Interim		X	Prospective				
		Total Interim		X	Total Prospec	ctive		
		Interim Component			Prospective A	Adjusted for New Cost		
		Settlement Based on Costs	S					
Comments:								
<u>Distribution:</u> Contract Mana	agement			W.Rydell	Samuel	F		
DPODS - DCF (4)				Medicaid	Cost Reimbur	sement Analysis		
Home Office:						·		
,				For	r Information o	nly - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028512900 - 2019/07 RI:299.16 / NM:0.00

For Information only - No Change in rate

MACtown, Inc.			Provider Number: 028512900			
151 NE 62nd Street			Date: 7/1/2019			
Miami, FL 33138			FYE: 9/3	0/2015		
Mann, 1 2 00 100			Audit Status: Un	audited Costs		
Provider Type: ICF/IID						
Level of Care		Current Rate	New Rate	Effective Date		
#7 Institutiona	- I	293.66	299.16	7/1/2019		
#8 Non-Ambu	latory & #9 Medical	0.00	0.00	7/1/2019		
Rate Type:						
Interim		F	Prospective			
	Total Interim		Total Prospective	е		
	Interim Component	_	Prospective Adju	usted for New Cost		
	Settlement Based on C	osts				
Comments:						
Distribution:				7		
Contract Management			W.Rydell Samuel			
DPODS - DCF (4)						
Home Office:			Medicaid Cost Reimburser	ment Analysis		
Tiome Office.						



Office of Medicaid Cost Reimbursement Planning and Finance

028513700 - 2019/07

RI:314.93 / NM:385.01

For Information only - No Change in rate

New Horiz	ons of N\	<i>N</i> Florida,		Provi	Provider Number: <u>028513700</u>			
Inc.					Date: 7/1/2019			
10050 Hillview Road Pensacola, FL 32514					FYE: <u>9/3</u>	30/2017		
					Audit Status: <u>Un</u>	audited Costs		
Provider Type	e: ICF/IID							
Level of Care			Current Rate		New Rate	Effective Date		
#7	7 Institutiona	al –	311.89		314.93	7/1/2019		
#8	3 Non-Ambu	ulatory & #9 Medical	381.09		385.01	7/1/2019		
Rate Type:								
	Interim		X	Prospectiv	ve			
		Total Interim		X	Total Prospectiv	re		
		Interim Component			Prospective Adj	usted for New Cost		
		Settlement Based on C	osts		_			
Comments:								
Distribution:					- W	R		
Contract Man	nagement			W.Ryd	ell Samuel 🛚 🎉			
DPODS - DC	F (4)			Medica	aid Cost Reimburse	ment Analysis		
Home Office:								
,								



Office of Medicaid Cost Reimbursement Planning and Finance

028519600 - 2019/07 RI:377.65 / NM:0.00

For Information only - No Change in rate

BARC Hous	sing, Inc	71		Provider Number: 028519600				
10250 N.W. 53rd Street					Date: 7/1/2019 FYE: 9/30/2018			
Sunrise, FL 33351								
- Cumico, i =				P	Audit Status: Ur	naudited Costs		
Provider Type	: ICF/IID							
Level of Care			Current Rate		New Rate	Effective Date		
#7	Institutiona	al _	368.26		377.65	7/1/2019		
#8	Non-Ambu	ulatory & #9 Medical	0.00		0.00	7/1/2019		
Rate Type:								
	Interim		X	Prospectiv	е			
		Total Interim		X	Total Prospectiv	/e		
		Interim Component			Prospective Adj	usted for New Cost		
		Settlement Based on C	osts					
Comments:								
Distribution						-		
Distribution:						K		
Contract Mana	_			W.Ryde	ell Samuel	1		
DPODS - DCF	- (4)			Medicai	id Cost Reimburse	ement Analysis		
Home Office:								
,								



Office of Medicaid Cost Reimbursement Planning and Finance

028520000 - 2019/07

RI:265.51 / NM:361.03

Pensacola Care, Inc.			Provid	er Number	028520000	
One Villa Drive				Date	: 7/1/2019	
Pensacola, FL 32506				FYE	: 9/30/2018	
·			Α	udit Status	: Unaudited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional		259.58		265.51	7/1/2019	
#8 Non-Ambula	atory & #9 Medical	352.41		361.03	7/1/2019	
Rate Type:						
Interim		Χ	Prospective			
	Total Interim		X	Total Prosp	ective	
	Interim Component			_ Prospective	Adjusted for New Cost	
	Settlement Based on Cos	ts				
Comments:						
<u>Distribution:</u>					R	
Contract Management			W.Rydel	l Samuel	PU	
DPODS - DCF (4)			Medicaio	Cost Reimb	ursement Analysis	
Home Office:						
Quest Management Group						
311 North Spring Street						
Pensacola, FL 32501						
			E_	r Information	only No Chango in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028521800 - 2019/07 RI:314.62 / NM:408.95

2727 Mahan Drive - Mail Stop 23

Ann Storck Center, In	C.		Provide	er Number: 02	8521800
1790 S.W. 43rd Way		Date: 7/1/2019 FYE: 9/30/2018			
Ft. Lauderdale, FL 33317					
			Αι	udit Status: Un	audited Costs
Provider Type: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date
#7 Institutional		309.91		314.62	7/1/2019
#8 Non-Ambulat	ory & #9 Medical	403.10		408.95	7/1/2019
Rate Type:					
Interim		Χ	Prospective		
	Total Interim		X	Total Prospectiv	re
	Interim Component			Prospective Adj	usted for New Cost
	Settlement Based on Cost	ts			
Comments:					
Distribution:				-14	Z
Contract Management			W.Rydell	Samuel 🖊	
DPODS - DCF (4)			Medicaid	Cost Reimburse	ment Analysis
Home Office:					,
Ann Storck Center					
1790 S.W. 43RD WAY					
Ft. Lauderdale, FL 33317					
			For	r Information only	- No Change in rate



Office of Medicaid Cost Reimbursement Planning and Finance

028522600 - 2019/07

RI:290.75 / NM:390.73

Tallahassee Develop	mental		Provide	er Number:	028522600		
Center 455 Appleyard Drive Tallahassee, FL 32304				Date: 7/1/2019			
				FYE: 9/30/2018			
			Αι	udit Status:	Unaudited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional	_	283.50		290.75	7/1/2019		
#8 Non-Ambula	tory & #9 Medical	378.80		390.73	7/1/2019		
Rate Type:							
Interim		X	_ Prospective				
	Total Interim		X	Total Prospe			
	Interim Component			Prospective	Adjusted for New Cost		
	Settlement Based on Cos	sts					
Comments:							
Distribution:				-	IR		
Contract Management			W.Rydell	Samuel	RO `		
DPODS - DCF (4)			Medicaid	Cost Reimbu	Irsement Analysis		
Home Office:			Medicala	Cost (Cimbo	insomerit / thatysis		
Quest Management Group							
311 North Spring Street							
Pensacola, FL 32501							
			For	Information o	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028524200 - 2019/07 RI:269.72 / NM:377.22

2727 Mahan Drive - Mail Stop 23

Ft. Walton Beach			Provide	er Number: 028	8524200		
Developmental Ctr.				Date: 7/1/2019			
1045 Mar Walt Drive Ft. Walton Beach, FL 32547				FYE: 9/30/2017			
			Αι	ıdit Status: Un	audited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional		265.07		269.72	7/1/2019		
#8 Non-Ambulato	ory & #9 Medical	370.66		377.22	7/1/2019		
Rate Type:							
Interim		X	Prospective				
7	Total Interim		X	Total Prospective	е		
I	nterim Component			Prospective Adju	usted for New Cost		
	Settlement Based on Cost	S					
Comments:							
<u>Distribution:</u>				-14	Z		
Contract Management			W.Rydell	Samuel 🕖			
DPODS - DCF (4)			Medicaid	Cost Reimburser	ment Analysis		
Home Office:			Medicala	Cost (Ciriburoci	Horit / trialyolo		
Quest Management Group							
311 North Spring Street							
Pensacola, FL 32501							
			Fo	Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028526900 - 2019/07

RI:276.05 / NM:367.77

Panama City Developmental		Provider Number			
Center		Date: 7/1/2019			
1407 Lincoln DriveP.O. Box			: 9/30/2018		
456		Audit Status	: Unaudited Costs		
Panama City, FL 32401					
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	268.87	276.05	7/1/2019		
#8 Non-Ambulatory & #9 Medical	358.01	367.77	7/1/2019		
"o Non Ambulatory & "o Modical"	330.01				
Rate Type:		5			
Interim	X	Prospective			
Total Interim		X Total Prosp			
Interim Component	.	Prospective	e Adjusted for New Cost		
Settlement Based on C	COSTS				
Comments:					
Distribution:					
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)			/ \		
Home Office:		Medicaid Cost Reimb	oursement Analysis		
Quest Management Group					
311 North Spring Street					
Pensacola, FL 32501					
Felisacula, FL 32001					
		For Information	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028530700 - 2019/07

RI:249.76 / NM:333.67

For Information only - No Change in rate

WE .						
Hillsborough Count	:y		Provider Number: 028			
Developmental Ctr			Date: <u>7/1</u>			
14219 Bruce B Dowr	ns		FYE: 9/30/2018			
Boulevard			Audit Status: Una	audited Costs		
Tampa, FL 33613						
Provider Type: ICF/IID						
Level of Care		Current Rate	New Rate	Effective Date		
#7 Institutiona	- I	241.61	249.76	7/1/2019		
#8 Non-Ambu	latory & #9 Medical	323.16	333.67	7/1/2019		
Rate Type:						
Interim		ХР	rospective			
	Total Interim		X Total Prospective	e		
	Interim Component	_	Prospective Adju	sted for New Cost		
	Settlement Based on C	osts				
Comments:	_					
Comments.						
<u>Distribution:</u>				>		
Contract Management			W.Rydell Samuel			
DPODS - DCF (4)						
Home Office:			Medicaid Cost Reimburser	nent Analysis		
Quest Management Grou	ıp					
311 North Spring Street	<u>. </u>					
Pensacola, FL 32501						
<u> </u>						



Office of Medicaid Cost Reimbursement Planning and Finance

028531500 - 2019/07

RI:406.27 / NM:490.15

Provider Number: 028531500

Woodhous	e, Inc			Provide	er Number: 028	3531500
1001 N.E. 3	Brd Avenu	ıe			Date: 7/1	/2019
Pompano Beach, FL 33060			FYE: 6/30/2018			
	,			Αι	udit Status: Un	audited Costs
Provider Type	: ICF/IID					
Level of Care			Current Rate		New Rate	Effective Date
#7 Institutional #8 Non-Ambulatory & #9 Medical		al _	393.64		406.27	7/1/2019
		ulatory & #9 Medical	475.17		490.15	7/1/2019
Rate Type:						
	Interim		Χ	Prospective		
	_	Total Interim		X	Total Prospective	е
		Interim Component			Prospective Adju	sted for New Cost
		Settlement Based on Co	osts			
Comments:						
Distribution:					- JA	ζ
Contract Mana	agement			W.Rydell	Samuel	
DPODS - DCF	= (4)			Medicaid	Cost Reimburser	ment Analysis
Home Office:						
,				For	r Information only	- No Change in rate



Office of Medicaid Cost Reimbursement Planning and Finance

028533100 - 2019/07

RI:354.17 / NM:446.31

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Cape Coral Cluster (Sunrise) 2821 Pine Island Road, S.W. Cape Coral, FL 33991 Provider Type: ICF/IID			Provider Number: 028533100 Date: 7/1/2019 FYE: 6/30/2018 Audit Status: Unaudited Costs			
Level of Care #7 Institutional	atory & #9 Medical	Current Rate 341.68 431.66		New Rate 354.17 446.31	7/1/2019 7/1/2019	
Rate Type: Interim	Total Interim Interim Component Settlement Based on Co	X	Prospective X	e _ Total Prospective _ Prospective Adjust	ed for New Cost	
Comments:						
Distribution: Contract Management DPODS - DCF (4) Home Office: Sunrise Community, Inc. 9040 Sunset DriveSuite 70	D-A			Il Samuel ###	ent Analysis	

Miami, FL 33170



Office of Medicaid Cost Reimbursement Planning and Finance

028536600 - 2019/07 RI:259.66 / NM:292.72

2727 Mahan Drive - Mail Stop 23

Squire Court Con			Provid	er Number: <u>028</u>			
Home (Res-Care)				Date: <u>7/1/</u>	2019		
95 Squire Court				FYE: 6/30/2018			
Dunedin, FL 3469	8		Α	udit Status: <u>Una</u>	audited Costs		
Provider Type: ICF/III)						
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional 2		273.05		259.66	7/1/2019		
#8 Non-Am	nbulatory & #9 Medical	303.94		292.72	7/1/2019		
Rate Type:							
Interim		X	Prospective)			
	Total Interim		_ X	Total Prospective	•		
	Interim Component			Prospective Adju	sted for New Cost		
	Settlement Based on C	osts		_			
Comments:							
Distribution:				W	<		
Contract Management			W.Rydel	I Samuel			
DPODS - DCF (4)			Medicaio	d Cost Reimbursem	nent Analysis		
Home Office:							
Res-Care, Inc.							
10140 Linn Station Ro	ad						
Louisville, KY 40223							
			Fo	or Information only -	No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028537400 - 2019/07 RI:276.40 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Bayview Community	Home		Provi	der Number: 02	8537400		
(Res-Care)				Date: 7/1/2019			
3438 S.R. 580			FYE: 6/30/2018				
Safety Harbor, FL 34695			1	Audit Status: Un	audited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional	_	282.43		276.40	7/1/2019		
#8 Non-Ambulatory & #9 Medic		0.00		0.00	7/1/2019		
Rate Type:							
Interim		X	Prospectiv	/e			
	Total Interim		X	Total Prospectiv	е		
	Interim Component			Prospective Adju	usted for New Cost		
	Settlement Based on Co	osts					
Comments:							
Distribution:				14	Z		
Contract Management			W.Ryd	ell Samuel 🛭 🖊			
DPODS - DCF (4)			Medica	nid Cost Reimburse	ment Analysis		
Home Office:			Wiodioc		mont / maryolo		
Res-Care, Inc.							
10140 Linn Station Road							
Louisville, KY 40223							
			F	For Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2019/07

RI:437.39 / NM:534.18

Date

2727 Mahan Drive - Mail Stop 23

COD WE THIS	Tallahassee, Florida 32308	
Laur Intalia		Provider Number: 0285

Provider Number: 028539100 **Hendricks** Date: 7/1/2019 95146 Hendricks Rd, Bldg D FYE: 5/31/2018 Fernandina Beach, FL 32034-Audit Status: Unaudited Costs 1474 Provider Type: ICF/IID Effective

Current New Level of Care Rate Rate

> #7 Institutional 438.00 437.39 7/1/2019

> #8 Non-Ambulatory & #9 Medical 532.07 534.18 7/1/2019

Rate Type:					
	Interim		X	Prospective	
	_	Total Interim		X	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: Care Centers of Nassau, LLC 95146 Hendricks Road Fernandina Beach, FL 32034

For Information only - No Change in rate



Office of Medicaid Cost Reimbursement Planning and Finance

028541200 - 2019/07

RI:260.37 / NM:294.43

Twin Lane Commu	nity Home		Provider Number: 028541200			
(Res-Care)				Date: 7/1/		
2281 Twin Lane Dri			FYE: 6/30/2018			
Dundedun, FL 3469	98		Aı	udit Status: Una	audited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional		284.24		260.37	7/1/2019	
#8 Non-Amb	ulatory & #9 Medical	318.69		294.43	7/1/2019	
Rate Type:						
Interim		X	Prospective			
	Total Interim		X	Total Prospective		
	Interim Component			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:					,	
Res-Care, Inc.						
10140 Linn Station Roa	d					
Louisville, KY 40223						
			Fo	r Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028547100 - 2019/07 RI:236.30 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028547100 62nd Place Grp Home #17 (Sunrise) Date: 7/1/2019 19963 N.W. 62nd Place FYE: 6/30/2018 Audit Status: Unaudited Costs Miami Lakes, FL 33015 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 231.99 236.30 7/1/2019 #8 Non-Ambulatory & #9 Medical 0.00 0.00 7/1/2019 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution:**

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Contract Management

Sunrise Community, Inc. 9040 Sunset DriveSuite 70-A

DPODS - DCF (4)

Miami, FL 33170

Home Office:



Office of Medicaid Cost Reimbursement Planning and Finance

028548000 - 2019/07 RI:245.43 / NM:286.29

2727 Mahan Drive - Mail Stop 23

138th Court Grp Ho	me #16		Provider Number: <u>028548000</u>			
(Sunrise)				Date: 7/1/		
3210 S.W. 138th Co	urt		FYE: 6/30/2018			
Miami, FL 33175			,	Audit Status: Una	audited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional		260.98		245.43	7/1/2019	
#8 Non-Ambi	#8 Non-Ambulatory & #9 Medical 305.25 286.29		286.29	7/1/2019		
Rate Type:						
Interim		X	Prospectiv	ve		
	Total Interim		_ X	Total Prospective	•	
	Interim Component			Prospective Adjus	sted for New Cost	
	Settlement Based on Co	osts				
Comments:						
Distribution: Contract Management			W Ryde	ell Samuel	<	
DPODS - DCF (4)						
Home Office:			Medica	id Cost Reimbursem	nent Analysis	
Sunrise Community, Inc.						
9040 Sunset DriveSuite						
Miami, FL 33170						
			F	or Information only -	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028552800 - 2019/07

RI:249.26 / NM:291.66

For Information only - No Change in rate

26th Terrace Grp Home #12		Provider Number: 028552800 Date: 7/1/2019 FYE: 6/30/2018		
(Sunrise)				
1219 26th Terrace				
Cape Coral, FL 33904		Audit Status: Un	audited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	248.03	249.26	7/1/2019	
#8 Non-Ambulatory & #9 Medical	289.24	291.66	7/1/2019	
Rate Type:				
Interim	X Pi	rospective		
Total Interim		X Total Prospective	е	
Interim Compone	ent	Prospective Adju	sted for New Cost	
Settlement Based	d on Costs			
Comments:				
<u>Distribution:</u>		14	Z	
Contract Management		W.Rydell Samuel		
DPODS - DCF (4)		Medicaid Cost Reimburser	ment Analysis	
Home Office:		Wichidald Cost Neimburser	Horit Arialysis	
Sunrise Community, Inc.				
9040 Sunset DriveSuite 70-A				
Miami, FL 33170				



Office of Medicaid Cost Reimbursement Planning and Finance

028553600 - 2019/07 RI:280.89 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Country Meadows Grp Home #13 (Sunrise)		Provider Number: 028553600 Date: 7/1/2019 FYE: 6/30/2018			
1950 Country Meadows Circle					
Sarasota, FL 34235			:: Unaudited Costs		
•		Addit Otatus	onaudited Costs		
Provider Type: ICF/IID	0	NI.	E ((()		
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	294.59	94.59 280.89 7/°			
#8 Non-Ambulatory & #9 Medic	eal 0.00	0.00	7/1/2019		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Pros	pective		
Interim Compor	nent	Prospective	e Adjusted for New Cost		
Settlement Bas	ed on Costs				
Comments:					
Distribution:			TK.		
Contract Management		W.Rydell Samuel	RI		
DPODS - DCF (4)		Medicaid Cost Reimb	oursement Analysis		
Home Office:			•		
Sunrise Community, Inc.					
9040 Sunset DriveSuite 70-A					
Miami, FL 33170					
		For Information	n only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028557900 - 2019/07 RI:240.63 / NM:0.00

2727 Mahan Drive - Mail Stop 23

148th Court Grp Hor (Sunrise)	ne #20		Provider Number: 028557900 Date: 7/1/2019			
5436 S.W. 148th Cou	rt		FYE: 6/30/2018			
Miami, FL 33185	ı L		Δι	udit Status: Una		
·			A	dit Status. One	dulited Costs	
Provider Type: ICF/IID		0 .			=""	
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional		242.63		240.63	7/1/2019	
#8 Non-Ambul	atory & #9 Medical	0.00		0.00	7/1/2019	
Rate Type:						
Interim		X	Prospective			
	Total Interim	_	X	Total Prospective	•	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on Co	osts				
Comments:						
Distribution:				- IX	>	
Contract Management			W Dydall	m		
DPODS - DCF (4)			W.Rydell	('		
Home Office:			Medicaid	Cost Reimbursen	nent Analysis	
Sunrise Community, Inc.						
9040 Sunset DriveSuite 70	J- K					
Miami, FL 33170						
			For	Information only	- No Change in rate	



Sunrise Oakmont

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028558700 - 2019/07 RI:251.21 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028558700

19420 W C	akmont Drive			Date: 7/1	/2019
	s, FL 33015			FYE: 6/3	0/2018
Wilaitii Lako	3,1 2 33013		Αι	udit Status: Una	audited Costs
Provider Type	: ICF/IID				
Level of Care		Current Rate		New Rate	Effective Date
#7	Institutional	247.96		251.21	7/1/2019
#8	Non-Ambulatory & #9 Medical			7/1/2019	
	-				
Rate Type:					
rtate Type.	Interim	Χ	Prospective		
	Total Interim		_ X	Total Prospective	9
	Interim Component			-	sted for New Cost
	Settlement Based on C	Costs		-	
Comments:					
Comments.					
Distribution:				H	ζ
Contract Mana			W.Rydell	Samuel /	
DPODS - DCF	- (4)		Medicaid	Cost Reimbursen	nent Analysis
Home Office:					
Sunrise Comn	nunity, Inc.				
9040 Sunset D	DriveSuite 70-A				
Miami, FL 33	170				
			For	Information only	- No Change in rate



Office of Medicaid Cost Reimbursement Planning and Finance

028559500 - 2019/07

RI:256.89 / NM:0.00

For Information only - No Change in rate

53rd Court Grp Home #9 (Sunrise) 10228 S.W. 53rd Court Cooper City, FL 33328 Provider Type: ICF/IID			Provider Number: 028559500 Date: 7/1/2019 FYE: 6/30/2018 Audit Status: Unaudited Costs		
	Current Rate			Effective Date	
_	252.82	256	5.89	7/1/2019	
atory & #9 Medical	0.00	0.0	00	7/1/2019	
	Χ	Prospective			
Total Interim		X Tota	al Prospective		
Interim Component		Pros	spective Adjuste	ed for New Cost	
Settlement Based on Cos	sts				
D-A		<u></u>	('	nt Analysis	
	rt 28 atory & #9 Medical Total Interim Interim Component	Current Rate 252.82 atory & #9 Medical X Total Interim Interim Component Settlement Based on Costs	Current Rate Rate Rate Rate Rate Rate Rate Rat	Date: 7/1/2 PryE: 6/30/2 Audit Status: Unau Current Rate Rate 252.82 256.89 atory & #9 Medical Audit Status: Unau Audit Status: Unau Prospective Rate X Total Prospective Y Total Prospective Adjuste Settlement Based on Costs W.Rydell Samuel Medicaid Cost Reimburseme	



Office of Medicaid Cost Reimbursement Planning and Finance

028560900 - 2019/07

RI:261.63 / NM:0.00

55th Court Grp Home #15		Provider Number: <u>028560900</u>			
(Sunrise)		Date: 7/1/2019			
8430 S.W. 55th Court		FYE: 6/3	30/2018		
Davie, FL 33320		Audit Status: Ur	naudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	261.41	261.63	7/1/2019		
#8 Non-Ambulatory & #9 Me	dical 0.00	0.00	7/1/2019		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospectiv	/e		
Interim Comp	oonent	Prospective Adj	usted for New Cost		
Settlement B	ased on Costs				
Comments:					
Distribution:			P		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburse	ment Analysis		
Home Office:		Medicald Cost Neimburse	illelit Allalysis		
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

028561700 - 2019/07 RI:273.50 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Wentworth Drive Grp Hom	е		Provider Number: 028561700		
#18 (Sunrise) 18711 Wentworth Drive			Date: 7/1/2019 FYE: 6/30/2018 Audit Status: Unaudited		
Miami Lakes, FL 33015			At	idit Status.	Unaudited Costs
Provider Type: ICF/IID		_			
Level of Care		Current Rate		New Rate	Effective Date
#7 Institutional 268.82 273.50		7/1/2019			
#8 Non-Ambulatory &	#9 Medical	0.00	<u></u>		7/1/2019
Rate Type:					
Interim		Χ	Prospective		
Total I	nterim		X	Total Prospe	ective
Interim	n Component			Prospective	Adjusted for New Cost
Settler	ment Based on Cos	its			
Comments:					
Distribution: Contract Management			W.Rydell	Samuel	T
DPODS - DCF (4)					<u> </u>
Home Office:			iviedicaid	Cost Reimbl	ursement Analysis
Sunrise Community, Inc.					
9040 Sunset DriveSuite 70-A					
Miami, FL 33170					
			Foi	Information	only - No Change in rate



Lakeview Court

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028565000 - 2019/07 RI:351.73 / NM:431.73

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028565000

920 W. Kennedy E	Blvd			ate: <u>7/1/2019</u>		
Orlando, FL 3281			FYE: 11/30/2017			
			Audit Sta	tus: Unaudited Cos	ts	
Provider Type: ICF/III	D					
_evel of Care		Current Rate	New Rate		ctive ate	
#7 Instituti	onal	349.65	351.7	3 7/1/2	2019	
#8 Non-An	mbulatory & #9 Medical	427.91	431.73	7/1/2	2019	
Rate Type:						
Interim	١	X	Prospective			
	Total Interim		X Total P	rospective		
	Interim Component		Prospe	ctive Adjusted for New	Cost	
	Settlement Based on 0	Costs				
Comments:						
<u>Distribution:</u> Contract Managemen	t		W.Rydell Samue	F		
OPODS - DCF (4)			Medicaid Cost Ro	eimbursement Analysis		
Home Office:				,		
OSI						
P.O. BOX 2064						
Winter Park, FL 3279	90					
		_	For Informa	ation only - No Change i	n rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028566800 - 2019/07

RI:343.41 / NM:410.37

Provider Number: 028566800

Washington S	quare		Provider Number:	028566800		
1401 North U.S	S. Highway 1		Date:	7/1/2019		
Titusville, FL 3	32796		FYE: 11/30/2017			
			Audit Status:	Unaudited Costs		
Provider Type: IC	F/IID					
Level of Care		Current Rate	New Rate	Effective Date		
#7 Institutional #8 Non-Ambulatory & #9 Medical		337.11	343.41	7/1/2019		
		403.86	410.37	7/1/2019		
Rate Type:						
	erim	Х	Prospective			
	Total Interim		X Total Prospe	ective		
	Interim Component	_	Prospective	Adjusted for New Cost		
_	Settlement Based on	Costs				
Comments:						
<u>Distribution:</u> Contract Manage	ment		W.Rydell Samuel	R		
DPODS - DCF (4)			Medicaid Cost Reimbu	ırsement Analysis		
Home Office:				,		
DSI						
P.O. BOX 2064						
Winter Park, FL 3	32790					
			For Information of	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028567600 - 2019/07 RI:341.72 / NM:410.99

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028567600 **Howell Branch Court** Date: 7/1/2019 3664 Howell Branch Road FYE: 11/30/2017 Winter Park, FL 32792 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 338.60 341.72 7/1/2019 #8 Non-Ambulatory & #9 Medical 406.10 410.99 7/1/2019 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: DSI P.O. BOX 2064

Winter Park, FL 32790



Office of Medicaid Cost Reimbursement Planning and Finance

028568400 - 2019/07 RI:279.91 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

157th Terrace (Sunrise) 9790 S. W. 157th Terrace Miami, FL 33157 Provider Type: ICF/IID Current			Provider Number: 028568400 Date: 7/1/2019 FYE: 6/30/2018 Audit Status: Unaudited Costs New Effective			
Level of Care		Rate		Rate	Date	
#7 Instit	_	277.78	279.91		7/1/2019	
#8 Non-	Ambulatory & #9 Medical –	0.00		0.00	7/1/2019	
Rate Type:						
Inte	rım Total Interim	X	Prospective X	Total Prospective	2	
	Interim Component			-	sted for New Cost	
	Settlement Based on Co	osts		-	olog for from edge	
Comments:			,			
<u>Distribution:</u> Contract Managem	ent		W.Rydell	Samuel	ζ	
DPODS - DCF (4)				Cost Reimburser	mont Analysis	
Home Office:			Medicald	COSt VEIIIDUISEI	nem Analysis	
Sunrise Community	/, Inc.					
9040 Sunset Drives	Suite 70-A					
Miami, FL 33170						
			For	r Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028569200 - 2019/07

RI:289.49 / NM:334.10

145th Street Group	Home		Provider Number: 028569200			
(Sunrise)				Date:	: 7/1/2019	
14935 S.W. 145th St	reet		FYE		6/30/2018	
Miami, FI 33196				Audit Status:	Unaudited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutiona	·	307.45	_	289.49	7/1/2019	
#8 Non-Ambulatory & #9 Medical		353.89		334.10	7/1/2019	
Rate Type:						
Interim		X	Prospectiv	/e		
	Total Interim		X	Total Prospe	ective	
	Interim Component			Prospective	Adjusted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				-	ア	
Contract Management			W.Ryd	ell Samuel	M	
DPODS - DCF (4)			Medica	nid Cost Reimbu	ursement Analysis	
Home Office:						
Sunrise Community, Inc.						
9040 Sunset DriveSuite 7	′0-A					
Miami, FL 33170						
			F	or Information	only - No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031256800 - 2019/07

RI:365.25 / NM:472.23

Avon Park Cluster (Mentor)		Provider Number: 031256800 Date: 7/1/2019 FYE: 9/30/2017			
55 East College Drive					
Avon Park, FL 33825					
. ,		Audit Sta	tus: Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	384.09		7/1/2019		
#8 Non-Ambulatory & #9 Medical	463.98	472.23	7/1/2019		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Pr	rospective		
Interim Component		Prospec	ctive Adjusted for New Cost		
Settlement Based on	Costs				
Comments:					
Distribution:					
Contract Management		W.Rydell Samuel	at		
DPODS - DCF (4)			/ V		
Home Office:		Medicaid Cost Re	imbursement Analysis		
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					
<u> </u>		For Informa	tion only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

031257600 - 2019/07

RI:363.17 / NM:445.96

Eagle Watch Cluster (Mentor)		Date: 7/1/2019 FYE: 9/30/2017			
1725 Fifth Street					
Daytona Beach, FL 32117					
,		Audit Status: Una	audited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	377.95	363.17	7/1/2019		
#8 Non-Ambulatory & #9 Medic	465.87				
Rate Type:					
Interim	X P	rospective			
Total Interim		X Total Prospective	е		
Interim Compor	nent	Prospective Adju	sted for New Cost		
Settlement Bas	ed on Costs				
Comments:					
Distribution:		- Th	>		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburser	nont Analysis		
Home Office:		Medicald Cost Reimburser	Hent 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

031258400 - 2019/07

RI:354.27 / NM:441.72

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

	Provider Number: 031258400			
	Date: <u>7/1/2019</u>			
	FYE: 9/30/2017			
	Audit Status:	Unaudited Costs		
Current	New	Effective		
Rate	Rate	Date		
352.88	354.27	7/1/2019		
439.54	441.72	7/1/2019		
X	Prospective			
	X Total Prospe	ctive		
	Prospective /	Adjusted for New Cost		
osts				
		R		
	W.Rydell Samuel	P() `		
	Medicaid Cost Reimbu	rsement Analysis		
	modicala Cost Rombu	. S.S O. II. 7 II ISI Y O. IO		
	352.88 439.54	Current Rate Rate 352.88 354.27 439.54 441.72 X Prospective X Total Prospective Prospective A		

Tampa, FL 33619



Office of Medicaid Cost Reimbursement Planning and Finance

031259200 - 2019/07

RI:387.58 / NM:477.89

Hodges Clus	ster (Mentor)		Provide	Provider Number: 031259200			
3615 Hodges			Date: 7/1/2019 FYE: 9/30/2017				
Jacksonville,							
,			Αι	udit Status: Una	udited Costs		
Provider Type:	ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date		
#7 lr	#7 Institutional 381.61 387.5		387.58	7/1/2019			
#8 N	lon-Ambulatory & #9 Medical	470.57			7/1/2019		
Rate Type:	Interim	Х	Prospective				
	Total Interim	-	- X	Total Prospective			
_	Interim Component			Prospective Adjus	ted for New Cost		
_	Settlement Based on Co	osts		-			
Comments:							
Distribution:							
Contract Manag	gement		W.Rydell	Samuel			
DPODS - DCF (ant Analysis		
Home Office:	,		Medicald	Cost Reimburseme	ent Analysis		
National Mentor	· Healthcare, LLC						
3258 Parkside (Center Circle						
Tampa, FL 336	19						
			Fo	r Information only -	No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

031260600 - 2019/07

RI:348.14 / NM:431.65

Kinkaid Cluster (Mentor)		Provider Number: 031260600 Date: 7/1/2019 FYE: 9/30/2017			
5808 Kinkaid Road					
Jacksonville, FL 32244					
		Αι	udit Status: Una	audited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate		Effective Date	
#7 Institutional	351.44 348.14		7/1/2019		
#8 Non-Ambulatory & #9 Medical	437.72			7/1/2019	
Rate Type:					
Interim	Χ	Prospective			
Total Interim		Χ	Total Prospective	е	
Interim Componen	t		Prospective Adju	sted for New Cost	
Settlement Based	on Costs				
Comments:					
Distribution:			4	7	
Contract Management		W.Rydell	Samuel 0		
DPODS - DCF (4)				mont Analysis	
Home Office:		iviedicaid	Cost Reimburser	nent Analysis	
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					
		Foi	Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031261400 - 2019/07 RI:395.53 / NM:518.60

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

	Drive Cluster		Provider Number			
(Mentor)			Date: 7/1/2019 FYE: 9/30/2018			
1285 Flami	•					
Lantana, Fl	_ 33462		Audit Status	: Unaudited Costs		
Provider Type	e: ICF/IID					
Level of Care		Current Rate	New Rate	Effective Date		
#7	Institutional	409.81	395.53	7/1/2019		
#8	Non-Ambulatory & #9 Medical	504.32	518.60	7/1/2019		
Rate Type:						
	Interim	Х	Prospective			
	Total Interim		X Total Prosp	pective		
	Interim Component	•	Prospective	e Adjusted for New Cost		
	Settlement Based on	Costs				
Comments:						
Distribution:				R		
Contract Man	•		W.Rydell Samuel	PU		
DPODS - DC	F (4)		Medicaid Cost Reimb	oursement Analysis		
Home Office:						
National Ment	tor Healthcare, LLC					
3258 Parkside	e Center Circle					
Tampa, FL 3	3619					
			For Information	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

031262200 - 2019/07

RI:310.14 / NM:367.95

Barranger Group Home		Provider Number: <u>031262200</u>			
(Mentor)		Date: 7/1/2019			
9513 Barranger Drive		FYE: 9/30/2018			
Pensacola, FL 32514		Αι	udit Status: <u>Un</u>	audited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date	
#7 Institutional	322.40		310.14	7/1/2019	
#8 Non-Ambulatory & #9 Medic	381.58		367.95	7/1/2019	
Rate Type:					
Interim	X	Prospective			
Total Interim		_ X	Total Prospective	е	
Interim Compo	nent		Prospective Adju	sted for New Cost	
Settlement Bas	sed on Costs				
Comments:					
Distribution:			4	7	
Contract Management		W.Rydell	Samuel 0		
DPODS - DCF (4)			('	mont Anglysia	
Home Office:		Medicald	Cost Reimburser	nent 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

031263100 - 2019/07 RI:242.70 / NM:0.00

For Information only - No Change in rate

WE I'M					
Greenridge Group Home		Provider Number: 031263100			
(Mentor)		Date: 7/1/2019 FYE: 9/30/2018			
222 Greenridge Road					
Pensacola, FL 32514		Audit Status:	Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	249.51	242.70	7/1/2019		
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2019		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospe			
Interim Component		Prospective /	Adjusted for New Cost		
Settlement Based on Co	osts				
Comments:					
<u>Distribution:</u>			R		
Contract Management		W.Rydell Samuel	P() `		
DPODS - DCF (4)		Medicaid Cost Reimbu	rsement Analysis		
Home Office:		Miculcula Cost Neillibu	Toomont Analysis		
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					
•					



Office of Medicaid Cost Reimbursement Planning and Finance

031264900 - 2019/07

RI:385.88 / NM:471.09

Pensacola	Cluster (Mentor)		Provider Number: 031264900 Date: 7/1/2019 FYE: 9/30/2017			
	versity Parkway					
Pensacola,						
i crisacola,	1 L 02010			Audit Status: Un	audited Costs	
Provider Type	: ICF/IID					
Level of Care #7 Institutional		Current Rate		New Rate	Effective Date	
#7	- Institutional	389.85			7/1/2019	
#8	Non-Ambulatory & #9 Medical	479.98			7/1/2019	
Rate Type:						
	Interim	Х	Prospectiv	ve		
	Total Interim		_ x	Total Prospective	Э	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution: Contract Mana DPODS - DCF Home Office: National Ment 3258 Parkside Tampa, FL 33	or Healthcare, LLC Center Circle			ell Samuel aid Cost Reimburser		
rampa, r L 30			F	For Information only	No Chango in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031265700 - 2019/07

RI:345.76 / NM:420.87

Caprona Group Home		Provider Number: 031265700 Date: 7/1/2019 FYE: 9/30/2017			
(Mentor)					
111 N.E Caprona Avenue					
Port St. Lucie, FL 34983		Audit	Status: Una	udited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate		Effective Date	
#7 Institutional	340.15	345	5.76	7/1/2019	
#8 Non-Ambulatory & #9 Medical	413.91	420	0.87	7/1/2019	
Rate Type:					
Interim	X	Prospective			
Total Interim		X Tot	al Prospective		
Interim Component		Pro	spective Adjus	sted for New Cost	
Settlement Based or	n Costs				
Comments:					
Distribution:			THE	•	
Contract Management		W.Rydell San	nuel 🖊		
DPODS - DCF (4)		Medicaid Cos	st Reimbursem	ent Analysis	
Home Office:					
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					
		For Info	ormation only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031266500 - 2019/07

RI:248.37 / NM:285.57

For Information only - No Change in rate

Rich Street Group Home	Provide	er Number:	031266500 7/1/2019 9/30/2018 Unaudited Costs		
(Mentor)		Date:			
2318 S.E. Rich Street		FYE:			
Port St. Lucie, FL 34984	Αι	ıdit Status:			
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date	
#7 Institutional	239.60		248.37	7/1/2019	
#8 Non-Ambulatory & #9 Medical	275.75	285.57		7/1/2019	
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					
Distribution:				JK.	
Contract Management		W.Rydell	Samuel	M	
DPODS - DCF (4)		Medicaid	Cost Reimbu	ursement Analysis	
Home Office:					
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					



Office of Medicaid Cost Reimbursement Planning and Finance

031267300 - 2019/07

RI:345.80 / NM:427.91

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Sandpiper Cluster (Mentor) 1000 East 14th Street Stuart, FL 33496 Provider Type: ICF/IID Level of Care	Current Rate	Provider Number: 031267300 Date: 7/1/2019 FYE: 9/30/2017 Audit Status: Unaudited Costs New Effective Date	
#7 Institutional #8 Non-Ambulatory & #9 Me	346.11	345.80	7/1/2019 7/1/2019
#6 NOTI-AMBUIATORY & #9 Med	dical 427.82	427.91	
Rate Type:	X	Prospective	
Total Interim		X Total Prospective	
Interim Comp	ponent	Prospective Adjus	sted for New Cost
Settlement B	ased on Costs		
Comments:			
Distribution:		THE STATE OF THE S	
Contract Management DPODS - DCF (4)		W.Rydell Samuel	
Home Office:		Medicaid Cost Reimbursem	ent Analysis
National Mentor Healthcare, LLC			
3258 Parkside Center Circle			

Tampa, FL 33619



Office of Medicaid Cost Reimbursement Planning and Finance

099999900 - 2019/07

RI:445.31 / NM:561.12

Provider Number: 099999900

New Horiz	zons (wer	itor)		- 10 via 01 1 vaim 501: 00 v			
1275 N. Rainbow Loop Lecanto, FL 34461				Date: 7/1/2019 FYE: 1/31/2020			
Provider Typ	e: ICF/IID						
			Current	New	Effective		
Level of Care Rate				Rate	Date		
#7 Institutional #8 Non-Ambulatory & #9 Medical		0.00	445.31	7/1/2019			
		0.00	561.12				
Rate Type:							
Х	Interim			Prospective			
	X	Total Interim		Total Prospective			
		Interim Component		Prospective Adjusted for New Cost			
		Settlement Based on Co	osts				
Comments:	,						
Distribution:				14	Z		
Contract Ma	nagement			W.Rydell Samuel			
DPODS - DCF (4)			Medicaid Cost Reimbursement Analysis				
Home Office:				Wedicaid Cost Neimbursei	ment Analysis		
				For Information only	- No Change in rate		