

Office of Medicaid Cost Reimbursement Planning and Finance

028003800 - 2020/07

RI:323.20 / NM:458.97

Sunland Marianna I				Provider Number: 028003800			
3700 Williams Drive			Date: 7/27/2020 FYE: 6/30/2019				
Marianna, FL 32446							
			Α	udit Status: Una	audited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional		311.04		323.20	7/1/2020		
#8 Non-Ambulatory & #9 Medical		446.23		458.97	7/1/2020		
Rate Type:							
Interim		X	Prospective				
-	Total Interim		_ X	Total Prospective	e		
	Interim Component			- Prospective Adju	sted for New Cost		
	Settlement Based on Cos	ts		_			
Comments:							
<u>Distribution:</u> Contract Management			W.Rydel	l Samuel	<		
DPODS - DCF (4)			Medicaio	Cost Reimbursen	nent Analysis		
Home Office:							
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			Fo	r Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028004600 - 2020/07

RI:336.42 / NM:484.58

Tacachale Facility I			Date: 7/27/2020 FYE: 6/30/2019			
1621 N.E. Waldo Road						
Gainesville, FL 32609						
			А	udit Status: <u>U</u>	naudited Costs	
Provider Type: ICF/IID						
Level of Care	Current Rate		New Rate	Effective Date		
#7 Institutional		321.49		336.42	7/1/2020	
#8 Non-Ambulatory &	#9 Medical	455.12		484.58	7/1/2020	
Rate Type:						
Interim		Х	Prospective	e		
Total	Interim		X	Total Prospect	ive	
Interir	n Component			Prospective Ac	ljusted for New Cost	
Settle	ment Based on Cos	ts				
Comments:						
<u>Distribution:</u>					Z.	
Contract Management			W.Ryde	ll Samuel 🛮 🛭		
DPODS - DCF (4)			Medicai	d Cost Reimburs	ement Analysis	
Home Office:					,	
Attn: Revenue Management/Taca	chale					
1621 N. E. Waldo Road.						
Gainesville, FL 32609						
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Office of Medicaid Cost Reimbursement Planning and Finance

028006200 - 2020/07

RI:321.03 / NM:452.96

Tacachale Facility II		Date: 7/27/2020 FYE: 6/30/2019			
1621 N. E. Waldo Road					
Gainesville,, FL 32609					
		Audit Status:	Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	310.78	321.03	7/1/2020		
#8 Non-Ambulatory & #9 Medical	440.81	452.96	7/1/2020		
Rate Type:					
Interim	X	Prospective			
Total Interim		- X Total Prospe	ective		
Interim Component		Prospective	Adjusted for New Cost		
Settlement Based on	Costs				
Comments:					
Division of					
Distribution:			JK.		
Contract Management		W.Rydell Samuel	M		
DPODS - DCF (4)		Medicaid Cost Reimbu	ursement Analysis		
Home Office:					
Attn: Revenue Management/Tacachale					
1621 N. E. Waldo Road.					
Gainesville, FL 32609					
		For Information	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028009700 - 2020/07

RI:525.84 / NM:806.27

For Information only - No Change in rate

Sunland Marianna II	028009700		
3700 Williams Drive		Date:	7/27/2020
		FYE:	6/30/2019
Marianna, FL 32446			Unaudited Costs
Provider Type: ICF/IID			
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	445.50	525.84	7/1/2020
#8 Non-Ambulatory & #9 Medica	671.82	806.27	7/1/2020
Rate Type:			
Interim	Χ	Prospective	
Total Interim		X Total Prospe	ective
Interim Compon	ent	Prospective	Adjusted for New Cost
Settlement Base	ed on Costs		
Comments:			
			_
<u>Distribution:</u>			R
Contract Management		W.Rydell Samuel	PU
DPODS - DCF (4)		Medicaid Cost Reimbu	ırsement Analysis
Home Office:			•
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Office of Medicaid Cost Reimbursement Planning and Finance

028015100 - 2020/07

RI:355.15 / NM:525.01

For Information only - No Change in rate

Tacachale Facility IV		Provider Number: 028015100			
1621 N.E. Waldo Road		Date: 7/27/2020			
Gainesville, FL 32609		FYE: 6/30/2019			
Cambernie, i E 62666		Audit Status: U	naudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	351.71	355.15	7/1/2020		
#8 Non-Ambulatory & #9 Medical	517.09	525.01	7/1/2020		
-			-		
Rate Type:					
Interim	X F	Prospective			
 Total Interim		X Total Prospect	ive		
Interim Component	_	Prospective Ac	ljusted for New Cost		
Settlement Based on C	osts				
Comments:					
Comments.					
<u>Distribution:</u>			买		
Contract Management		W.Rydell Samuel	J		
DPODS - DCF (4)		Medicaid Cost Reimburs	ement Analysis		
Home Office:			-		
Attn: Revenue Management/Tacachale					
1621 N. E. Waldo Road.					
Gainesville, FL 32609					



Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2020/07

RI:289.25 / NM:391.87

Sunland Ma	arianna III		Provider Number: 028016000 Date: 7/27/2020 FYE: 6/30/2019			
3700 Williar	ns Drive					
Marianna, F						
			Audit Status:	Unaudited Costs		
Provider Type	: ICF/IID					
Level of Care		Current Rate	New Rate	Effective Date		
#7	Institutional	253.11	289.25	7/1/2020		
#8 Non-Ambulatory & #9 Medical		349.88	391.87	7/1/2020		
Rate Type:						
	Interim	X	Prospective			
	Total Interim		X Total Prospe	ective		
	Interim Component	_	Prospective	Adjusted for New Cost		
	Settlement Based on	Costs				
Comments:						
Distribution: Contract Mana			W.Rydell Samuel	F		
DPODS - DCF	= (4)		Medicaid Cost Reimbu	rsement Analysis		
Home Office:						
,						
			For Information of	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028024100 - 2020/07

RI:372.09 / NM:543.20

For Information only - No Change in rate

Tacachale Facility \	1		Provider Number: 028024100				
1621 N.E. Waldo Ro				Date: 7/27/2020			
Gainesville, FL 3260	9			FYE: 6/30/2019			
,			1	Audit Status: Ur	naudited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutiona	- I	350.77		372.09	7/1/2020		
#8 Non-Ambulatory & #9 Medical		513.57		543.20	7/1/2020		
Rate Type:							
Interim		X	Prospectiv	/e			
	Total Interim		_ x	Total Prospectiv	⁄e		
	Interim Component			Prospective Adj	usted for New Cost		
	Settlement Based on C	osts					
Comments:							
Distribution: Contract Management			W.Ryd	ell Samuel	R		
DPODS - DCF (4)			Medica	id Cost Reimburse	ment Analysis		
Home Office:							
Attn: Revenue Managem	ent/Tacachale						
1621 N. E. Waldo Road.							
Gainesville, FL 32609							



Office of Medicaid Cost Reimbursement Planning and Finance

028026700 - 2020/07

RI:338.14 / NM:463.04

Tacachale	Facility V	/ II		Provider Number: 028026700			
1621 N.E. \	1621 N.E. Waldo Road			Date: 7/27/2020			
Gainesville				FYE: 6/30/2019			
	,			1	Audit Status: Un	audited Costs	
Provider Type	e: ICF/IID						
Level of Care	•		Current Rate		New Rate	Effective Date	
#7 Institutional			374.70	<u> </u>	338.14	7/1/2020	
- #8 Non-Ambulatory & #9 Medical		527.56	<u> </u>	463.04	7/1/2020		
		_	<u> </u>				
Rate Type:							
, tate type:	Interim		Χ	Prospectiv	ve		
		Total Interim		X	Total Prospectiv	re	
		Interim Component			Prospective Adj	usted for New Cost	
		Settlement Based on Co	osts		_		
Comments:							
Distribution:						7	
						<u> </u>	
Contract Man	_			W.Ryd	ell Samuel		
DPODS - DC				Medica	aid Cost Reimburse	ment Analysis	
Home Office:							
		ent/Tacachale					
1621 N. E. W	aldo Road.						
Gainesville, F	L 32609						
				F	For Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028055100 - 2020/07 RI:509.43 / NM:789.61

Provider Number: 028055100

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Tacachale Facility	Tacachale Facility VIII				Provider Number: <u>028055100</u>			
1621 N.E. WALDO			Date: 7/27/2020 FYE: 6/30/2019					
GAINESVILLE, FL	32609							
,			Α	udit Status: Una	udited Costs			
Provider Type: ICF/III)							
Level of Care		Current Rate		New Rate	Effective Date			
#7 Institutional		506.60	_	509.43	7/1/2020			
#8 Non-Ambulatory & #9 Medical		790.53		789.61	7/1/2020			
	_							
Rate Type:								
Interim		X	Prospective	e				
	Total Interim		_ X	Total Prospective				
	Interim Component			 Prospective Adjus	ted for New Cost			
	Settlement Based on C	osts						
Comments:								
<u>Distribution:</u>				IK	•			
Contract Management			W.Ryde	ll Samuel 🖊				
DPODS - DCF (4)			Medicai	d Cost Reimbursem	ent Analysis			
Home Office:					,			
Attn: Revenue Manage	ement/Tacachale							
1621 N. E. Waldo Roa	d.							
Gainesville, FL 32609								
			Fo	or Information only -	No Change in rate			



Office of Medicaid Cost Reimbursement Planning and Finance

028058500 - 2020/07

RI:303.99 / NM:397.40

For Information only - No Change in rate

Sunland Marianna IV				Provider Number: 028058500			
3700 Willian		•			Date	7/27/2020	
					FYE	6/30/20	19
Marianna, F	L 32440			А	udit Status		
Provider Type	: ICF/IID						
Level of Care			Current Rate	New Rate			Effective Date
#7 Institutional #8 Non-Ambulatory & #9 Medical		279.37	_	303.99		7/1/2020	
		370.42	397.40			7/1/2020	
Rate Type:							
	Interim		X	Prospective)		
	_	Total Interim		X	Total Prosp	ective	
		Interim Component	-		- Prospective	Adjusted f	or New Cost
		Settlement Based on C	osts		_		
Comments:							
Distribution:					-	THE	
Contract Mana	agement			W.Ryde	l Samuel	PU	
DPODS - DCF	= (4)			Medicaio	d Cost Reimb	ursement A	
Home Office:				Modiodik	2 0001 11011110	aroomone,	inary or o
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Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2020/07

RI:336.51 / NM:491.17

Sunland Marianna V				Provider Number: 028562500			
3700 Williams Drive				Date:	7/27/2020		
				FYE:	6/30/2019		
Marianna, FL 32446					Unaudited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional	300.23		336.51	7/1/2020			
#8 Non-Ambulatory & #9 Medical		424.54		491.17	7/1/2020		
	_						
Rate Type:							
Interim		Χ	Prospectiv	ve			
	Total Interim		X	Total Prospe	ective		
	Interim Component			Prospective	Adjusted for New Cost		
	Settlement Based on C	osts					
Comments:							
Distribution:					TP.		
Contract Management			W Rvd	ell Samuel	at		
DPODS - DCF (4)					<u> </u>		
Home Office:			Medica	aid Cost Reimbu	ırsement Analysis		
Florite Office.							
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			F	or Information (only - No Change in rate		