



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028003800 - 2020/07
RI:323.20 / NM:458.97

Sunland Marianna I
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028003800
 Date: 7/27/2020
 FYE: 6/30/2019
 Audit Status: Unaudited 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:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	<u> </u>	<u> </u>

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 

 Medicaid Cost Reimbursement Analysis

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 Tallahassee, Florida 32308

028004600 - 2020/07
RI:336.42 / NM:484.58

Tacachale Facility I
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028004600
 Date: 7/27/2020
 FYE: 6/30/2019
 Audit Status: Unaudited 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:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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028006200 - 2020/07
RI:321.03 / NM:452.96

Tacachale Facility II
 1621 N. E. Waldo Road
 Gainesville,, FL 32609

Provider Number: 028006200
 Date: 7/27/2020
 FYE: 6/30/2019
 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:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
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028009700 - 2020/07
RI:525.84 / NM:806.27

Sunland Marianna II
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028009700
 Date: 7/27/2020
 FYE: 6/30/2019
 Audit Status: 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 Medical	671.82	806.27	7/1/2020


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
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028015100 - 2020/07
RI:355.15 / NM:525.01

Tacachale Facility IV
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028015100
 Date: 7/27/2020
 FYE: 6/30/2019
 Audit Status: Unaudited 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:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
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028016000 - 2020/07
RI:289.25 / NM:391.87

Sunland Marianna III
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028016000
 Date: 7/27/2020
 FYE: 6/30/2019
 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:			
<u> </u> Interim	<u> </u> X	<u> </u> Prospective	
<u> </u> Total Interim		<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component		<u> </u>	<u> </u> Prospective Adjusted for New Cost
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028024100 - 2020/07
RI:372.09 / NM:543.20

Tacachale Facility V
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028024100
 Date: 7/27/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	350.77	372.09	7/1/2020
#8 Non-Ambulatory & #9 Medical	513.57	543.20	7/1/2020


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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028026700 - 2020/07
RI:338.14 / NM:463.04

Tacachale Facility VII
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028026700
 Date: 7/27/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	374.70	338.14	7/1/2020
#8 Non-Ambulatory & #9 Medical	527.56	463.04	7/1/2020


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
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028055100 - 2020/07
RI:509.43 / NM:789.61

Tacachale Facility VIII
 1621 N.E. WALDO ROAD
 GAINESVILLE, FL 32609

Provider Number: 028055100
 Date: 7/27/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

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:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
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028058500 - 2020/07
RI:303.99 / NM:397.40

Sunland Marianna IV
 3700 Williams Road
 Marianna, FL 32446

Provider Number: 028058500
 Date: 7/27/2020
 FYE: 6/30/2019
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	279.37	303.99	7/1/2020
#8 Non-Ambulatory & #9 Medical	370.42	397.40	7/1/2020


Rate Type:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u>	<u> </u> Prospective Adjusted for New Cost
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028562500 - 2020/07
RI:336.51 / NM:491.17

Sunland Marianna V
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028562500
 Date: 7/27/2020
 FYE: 6/30/2019
 Audit Status: 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:

<u> </u> Interim	<u> </u> X	<u> </u> Prospective
<u> </u> Total Interim	<u> </u> X	<u> </u> Total Prospective
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