**St. Augustine Center for Living**

5155 U.S. 1 South  
St. Augustine, FL 32086

Provider Type: ICF/IID

<table>
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<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>#7 Institutional</td>
<td>264.25</td>
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<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
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Rate Type:  
- Interim  
- Prospective

Total Interim x  
Interim Component  
Settlement Based on Costs

Total Prospective  
Prospective Adjusted for New Cost

Comments:

**Distribution:**

Contract Management  
DPODS - DCF (4)

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
## Provider Information

**Provider Number:** 001069500  
**Date:** 6/19/2018  
**FYE:** 5/31/2017  
**Audit Status:** Unaudited Costs

### Provider Details

**Miner North**  
85609 Miner Road  
Yulee, FL 32097

**Provider Type:** ICF/IID

### Level of Care

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### Rate Type

- **Interim:** Total Interim = Interim Component + Settlement Based on Costs
- **Prospective:** Total Prospective = Interim Component × Prospective Adjusted for New Cost

### Comments

_____

### Distribution

- **Contract Management**
- **DPODS - DCF (4)**
- **Home Office:** Care Centers of Nassau, LLC
  
  95146 Hendricks Road  
  Fernandina Beach, FL 32034

**W. Rydell Samuel**  
Medicaid Cost Reimbursement Analysis

_____

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Provider Number: 001071000
Date: 6/19/2018
FYE: 5/31/2017
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

Total Interim
- Interim Component
- Settlement Based on Costs

Total Prospective
- Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Care Centers of Nassau, LLC
95146 Hendricks Road
Fernandina Beach, FL 32034

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
2727 Mahan Drive - Mail Stop 23  
Tallahassee, Florida 32308

Bayview (Mentor)  
2133 E 12th Street  
Lynn Haven, FL 32444-3109

Provider Number: 012037000  
Date: 6/19/2018  
FYE: 9/30/2016  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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<td>508.95</td>
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Rate Type:  
- Interim  
- Prospective

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<th>Total Prospective</th>
<th>Prospective Adjusted for New Cost</th>
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Comments:

Distribution:  
Contract Management  
DPODS - DCF (4)

Home Office:  
National Mentor Healthcare, LLC  
3258 Parkside Center Circle  
Tampa, FL 33619

W.Rydel Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Seaview (Mentor)
1204 West 13th Street
Panama City, FL 32401-2015

Provider Number: 012038000
Date: 6/19/2018
FYE: 9/30/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:
Interim: X
Prospective: X

Total Interim
Interim Component
Settlement Based on Costs

Total Prospective
Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Gulfview (Mentor)
2603 N State Ave E 12th ST
Panama City, FL 32405-4359

Provider Type: ICF/IID

Provider Number: 012040300
Date: 6/19/2018
FYE: 9/30/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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<td>#7 Institutional</td>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>405.37</td>
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Rate Type: X Interim

Total Interim Component

Prospective Adjusted for New Cost

Settlement Based on Costs

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa, FL 33619

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
**Suffridge Drive Group Home**  
*(SH of F)*  
27566 Suffridge Drive  
Bonita Springs, FL 33923

Provider Type: ICF/IID

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**Provider Number:** 012073200  
**Date:** 6/19/2018  
**FYE:** 10/31/2016  
**Audit Status:** Unaudited Costs

*W.Rydell Samuel*  
Medicaid Cost Reimbursement Analysis

---

**Distribution:**  
Contract Management  
DPODS - DCF (4)

Home Office: Salem Holmes of Florida, Inc.  
8W. Third St., Suite M-7  
Winston-Salem, NC 27101

For Information only - No Change in rate

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Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Coletta Drive Group Home  
(SH of F)  
1604 Coletta Drive  
Orlando, FL 32807  
Provider Type: ICF/IID

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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
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Provider Number: 012074200  
Date: 6/19/2018  
FYE: 10/31/2016  
Audit Status: Unaudited Costs

Rate Type:  
- Interim: X  
- Prospective: X

Distribution:  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Salem Holmes of Florida, Inc.  
8W. Third St., Suite M-7  
Winston-Salem, NC 27101  
W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Comments:  
For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Spring Street Group Home
(SH of F)
1463 Spring Street
Lake City, FL 32052
Provider Type: ICF/IID

Provider Number: 012074800
Date: 6/19/2018
FYE: 10/31/2016
Audit Status: Unaudited Costs

Level of Care

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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>348.61</td>
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Rate Type:

- Interim
- Prospective

- Total Interim
- Interim Component
- Settlement Based on Costs
- Total Prospective
- Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
Salem Holmes of Florida, Inc.
8W. Third St., Suite M-7
Winston-Salem, NC 27101

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Walnut Street Group Home (SH of F)  
102 Alexander Road  
Starke, FL 32091

Provider Type: ICF/IID

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<th>Level of Care</th>
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Rate Type:

- Interim
- Prospective

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<th>Total Prospective</th>
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<td>Interim Component</td>
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Comments:

Distribution:

Contract Management
DPODS - DCF (4)

Home Office:
Salem Holmes of Florida, Inc.
8W. Third St., Suite M-7
Winston-Salem, NC 27101

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

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**Bessent Road Group Home (SH of F)**

1329 Bessent Road  
Starke, FL 32091  
Provider Type: ICF/IID

<table>
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<tr>
<td>#7 Institutional</td>
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<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
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<td>278.92</td>
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Rate Type:  
Interim  
Prospective

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**Provider Number:** 012075700  
**Date:** 6/19/2018  
**FYE:** 10/31/2016  
**Audit Status:** Unaudited Costs

Distribution:
Contract Management  
DPODS - DCF (4)

Home Office:  
Salem Holmes of Florida, Inc.  
8W. Third St., Suite M-7  
Winston-Salem, NC 27101

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**Frederick Avenue Group**  
**Home (SH of F)**  
325 N Frederick Avenue  
Daytona Beach, FL  32114  

Provider Number: 012075900  
Date: 6/19/2018  
FYE: 10/31/2016  
Audit Status: Unaudited Costs

**Provider Type:** ICF/IID  
**Level of Care**  
| #7 Institutional | 347.51 | 299.95 | 7/1/2018 |
| #8 Non-Ambulatory & #9 Medical | 383.33 | 336.15 | 7/1/2018 |

**Rate Type:**  
Interim | Prospective
---|---
X | X

**Total Interim**  
| Interim Component | Settlement Based on Costs |
---|---|

**Total Prospective**  
**Prospective Adjusted for New Cost**

**W.Rydell Samuel**  
Medicaid Cost Reimbursement Analysis

**Distribution:**  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Salem Holmes of Florida, Inc.  
8W. Third St., Suite M-7  
Winston-Salem, NC  27101

---

For Information only - No Change in rate

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107th Place Group Home (SH of F)
2233 NW 41st St Ste 300
Gainesville, FL 32606
Provider Type: ICF/IID

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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>362.95</td>
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Rate Type:
- Interim: X
- Prospective: X

Total Interim: X
Interim Component: X
Settlement Based on Costs: X
Prospective Adjusted for New Cost: X

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
Salem Holmes of Florida, Inc.
8W. Third St., Suite M-7
Winston-Salem, NC 27101

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Second Street Group Home  
(SH of F)  
3841 SE 2nd Street  
Ocala, FL  34471  
Provider Type:  ICF/IID

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Rate Type:  
- Interim  
- Prospective

Comments:

Distribution:  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Salem Holmes of Florida, Inc.  
8W. Third St., Suite M-7  
Winston-Salem, NC  27101

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Rosewood Avenue Group
Home (SH of F)
71 Rosewood Avenue
Ormond Beach, FL 32174

Provider Type: ICF/IID

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Rate Type:

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Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
Salem Holmes of Florida, Inc.
8W. Third St., Suite M-7
Winston-Salem, NC 27101

For Information only - No Change in rate
19th Street Group Home (SH of F)
529 NW 19th Street
Gainesville, FL  32603
Provider Type:  ICF/IID

Provider Number: 012375400
Date: 6/19/2018
FYE: 10/31/2016
Audit Status: Unaudited Costs

Level of Care

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Rate Type:

- Interim
- Prospective

Interim Component
Prospective Adjusted for New Cost
Settlement Based on Costs

Comments:

Distribution:

Contract Management
DPODS - DCF (4)
Home Office:
Salem Holmes of Florida, Inc.
8W. Third St., Suite M-7
Winston-Salem, NC  27101

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Tunis Street Group Home
(SH of F)
4748 Tunis Street
Jacksonville, FL 32205
Provider Type: ICF/IID

Provider Number: 012386400
Date: 6/19/2018
FYE: 10/31/2016
Audit Status: Unaudited Costs

Level of Care

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Rate Type:
- Interim
- Prospective

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Salem Holmes of Florida, Inc.
8W. Third St., Suite M-7
Winston-Salem, NC 27101

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Plaza Oval Group Home (SH of F)
247 Plaza Oval
Casselberry, FL 32707

Provider Number: 012390800
Date: 6/19/2018
FYE: 10/31/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:
- X Interim
- X Prospective

Total Interim
- X Interim Component
- X Settlement Based on Costs

Total Prospective
- X Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
Salem Holmes of Florida, Inc.
8W. Third St., Suite M-7
Winston-Salem, NC 27101

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Claudia Drive Group Home  
(Sh of F)  
140 Claudia Drive  
Jacksonville, FL 32218  
Provider Type: ICF/IID

Provider Number: 012392700  
Date: 6/19/2018  
FYE: 10/31/2016  
Audit Status: Unaudited Costs

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Rate Type:  

Interim  
X  
Total Interim  
Interim Component  
Settlement Based on Costs  

Prospersite  
X  
Total Prospective  
Prospective Adjusted for New Cost  

Comments:

Distribution:  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Salem Holmes of Florida, Inc.  
8W. Third St., Suite M-7  
Winston-Salem, NC 27101

W.Ryдел Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
High Desert Court Group
Home (SH of F)
11818 High Desset Court
Jacksonville, FL  32218

Provider Number: 012410100
Date: 6/19/2018
FYE: 10/31/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:
- Interim: X
- Prospective: X

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Salem Holmes of Florida, Inc.
8W. Third St., Suite M-7
Winston-Salem, NC  27101

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Log Cabin Enterprises, Inc. (Sunrise)
22300 SW 162ND Ave
Miami, FL 33170-3907

Provider Type: ICF/IID

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Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Sunrise Community, Inc.
9040 Sunset DriveSuite 70-A
Miami, FL 33170

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Sandy Park Development Center
2975 Garden Street North
Ft. Myers, FL 33917
Provider Type: ICF/IID

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Rate Type:
- Interim
- Total Interim: X
- Interim Component: X
- Settlement Based on Costs
- Total Prospective
- Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**St. Petersburg Cluster**  
(Sunrise)  
1101 102nd Avenue North  
St. Petersburg, FL 33716

Provider Number: 028018601  
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:  
- [ ] Interim  
- [X] Prospective  

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Comments:

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**Distribution:**  
Contract Management  
DPODS - DCF (4)

Home Office:  
Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL 33170

W.Rydel Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Laurel Hill Cluster
2011 Laurel Hill Cluster
Orlando, FL 32818

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
Life Concepts, Inc.
500 EAST COLONIAL DR.
Orlando, FL 32803

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
## Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

**McCauley Cluster (Sunrise)**
1385 McCauley Road
Tallahassee, FL 32308

Provider Number: 028020801
Date: 6/19/2018
FYE: 6/30/2017
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type: Interim X Prospective

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Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Sunrise Community, Inc.
9040 Sunset Drive Suite 70-A
Miami, FL 33170

W.Ryderl Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Greentree Court Cluster (Sunrise)
2160 GreenTree Court
Bartow, FL  33830
Provider Type:  ICF/IID

Provider Number: 028028301
Date: 6/19/2018
FYE: 6/30/2017
Audit Status: Unaudited Costs

Level of Care

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Rate Type:

- Interim
- Prospective

Interim

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Prospective

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Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Sunrise Community, Inc.
9040 Sunset DriveSuite 70-A
Miami, FL  33170

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr

For Information only - No Change in rate
Mahan Cluster (Sunrise)
2034 Mahan Drive
Tallahassee, FL 32308

Provider Type: ICF/IID

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Rate Type: Interim X Prospective

Total Interim X Total Prospective

Interim Component Prospectively Adjusted for New Cost

Settlement Based on Costs

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Sunrise Community, Inc.
9040 Sunset Drive Suite 70-A
Miami, FL 33170

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
## Lake City Cluster
411 Gwen Lake Boulevard  
Lake City, FL  32055

Provider Type: ICF/IID

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Rate Type:  
- Interim: X
- Prospective

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### Comments:

Programming:  
- Contract Management
- DPODS - DCF (4)
- Home Office: Res-Care, Inc.
- 10140 Linn Station Road  
- Louisville, KY  40223

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
### Bayshore Cluster (Sunrise)

2059 Lisenby Avenue  
Panama City, FL 32405

**Provider Number:** 028031301  
**Date:** 6/19/2018  
**FYE:** 6/30/2017  
**Audit Status:** Unaudited Costs

**Provider Type:** ICF/IID

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**Rate Type:**  
- [ ] Interim  
- [x] Prospective

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**Distribution:**  
Contract Management  
DPODS - DCF (4)

**Home Office:**  
Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL 33170

**W.Rydell Samuel**  
Medicaid Cost Reimbursement Analysis

Comments:  
For Information only - No Change in rate

---

**Printed on:** 6/19/2018 9:47 AM, **Batch ID:** 69CHA, **User ID:** FDHC\samuelr
### Gainesville 39th Avenue Cluster (Res-Care)

5914 N.W. 39th Avenue  
Gainesville, FL 32606  

Provider Type: ICF/IID

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**Rate Type:**  
- Interim  
- Prospective

**Distribution:**  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Res-Care, Inc.  
10140 Linn Station Road  
Louisville, KY 40223

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis  

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**Florida Agency For Health Care Administration**  
Office of Medicaid Cost Reimbursement Planning and Finance  
2727 Mahan Drive - Mail Stop 23  
Tallahassee, Florida 32308

**PARC Center Apartments**  
3190 75th Street North  
St. Petersburg, FL  33170

Provider Number: 028035600  
Date: 6/19/2018  
FYE: 9/30/2017  
Audit Status: Unaudited Costs

**Provider Type:** ICF/IID

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**Rate Type:**

- [X] Interim
- [ ] Prospective

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**Comments:**

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**Distribution:**

Contract Management  
DPODS - DCF (4)  
Home Office:

---

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

---

For Information only - No Change in rate

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Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Skipper Road Cluster
2611 E. Bearss Avenue
Tampa, FL 33613

Provider Number: 028036401
Date: 6/19/2018
FYE: 9/30/2017
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:

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Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
Quest, Inc.
P.O. Box 531125
Orlando, FL 32853

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
### Pembroke Pines Cluster
871 S.W. Douglas Road  
Pembroke Pines, FL 33024

Provider Number: 028037201  
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:  
Interim X Prospective

- Total Interim
- Interim Component
- Settlement Based on Costs
- Total Prospective
- Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management  
DPODS - DCF (4)
Home Office:
Ann Storck Center  
1790 S.W. 43RD WAY  
Ft. Lauderdale, FL 33317

W.Rydel Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**Ocala Cluster (Res-Care)**

3205 S. E. 17th Street  
Ocala, FL 32671

Provider Number: 028038101  
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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**Comments:**

**Distribution:**

Contract Management  
DPODS - DCF (4)

Home Office:  
Res-Care, Inc.  
10140 Linn Station Road  
Louisville, KY 40223

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Williams Road Cluster
1923 Sarah Louise Drive
Brandon, FL 33510

Provider Type: ICF/IID

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<th>Effective Date</th>
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<td>625.87</td>
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Rate Type:

- Interim
- Prospective

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
Quest, Inc.
P.O. Box 531125
Orlando, FL 32853

W.Ryder Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
MCP 80th Street
11750 S.W. 80th Street
Miami, FL  33183

Provider Number: 028041101
Date: 6/19/2018
FYE: 6/30/2017
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
UCP Of Miami
1411 NW 14th Ave
Miami, FL  33125

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
**Florida Agency For Health Care Administration**  
Office of Medicaid Cost Reimbursement Planning and Finance  
2727 Mahan Drive - Mail Stop 23  
Tallahassee, Florida 32308

---

**MCP Braddock**  
14400 SW 32nd Street  
Miami, FL 33175

Provider Number: 028045301  
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:  
- Interim  
- Prospective

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Comments:

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**Distribution:**  
Contract Management  
DPODS - DCF (4)  
Home Office:  
UCP Of Miami  
1411 NW 14th Ave  
Miami, FL 33125

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

---

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
MCP 2nd Street
11801 NW Second Street
Miami, FL, FL 33182

Provider Number: 028046101
Date: 6/19/2018
FYE: 6/30/2017
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type: Interim X Prospective

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Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
UCP Of Miami
1411 NW 14th Ave
Miami, FL 33125

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**MCP Sunset**
7100 S.W. 122nd. Avenue  
Miami, FL 33183  

Provider Number: 028048801  
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs  

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Rate Type:  

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Distribution:  
Contract Management  
DPODS - DCF (4)  
Home Office:  
UCP Of Miami  
1411 NW 14th Ave  
Miami, FL 33125  

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis  

For Information only - No Change in rate
Dorchester Cluster (Sunrise)  
3201 Ginger Drive  
Tallahassee, FL  32308

Provider Number: 028049601  
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:  
- Interim: X  
- Prospective: X

Total Interim: X
Interim Component: X
Settlement Based on Costs: X

Prospective Adjusted for New Cost: X

Comments:

Distribution:  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL  33170

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis  
For Information only - No Change in rate
**146th Place Grp Home #10**  
(Sunrise)  
10521 S.W. 146th Place  
Miami, FL 33186

Provider Type: ICF/IID

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Rate Type:  
- Interim  
- Prospective

Interim Component  
Settlement Based on Costs

Total Interim  
Total Prospective  
Prospective Adjusted for New Cost

Comments:

Distribution:  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL 33170

For Information only - No Change in rate
**119th Street Grp Home #11**  
(Sunrise)  
13350 S.W. 119th Street  
Miami, FL  33186  
Provider Type: ICF/IID

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Rate Type:  
- Interim  
- Prospective  

Total Interim  
Interim Component  
Settlement Based on Costs  

Total Prospective  
Prospective Adjusted for New Cost

Comments:

**Distribution:**  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL  33170

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Provider Number: 028065800  
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs

22nd Street Grp Home #6  
(Sunrise)  
444 N.W. 22nd Street  
Homestead, FL 33030

Provider Type: ICF/IID

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Rate Type:
- Interim: 243.10  
- Prospective: 267.45

Total Interim: 243.10
Interim Component: 243.10
Settlement Based on Costs: 0

Total Prospective: 267.45
Prospective Adjusted for New Cost: 267.45

Comments:

Distribution:
Contract Management  
DPODS - DCF (4)  
Home Office:  
Sunrise Community, Inc.  
9040 Sunset Drive Suite 70-A  
Miami, FL 33170

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis  
For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**Provider Number:** 028427100  
**Date:** 6/19/2018  
**FYE:** 2/28/2017  
**Audit Status:** Unaudited Costs

**Fern Park Developmental Center**  
230 Fern Park Boulevard  
Fern Park, FL  32730  
Provider Type: ICF/IID

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**Rate Type:**
- Interim
- Total Interim
- Interim Component
- Settlement Based on Costs

**Prospective**
- Total Prospective
- Prospective Adjusted for New Cost

**Comments:**

**Distribution:**
- Contract Management
- DPODS - DCF (4)
- Home Office: DDMS
  5050 Poplar Avenue Suite 2000Suite 718
  Memphis, TN 38157

**W. Rydell Samuel**
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Naranja Group Home
(Sunrise)
15190 S.W. 272nd Street
Naranja, FL 33032

Provider Type: ICF/IID

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Rate Type:

- Interim X
- Total Interim
- Interim Component
- Settlement Based on Costs
- Prospective X
- Total Prospective
- Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Sunrise Community, Inc.
9040 Sunset DriveSuite 70-A
Miami, FL 33170

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
**PARC Cottage**  
3101 76th Way North  
St. Petersburg, FL 33710

Provider Number: 028505600  
Date: 6/19/2018  
FYE: 9/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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**Rate Type:**  
Interim × Prospective

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Comments:

**Distribution:**  
Contract Management  
DPODS - DCF (4)

Home Office:

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
MACtown, Inc.
151 NE 62nd Street
Miami, FL 33138

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

Total Interim
Interim Component
Settlement Based on Costs

Total Prospective
Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**New Horizons of NW Florida, Inc.**
10050 Hillview Road
Pensacola, FL 32514

Provider Type: ICF/IID

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Rate Type: Interim X Prospective

- Total Interim
- Interim Component
- Settlement Based on Costs
- Total Prospective
- Prospective Adjusted for New Cost

**Provider Number:** 028513700
**Date:** 6/19/2018
**FYE:** 9/30/2016
**Audit Status:** Unaudited Costs

**Comments:**

**Distribution:**
Contract Management
DPODS - DCF (4)
Home Office:

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

**For Information only - No Change in rate**
BARC Housing, Inc.
10250 N.W. 53rd Street
Sunrise, FL 33351

Provider Type: ICF/IID

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Rate Type:

- Interim
- Prospective

Total Interim X Total Prospective
Interim Component X Prospective Adjusted for New Cost
Settlement Based on Costs

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Pensacola Care, Inc.
One Villa Drive
Pensacola, FL 32506

Provider Type: ICF/IID

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Rate Type:
- X Interim
- X Total Interim
- X Interim Component
- X Settlement Based on Costs
- X Total Prospective
- Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
Quest Management Group
311 North Spring Street
Pensacola, FL 32501

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
**Provider Information**

- **Provider Number:** 028521800
- **Date:** 6/19/2018
- **FYE:** 9/30/2017
- **Audit Status:** Unaudited Costs

**Ann Storck Center, Inc.**

1790 S.W. 43rd Way  
Ft. Lauderdale, FL 33317

Provider Type: ICF/IID

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**Rate Type:**

- Interim: X
- Prospective: X

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**Distribution:**

- Contract Management
- DPODS - DCF (4)
- Home Office:
  - Ann Storck Center
    - 1790 S.W. 43RD WAY
    - Ft. Lauderdale, FL 33317

**Comments:**

For Information only - No Change in rate
Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Provider Number: 028522600
Date: 6/19/2018
FYE: 9/30/2016
Audit Status: Unaudited Costs

Tallahassee Developmental Center
455 Appleyard Drive
Tallahassee, FL 32304
Provider Type: ICF/IID

<table>
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<th>Level of Care</th>
<th>Current Rate</th>
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<th>Effective Date</th>
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<tbody>
<tr>
<td>#7 Institutional</td>
<td>267.12</td>
<td>283.50</td>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>356.93</td>
<td>378.80</td>
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Rate Type: __________ Interim __________ X Total Interim ___________ Prospective __________ X Total Prospective

_________ Interim Component

_________ Settlement Based on Costs

Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Quest Management Group
311 North Spring Street
Pensacola, FL 32501

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Provider Number: 028524200  
Date: 6/19/2018  
FYE: 9/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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<tr>
<td>#7 Institutional</td>
<td>254.18</td>
<td>265.15</td>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>357.90</td>
<td>370.74</td>
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Rate Type: Interim [X] Prospective

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<th>Settlement Based on Costs</th>
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<tr>
<td>X Total Prospective</td>
<td>Prospectively Adjusted for New Cost</td>
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Comments:

Distribution:
Contract Management  
DPODS - DCF (4)  
Home Office:
Quest Management Group  
311 North Spring Street  
Pensacola, FL 32501

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis  
For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA , User ID: FDHC\samueIr
**Panama City Developmental Center**  
1407 Lincoln Drive P.O. Box 456  
Panama City, FL 32401  
Provider Type: ICF/IID  
Provider Number: 028526900  
Date: 6/19/2018  
FYE: 9/30/2017  
Audit Status: Unaudited Costs

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<tr>
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<td>248.27</td>
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<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>330.96</td>
<td>358.01</td>
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Rate Type:  
- Interim  
- Total Interim  
- Interim Component  
- Total Prospective  
- Prospective Adjusted for New Cost  
- Settlement Based on Costs

Comments:  

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

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samue1r
Provider Number: 028530700
Date: 6/19/2018
FYE: 9/30/2017
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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<tr>
<td>#7 Institutional</td>
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<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>298.96</td>
<td>323.16</td>
<td>7/1/2018</td>
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Rate Type:
- [ ] Interim
- [x] Prospective

Total Interim
- [ ] Interim Component
- [ ] Settlement Based on Costs

Total Prospective
- [ ] Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
Quest Management Group
311 North Spring Street
Pensacola, FL 32501

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Woodhouse, Inc  
1001 N.E. 3rd Avenue
Pompano Beach, FL  33060  

Provider Number: 028531500 
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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<th>Effective Date</th>
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<tbody>
<tr>
<td>#7 Institutional</td>
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<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>447.00</td>
<td>475.17</td>
<td>7/1/2018</td>
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</table>

Rate Type:
- Interim
- Prospective

Total Interim × Interim Component = Interim Component
Total Prospective × Prospective Adjusted for New Cost = Prospective Adjusted for New Cost

Comments:

Distribution:
- Contract Management
- DPODS - DCF (4)

Home Office: ____________________________

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis  

For Information only - No Change in rate  

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Cape Coral Cluster (Sunrise)
2821 Pine Island Road, S.W.
Cape Coral, FL 33991

Provider Number: 028533100
Date: 6/19/2018
FYE: 6/30/2017
Audit Status: Unaudited Costs

Provider Type: ICF/IID
Level of Care

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<tr>
<th>#7 Institutional</th>
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<tr>
<td>Current Rate</td>
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<td>322.91</td>
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<td>Effective Date</td>
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Rate Type:

<table>
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<th>Interim</th>
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<tr>
<td>Total Interim</td>
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<td>Total Prospective</td>
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<tr>
<td>Interim Component</td>
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<tr>
<td>Settlement Based on Costs</td>
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Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Sunrise Community, Inc.
9040 Sunset DriveSuite 70-A
Miami, FL 33170

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Squire Court Community Home (Res-Care)
95 Squire Court
Dunedin, FL 34698

Provider Type: ICF/IID

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<th>Level of Care</th>
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<tbody>
<tr>
<td>#7 Institutional</td>
<td>251.40</td>
<td>273.05</td>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>280.03</td>
<td>303.94</td>
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Rate Type:

- Interim
- Prospective

Total Interim = Interim Component + Settlement Based on Costs

Total Prospective = Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Res-Care, Inc.
10140 Linn Station Road
Louisville, KY 40223

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Provider Number: 028537400  
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs

Bayview Community Home  
(Res-Care)  
3438 S.R. 580  
Safety Harbor, FL 34695

Provider Type: ICF/IID

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<th>Level of Care</th>
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<tr>
<td>#7 Institutional</td>
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<td>282.43</td>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2018</td>
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Rate Type:  
- Interim  
- Prospective

Interim Component  
Settlement Based on Costs  
Prospective Adjusted for New Cost

Comments:

Distribution:  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Res-Care, Inc.  
10140 Linn Station Road  
Louisville, KY  40223

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis  
For Information only - No Change in rate
Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
2727 Mahan Drive - Mail Stop 23  
Tallahassee, Florida 32308

Hendricks  
95146 Hendricks Rd, Bldg D  
Fernandina Beach, FL 32034-1474

Provider Type: ICF/IID

Provider Number: 028539100  
Date: 6/19/2018  
FYE: 5/31/2017  
Audit Status: Unaudited Costs

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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>500.61</td>
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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  
DPODS - DCF (4)

Home Office:  
Care Centers of Nassau, LLC  
95146 Hendricks Road  
Fernandina Beach, FL 32034

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
### Twin Lane Community Home (Res-Care)

*2281 Twin Lane Drive*
*Dundedun, FL 34698*

Provider Type: ICF/IID

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<th>Level of Care</th>
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<tr>
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<td>261.32</td>
<td>284.24</td>
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<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>293.13</td>
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#### Rate Type:

- **Interim**
- **Prospective**

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<td>Interim Component</td>
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#### Comments:

For Information only - No Change in rate

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**Distribution:**

Contract Management
DPODS - DCF (4)
Home Office:
Res-Care, Inc.

10140 Linn Station Road
Louisville, KY 40223

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

---

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**62nd Place Grp Home #17**  
(Sunrise)  
19963 N.W. 62nd Place  
Miami Lakes, FL 33015  

Provider Type: ICF/IID  

<table>
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<tr>
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Rate Type:  

- Interim  
- Prospective  

Total Interim  
Interim Component  
Settlement Based on Costs  

Total Prospective  
Prospective Adjusted for New Cost  

Comments:  

Distribution:  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL 33170  

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis  

For Information only - No Change in rate
138th Court Grp Home #16
(Sunrise)
3210 S.W. 138th Court
Miami, FL 33175

Provider Type: ICF/IID

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<tr>
<td>#7 Institutional</td>
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Rate Type: __Interim__ X __Prospective__

- **Total Interim**
- **Interim Component**
- **Settlement Based on Costs**
- **Total Prospective**
- **Prospective Adjusted for New Cost**

**Provider Number:** 028548000

**Date:** 6/19/2018

**FYE:** 6/30/2017

**Audit Status:** Unaudited Costs

**Contract Management**

DPODS - DCF (4)

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

For Information only - No Change in rate
**26th Terrace Grp Home #12**  
(Sunrise)  
1219 26th Terrace  
Cape Coral, FL 33904  
Provider Type: ICF/IID

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<td>268.99</td>
<td>289.24</td>
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Rate Type:  
- Interim  
- Prospective

**Comments:**

**Distribution:**  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL 33170

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Country Meadows Grp Home
#13 (Sunrise)
1950 Country Meadows Circle
Sarasota, FL 34235

Provider Type: ICF/IID

<table>
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<th>Level of Care</th>
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<tr>
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Rate Type: 
- Interim
- Prospective

Distribution:
- Contract Management
- DPODS - DCF (4)
- Home Office:
  - Sunrise Community, Inc.
  - 9040 Sunset DriveSuite 70-A
  - Miami, FL 33170

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
148th Court Grp Home #20  
(Sunrise)  
5436 S.W. 148th Court  
Miami, FL 33185

Provider Type: ICF/IID

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<tr>
<td>#7 Institutional</td>
<td>222.46</td>
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<tr>
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<td>0.00</td>
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Rate Type:  
- Interim  
- Prospective

Total Interim X  
Interim Component X  
Settlement Based on Costs  
Total Prospective X  
Prospective Adjusted for New Cost

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Distribution:  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL 33170

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Sunrise Oakmont  
19420 W. Oakmont Drive  
Miami Lakes, FL 33015

Provider Number: 028558700  
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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<tr>
<td>#7 Institutional</td>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
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<td>0.00</td>
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Rate Type:  
- Interim  
- Prospective

Comments:

Distribution:  
Contract Management
DPODS - DCF (4)

Home Office:  
Sunrise Community, Inc.
9040 Sunset DriveSuite 70-A  
Miami, FL 33170

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

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:** 6/19/2018  
**FYE:** 6/30/2017  
**Audit Status:** Unaudited Costs

#### Provider Information
- **Name:** W.Rydell Samuel  
- **Title:** Medicaid Cost Reimbursement Analysis
- **Stamp:** Medicaid Cost Reimbursement Analysis

#### Level of Care

<table>
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<th>Current Rate</th>
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<th>Effective Date</th>
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<td>0.00</td>
<td>7/1/2018</td>
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#### Rate Type

- **Interim:**  
- **Total Interim:** **X**  
- **Interim Component:**  
- **Settlement Based on Costs:**  
- **Prospective:**  
- **Total Prospective:** **X**  
- **Prospective Adjusted for New Cost:**

#### Comments:

For Information only - No Change in rate

---

**Distribution:**
- **Contract Management**  
- **DPODS - DCF (4)**  
- **Home Office:**  
- **Sunrise Community, Inc.**  
- **9040 Sunset DriveSuite 70-A**  
- **Miami, FL 33170**
55th Court Grp Home #15  
(Sunrise)  
8430 S.W. 55th Court  
Davie, FL 33320  
Provider Type: ICF/IID

<table>
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<th>Level of Care</th>
<th>Current Rate</th>
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<tr>
<td>#7 Institutional</td>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
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Rate Type:  
- Interim  
- X  
- Total Interim  
- Interim Component  
- Settlement Based on Costs  
- Prospective  
- X  
- Total Prospective  
- Prospective Adjusted for New Cost

Comments:

Distribution:  
Contract Management  
DPODS - DCF (4)  
Home Office:  
Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL 33170  

For Information only - No Change in rate

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**Wentworth Drive Grp Home #18 (Sunrise)**

18711 Wentworth Drive  
Miami Lakes, FL 33015

Provider Type: ICF/IID

<table>
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<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
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<tbody>
<tr>
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**Rate Type:**

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Comments:

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**Distribution:**

Contract Management  
DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL 33170

---

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Lakeview Court
920 W. Kennedy Blvd
Orlando, FL  32810

Provider Number: 028565000
Date: 6/19/2018
FYE: 11/30/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:
- Interim: X
- Prospective: X

Total Interim: Interim Component + Settlement Based on Costs
Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
DSI
P.O. BOX 2064
Winter Park, FL  32790

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Washington Square  
1401 North U.S. Highway 1  
Titusville, FL 32796

Provider Number: 028566800  
Date: 6/19/2018  
FYE: 11/30/2016  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type: Interim X Prospective

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Comments:

Distribution:
Contract Management  
DPODS - DCF (4)
Home Office:  
DSI  
P.O. BOX 2064  
Winter Park, FL 32790

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Howell Branch Court
3664 Howell Branch Road
Winter Park, FL 32792

Provider Number: 028567600
Date: 6/19/2018
FYE: 11/30/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:

- Interim
- Prospective
- Total Interim
- Interim Component
- Settlement Based on Costs
- Total Prospective
- Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
DSI
P.O. BOX 2064
Winter Park, FL 32790

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For Information only - No Change in rate
**157th Terrace (Sunrise)**
9790 S. W. 157th Terrace  
Miami, FL  33157

Provider Type: ICF/IID

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Provider Number: 028568400  
Date: 6/19/2018  
FYE: 6/30/2017  
Audit Status: Unaudited Costs

Distribution:
Contract Management  
DPODS - DCF (4)  
Home Office:  
Sunrise Community, Inc.  
9040 Sunset DriveSuite 70-A  
Miami, FL  33170

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

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Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
#145th Street Group Home
(Sunrise)

14935 S.W. 145th Street
Miami, FL 33196

Provider Type: ICF/IID

Provider Number: 028569200
Date: 6/19/2018
FYE: 6/30/2017
Audit Status: Unaudited Costs

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Rate Type:
- Interim
- Prospective

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
Sunrise Community, Inc.
9040 Sunset Drive Suite 70-A
Miami, FL 33170

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**Avon Park Cluster (Mentor)**
55 East College Drive
Avon Park, FL 33825

Provider Type: ICF/IID

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Rate Type:

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Provider Number: 031256800
Date: 6/19/2018
FYE: 9/30/2017
Audit Status: Unaudited Costs

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**Eagle Watch Cluster (Mentor)**

1725 Fifth Street  
Daytona Beach, FL  32117

**Provider Number:** 031257600  
**Date:** 6/19/2018  
**FYE:** 9/30/2016  
**Audit Status:** Unaudited Costs

**Provider Type:** ICF/IID

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**Rate Type:**  
- Interim
- Prospective

**Comments:**

**Distribution:**  
Contract Management  
DPODS - DCF (4)

**Home Office:**  
National Mentor Healthcare, LLC  
3258 Parkside Center Circle  
Tampa, FL  33619

**W.Rydel Samuel**  
Medicaid Cost Reimbursement Analysis

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Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
2727 Mahan Drive - Mail Stop 23  
Tallahassee, Florida 32308

Point West Cluster (Mentor)  
4550 Ricker Road  
Jacksonville, FL  32210

Provider Number: 031258400  
Date: 6/19/2018  
FYE: 9/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:  
- Interim
- Prospective

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Comments:

Distribution:  
Contract Management  
DPODS - DCF (4)

Home Office:  
National Mentor Healthcare, LLC  
3258 Parkside Center Circle  
Tampa, FL  33619

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samueir
Hodges Cluster (Mentor)
3615 Hodges Boulevard
Jacksonville, FL  32224

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

Total Interim: X
Interim Component: 
Settlement Based on Costs

Total Prospective: X
Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa, FL  33619

For Information only - No Change in rate
## Kinkaid Cluster (Mentor)

5808 Kinkaid Road  
Jacksonville, FL 32244

Provider Type: ICF/IID

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**Comments:**

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**Distribution:**

Contract Management  
DPODS - DCF (4)

Home Office:  
National Mentor Healthcare, LLC  
3258 Parkside Center Circle  
Tampa, FL 33619

---

For Information only - No Change in rate
### Flamingo Drive Cluster (Mentor)

1285 Flamingo Drive  
Lantana, FL 33462

Provider Type: ICF/IID

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**Rate Type:**
- Interim
- Prospective

**Distribution:**
- Contract Management
- DPODS - DCF (4)
- National Mentor Healthcare, LLC

**Medicaid Cost Reimbursement Analysis**

W.Rydell Samuel

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
**Barranger Group Home (Mentor)**
9513 Barranger Drive
Pensacola, FL 32514

Provider Type: ICF/IID

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Comments:

Distribution:

Contract Management
DPODS - DCF (4)

Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa, FL 33619

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Greenridge Group Home (Mentor)
222 Greenridge Road
Pensacola, FL 32514

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa, FL 33619

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Pensacola Cluster (Mentor)
9460 S. University Parkway
Pensacola, FL 32515

Provider Number: 031264900
Date: 6/19/2018
FYE: 9/30/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:
- X Interim
- X Total Interim
- X Interim Component
- X Settlement Based on Costs
- X Total Prospective
- X Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa, FL 33619

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Caprona Group Home
(Mentor)
111 N.E Caprona Avenue
Port St. Lucie, FL 34983

Provider Type: ICF/IID

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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
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Rate Type:
- Interim
- Prospective

Interim Component
Settlement Based on Costs

For Information only - No Change in rate
Rich Street Group Home  
(Mentor)  
2318 S.E. Rich Street  
Port St. Lucie, FL 34984  

Provider Type: ICF/IID  

<table>
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Rate Type:  
Interim: X  
Prospective: X  

Comments:  

Distribution:  
Contract Management  
DPODS - DCF (4)  

Home Office:  
National Mentor Healthcare, LLC  
3258 Parkside Center Circle  
Tampa, FL 33619  

W.Rydel Samuel  
Medicaid Cost Reimbursement Analysis  

For Information only - No Change in rate  

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
Sandpiper Cluster (Mentor)
1000 East 14th Street
Stuart, FL 33496

Provider Number: 031267300
Date: 6/19/2018
FYE: 9/30/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

Total Interim
- Interim Component
- Settlement Based on Costs

Total Prospective
- Prospective Adjusted for New Cost

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa, FL 33619

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 6/19/2018 9:47 AM, Batch ID: 69CHA, User ID: FDHC\samuelr
New Horizons Village
1275 N. Rainbow Loop
Lecanto, FL 34461

Provider Number: 031345900
Date: 6/19/2018
FYE: 11/30/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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<tbody>
<tr>
<td>#7 Institutional</td>
<td>397.89</td>
<td>423.55</td>
<td>7/1/2018</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>521.49</td>
<td>562.99</td>
<td>7/1/2018</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- Prospective

Total Interim: X
Interim Component: X
Settlement Based on Costs: X

Prospective Adjusted for New Cost: X

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office:

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

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