### St. Augustine Center for Living

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

Provider Type: ICF/IID

<table>
<thead>
<tr>
<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>272.03</td>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
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**Provider Number:** 000169300  
**Date:** 7/1/2019  
**FYE:** 11/30/2017

**Audit Status:** Unaudited Costs

**Comment:** 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

Miner North  
85609 Miner Road  
Yulee, FL  32097

Provider Number: 001069500  
Date: 7/1/2019  
FYE: 5/31/2018  
Audit Status: Unaudited Costs

Provider Type: ICF/IID  

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Rate Type:  

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<th>Settlement Based on Costs</th>
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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
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: 001071000
Date: 7/1/2019
FYE: 5/31/2018
Audit Status: Unaudited Costs

Miner South
85474 Miner Road
Yulee, FL 32097

Provider Type: ICF/IID
Level of Care | Current Rate | New Rate | Effective 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
- Prospective

Total Interim
Interim Component
Settlement Based on Costs

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

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

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, 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: 7/1/2019
FYE: 9/30/2018
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

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

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

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Seaview (Mentor)  
1204 West 13th Street  
Panama City, FL 32401-2015  

Provider Number: 012038000  
Date: 7/1/2019  
FYE: 9/30/2018  
Audit Status: Unaudited Costs  

Provider Type: ICF/IID  

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Rate Type:  
- Interim  
- Prospective  

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

Gulfview (Mentor)  
2603 N State Ave E 12th ST  
Panama City, FL  32405-4359

Provider Type: ICF/IID  
Audit Status: Unaudited Costs

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Rate Type:  
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- Prospective: [X]

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W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
### Suffridge Drive Group Home (SH of F)
27566 Suffridge Drive
Bonita Springs, FL 33923

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

Total Interim X Total Prospective
Interim Component
Settlement Based on Costs
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

For Information only - No Change in rate
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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<td>399.48</td>
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Rate Type:  
- Interim
- Total Interim
- Interim Component
- Settlement Based on Costs
- Total Prospective
- Prospective Adjusted for New Cost

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

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### Spring Street Group Home (SH of F)

1463 Spring Street  
Lake City, FL  32052

Provider Type: ICF/IID

<table>
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#### Rate Type:

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#### Comments:

For Information only - No Change in rate

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W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

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

Walnut Street Group Home  
(Sh of F)  
102 Alexander Road  
Starke, FL 32091

Provider Type: ICF/IID

<table>
<thead>
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<th>Level of Care</th>
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<th>Effective Date</th>
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Rate Type:  
- Interim: X  
- Prospective

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: 7/1/2019 9:44 AM, Batch ID: DRAD6, 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

Bessent Road Group Home (SH of F)
1329 Bessent Road
Starke, FL  32091
Provider Type:  ICF/IID

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

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: 7/1/2019 9:44 AM, Batch ID: DRAD6, 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

Frederick Avenue Group
Home (SH of F)
325 N Frederick Avenue
Daytona Beach, FL 32114

Provider Number: 012075900
Date: 7/1/2019
FYE: 10/31/2018
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

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

<table>
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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:
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: 7/1/2019 9:44 AM,Batch ID: DRAD6 , User ID: FDHC\samuelr
Second Street Group Home (SH of F)  
3841 SE 2nd Street  
Ocala, FL 34471  
Provider Type: ICF/IID  
Provider Number: 012374200  
Date: 7/1/2019  
FYE: 10/31/2018  
Audit Status: Unaudited Costs

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<td>#8 Non-Ambulatory &amp; #9 Medical</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:  
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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Provider Number: 012374400
Date: 7/1/2019
FYE: 10/31/2018
Audit Status: Unaudited Costs

---

**Rosewood Avenue Group Home (SH of F)**
71 Rosewood Avenue
Ormond Beach, FL 32174

Provider Type: ICF/IID

<table>
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**Rate Type:**

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**Comments:**

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**Distribution:**

Contract Management
DPODS - DCF (4)

**Home Office:**

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

W.Ry dell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

---

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**19th Street Group Home (SH of F)**  
529 NW 19th Street  
Gainesville, FL  32603  
Provider Type:  ICF/IID

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**Provider Number:** 012375400  
**Date:** 7/1/2019  
**FYE:** 10/31/2018  
**Audit Status:** Unaudited Costs

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

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</table>

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

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
**Tunis Street Group Home (SH of F)**
4748 Tunis Street
Jacksonville, FL  32205

Provider Type: ICF/IID

<table>
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<th>Level of Care</th>
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<tr>
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<td>#8 Non-Ambulatory &amp; #9 Medical</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.Rydell 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: 7/1/2019
FYE: 10/31/2018
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
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Rate Type:

- **Interim**: Total Interim × Interim Component = Interim Component
- **Prospective**: Total Prospective × Prospective Adjusted for New Cost = Total 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

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Claudia Drive Group Home  
(Sh of F)  
140 Claudia Drive  
Jacksonville, FL 32218  
Provider Type: ICF/IID  

<table>
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<td>#7 Institutional</td>
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<td>394.49</td>
<td>7/1/2019</td>
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<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>428.00</td>
<td>438.73</td>
<td>7/1/2019</td>
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</table>

Rate Type:  
Interim X Prospective  
Interim Component  
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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
# High Desert Court Group Home (SH of F)
11818 High Desset Court  
Jacksonville, FL 32218

Provider Type: ICF/IID

<table>
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<th>Level of Care</th>
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<th>Effective Date</th>
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<tr>
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<td>0.00</td>
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Rate Type:
- **Interim**: Included in Total Interim
- **Prospective**: Included in Total Prospective

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 Number: 015979000
Date: 7/1/2019
FYE: 6/30/2018
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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<td>424.47</td>
<td>439.77</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: 7/1/2019 9:44 AM  Batch ID: DRAD6  User ID: FDHC\samuelr
Sandy Park Development Center
2975 Garden Street North
Ft. Myers, FL 33917

Provider Type: ICF/IID

<table>
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<td>0.00</td>
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Rate Type:

- Interim: Total Interim * X Interim Component
- Prospective: Total Prospective * X Prospective Adjusted for New Cost

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

Comments:

For Information only - No Change in rate
## St. Petersburg Cluster

*(Sunrise)*

1101 102nd Avenue North  
St. Petersburg, FL 33716

Provider Type: ICF/IID

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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>475.70</td>
<td>459.31</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:  
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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
**Laurel Hill Cluster**  
2011 Laurel Hill Cluster  
Orlando, FL  32818  

Provider Type: ICF/IID  

<table>
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<th>Effective Date</th>
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<tr>
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<td>616.42</td>
<td>627.23</td>
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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)  
500 EAST COLONIAL DR.  
Orlando, FL  32803  

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis  

For Information only - No Change in rate  

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
**McCauley Cluster (Sunrise)**

1385 McCauley Road  
Tallahassee, FL 32308

Provider Number: 028020801  
Date: 7/1/2019  
FYE: 6/30/2018  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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<td>#7 Institutional</td>
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<td>488.54</td>
<td>499.73</td>
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Rate Type:  

- [ ] Interim  
- [x] Prospective

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:  
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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Greentree Court Cluster (Sunrise)
2160 GreenTree Court
Bartow, FL 33830

Provider Number: 028028301
Date: 7/1/2019
FYE: 6/30/2018
Audit Status: Unaudited Costs

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<td>452.96</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

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

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHCsamuelr

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
- 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. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Lake City Cluster  
411 Gwen Lake Boulevard  
Lake City, FL 32055  

Provider Number: 028030501  
Date: 7/1/2019  
FYE: 6/30/2018  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
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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 Prospective

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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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Bayshore Cluster (Sunrise)
2059 Lisenby Avenue
Panama City, FL 32405

Provider Type: ICF/IID

Provider Number: 028031301
Date: 7/1/2019
FYE: 6/30/2018
Audit Status: Unaudited Costs

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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
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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:
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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Gainesville 39th Avenue Cluster (Res-Care)
5914 N.W. 39th Avenue
Gainesville, FL 32606
Provider Type: ICF/IID

Provider Number: 028032101
Date: 7/1/2019
FYE: 6/30/2018
Audit Status: Unaudited Costs

Rate Type: Interim X Prospective

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<td>330.26</td>
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Comments:

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
PARC Center Apartments
3190 75th Street North
St. Petersburg, FL  33170

Provider Type: ICF/IID

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

Interim Component
Total Interim
Total Prospective
Settlement Based on Costs

Prospective Adjusted for New Cost

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

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

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuearl
Skipper Road Cluster
2611 E. Bearss Avenue
Tampa, FL 33613

Provider Type: ICF/IID

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Rate Type:
- Interim
- Prospective

Interim Component: Total Interim
Prospective Adjusted for New Cost: Total Prospective

Comments:

Distribution:
Contract Management
DPODS - DCF (4)
Home Office: Quest, Inc.
P.O. Box 531125
Orlando, FL 32853

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
# Pembroke Pines Cluster
871 S.W. Douglas Road
Pembroke Pines, FL 33024

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:
Ann Storck Center
1790 S.W. 43RD WAY
Ft. Lauderdale, FL 33317

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
**Ocala Cluster (Res-Care)**

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

**Provider Number:** 028038101  
**Date:** 7/1/2019  
**FYE:** 6/30/2018  
**Audit Status:** Unaudited Costs

**Provider Type:** ICF/IID

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<td>312.33</td>
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**Rate Type:**
- Interim: X  
- Prospective: X

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

**Comments:**

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

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

---

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Williams Road Cluster  
1923 Sarah Louise Drive  
Brandon, FL  33510 

Provider Number: 028040201  
Date: 7/1/2019  
FYE: 9/30/2017  
Audit Status: Unaudited Costs 

Provider Type: ICF/IID 

<table>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>670.82</td>
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Rate Type: 

<table>
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</table>

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
**MCP 80th Street**  
11750 S.W. 80th Street  
Miami, FL 33183  

Provider Type: ICF/IID  

<table>
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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  

For Information only - No Change in rate  

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

14400 SW 32nd Street  
Miami, FL 33175

**Provider Number:** 028045301  
**Date:** 7/1/2019  
**FYE:** 6/30/2018  
**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:  
- UCP Of Miami  
  
1411 NW 14th Ave  
Miami, FL 33125

**W.Rydel Samuel**

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

---

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHCSamuelr
**Florida Agency For Health Care Administration**  
**Office of Medicaid Cost Reimbursement Planning and Finance**  
2727 Mahan Drive - Mail Stop 23  
Tallahassee, Florida 32308

---

**MCP 2nd Street**  
11801 NW Second Street  
Miami, FL, FL 33182

Provider Number: 028046101  
Date: 7/1/2019  
FYE: 6/30/2018  
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:  
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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
MCP Sunset
7100 S.W. 122nd. Avenue
Miami, FL  33183

Provider Type: ICF/IID

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<td>535.28</td>
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Rate Type: Interim X Prospective

Interim Component
Settlement Based on Costs

Prospective Adjusted for New Cost

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

For Information only - No Change in rate
**Dorchester Cluster (Sunrise)**

3201 Ginger Drive  
Tallahassee, FL  32308

Provider Number: 028049601  
Date: 7/1/2019  
FYE: 6/30/2018  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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<td>497.75</td>
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**Rate Type:**

- Interim
- 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. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samue1r
#146th Place Grp Home #10
(Sunrise)
10521 S.W. 146th Place
Miami, FL 33186
Provider Type: ICF/IID

<table>
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Rate Type:

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W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

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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Audit Status:  Unaudited Costs

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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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
**Provider Number:** 028065800  
**Date:** 7/1/2019  
**FYE:** 6/30/2018  
**Audit Status:** Unaudited Costs

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### 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 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:

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
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: 028427100
Date: 7/1/2019
FYE: 2/28/2018
Audit Status: Unaudited Costs

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

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<td>360.23</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:
DDMS
5050 Poplar Avenue Suite 2000Suite 718
Memphis, TN 38157

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samueIr
Naranja Group Home  
(Sunrise)  
15190 S.W. 272nd Street  
Naranja, FL 33032  

Provider Type: ICF/IID

<table>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
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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
PARC Cottage
3101 76th Way North
St. Petersburg, FL  33710

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

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
MACtown, Inc.  
151 NE 62nd Street  
Miami, FL  33138  

Provider Number: 028512900  
Date: 7/1/2019  
FYE: 9/30/2015  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:  
- Interim  
- Prospective

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</table>

Comments:  

Distribution:  
Contract Management  
DPODS - DCF (4)

Home Office:  

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis  

For Information only - No Change in rate
New Horizons of NW Florida, Inc.
10050 Hillview Road
Pensacola, FL 32514
Provider Type: ICF/IID

Provider Number: 028513700
Date: 7/1/2019
FYE: 9/30/2017
Audit Status: Unaudited Costs

<table>
<thead>
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Rate Type:
- Interim
- Prospective

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

Distribution:
Contract Management
DPODS - DCF (4)

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Provider Number: 028519600  
Date: 7/1/2019  
FYE: 9/30/2018  
Audit Status: Unaudited Costs

BARC Housing, Inc.  
10250 N.W. 53rd Street  
Sunrise, FL 33351

Provider Type: ICF/IID

<table>
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Rate Type:
- ___ Interim
- ___ 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:

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
**Pensacola Care, Inc.**  
One Villa Drive  
Pensacola, FL 32506

Provider Number: 028520000  
Date: 7/1/2019  
FYE: 9/30/2018  
Audit Status: Unaudited Costs

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**Rate Type:**  
- **Interim**  
- **Prospective**

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**Comments:**

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

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Ann Storck Center, Inc.
1790 S.W. 43rd Way
Ft. Lauderdale, FL 33317

Provider Number: 028521800
Date: 7/1/2019
FYE: 9/30/2018
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:

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Interim Component

Settlement Based on Costs

Prospective Adjusted for New Cost

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

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuel
Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
2727 Mahan Drive - Mail Stop 23  
Tallahassee, Florida 32308

Tallahassee Developmental Center  
455 Appleyard Drive  
Tallahassee, FL 32304

Provider Type: ICF/IID

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

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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

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

For Information only - No Change in rate
Provider Number: 028524200
Date: 7/1/2019
FYE: 9/30/2017
Audit Status: Unaudited Costs

Provider Type: ICF/IID

Rate Type:

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Current Rate | New Rate | Effective Date
---|---|---
#7 Institutional | 265.07 | 269.72 | 7/1/2019
#8 Non-Ambulatory & #9 Medical | 370.66 | 377.22 | 7/1/2019

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

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate
### Panama City Developmental Center

1407 Lincoln Drive  P.O. Box 456  Panama City, FL 32401

Provider Type: ICF/IID

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

- Interim
- Prospective

Total Interim: [X] 268.87

Interim Component: [X] 268.87

Settlement Based on Costs: [ ]

Total Prospective: [X] 367.77

Prospective Adjusted for New Cost: [ ]

Provider Number: 028526900

Date: 7/1/2019

FYE: 9/30/2018

Audit Status: Unaudited Costs

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

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, 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

Hillsborough County Developmental Ctr
14219 Bruce B Downs Boulevard
Tampa, FL 33613

Provider Number: 028530700
Date: 7/1/2019
FYE: 9/30/2018
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:
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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Woodhouse, Inc
1001 N.E. 3rd Avenue
Pompano Beach, FL 33060

Provider Type: ICF/IID

Provider Number: 028531500
Date: 7/1/2019
FYE: 6/30/2018
Audit Status: Unaudited Costs

Level of Care

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Rate Type:

- Interim
- Prospective

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

Comments:

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

W.Rydel Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
**Cape Coral Cluster (Sunrise)**

2821 Pine Island Road, S.W.
Cape Coral, FL 33991

Provider Number: 028533100  
Date: 7/1/2019  
FYE: 6/30/2018  
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:  
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

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## Squire Court Community
**Home (Res-Care)**

95 Squire Court  
Dunedin, FL 34698

**Provider Number:** 028536600  
**Date:** 7/1/2019  
**FYE:** 6/30/2018  
**Audit Status:** Unaudited Costs

**Provider Type:** ICF/IID

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**Rate Type:**

- Interim: X
- Prospective: X

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**Comments:**

For Information only - No Change in rate

**Distribution:**

Contract Management  
DPODS - DCF (4)

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

**Printed on:** 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\$amuelr
**Bayview Community Home**  
*(Res-Care)*  
3438 S.R. 580  
Safety Harbor, FL 34695

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

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

For Information only - No Change in rate
Twin Lane Community Home  
(Res-Care) 
2281 Twin Lane Drive 
Dundedun, FL 34698 

Provider Number: 028541200  
Date: 7/1/2019  
FYE: 6/30/2018  
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:  
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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
### Provider Costs Reimbursement Analysis

**Provider Number:** 028547100  
**Date:** 7/1/2019  
**FYE:** 6/30/2018  
**Audit Status:** Unaudited Costs

#### Provider Information

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

**Provider Type:** ICF/IID

#### Level of Care

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**Comments:**

For Information only - No Change in rate

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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
138th Court Grp Home #16
(Sunrise)
3210 S.W. 138th Court
Miami, FL 33175

Provider Type: ICF/IID

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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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
26th Terrace Grp Home #12  
(Sunrise)  
1219 26th Terrace  
Cape Coral, FL 33904  
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

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Country Meadows Grp Home
#13 (Sunrise)
1950 Country Meadows Circle
Sarasota, FL  34235

Provider Type:  ICF/IID

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Rate Type:

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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
## 148th Court Grp Home #20
(Sunrise)

5436 S.W. 148th Court  
Miami, FL  33185

Provider Type:  ICF/IID

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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

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

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

**Sunrise Oakmont**  
19420 W. Oakmont Drive  
Miami Lakes, FL 33015  

- Provider Number: 028558700  
- Date: 7/1/2019  
- FYE: 6/30/2018  
- Audit Status: Unaudited Costs

### Provider Type

- Provider Type: ICF/IID

### Level of Care

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### Rate Type

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### 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

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
## 53rd Court Grp Home #9
(Sunrise)

10228 S.W. 53rd Court  
Cooper City, FL  33328

Provider Type: ICF/IID

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

**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

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For Information only - No Change in rate
55th Court Grp Home #15  
(Sunrise)  
8430 S.W. 55th Court  
Davie, FL 33320  
Provider Number: 028560900  
Date: 7/1/2019  
FYE: 6/30/2018  
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:

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

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Wentworth Drive Grp Home
#18 (Sunrise)
18711 Wentworth Drive
Miami Lakes, FL 33015

Provider Type: ICF/IID

Level of Care

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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:
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
Lakeview Court  
920 W. Kennedy Blvd  
Orlando, FL  32810  

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:  
DSI  
P.O. BOX 2064  
Winter Park, FL  32790  

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis  

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
**Washington Square**  
1401 North U.S. Highway 1  
Titusville, FL 32796  

Provider Number: 028566800  
Date: 7/1/2019  
FYE: 11/30/2017  
Audit Status: Unaudited Costs

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Rate Type:  
- Interim  
- Prospective  

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**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

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

3664 Howell Branch Road  
Winter Park, FL 32792

Provider Number: 028567600  
Date: 7/1/2019  
FYE: 11/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:  
- Interim  
- Prospective

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
157th Terrace (Sunrise)
9790 S. W. 157th Terrace
Miami, FL  33157

Provider Type:  ICF/IID

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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

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

**Provider Number:** 028569200  
**Date:** 7/1/2019  
**FYE:** 6/30/2018  
**Audit Status:** Unaudited Costs

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#### Provider Details

**145th Street Group Home (Sunrise)**  
14935 S.W. 145th Street  
Miami, Fl 33196  

**Provider Type:** ICF/IID

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#### Level of Care

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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

---

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

---

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
### Avon Park Cluster (Mentor)
55 East College Drive  
Avon Park, FL 33825

Provider Number: 031256800  
Date: 7/1/2019  
FYE: 9/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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**Rate Type:**
- Interim: Total Interim X Interim Component  
- Prospective: Total Prospective = 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

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, 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

### Eagle Watch Cluster (Mentor)
1725 Fifth Street
Daytona Beach, FL 32117

Provider Number: 031257600  
Date: 7/1/2019  
FYE: 9/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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**Rate Type:**  
- Interim  
- Prospective

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**Settlement Based on Costs**

**Comments:**

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

[Signature]
W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Point West Cluster (Mentor)  
4550 Ricker Road  
Jacksonville, FL  32210

Provider Number: 031258400  
Date: 7/1/2019  
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:

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: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Hodges Cluster (Mentor)
3615 Hodges Boulevard
Jacksonville, FL 32224

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:
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
Kinkaid Cluster (Mentor)
5808 Kinkaid Road
Jacksonville, FL 32244

Provider Type: ICF/IID

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Rate Type:

- Interim
- Prospective

Total Interim X Interim Component

Total Prospective X 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
Flamingo Drive Cluster
(Mentor)
1285 Flamingo Drive
Lantana, FL 33462
Provider Type: ICF/IID

Provider Number: 031261400
Date: 7/1/2019
FYE: 9/30/2018
Audit Status: Unaudited Costs

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
- 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:
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
Barranger Group Home
(Mentor)
9513 Barranger Drive
Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031262200
Date: 7/1/2019
FYE: 9/30/2018
Audit Status: Unaudited Costs

Level of Care

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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)

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
**Greenridge Group Home**  
(Mentor)  
222 Greenridge Road  
Pensacola, FL 32514  
Provider Number: 031263100  
Date: 7/1/2019  
FYE: 9/30/2018  
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:  
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: 7/1/2019 9:44 AM, Batch ID: DRAD6, 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

**Pensacola Cluster (Mentor)**
9460 S. University Parkway
Pensacola, FL 32515

Provider Type: ICF/IID

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Rate Type: 

- Interim: X
- Prospective

Interim Component: Settlement Based on Costs

Total Interim

Total Prospective

Prospective Adjusted for New Cost

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
### Caprona Group Home (Mentor)
111 N.E Caprona Avenue  
Port St. Lucie, FL 34983

**Provider Number:** 031265700  
**Date:** 7/1/2019  
**FYE:** 9/30/2017  
**Audit Status:** Unaudited Costs

**Provider Type:** ICF/IID

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**Rate Type:**
- Interim  
- Prospective

**Interim Component**  
**Prospective Adjusted for New Cost**

**Settlement Based on Costs**

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

**Medicaid Cost Reimbursement Analysis**

W. Rydell Samuel

For Information only - No Change in rate

Printed on: 7/1/2019 9:44 AM, Batch ID: DRAD6, User ID: FDHC\samuelr
Rich Street Group Home (Mentor)
2318 S.E. Rich Street
Port St. Lucie, FL 34984

Provider Type: ICF/IID

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Rate Type:

- Interim
- Prospective

Total Interim: Interim Component x Settlement Based on Costs

Total Prospective: Prospective Adjusted for New Cost

Distribution:

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Sandpiper Cluster (Mentor)  
1000 East 14th Street  
Stuart, FL 33496

Provider Number: 031267300  
Date: 7/1/2019  
FYE: 9/30/2017  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

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Rate Type:  
- Interim  
- Prospective

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<th>Rate Type</th>
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<th>Prospective</th>
<th>Total Interim</th>
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<th>Total Prospective</th>
<th>Interim Component</th>
<th>Prospective Adjusted for New Cost</th>
<th>Settlement Based on Costs</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

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New Horizons (Mentor)
1275 N. Rainbow Loop
Lecanto, FL 34461

Provider Number: 099999900
Date: 7/1/2019
FYE: 1/31/2020
Audit Status: Budget

Provider Type: ICF/IID

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<th>New Rate</th>
<th>Effective Date</th>
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<td>#8 Non-Ambulatory &amp; #9 Medical</td>
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Rate Type:  
- X Interim  
- 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:

For Information only - No Change in rate

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