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>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>268.19</td>
<td>255.81</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  
- Interim  
- Prospective

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC/iberryal
**Miner North**  
85609 Miner Road  
Yulee, FL 32097

Provider Number: 001069500  
Date: 7/28/2020  
FYE: 5/31/2019  
Audit Status: Unaudited Costs

**Provider Type:** ICF/IID  
**Provider Type:** ICF/IID  
Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>417.19</td>
<td>404.37</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>504.47</td>
<td>491.08</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

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

**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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
Miner South
85474 Miner Road
Yulee, FL  32097

Provider Type:  ICF/IID

Provider Number: 001071000
Date: 7/28/2020
FYE: 5/31/2019
Audit Status: Unaudited Costs

Provider Type:  ICF/IID

Level of Care | Current Rate | New Rate | Effective Date
--- | --- | --- | ---
#7 Institutional | 390.71 | 381.69 | 7/1/2020
#8 Non-Ambulatory & #9 Medical | 473.37 | 463.81 | 7/1/2020

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

Provider Number: 0101963600  
Date: 7/28/2020  
FYE: 1/31/2020  
Audit Status: Budget

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>445.31</td>
<td>432.03</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>561.12</td>
<td>544.33</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

For Information only - No Change in rate
Bayview (Mentor)  
2133 E 12th Street  
Lynn Haven, FL 32444-3109

Provider Number: 012037000  
Date: 7/28/2020  
FYE: 9/30/2018  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>379.72</td>
<td>373.04</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>436.84</td>
<td>429.23</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type: Interim X Prospective

<table>
<thead>
<tr>
<th>Total Interim</th>
<th>X</th>
<th>Total Prospective</th>
<th>Prospective Adjusted for New Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim Component</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 7/28/2020 1:11 PM, Batch ID: 0yroa, User ID: FDHCberryal
Seaview (Mentor)

1204 West 13th Street
Panama City, FL 32401-2015

Provider Number: 012038000
Date: 7/28/2020
FYE: 9/30/2018
Audit Status: Unaudited Costs

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>327.41</td>
<td>321.74</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>381.78</td>
<td>375.23</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

- Interim
- Prospective

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:

For Information only - No Change in rate

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
Gulfview (Mentor)  
2603 N State Ave E 12th ST  
Panama City, FL 32405-4359

Provider Number: 012040300  
Date: 7/28/2020  
FYE: 9/30/2019  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>381.32</td>
<td>373.05</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>441.49</td>
<td>430.28</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  
- Interim  
- Prospective  

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

Suffridge Drive Group Home  
(Sh of F)  
27566 Suffridge Drive  
Bonita Springs, FL 33923

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>463.58</td>
<td>448.72</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  
Interim X 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

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC/beryal
Coletta Drive Group Home
(SH of F)
1604 Coletta Drive
Orlando, FL 32807
Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>375.34</td>
<td>368.66</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>419.42</td>
<td>411.93</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

Prospective
- 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

For Information only - No Change in rate
Spring Street Group Home
(SH of F)
1463 Spring Street
Lake City, FL  32052
Provider Type:  ICF/IID

Provider Number: 012074800
Date: 7/28/2020
FYE: 10/31/2018
Audit Status: Unaudited Costs

Level of Care Current Rate New Rate Effective Date
#7 Institutional 365.76 359.19 7/1/2020
#8 Non-Ambulatory & #9 Medical 404.75 397.47 7/1/2020

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.Rydel Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
Walnut Street Group Home  
(Sh of F)  
102 Alexander Road  
Starke, FL 32091

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>355.86</td>
<td>343.85</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>394.33</td>
<td>381.93</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

- Interim
- Prospective

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Interim</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Interim</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Interim Component</td>
<td>Interim</td>
<td>Prospective Adjusted for New Cost</td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
### Bessent Road Group Home

**SH of F**

1329 Bessent Road  
Starke, FL 32091

**Provider Type:** ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>336.91</td>
<td>330.85</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>385.67</td>
<td>378.74</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

**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

**Audit Status:** Unaudited Costs

**Provider Number:** 012075700  
**Date:** 7/28/2020  
**FYE:** 10/31/2018

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

Provider Type: ICF/IID

Provider Number: 012075900
Date: 7/28/2020
FYE: 10/31/2018
Audit Status: Unaudited Costs

Rate Type: Interim X Prospective

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>386.46</td>
<td>389.47</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>436.86</td>
<td>445.45</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- X
- Prospective

Total Interim
- X
- Total Prospective
- X
- Prospective Adjusted for New Cost

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.Rydel Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>374.53</td>
<td>367.80</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>392.96</td>
<td>386.50</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

<table>
<thead>
<tr>
<th></th>
<th>Interim</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Interim</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Interim Component</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prospective Adjusted for New Cost

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
### Second Street Group Home (SH of F)
3841 SE 2nd Street
Ocala, FL 34471

Provider Number: 012374200
Date: 7/28/2020
FYE: 10/31/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>409.17</td>
<td>398.25</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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:
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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
Rosewood Avenue Group  
Home (SH of F)  
71 Rosewood Avenue  
Ormond Beach, FL  32174  

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>378.12</td>
<td>371.79</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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:
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: 7/28/2020 1:11 PM, Batch ID: 0YROA , User ID: FDHC\berryal
### 19th Street Group Home (SH of F)
529 NW 19th Street  
Gainesville, FL  32603  
Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>369.70</td>
<td>397.01</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>414.15</td>
<td>456.23</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

**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

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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
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: 012386400
Date: 7/28/2020
FYE: 10/31/2018
Audit Status: Unaudited Costs

Tunis Street Group Home
(Sh of F)
4748 Tunis Street
Jacksonville, FL  32205
Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>372.61</td>
<td>383.62</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

<table>
<thead>
<tr>
<th>Interim</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Interim</td>
<td>X</td>
</tr>
<tr>
<td>Interim Component</td>
<td></td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
</tr>
</tbody>
</table>

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: 7/28/2020 1:11 PM,Batch ID: 0YROA , User ID: FDHC\berryal

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 Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>401.93</td>
<td>395.29</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- Prospective

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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
Claudia Drive Group Home  
(Sh of F)  
140 Claudia Drive  
Jacksonville, FL 32218  
Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>407.92</td>
<td>392.27</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>456.67</td>
<td>440.56</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  
- Interim: X  
- Prospective: X

Total Interim  
Interim Component  
Settlement Based on Costs

Comments:

Distribution:
- Contract Management  
- DPODS - DCF (4)  
- 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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCherryal
High Desert Court Group
Home (SH of F)
11818 High Desset Court
Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012410100
Date: 7/28/2020
FYE: 10/31/2019
Audit Status: Unaudited Costs

Level of Care

<table>
<thead>
<tr>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>335.19</td>
<td>328.35</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Rate Type:

Interim X Prospective

<table>
<thead>
<tr>
<th>Total Interim</th>
<th>X</th>
<th>Total Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim Component</td>
<td></td>
<td>Prospective Adjusted for New Cost</td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCBerryal
Log Cabin Enterprises, Inc.  
(Sunrise)  
22300 SW 162ND Ave  
Miami, FL  33170-3907  
Provider Type:  ICF/IID

Provider Number: 015979000  
Date: 7/28/2020  
FYE: 6/30/2019  
Audit Status: Unaudited Costs

## Level of Care

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>365.58</td>
<td>359.60</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>462.89</td>
<td>456.03</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

## Rate Type:

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Interim</th>
<th>Total Interim</th>
<th>Prospective</th>
<th>Total Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interim Component</th>
<th></th>
<th>Prospective Adjusted for New Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
Sandy Park Development Center  
2975 Garden Street North  
Ft. Myers, FL 33917  
Provider Type: ICF/IID

<table>
<thead>
<tr>
<th></th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>288.75</td>
<td>268.09</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>423.06</td>
<td>396.84</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- Prospective

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberyal
St. Petersburg Cluster (Sunrise)  
1101 102nd Avenue North  
St. Petersburg, FL 33716  
Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>378.27</td>
<td>362.80</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>489.02</td>
<td>470.23</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  
- Interim: X  
- Prospective: X

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
Laurel Hill Cluster
2011 Laurel Hill Cluster
Orlando, FL 32818

Provider Number: 028019401
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>468.98</td>
<td>481.47</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>627.23</td>
<td>599.29</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- Prospective

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

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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryl
McCauley Cluster (Sunrise)
1385 McCauley Road
Tallahassee, FL 32308

Provider Number: 028020801
Date: 7/28/2020
FYE: 6/30/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>369.76</td>
<td>369.94</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>499.73</td>
<td>499.06</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type: Interim X Prospective

W.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Greentree Court Cluster
(Sunrise)
2160 GreenTree Court
Bartow, FL 33830

Provider Number: 028028301
Date: 7/28/2020
FYE: 6/30/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>353.16</td>
<td>351.09</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>459.00</td>
<td>455.53</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- 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:
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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
Mahan Cluster (Sunrise)
2034 Mahan Drive
Tallahassee, FL 32308

Provider Number: 028029101
Date: 7/28/2020
FYE: 6/30/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>362.78</td>
<td>361.77</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>503.67</td>
<td>499.64</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

<table>
<thead>
<tr>
<th></th>
<th>Interim</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Interim</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Interim Component</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Prospective

Prospective Adjusted for New Cost

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
**Lake City Cluster**

411 Gwen Lake Boulevard  
Lake City, FL 32055

Provider Number: 028030501  
Date: 7/28/2020  
FYE: 6/30/2019  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>261.71</td>
<td>256.51</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>313.92</td>
<td>309.46</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  
- Interim  
- Prospective

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Interim</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Interim Component:  
- Interim Adjusted for New Cost  
- 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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCerryal
Gainesville 39th Avenue Cluster (Res-Care)
5914 N.W. 39th Avenue
Gainesville, FL 32606

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>255.38</td>
<td>259.52</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>338.49</td>
<td>333.88</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

<table>
<thead>
<tr>
<th>Interim</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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

Provider Number: 028035600  
Date: 7/28/2020  
FYE: 9/30/2018  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>362.20</td>
<td>358.57</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>560.84</td>
<td>556.03</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  

- Interim  
- Prospective

Distribution:  
Contract Management  
DPODS - DCF (4)

Home Office:

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Comments:  
For Information only - No Change in rate

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
Skipper Road Cluster  
2611 E. Bearss Avenue  
Tampa, FL  33613  

Provider Type: ICF/IID  

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>510.26</td>
<td>521.71</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>688.49</td>
<td>649.12</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  
- Interim  
- 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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
# Pembroke Pines Cluster
871 S.W. Douglas Road
Pembroke Pines, FL 33024

Provider Number: 028037201
Date: 7/28/2020
FYE: 6/30/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>315.64</td>
<td>308.45</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>429.32</td>
<td>414.15</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type: Interim: X Prospective

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Total Interim</th>
<th>Interim Component</th>
<th>Settlement Based on Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prospective</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Ocala Cluster (Res-Care)
3205 S. E. 17th Street
Ocala, FL 32671

Provider Number: 028038101
Date: 7/28/2020
FYE: 6/30/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>235.18</td>
<td>235.25</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>316.01</td>
<td>310.54</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- Prospective

Settlement Based on Costs

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

W.Rydell Samuel

For Information only - No Change in rate

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
Williams Road Cluster  
1923 Sarah Louise Drive  
Brandon, FL 33510

Provider Number: 028040201  
Date: 7/28/2020  
FYE: 9/30/2019  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>540.06</td>
<td>522.19</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>682.35</td>
<td>629.80</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  

<table>
<thead>
<tr>
<th></th>
<th>Interim</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Interim</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Interim Component</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
<td>Prospective Adjusted for New Cost</td>
</tr>
</tbody>
</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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
### MCP 80th Street

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

**Provider Type:** ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>396.57</td>
<td>394.74</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>575.40</td>
<td>553.66</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

**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:  
UCP Of Miami  
1411 NW 14th Ave  
Miami, FL  33125

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

---

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
### MCP Braddock
14400 SW 32nd Street  
Miami, FL 33175

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>430.84</td>
<td>445.87</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>711.24</td>
<td>661.98</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate Type:</th>
<th>Total Interim</th>
<th>Interim Component</th>
<th>Settlement Based on Costs</th>
<th>Total Prospective</th>
<th>Prospective Adjusted for New Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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
### MCP 2nd Street

11801 NW Second Street  
Miami, FL, FL 33182

**Provider Number:** 028046101  
**Date:** 7/28/2020  
**FYE:** 6/30/2019  
**Audit Status:** Unaudited Costs

**Provider Type:** ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>424.15</td>
<td>427.05</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>602.18</td>
<td>587.21</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

**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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

MCP Sunset
7100 S.W. 122nd. Avenue
Miami, FL 33183

Provider Number: 028048801
Date: 7/28/2020
FYE: 6/30/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>408.75</td>
<td>413.20</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>601.73</td>
<td>586.44</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

- Interim
- Prospective

Total Interim: 408.75
Interim Component: 373.75
Settlement Based on Costs:

Total Prospective: 586.44
Prospective Adjusted for New Cost: 586.44

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
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: 028049601
Date: 7/28/2020
FYE: 6/30/2019
Audit Status: Unaudited Costs

Dorchester Cluster (Sunrise)
3201 Ginger Drive
Tallahassee, FL 32308

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>371.10</td>
<td>361.57</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>504.93</td>
<td>495.24</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- Total Interim
- Interim Component
- Settlement Based on Costs
- X
- Prospective
- Total Prospective
- 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 Drive Suite 70-A
Miami, FL 33170

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
Provider Number: 028059300  
Date: 7/28/2020  
FYE: 6/30/2019  
Audit Status: Unaudited Costs

146th Place Grp Home #10  
(Sunrise)  
10521 S.W. 146th Place  
Miami, FL  33186

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>260.36</td>
<td>258.19</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- X
- Total Interim
- Interim Component
- Settlement Based on Costs
- 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
**Florida Agency For Health Care Administration**

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

---

**119th Street Grp Home #11 (Sunrise)**

13350 S.W. 119th Street
Miami, FL 33186

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>283.09</td>
<td>280.69</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>334.03</td>
<td>331.15</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

**Provider Number:** 028062300

**Date:** 7/28/2020

**FYE:** 6/30/2019

**Audit Status:** Unaudited Costs

**Rate Type:**

<table>
<thead>
<tr>
<th>Interim</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
### Provider Information

**Provider Number:** 028065800  
**Date:** 7/28/2020  
**FYE:** 6/30/2019  
**Audit Status:** Unaudited Costs

#### Provider Address

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

#### Provider Type

ICF/IID

### Level of Care

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>280.54</td>
<td>278.44</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

#### Rate Type:

- Interim
- Prospective

### 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

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
Fern Park Developmental Center
230 Fern Park Boulevard
Fern Park, FL 32730

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>283.69</td>
<td>277.54</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>366.20</td>
<td>358.33</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- Prospective

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

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate
Naranja Group Home (Sunrise)
15190 S.W. 272nd Street
Naranja, FL 33032
Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>252.65</td>
<td>251.26</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

<table>
<thead>
<tr>
<th>Interim</th>
<th>Total Interim</th>
<th>X</th>
<th>Prospective</th>
<th>Total Prospective</th>
<th>Prospective Adjusted for New Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim Component</td>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
Provider Number: 028505600
Date: 7/28/2020
FYE: 9/30/2018
Audit Status: Unaudited Costs

## PARC Cottage
3101 76th Way North
St. Petersburg, FL 33710

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>353.03</td>
<td>342.23</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>535.96</td>
<td>524.07</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Total Interim</th>
<th>Interim Component</th>
<th>Settlement Based on Costs</th>
<th>Total Prospective</th>
<th>Prospective Adjusted for New Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

---

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

**Home Office:**

---

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

For Information only - No Change in rate

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
MACtown, Inc.
151 NE 62nd Street
Miami, FL  33138

Provider Number: 028512900
Date: 7/28/2020
FYE: 9/30/2015
Audit Status: Unaudited Costs

Provider Type: ICF/IID
Level of Care | Current Rate | New Rate | Effective Date
#7 Institutional | 299.16 | 294.02 | 7/1/2020
#8 Non-Ambulatory & #9 Medical | 0.00 | 0.00 | 7/1/2020

Rate Type: Interim, 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:

W.Ryделл Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
New Horizons of NW Florida, Inc.
10050 Hillview Road
Pensacola, FL 32514

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>314.93</td>
<td>314.79</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>385.01</td>
<td>384.45</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim
- X
- 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)
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

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>377.65</td>
<td>372.30</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:
- Interim: X
- Prospective: X

Comments:

Distribution:
Contract Management
DPODS - DCF (4)

Home Office:

For Information only - No Change in rate
Pensacola Care, Inc.
One Villa Drive
Pensacola, FL 32506

Provider Number: 028520000
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>265.51</td>
<td>263.33</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>361.03</td>
<td>358.17</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Interim</th>
<th>X</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim Component</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Interim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Prospective Adjusted for New Cost</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
Ann Storck Center, Inc.
1790 S.W. 43rd Way
Ft. Lauderdale, FL 33317

Provider Type: ICF/IID
Level of Care | Current Rate | New Rate | Effective Date
---|---|---|---
#7 Institutional | 314.62 | 318.00 | 7/1/2020
#8 Non-Ambulatory & #9 Medical | 408.95 | 411.67 | 7/1/2020

Rate Type: Interim X 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:
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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
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

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>360.97</td>
<td>355.98</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>465.18</td>
<td>459.50</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type: 
- Interim
- Prospective

**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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
**Provider Number:** 028524200  
**Date:** 7/28/2020  
**FYE:** 9/30/2018  
**Audit Status:** Unaudited Costs

**Provider Type:** ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>302.79</td>
<td>297.14</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>420.49</td>
<td>411.42</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

**Rate Type:**
- Interim  
- Prospective

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

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

**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

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

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

Provider Type: ICF/IID

Provider Number: 028526900
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs
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 Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>249.76</td>
<td>250.89</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>333.67</td>
<td>334.20</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type: Interim X Prospective

- Total Interim
- Interim Component
- Settlement Based on Costs

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Distribution:  
Contract Management  
DPODS - DCF (4)

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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
**Woodhouse, Inc**
1001 N.E. 3rd Avenue
Pompano Beach, FL 33060

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>406.27</td>
<td>386.58</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>490.15</td>
<td>484.24</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

Total Interim: \[ \times \]
Total Prospective: \[ \times \]
Interim Component: \[ \]
Settlement Based on Costs: \[ \]
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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
### Cape Coral Cluster (Sunrise)

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

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>354.17</td>
<td>353.63</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>446.31</td>
<td>445.17</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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.Rydell Samuel
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
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: 028536600  
Date: 7/28/2020  
FYE: 6/30/2019  
Audit Status: Unaudited Costs

Squire Court Community Home (Res-Care)  
95 Squire Court  
Dunedin, FL 34698  
Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>259.66</td>
<td>255.23</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>292.72</td>
<td>288.07</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
### Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

---

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

**Provider Number:** 028537400
**Date:** 7/28/2020
**FYE:** 6/30/2019
**Audit Status:** Unaudited Costs

**Provider Type:** ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>276.40</td>
<td>268.45</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

**Rate Type:**
- Interim
- Prospective

**Comments:**

---

**Distribution:**
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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
**Hendricks**

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

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>437.39</td>
<td>422.25</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>534.18</td>
<td>518.42</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

**Rate Type:**

- Interim
- X
- Total Interim

- Interim Component
- Total Prospective

- Settlement Based on Costs
- Prospective Adjusted for New Cost

**Provider Number:** 028539100

**Date:** 7/28/2020

**FYE:** 5/31/2019

**Audit Status:** Unaudited 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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
## Twin Lane Community Home (Res-Care)

2281 Twin Lane Drive  
Dundedun, FL 34698

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>260.37</td>
<td>257.51</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>294.43</td>
<td>291.35</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

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

For Information only - No Change in rate  

W.Rydel Samuel  
Medicaid Cost Reimbursement Analysis
### 62nd Place Grp Home #17 (Sunrise)
19963 N.W. 62nd Place
Miami Lakes, FL 33015

Provider Number: 028547100  
Date: 7/28/2020  
FYE: 6/30/2019  
Audit Status: Unaudited Costs

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>236.30</td>
<td>234.70</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

#### Rate Type:
- Interim: \( \times \) Total Interim \( \times \) Interim Component \( \times \) Settlement Based on Costs
- Prospective: \( \times \) Total Prospective \( \times \) Prospective Adjusted for New Cost

### Provider Type: ICF/IID

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC/beryal
### 138th Court Grp Home #16
(Sunrise)
3210 S.W. 138th Court
Miami, FL 33175

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>271.61</td>
<td>265.66</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>318.90</td>
<td>312.48</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
26th Terrace Grp Home #12  
(Sunrise)  
1219 26th Terrace  
Cape Coral, FL  33904  
Provider Type:  ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>249.26</td>
<td>245.12</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>291.66</td>
<td>287.25</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
Country Meadows Grp Home  
#13 (Sunrise)  
1950 Country Meadows Circle  
Sarasota, FL  34235  
Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>280.89</td>
<td>271.00</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type: Interim X Prospective

Interim Component

Settlement Based on Costs

Total Interim 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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
**148th Court Grp Home #20**  
*Sunrise*  
5436 S.W. 148th Court  
Miami, FL 33185  
Provider Type: ICF/IID  

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>240.63</td>
<td>238.42</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

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

**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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA , User ID: FDHC\berryal
Sunrise Oakmont
19420 W. Oakmont Drive
Miami Lakes, FL  33015

Provider Type:  ICF/IID

Level of Care

<table>
<thead>
<tr>
<th></th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>272.69</td>
<td>268.93</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

- [ ] Interim
- [ ] X
- [ ] Prospective

<table>
<thead>
<tr>
<th></th>
<th>Total Interim</th>
<th>X</th>
<th>Total Prospective</th>
<th>X</th>
<th>Prospective Adjusted for New Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interim Component</td>
<td></td>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
### 53rd Court Grp Home #9
(Sunrise)

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

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Provider Number: 028559500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 7/28/2020</td>
</tr>
<tr>
<td>FYE: 6/30/2019</td>
</tr>
<tr>
<td>Audit Status: Unaudited Costs</td>
</tr>
</tbody>
</table>

#### Level of Care

<table>
<thead>
<tr>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>269.01</td>
<td>266.10</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

#### Rate Type:

- Interim
- Prospective

<table>
<thead>
<tr>
<th>Total Interim</th>
<th>Interim Component</th>
<th>Settlement Based on Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Comments:

For Information only - No Change in rate
55th Court Grp Home #15  
(Sunrise)  
8430 S.W. 55th Court  
Davie, FL  33320  

Provider Type: ICF/IID  

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>279.23</td>
<td>275.97</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  
Interim X 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)  
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
**Wentworth Drive Grp Home**  
#18 (Sunrise)  
18711 Wentworth Drive  
Miami Lakes, FL 33015  

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>287.55</td>
<td>285.15</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  

<table>
<thead>
<tr>
<th></th>
<th>Interim</th>
<th>X</th>
<th>Prospective</th>
<th>X</th>
<th>Total Prospective</th>
<th>Total Interim</th>
<th>X</th>
<th>Interim Component</th>
<th>Settlement Based on Costs</th>
<th>Prospective Adjusted for New Cost</th>
</tr>
</thead>
</table>

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC/berryal
Lakeview Court
920 W. Kennedy Blvd
Orlando, FL  32810

Provider Type:  ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>383.64</td>
<td>374.01</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>490.42</td>
<td>474.20</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA , User ID: FDHC\berryal
Washington Square  
1401 North U.S. Highway 1  
Titusville, FL 32796

<table>
<thead>
<tr>
<th>Provider Type: ICF/IID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Number: 028566800</td>
</tr>
<tr>
<td>Date: 7/28/2020</td>
</tr>
<tr>
<td>FYE: 11/30/2018</td>
</tr>
<tr>
<td>Audit Status: Unaudited Costs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>369.41</td>
<td>361.86</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>457.22</td>
<td>444.94</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate Type:</th>
<th>Interim</th>
<th>X</th>
<th>Prospective</th>
</tr>
</thead>
</table>

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

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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
## Howell Branch Court

3664 Howell Branch Road  
Winter Park, FL  32792

### Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>368.84</td>
<td>361.36</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>460.09</td>
<td>450.46</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

### Rate Type:

*Interim:* X  
*Prospective:* X

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Total Interim</th>
<th>Interim Component</th>
<th>Settlement Based on Costs</th>
<th>Total Prospective</th>
<th>Prospective Adjusted for New Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Interim:</em> X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><em>Prospective:</em> X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Comments:

For Information only - No Change in rate

---

**Provider Number:** 028567600  
**Date:** 7/28/2020  
**FYE:** 11/30/2018  
**Audit Status:** Unaudited Costs

**Provider Type:** ICF/IID  
**Level of Care:** Current Rate  
**New Rate**  
**Effective Date**

**Provider: Howell Branch Court**

**Provider Type:** ICF/IID

**Provider Number:** 028567600

**Date:** 7/28/2020

**FYE:** 11/30/2018

**Audit Status:** Unaudited Costs

**Provider Type:** ICF/IID

**Level of Care:**

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>368.84</td>
<td>361.36</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>460.09</td>
<td>450.46</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

**Rate Type:**

*Interim:* X  
*Prospective:* X

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Total Interim</th>
<th>Interim Component</th>
<th>Settlement Based on Costs</th>
<th>Total Prospective</th>
<th>Prospective Adjusted for New Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Interim:</em> X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><em>Prospective:</em> X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

For Information only - No Change in rate

---

**Distribution:**

Contract Management  
DPODS - DCF (4)

**Home Office:**

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

**Signature:**

W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

---

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCberryal
**157th Terrace (Sunrise)**
9790 S. W. 157th Terrace
Miami, FL 33157

Provider Number: 028568400
Date: 7/28/2020
FYE: 6/30/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>301.58</td>
<td>299.82</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

**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
### 145th Street Group Home (Sunrise)

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

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>289.49</td>
<td>286.30</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>334.10</td>
<td>330.61</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

#### Rate Type:

<table>
<thead>
<tr>
<th>Interim</th>
<th>X</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Interim</td>
<td>X</td>
<td>Total Prospective</td>
</tr>
<tr>
<td>Interim Component</td>
<td></td>
<td>Prospective Adjusted for New Cost</td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
Avon Park Cluster (Mentor)
55 East College Drive
Avon Park, FL 33825

Provider Number: 031256800
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>365.25</td>
<td>371.72</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>472.23</td>
<td>466.52</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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:
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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
**Eagle Watch Cluster (Mentor)**
1725 Fifth Street
Daytona Beach, FL 32117

Provider Number: 031257600  
Date: 7/28/2020  
FYE: 9/30/2019  
Audit Status: Unaudited Costs

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>363.17</td>
<td>346.49</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>445.96</td>
<td>425.38</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type: 
- Interim: X
- Prospective: X

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Interim Component</th>
<th>Total Interim</th>
<th>X</th>
<th>Prospective Adjusted for New Cost</th>
<th>Total Prospective</th>
</tr>
</thead>
</table>

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC/berryal
**Point West Cluster (Mentor)**
4550 Ricker Road
Jacksonville, FL  32210

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>354.27</td>
<td>338.50</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>441.72</td>
<td>424.43</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

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

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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
## Hodges Cluster (Mentor)

3615 Hodges Boulevard  
Jacksonville, FL  32224

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>387.58</td>
<td>366.48</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>477.89</td>
<td>461.91</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

### Rate Type:

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

<table>
<thead>
<tr>
<th>Rate Type</th>
<th>Interim Component</th>
<th>Total Interim</th>
<th>Prospective Adjusted for New Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Total Interim</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Interim Component</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provider Number:** 031259200  
**Date:** 7/28/2020  
**FYE:** 9/30/2019  
**Audit Status:** Unaudited Costs

---

**Printed on:** 7/28/2020 1:11 PM, **Batch ID:** 0YROA, **User ID:** FDHC\berryal

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

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>348.14</td>
<td>347.38</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>431.65</td>
<td>431.14</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

For Information only - No Change in rate

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHCiberryal
Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Flamingo Drive Cluster  
(Mentor)  
1285 Flamingo Drive  
Lantana, FL 33462

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>395.53</td>
<td>400.97</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>518.60</td>
<td>509.77</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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

Prospective  
Total Prospective  
Prospective Adjusted for New Cost

W.Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Distribution:
Contract Management  
DPODS - DCF (4)

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

Printed on: 7/28/2020 1:11 PM, Batch ID: 0YROA , User ID: FDHCberryal
**Barranger Group Home (Mentor)**
9513 Barranger Drive
Pensacola, FL 32514

Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>310.14</td>
<td>304.74</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>367.32</td>
<td>360.98</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:

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

**Provider Number:** 031262200  
**Date:** 7/28/2020  
**FYE:** 9/30/2018  
**Audit Status:** Unaudited 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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC/berryal
Greenridge Group Home
(Mentor)
222 Greenridge Road
Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031263100
Date: 7/28/2020
FYE: 9/30/2018
Audit Status: Unaudited Costs

Rate Type:

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>242.70</td>
<td>238.39</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>0.00</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

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:
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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
## Pensacola Cluster (Mentor)

9460 S. University Parkway  
Pensacola, FL 32515

Provider Number: 031264900  
Date: 7/28/2020  
FYE: 9/30/2018  
Audit Status: Unaudited Costs

### Provider Type: ICF/IID

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>385.88</td>
<td>371.07</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>471.09</td>
<td>449.10</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

### Rate Type:

<table>
<thead>
<tr>
<th>Interim</th>
<th>X</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Interim Component</td>
<td>Total Prospective</td>
</tr>
<tr>
<td>Interim Adjusted for New Cost</td>
<td>Settlement Based on Costs</td>
<td></td>
</tr>
</tbody>
</table>

### 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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
**Provider Number:** 031265700  
**Date:** 7/28/2020  
**FYE:** 9/30/2018  
**Audit Status:** Unaudited Costs

**Caprona Group Home**  
(Mentor)  
111 N.E Caprona Avenue  
Port St. Lucie, FL  34983

*Provider Type: ICF/IID*

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>345.76</td>
<td>338.98</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>420.87</td>
<td>400.76</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

**Rate Type:**

<table>
<thead>
<tr>
<th></th>
<th>Interim</th>
<th>Prospective</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Interim</td>
<td>X</td>
</tr>
<tr>
<td>Interim Component</td>
<td>Interim Component</td>
<td>Interim Component</td>
</tr>
<tr>
<td>Settlement Based on Costs</td>
<td>Settlement Based on Costs</td>
<td>Settlement Based on Costs</td>
</tr>
</tbody>
</table>

**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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
Rich Street Group Home (Mentor)
2318 S.E. Rich Street
Port St. Lucie, FL 34984

Provider Number: 031266500
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>248.37</td>
<td>246.53</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>285.57</td>
<td>0.00</td>
<td>7/1/2020</td>
</tr>
</tbody>
</table>

Rate Type:  
- Interim: X  
- Prospective: X

Total Interim X  
Interim Component X  
Settlement Based on Costs

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: 7/28/2020 1:11 PM, Batch ID: 0YROA, User ID: FDHC\berryal
Sandpiper Cluster (Mentor)
1000 East 14th Street
Stuart, FL 33496

Provider Number: 031267300
Date: 7/28/2020
FYE: 9/30/2019
Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care

<table>
<thead>
<tr>
<th>Current Rate</th>
<th>New Rate</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#7 Institutional</td>
<td>345.80</td>
<td>341.17</td>
</tr>
<tr>
<td>#8 Non-Ambulatory &amp; #9 Medical</td>
<td>427.91</td>
<td>424.63</td>
</tr>
</tbody>
</table>

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