SCHEDULE 2 – COMPENSATION SCHEDULE

ADULT DAY CARE COPENSATION AND SERVICES

This Schedule 2 may vary by Managed Care Plan due to the different rates to be paid by each individual Managed Care Plan listed in a Schedule 6 attached to the Agreement. Florida Community Care, LLC ("FCC"), a Managed Care Plan part of the Statewide Medicaid Managed Care ("SMMC") program, will pay Provider and Provider agrees to accept the following rate as reimbursement for Health Care Services for assigned Medicaid Members.

This Scheo	dule $2-$ Compensation Schedule $-$ Adult $$ Dation terms by FCC and is effective as of $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	y Care Compensation and Services replaces any prior y 1, 2021
Responsib conditions	pility) due from Member, for all Covered Servi	is fee schedule, less any applicable share of cost (Patient ces provided to FCC Members, subject to all terms and fore services are initiated or before exceeding maximum
□ FEE	FOR SERVICE RATE:	
	Adult Day Care Services: Per Half Day U	nite (up to 5 hours) with Rate = \$30.00
		over 5 hours) with transportation = \$62.50
		over 5 hours) without transportation = \$55.00
□ CA	PITATION RATE:	
	Adult Day Care Services: Per Day Unit (over 5 hours) with Rate =
	excluding holidays and weeken deducting \$60.00 per every day t	pove are the following:
for Membe	sess appropriate license under Ch. 322, F.S If personsers, FCC may engage another transportation set of FCC by the transportation provider shall be characters.	provider does not provide daily roundtrip transportation ervices provider to provide such transportation, all fees arged back to Provider.
INDEPENDENT LIVING SYSTEMS, LLC		PROVIDER: Northwest Focal Point Senior
		Center District
Ву:		Ву:
Name:		Name:Arlene Schwartz
Title:		Title: Roard Chair