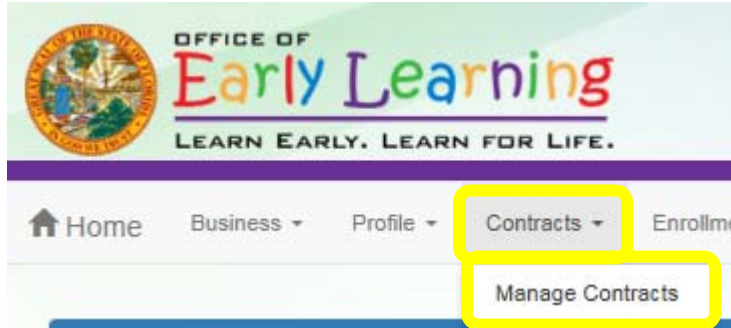


Provider Guide to Finding School Readiness Reimbursement Rates in the Portal

1. Log into the Provider Portal
2. Open Contracts, then Manage Contracts




3. Find the contract for the appropriate program and year. Click on View.

Manage contracts for Orlando Magic Center 3 total records

Show 10 entries ▾

Contract ID	Type of Contract	Contract	Coalition	Status	Last Updated	Action	View Contract	Start Date	End Date	Termination Date
752	SR	OEL-SR 20	ELC of Orange	Reviewed	05/16/2018	View		05/15/2018	05/31/2019	05/15/2018
831	VPK	OEL-VPK 20	ELC of Orange	Terminated	05/16/2018	View		05/16/2018	06/30/2018	05/15/2018
26853	VPK-APP	Contract Life	ELC of Orange	Terminated	05/16/2018		Download	05/16/2018		05/15/2018

4. Open the contract, go to the bottom of the page, use Next Step to go to Exhibit 3: Provider Reimbursement Rates



STATE OF FLORIDA
STATEWIDE SCHOOL READINESS PROVIDER CONTRACT
FORM OEL-SR 20

I. PARTIES AND TERMS OF CONTRACT

1. Parties. This Contract is made and entered into this 15th day of May, 2018, by and between the Early Learning Coalition of ELC of Orange (herein referred to as "COALITION"), and Orlando Magic Center (herein referred to as "PROVIDER"), with its principal offices located at 1 MAGIC PL ORLANDO, FL 32810-5928.

Form OEL-SR 20 (October 2016)
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Exhibit 3: Provider Reimbursement Rates

Provider Name: Orlando Magic Center

Provider Reimbursement Rates has 3 sections:

1. PROVIDER's Private Pay Rates
2. PROVIDER's Private Pay Rates
3. Approved PROVIDER Reimbursement Rate.* **This is the rate your facility will be paid.** Contract amendments, if any, may change these rates.
 - a. * Note: Rate PROVIDER will be paid shall not exceed PROVIDER's Private Pay Rates for each category.
 - b. ** Note: The VPK Wrap Rate reimbursed to the provider requires a VPK Wrap Rate Calculation. The provider's daily payment rate for PR4 and or PR5 is converted to an hourly rate and multiplied by the number of wrap around care hours needed based on VPK daily program hours and the child's unit of care.

Approved PROVIDER Reimbursement Rate *
(To be Completed by COALITION)

Care Level	(INF) < 12 MTH	(TOD) 12 < 24 MTH	(2YR) 24 < 36 MTH	(PR3) 36 < 48 MTH	(PR4) 48 < 60 MTH	(PR5) 60 < 72 MTH	(SCH) In School	(SPCR) Special Needs
Full-Time Daily Rates	\$ 24.90	\$ 24.50	\$ 24.00	\$ 23.50	\$ 23.00	\$ 23.00	\$ 20.00	\$ 0.00
Part-Time Daily Rates	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Before or After School Rates	N/A	N/A	N/A	N/A	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Full-Time VPK Wrap Daily Rates	N/A	N/A	N/A	N/A	**	**	N/A	**
Part-Time VPK Wrap Daily Rates	N/A	N/A	N/A	N/A	**	**	N/A	**

* Note: Rate PROVIDER will be paid shall not exceed PROVIDER's Private Pay Rates for each category.

** Note: The VPK Wrap Rate reimbursed to the provider requires a VPK Wrap Rate Calculation. The provider's daily payment rate for PR4 and or PR5 is converted to an hourly rate and multiplied by the number of wrap around care hours needed based on VPK daily program hours and the child's unit of care.

Effective Date of Rates Established in This Exhibit 05/15/2018