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State/Territory Name: Florida

State Plan Amendment (SPA) #: 18-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



Financial Management Group

March 20, 2019

Ms. Beth Kidder
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

RE: State Plan Amendment (SPA) FL 18-007

Dear Ms. Kidder:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 17-007. Effective July 1, 2018 this amendment proposes to adjust reimbursement for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID). Specifically this amendment proposes to increase reimbursement by \$1,610,227 FFP for FFY 2018 and \$4,831,682 FFP for FFY 2019 in accordance with the 2018 Florida legislative session.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July 1, 2018. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Anna Dubois at (850) 878-0916.

Sincerely,

/s/

Kristin Fan
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2018-007	2. STATE Florida
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2018	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2017-2018 \$1,610 FFY 2018-2019 \$4,831	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19-D Part III, pages 1, 29, and 43		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): 4.19-D Part III, pages 1, 29, and 43	
10. SUBJECT OF AMENDMENT: To update the buy-back provisions for services in Intermediate Care Facilities for Individuals with Intellectual Disabilities.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Ms. Beth Kidder Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attention: Rules Unit	
13. TYPED NAME: Ms. Beth Kidder			
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/21/18		18. DATE APPROVED: 03/20/19	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMG	
23. REMARKS:			

FLORIDA TITLE XIX REIMBURSEMENT PLAN FOR SERVICES IN FACILITIES NOT PUBLICLY
OWNED AND NOT PUBLICLY OPERATED

VERSION XIV

EFFECTIVE DATE: July 1, 2018

I. Cost Finding and Cost Reporting

- A. Each intermediate care facility for individuals with intellectual disabilities (ICF/IID) that is not publicly owned and not publicly operated participating in the Florida Medicaid program and being reimbursed under the provisions of this reimbursement plan shall submit a cost report to the Florida Agency for Health Care Administration (AHCA) postmarked, or accepted by a common carrier, no later than five calendar months after the close of its cost reporting year. No exceptions will be granted to the filing time limits. Two complete, legible, copies of the cost report shall be submitted to AHCA, Bureau of Medicaid Program Finance, Division of Cost Reimbursement, 2727 Mahan Drive, Mailstop 23, Tallahassee, FL 32308. The cost reporting forms and instructions shall be the same as used for facilities reimbursed in accordance with Rule 59G-6.040, Florida Administrative Code (F.A.C.).
- B. The most current cost report received by AHCA on or before February 1st each year shall be used to establish rates effective July 1 for all facilities that were being reimbursed in accordance with Rule 59G-6.040, F.A.C.
- C. All providers are required to detail all of their costs for their entire reporting period, making appropriate adjustments as required by this plan for determination of allowable costs. The cost report shall be prepared using the accrual basis of accounting in accordance with generally accepted accounting principles and the methods of reimbursement in accordance with Medicare (Title XVIII) Principles of Reimbursement, the Provider Reimbursement Manual Centers for Medicare and Medicaid Services (CMS) PUB.15-1, incorporated by reference in Rule 59G-6.010, F.A.C., except as modified by the Florida Title XIX Reimbursement Plan for Services in

Amendment: 2018-007
Supersedes: 2017-007
Approval Date: MAR 20 2019
Effective Date: July 1, 2018

10. Establish the total prospective per diem for each reimbursement class as the sum of the appropriate operating and resident care per diems resulting from step nine plus the current approved per diems for property and ROE or use allowance, if applicable, from step eight.

B. Florida Medicaid Trend Adjustment (MTA) – For Rate Periods on or After July 1, 2014

1. Effective July 1, 2014, reimbursement rates for intermediate care facilities will be set July 1 of each year. Between July 1, 2014 and April 30, 2016, providers may elect to change their fiscal year end and file a new cost report for a period of not less than 6 months and not greater than 18 months due to the transition to an annual rate setting. Cost report fiscal year end changes for this purpose are allowed even if a recent change has occurred and cost reports have not been filed with the same fiscal year end for two years.
2. Effective July 1, 2018, \$41,028,612 is provided to buy-back intermediate care facilities rate reductions, effective on or after October 1, 2008.
3. The recurring methodology to establish rates taking into consideration the cuts imposed on or after October 1, 2008, shall be to compare the legislative unit cost with the rate setting unit cost as follows:
 - 1) The legislative unit cost shall be determined by dividing the total appropriation for intermediate care facilities by the total bed days for the past fiscal year;
 - 2) The total actual cost as generated based on the July 1 rate settings shall be divided by the total bed days for the past fiscal year to determine the rate setting unit cost;
 - 3) The rate setting unit cost shall be reduced to a “reduced rate setting unit cost” by the same percentage used to calculate the legislative unit cost to account for client participation contributions;
 - 4) No negative adjustment to the rates paid to providers shall occur so long as the reduced rate setting unit cost is equal to or less than the legislative unit cost; and

**Attachment 4.19-D
Part III**

11.	April 1, 2014		
	Rate Adjustment	0.00%	\$0.00
	Rate Freeze Cut	.002146435%	\$545,283
12.	July 1, 2014		
	Rate Adjustment	0.00%	\$0.00
	Rate Freeze Cut	.016149365%	\$4,144,015
13.	July 1, 2015		
	Rate Adjustment	2.7853567%	\$7,301,407
14.	July 1, 2016		
	Rate Adjustment	0.00%	\$0.00
15.	July 1, 2017		
	Rate Adjustment	2.72709484%	\$7,451,82
16.	July 1, 2018		
	Rate Adjustment	0.00%	\$0.00