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State/Territory Name: Florida

State Plan Amendment (SPA) #: 24-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

11/28/2025

Brian Meyer
Deputy Secretary for Medicaid
Florida Agency for Health Care Administration
2727 Mahan Drive
Mail Stop #8
Tallahassee, FL 32308

RE: TN 24-0010

Dear Secretary Meyer:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Florida state plan amendment (SPA) to Attachment 4.19-D FL-24-0010, which was submitted to CMS on November 20, 2024. This plan amendment updates provisions as authorized in the General Appropriations Act for State Fiscal Year 2024-2025 and makes technical and editorial changes.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Francis at 617-531-7575 or via email at James.Francis@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covering the signature of Rory Howe.

Rory Howe
Director
Financial Management Group

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 0

2. STATE

FL

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2024-25 \$ 8,081,828 ~~\$10,775,771~~

b FFY 2025-26 \$ 2,693,943 ~~\$10,775,771~~

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D Part I pages 1, 9, 23, 29, and 40

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-D Part I pages 1, 9, 23, 29, and 40

9. SUBJECT OF AMENDMENT

Long-term Care Reimbursement Plan

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Brian Meyer

13. TITLE

Deputy Secretary for Medicaid

14. DATE SUBMITTED

11-20-24

15. RETURN TO

Mr. Brian Meyer

Deputy Secretary for Medicaid

Agency for Health Care Administration

2727 Mahan Drive, Mail Stop #8

Tallahassee, Florida 32308

Attention: Shanise Jackson

FOR CMS USE ONLY

16. DATE RECEIVED

11/20/24

17. DATE APPROVED

11/28/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/1/24

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

9/2/25: Pen-and-ink change authorized by State to update CMS 179 Block 6 as follows: FFY 2025 \$10,775,771 and FFY 2026 \$10,775,771. (JGF)

10/3/25: The State gives CMS permission to make a pen-and-ink change to Blocks 7 and 8, to include pages 1, 9, 23, 29, and 40. (JGF)

FLORIDA TITLE XIX LONG-TERM CARE REIMBURSEMENT PLAN

VERSION LII

EFFECTIVE DATE: October 1, 2024

I. Cost Finding and Cost Reporting

- A. Each Nursing Facility provider participating in the Florida Medicaid program shall submit a uniform cost report and related documents required by this Plan. The electronic cost report and revised instructions must be used. To be considered a complete submission, the electronic version of the cost report, one hard copy of the cost report, the certification page, supplemental schedules and attachments, and the accountant's compilation letter must all be received by the Agency for Healthcare Administration (AHCA), Bureau of Medicaid Program Finance, Audit Services, 2727 Mahan Drive, Mailstop 23, Tallahassee, FL 32308. Cost reports are due to AHCA, Bureau of Medicaid Program Finance, Audit Services, five months after the close of the provider's cost reporting year. Extensions will not be granted.
- B. 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 electronic cost report described in section I.A, and on the accrual basis of accounting in accordance with generally accepted accounting principles as established by the American Institute of Certified Public Accountants (AICPA). The methods of reimbursement are in accordance with Title XVIII of the Social Security Act (SSA) and Center for Medicare and Medicaid Services (CMS) [Publication 15-1 \(CMS-PUB.15-1\)](#) incorporated herein by reference except as modified by the Florida Title XIX Long-term Care Reimbursement Plan and state of Florida Administrative Rules. For governmental facilities operating on a cash method of accounting, data based on such a method of accounting shall be acceptable. The certified public accountant (CPA) preparing the cost report shall sign the cost report as the preparer, or, in a separate letter, state the scope of their work and opinion in conformity with AICPA Attestation

- H. The direct patient care component shall include salaries and benefits of direct care staff providing nursing services including registered nurses, licensed practical nurses, certified nursing assistants (CNA), and personal care attendants (PCA) who deliver care directly to residents in the nursing facility, allowable therapy costs, and dietary costs. PCA should be reported under Direct Care with Nurse Aide expenses. Hours worked should be reported on the schedule F-2 with nurse aide hours. A detailed crosswalk of the uniform cost report accounts is available in Appendix D. Direct care staff does not include nursing administration, Minimum Data Set (MDS) and care plan coordinators, staff development, infection control preventionist, risk managers, and staffing coordinators. There shall be no costs directly or indirectly allocated to the direct care component from a home office or management company for staff who do not deliver care directly to residents in the nursing facility.
- I. The operating component shall include the costs for medical records, plant operation, housekeeping, administration, Medicaid bad debt and laundry and linen.
- J. All other patient care costs shall be included in the indirect patient care component.
- K. Effective April 1, 2009, the Nursing Facility Quality Assessment (NFQA) fee is an allowable cost and shall be included in the cost report with required adjustments. Refer to section IV.B. of this Plan for specific details of this fee. Nursing facilities may not create a separate line-item charge for the purpose of passing through the assessment to residents.

Budget Neutrality multipliers shall be incorporated into the prospective payment system to ensure that total reimbursement is as required.

E. Rate Calculation

1. Compute the total prospective payment system per diem for a provider as the sum of:
 - a. The sum of the direct patient care, indirect patient care, and operating components established in section V.A.
 - b. The quality incentive component established in section V.B.
 - c. The add-ons established in section V.C.
 - d. The reimbursement components for all providers established in section IV.
 - e. Apply the budget neutrality multipliers as established in section V.D.
 - f. AHCA Nursing Home rates are set annually as of October 1st and is effective for services provided on or after that date. All rates are published on the Agency's website: <https://ahca.myflorida.com/medicaid/cost-reimbursement/nursing-home-rates>.

F. Transition

Beginning October 1, 2018 AHCA shall reimburse providers the greater of their cost-based rate effective September 1, 2016, hereinafter referred to as "hold harmless rate", or their prospective payment rate.

1. The hold harmless rate will be the most current rate published to AHCA's web page with a September 1, 2016 effective date on May 31 for the subsequent rate period.
2. For providers with no published rate effective September 1, 2016, the hold harmless rate will be the prior provider's most current rate published to AHCA's web page with a September 1, 2016 effective date on May 31 for the subsequent rate period.
3. New facilities that began operation after September 1, 2016 will not qualify for the transition payment and will receive their prospective payment rate.
4. Effective October 1, 2021, providers shall receive the greater of their prospective

- a. The result of these calculations will represent the MAR to which the provider is entitled. This rate is to be included in the direct care and indirect care component of the provider's total reimbursement rate.

F. Medicaid Trend Adjustment (MTA)

The MTA is a percentage cut that is uniformly applied to all Florida Medicaid providers each rate period. The MTA is built into the final prospective payment rates through budget neutrality multipliers. The exempt providers' rates are reduced by the appropriate percentage allocation as compared to exempt Medicaid nursing home providers.

G. Rate Calculation

1. Compute the total cost-related per diem for a provider as the sum of:
 - a. The lesser of the operating cost per diem obtained in section VI.B.5, the effective operating peer group ceiling obtained in section VI.C.9, and the provider's operating provider target rate in section VI.D.1.
 - b. The lesser of the direct care cost per diem obtained in section VI.B.5 or the direct care cost-based peer group ceiling obtained in section VI.C.8.
 - c. The lesser of the indirect care cost per diem obtained in section VI.B.5, the provider's indirect care provider target rate in section VI.D.1, and the indirect care effective peer group ceiling obtained in section VI.C.9.
 - d. The MAR as described in section VI.E.
2. Establish the prospective per diem for a provider as the result of the sum of this section and the reimbursement components for all providers in section IV.
3. AHCA Nursing Home rates are set annually as of October 1st and are effective for services provided on or after that date. All rates are published on the Agency's website:
<https://ahca.myflorida.com/medicaid/cost-reimbursement/nursing-home-rates>.

H. Supplemental Payment for Special Care

In order to receive a supplemental payment in excess of the peer group ceilings, a provider must demonstrate to AHCA that unique medical care requirements exist which require extraordinary

Appendix B: Rate Changes

- A. On October 1, 2018, the Prospective Payment System methodology was implemented with \$132,166,796 to fund the transition to the Prospective Payment System methodology.
- B. On October 1, 2019 additional non-recurring funding was included for October 1, 2019 rates in the amount of \$15,915,813 to fund the quality incentive payments.
- C. On October 1, 2022 additional recurring funding was included for the October 1, 2022 rates in the amount of \$290,730,362 to fund the legislatively mandated \$15 Minimum Wage increase.
- D. On October 1, 2023, additional recurring funding was included for the October 1, 2023 rates in the amount of \$93,183,354 to increase Medicaid rates by increasing the quality component of the Medicaid rates from 6% of non-property funds to 10% of non-property funds.
- E. On October 1, 2023, additional recurring funding was included for the October 1, 2023 rates in the amount of \$31,840,734 to fund a nursing home reimbursement rate increase.
- F. On October 1, 2024, Florida increased October 1, 2024 rates by \$18,701,029 to provide a nursing home reimbursement rate increase.