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State/Territory Name: FLORIDA

State Plan Amendment (SPA) #: FL-25-0003

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

October 6, 2026

Shevaun L. Harris
State Medicaid Director
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308

RE: TN 25-0003

Dear Medicaid Director Harris:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Florida State Plan Amendment (SPA) to Attachment 4.19-B Supplement 3 FL-25-0003, which was submitted to CMS on September 30, 2025. This plan amendment updates the County Health Department (CHD) reimbursement.

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 July 1, 2025. 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 Ysabel Gavino via email at Maria.Gavino@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

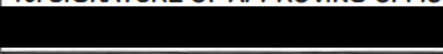
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 5 — 0 0 0 3</u>	2. STATE <u>FL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>July 1, 2025</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447 Subpart F</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024-25</u> \$ <u>(877)</u> b FFY <u>2025-26</u> \$ <u>(2,631)</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B Supplement 3 pages 1, 16</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B Supplement 3 pages 1, 16</u>	

9. SUBJECT OF AMENDMENT <u>County Health Department Reimbursement</u>
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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:
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME Brian Meyer	
13. TITLE Deputy Secretary for Medicaid	
14. DATE SUBMITTED <u>9-30-25</u>	

FOR CMS USE ONLY	
16. DATE RECEIVED <u>September 30, 2025</u>	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2025</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review
22. REMARKS	

FLORIDA TITLE XIX COUNTY HEALTH DEPARTMENT

REIMBURSEMENT PLAN

VERSION XXIII

EFFECTIVE DATE: July 1, 2025

I. Cost Finding and Cost Reporting

- A. Each county health department (CHD) participating in the Florida Medicaid program shall submit one complete, legible copy of a cost report to the Agency for Health Care Administration (AHCA), Bureau of Medicaid Program Finance, Division of Cost Reimbursement, postmarked or accepted by a common carrier no later than five calendar months after the close of its cost reporting year.
- B. Cost reports available to AHCA pursuant to section IV of this plan, shall be used to initiate this plan.
- C. Each CHD is required to detail costs for its entire reporting year, making appropriate adjustments as required by this plan for determination of allowable costs. A prospective reimbursement rate shall not be established for a CHD based on a cost report for a period less than 12 months. Interim rates shall be cost settled for the interim rate period.
- D. The cost report shall be prepared in accordance with the method of reimbursement and cost finding of Title XVIII (Medicare) Principles of Reimbursement described in Title 42, Code of Federal Regulations (CFR), Chapter 413, and further interpreted by the Provider Reimbursement Manual, Centers for Medicare and Medicaid Services (CMS) Pub. 15-1, except as modified by Title XIX of the Social Security Act (SSA), this plan, requirements of licensure and certification, and the duration and scope of benefits provided under the Florida Medicaid program.
- E. Each CHD shall file a legible and complete cost report within five months, or six months (if a certified report is being filed), after the close of its reporting period.
- F. If a CHD provider submits a cost report late, after the five month period, and that cost report would have been used to set a lower reimbursement rate for a rate period had it been submitted within five

15.	July 1, 2021		
	First Cut	3.23600%	\$368,743
	Second Cut	3.41750%	\$376,825
	Third Cut	.073600%	\$7,833
	Fourth Cut	17.69600%	\$1,883,109
	Fifth Cut	6.85760%	\$600,621
16.	July 1, 2022		
	First Cut	2.91396%	\$207,173
	Second Cut	3.0672%	\$211,713
	Third Cut	.06578%	\$4,401
	Fourth Cut	15.82315%	\$1,057,997
	Fifth Cut	5.9955%	\$337,450
17.	July 1, 2023		
	First Cut	2.40437%	\$263,299
	Second Cut	2.5176%	\$269,070
	Third Cut	.05368%	\$5,593
	Fourth Cut	12.91309%	\$1,344,625
	Fifth Cut	4.72937%	\$428,871
18.	July 1, 2024		
	First Cut	2.684636%	\$311,923
	Second Cut	2.81916%	\$318,759
	Third Cut	.060301%	\$6,626
	Fourth Cut	14.50564%	\$1,592,936
	Fifth Cut	5.41159%	\$508,070
19.	July 1, 2025		
	First Cut	2.665130%	\$311,863
	Second Cut	2.798120%	\$318,698
	Third Cut	0.059838%	\$6,625
	Fourth Cut	14.394161%	\$1,592,629
	Fifth Cut	5.363010%	\$507,972

Amendment: 2025-0003
Effective: 7/1/2025
Supersedes: 2024-0004
Approval: October 6, 2026