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State/Territory Name: Florida

State Plan Amendment (SPA) #: 17-0007

This file contains the following documents in the order listed:

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



Financial Management Group

November 16, 2016

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 17-007

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, 2017 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 \$453,000 FFP for FFY 2017 and \$1,359,000 FFP for FFY 2018 in accordance with the 2017 Florida legislative session. The proposed plan also includes technical and editorial changes, and deletes obsolete language.

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, 2017. 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

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

VERSION XIII

EFFECTIVE DATE: July 1, 2017

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 Facilities Not Publicly Owned and Not Publicly Operated, and State of Florida administrative rules. The CMS PUB.15-1 Manual may be obtained from the regional CMS office in Atlanta.

Attachment 4.19-D
Part III

3. The requirements established by AHCA under the authority of 42 CFR 431.610.
- B. All therapy required by Medicare or Medicaid certification standards and prescribed by the physician of record shall be considered as covered services and all costs, direct or indirect, shall be included in the cost report. These therapeutic opportunities shall include habilitative, rehabilitative, or other professional treatments which shall be composed of medical, dental, nutritional, nursing, pharmacy, physical therapy, occupational therapy, psychological, recreational, social work, speech therapy, or other intellectual disability specialized services as appropriate.
- C. Implicit in any definition of allowable costs is that those costs do not exceed what a prudent and cost-conscious buyer pays for a given service or item. If costs are determined by AHCA, utilizing the Title XVIII Principles of Reimbursement, CMS PUB.15-1, and this plan, to exceed what a prudent buyer would pay, then the excess costs shall not be reimbursable under this plan.
- D. All items of expense that providers incur in the provision of routine services, such as the regular room, dietary and nursing services, medical supplies, and the use of equipment and facilities, are allowable. Expenses excluded from the cost report and reimbursable outside the per diem rate include:
- Practitioner services for acute events, including one visit per month for chronic care management
 - Dialysis services rendered in the outpatient hospital or freestanding dialysis center setting
 - Podiatry services
 - Flu and pneumonia vaccines
- E. Bad debts other than Title XIX, charity, and courtesy allowances shall not be included in allowable costs. Bad debts for Title XIX shall be limited to Title XIX uncollectible deductible and co-payments and the uncollectible portion of eligible Medicaid recipients' responsibilities.
- Example: Daily Medicaid reimbursement rate is \$50.00; State pays \$40.00 and resident is to pay \$10.00. If the Medicaid resident pays only \$8.00, then \$2.00 would be an allowable bad debt.

Medicaid bad debts are allowable if revenue was earned in the prior year and two collection letters

**Attachment 4.19-D
Part III**

10.	April 1, 2014 Rate Adjustment Rate Freeze Cut	0.00% .002146435%	\$0.00 \$545,283
11.	July 1, 2014 Rate Adjustment Rate Freeze Cut	0.00% .016149365%	\$0.00 \$4,144,015
12.	July 1, 2015 Rate Adjustment	2.7853567%	\$7,301,407
13.	July 1, 2016 Rate Adjustment	0.00%	\$0.00
14.	July 1, 2017 Rate Adjustment	2.72709484%	\$7,451,828