

## Notice of Proposed Rule

**AGENCY FOR HEALTH CARE ADMINISTRATION****Medicaid**

RULE NO: RULE TITLE

**59G-6.045**: Payment Methodology for Services in Facilities Not Publicly Owned and Publicly Operated (Facilities Formerly Known as ICF/DD Facilities)

PURPOSE AND EFFECT: To incorporate changes to the Florida Title XIX Intermediate Care Facilities (ICF) for the Mentally Retarded and the Developmentally Disabled Facilities not Publicly Owned and not Publicly Operated Reimbursement Plan (the Plan) in accordance with the 2009-10 General Appropriations Act, Senate Bill 2600, Specific Appropriation 218 and Senate Bill 1658, Section 8, creating Section 409.9083, Florida Statutes.

1. Effective October 1, 2009, the Agency shall implement a recurring methodology for the privately operated intermediate care facilities for the developmentally disabled to achieve a \$17,373,303 reduction.
2. Effective October 1, 2009, the Agency may implement a buy back provision for privately operated intermediate care facilities for the developmentally disabled rate reductions.
3. Effective October 1, 2009, a quality assessment is to be imposed upon privately operated intermediate care facility providers for the developmentally disabled.

SUMMARY: Effective October 1, 2009, The Agency shall implement a rate reduction, a buy back provision, and a quality assessment on private ICF facilities.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Cost was prepared.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: [409.919 FS](#).LAW IMPLEMENTED: [409.908 FS](#).

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: December 16, 2009, 2:00 p.m. – 3:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Conference Room C, Building 3, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Edwin Stephens, Medicaid Program Analysis, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308, (850)414-2759, stephene@ahca.myflorida.com

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-6.045 Payment Methodology for Services in Facilities Not Publicly Owned and Publicly Operated (Facilities Formerly Known as ICF/DD Facilities).

Reimbursement to participating facilities for services provided shall be in accord with the Florida Title XIX ICF/MR-DD Reimbursement Plan for Facilities Not Publicly Owned and Not Publicly Operated (Formerly known as ICF-MR/DD Facilities), Version ~~V4~~, Effective Date ~~October 1, 2008~~ October 1, 2009, incorporated herein by reference. A copy of the Plan may be obtained by writing to the Deputy Secretary for Medicaid, Agency for Health Care Administration, Mail Stop 8, Tallahassee, Florida 32308.

Rulemaking Authority 409.919 FS. Law Implemented 409.908 FS. History—New 3-14-99, Amended 10-12-04, 2-22-06, 4-12-09,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Edwin Stephens, Medicaid Program Analysis, Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Tallahassee, Florida 32308, (850)414-2759, stephene@ahca.myflorida.com.

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Thomas W. Arnold

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 10, 2009

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: September 11, 2009