

**59G-6.040 Payment Methodology for ICF/MR-DD Services in Publicly Owned and Publicly Operated Facilities.**

Reimbursement to participating ICF/MR-DD facilities for services provided shall be in accord with the Florida Title XIX ICF/MR-DD Reimbursement Plan for Publicly Owned and Publicly Operated Facilities, Version VIII, Effective Date November 21, 2004, and incorporated herein by reference. A copy of the Plan as revised may be obtained by writing to Deputy Secretary for Medicaid, Agency for Health Care Administration, Mail Stop 8, Tallahassee, Florida 32308.

*Rulemaking Authority 409.919 FS. Law Implemented 409.908, 409.9131(6) FS. History—New 7-1-85, Amended 2-25-86, Formerly 10C-7.491, Amended 11-19-89, 8-14-90, 12-26-90, 9-17-91, 1-27-94, Formerly 10C-7.0491, Amended 11-15-94, 3-14-99, 11-21-04.*