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.