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**State/Territory Name: Florida**

**State Plan Amendment (SPA) #: FL-17-0028-CHIP**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

The complete final approved title XXI state plan for Florida consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

Children and Adults Health Programs Group

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JAN 18 2018

Beth Kidder  
Deputy Secretary for Medicaid  
2727 Mahan Drive, MS #20  
Tallahassee, FL 32308-5403

Dear Ms. Kidder:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number FL-17-0028-CHIP submitted on December 7, 2017 has been approved. This SPA has a retroactive effective date of September 1, 2017.

Through this SPA, the state provides temporary adjustments to the state's enrollment and redetermination policies and cost-sharing requirements for children in families impacted by disaster events. The state can provide families with additional time to complete the renewal process and has the flexibility to waive premiums or extend the premium due date for children in families living in Governor or Federal Emergency Management Agency (FEMA) declared disaster counties. This SPA, as it applies to the September 2017 hurricanes, makes the following changes:

- Effective September 10, 2017, extends the grace period to complete the renewal process for an additional 30 days, through October 31, 2017, and
- Effective October 1, 2017, extends the premium payment grace period for October coverage for an additional 30 days through October 31, 2017. The state will waive the October premium payment for all subsidized families unable to pay the premium.

For these periods, Florida is applying the temporary adjustments to its enrollment and redetermination policies and cost sharing requirements in the 48 FEMA-declared disaster counties.

In the event of a future natural disaster, this SPA provides Florida with the authority to implement the aforementioned temporary policy adjustments by notifying CMS of its intent, the effective date and duration of the provision, and a list of the FEMA or Governor declared disaster areas that are applicable. Although the state must provide notice to CMS, this is less administratively burdensome than repeating the SPA process during times of disaster recovery.

Your title XXI project officer is Ms. Cassie Lagorio. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Lagorio's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-4554  
E-mail: [Cassandra.Lagorio@cms.hhs.gov](mailto:Cassandra.Lagorio@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Ms. Lagorio and to Mr. Charles Friedrich, Acting Associate Regional Administrator (ARA) in our Atlanta Regional Office. Mr. Friedrich's address is:

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, GA 30303-8909

If you have additional questions, please contact Ms. Amy Lutzky, Director, Division of State Coverage Programs at (410) 786-0721.

We look forward to continuing to work with you and your staff.

Sincerely,

/ Anne Marie Costello /

Anne Marie Costello  
Director

cc: Charles Friedrich, Acting ARA, CMS Region IV

State Children's Health Insurance Program

**STATE CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT  
STATE CHILDREN'S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: State of Florida  
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

Justin Senior~~Beth Kidder~~, Deputy Secretary for Medicaid \_\_\_\_\_ Date

submits the following State Child Health Plan for the State Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved State Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following state officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Justin Senior~~Beth Kidder~~ Position/Title: Deputy Secretary for Medicaid  
Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

**According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0707. The time required to complete this information collection is estimated to average 160 hours (or minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.**

Phase 1 Effective Date: April 1, 1998 3 Revised: 1/26/98, 2/19/98,  
3/3/98, 3/6/98  
Phase 2 Effective Date: July 1, 1998 Revised: 8/20/98, 8/24/98, 10/1/99,  
7/28/00, 1/31/01, 7/02/02, 7/22/02,  
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8/11/05, 10/1/06, 7/1/09, 7/1/10, 7/1/11,  
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Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
		CS21	Substitution of Coverage	Supersedes the current section 4.4.4
		CS27	Non-Payment of Premiums	Supersedes the current section 8.7
			Continuous Eligibility	Supersedes the current section 4.1.8

SPA #25 Monthly Premium Conversion and Prospective Payment System

Effective Date: July 1, 2014

Implementation Date: July 1, 2014

Premium change to Modified Adjusted Gross Income (MAGI) conversion will be retroactive to January 1, 2014.

The Medicaid Prospective Payment System was implemented October 1, 2009. SPA #25 is updated to include this policy.

[SPA FL-15-0026-CHIP, CS7 \(Changes to Program for Children with Disabilities\)](#)

Effective Date: May 1, 2015

Implementation Date: May 1, 2015

[SPA FL-16-0027-CHIP, CS18 \(CHIPRA Section 214 for Lawfully Residing Children\)](#)

Effective Date: July 1, 2016

Implementation Date: July 1, 2016

[SPA #28 \(Disaster Relief –To implement provisions for temporary adjustments to enrollment and renewal policies and cost sharing requirements for children in families living and/or working in Governor or FEMA declared disaster areas. In the event of a natural disaster, the State will notify CMS that it intends to provide temporary adjustments to its enrollment and/or renewal policies and cost sharing requirements, the effective and duration date of such adjustments, and the applicable Governor or FEMA declared disaster areas.\)](#)

Effective Date: September 1, 2017

Proposed Implementation Date: September 7, 2017

1.4- TC

Tribal Consultation (section 2107(e)(1)(C) Describe the consultation process that occurred specifically for the development and submission of the State Plan Amendment, when it occurred and who was involved.

SPA #21 – Proposed Effective Date: September 1, 2011

In accordance with out tribal consultation process described in Section 2.3-TC, letters were sent

Phase 1 Effective Date: April 1, 1998

Phase 2 Effective Date: July 1, 1998

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Revised: 1/26/98, 2/19/98, 3/3/98, 3/6/98  
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State Children's Health Insurance Program

Disaster Relief Provisions

~~In the event that all or a portion of the state is declared a disaster area by the Governor or the Federal Emergency Management Agency (FEMA), the Florida Healthy Kids Corporation, in consultation with the Agency for Health Care Administration and the Department of Health, will have the option of extending the renewal grace period an additional 60 days for families in the affected areas. At the State's discretion, working collaboratively, and with the agreement of FHKC and/or CMS Plan, the State may take any/or all of the following actions for a specified period of time for enrollees living and/or working in Governor or Federal Emergency Management Agency (FEMA) declared disaster areas:~~

- ~~• Waive premium payments.~~
- ~~• Allow additional time to:~~
  - ~~– Complete the renewal process.~~
  - ~~– Make premium payments.~~

~~The Agency for Health Care Administration AHCA will notify the CMS in the event of a declared disaster and Florida's intent to implement ~~this-any or all of the~~ policy modifications. The CMS notification will include the intent to implement modifications ~~modify the renewal process~~, the areas affected by the disaster and the effective dates of the policy modifications.~~

The next twelve month continuous eligibility period begins the month after the renewal completion date.

Provisional CHIP Eligibility

In accordance with 42 CFR 457.350(g)(2) and 66 Federal Regulation 2548 (January 1, 2001) the State will provide provisional CHIP coverage up to 60 days for a child enrolled in CHIP and screened potentially eligible for Medicaid, provided the child continues to meet all of the CHIP eligibility requirements. DCF usually responds to CHIP referrals within one month; however if a response is not received within 60 days, FHKC will contact DCF to determine the reason for the delay. If additional time is warranted, CHIP coverage may be extended until DCF renders a Medicaid determination. When a CHIP child is identified as potentially Medicaid eligible during the screening process, a referral will be made to the Department of Children and Families for a full Medicaid eligibility determination. The child will receive provisional CHIP eligibility from the month of the Medicaid referral through the end

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beginning of each month reminding them that a payment is due. To make a payment, the family provides their PIN authorizing the payment and deduction from their account. The funds will be automatically withdrawn from their account and the family will receive a text message confirming the payment has been made.

Disaster Relief Provisions

At the State's discretion, working collaboratively, and with the agreement of FHKC and/or CMS Plan, the premium due date may be extended or premiums may be waived for a specific period of time for CHIP enrollees who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas.

8.2.2. Deductibles:

None of the Florida KidCare components charge deductibles.

8.2.3. Coinsurance or co-payments:

Healthy Kids

Healthy Kids charges minimal co-payments for some managed care services. Services that require co-payments are listed in the chart below.

8.2.4. Other:

MediKids and CMS : No other cost sharing will be applied.

Healthy Kids: All services are provided by managed care organizations and the following co-payments are applicable.

Florida Healthy Kids Co-payments	
Service	Co-payment Amount
Behavioral Health Outpatient Visits	*\$5.00 per visit
Emergency Room, Inappropriate Use	\$10.00 (waived if admitted)
Emergency Transportation	\$10.00 (waived if admitted)
Eyeglasses, Prescription	\$10.00
Office Visits, Primary Care	*\$5.00 per visit
Office Visits, Specialty Care	*\$5.00 per visit
Prescribed Medicine	*\$5.00 per prescription

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children, the \$15 or \$20 monthly premium will be waived for all. If the AI/AN child ceases to be active, then the other children will have to resume monthly payments. Children whose accounts have been flagged as AI/AN accounts will receive a letter which states that they are exempt from cost-sharing, which the children can present to their providers to be exempted from any required co-payments, if applicable.

8.6 Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42CFR 457.570 and 457.505(c))

Under state law, families who do not make their monthly premium payments on time will be disenrolled from coverage and will not be eligible for reinstatement for a minimum of 30 days.

Premium payments are due on the first day of the month of coverage and are considered late after that date. Families receive a coupon book upon initial enrollment that indicates the amount of the monthly premium and the day the premium is due for each month. Families are given the opportunity to make late premium payments during the 30 day grace period.

If premium payments to FHKC are not received by the seventh day of the month prior to coverage, they are considered late and the families receive written notification that they will be canceled at the end of the month, and the consequences of cancellation.

If a payment is posted to the wrong account, or if another error caused by FHKC or its TPA causes a child's coverage to be canceled, FHKC will reactivate the coverage.

If the TPA has not received a premium payment for a child during the grace period coverage for that child will be canceled. The family will receive written notification of that cancellation.

Disaster Relief Provision - Exception to Disenrollment for Failure to Pay Premium

At the State's discretion, working collaboratively, and with the agreement of FHKC and/or CMS Plan, the premium due date may be extended or premiums may be waived for a specified period of time for CHIP enrollees who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas.

The determination that an enrollee resides and/or works in a Governor or FEMA declared disaster area is based on self-declared application, renewal

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information or other documentation provided by the family.

8.7.1 Please provide an assurance that the following disenrollment protections are being applied:

State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, co-payments, coinsurance, deductibles or similar fees prior to disenrollment. (42CFR 457.570(a))

The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non-payment of cost-sharing charges. (42CFR 457.570(b))

Families may contact the TPA through the toll free number at anytime to report changes in income or household size over the telephone.

In the instance mentioned above, that the state would facilitate enrolling the child in Medicaid or adjust the child's cost-sharing category as appropriate. (42CFR 457.570(b))

The state provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42CFR 457.570(c)) The Florida KidCare program as well as the Healthy Kids program has developed dispute resolution procedures to handle grievances and complaints from enrollees and applicants to the program.

8.8 The state assures that it has made the following findings with respect to the payment aspects of its plan: (Section 2103(e))

8.8.1.  No Federal funds will be used toward state matching requirements. (Section 2105(c)(4)) (42CFR 457.220)

8.8.2.  No cost sharing (including premiums, deductibles, co pays, coinsurance and all other types) will be used toward state matching requirements. (Section 2105(c)(5) (42CFR 457.224) (Previously 8.4.5)

8.8.3.  No funds under this title will be used for coverage if a private insurer would have been obligated to provide such assistance except for a provision limiting this obligation because the child is eligible under the this title. (Section 2105(c)(6)(A)) (42CFR 457.626(a)(1))

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Health

SFY11/12 Healthy Kids and MediKids health plan rate freeze

SFY 14/15 Healthy Kids per member per month dental rate: \$12.98

The policy change regarding provisional CHIP coverage in SPA #23 coverage has no discernible budget impact.

In 2009, the Healthy Kids program implemented the Medicaid Prospective Payment System for federally qualified health centers and rural health centers. The Florida Legislature appropriated \$8,268,156 in additional funding in SFY 2009/2010 for Florida Healthy Kids Corporation (FHKC) to amend their health plan contracts effective October 1, 2009 to require Medicaid PPS and to increase the capitation rates to cover the cost of implementing the Medicaid PPS for FQHCs and RHCs. Since SFY 2009/2010, the funding for PPS has been included in FHKC's overall legislative appropriations for health and dental services with no additional budget impact. The MediKids and Title XXI Children's Medical Services Network have always reimbursed FQHCs and RHCs according to the Medicaid Prospective Payment System, so this policy did not have a budget impact for these programs.

The premium level change to comply with MAGI conversion in SPA #25 has no discernible budget impact.

[SPA# 28 – Disaster Relief Provisions](#)

[There is no fiscal impact until the State decides to implement some or all of the disaster relief provisions.](#)

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