

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



June 22, 2012

Mr. Justin Senior
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mailstop #20
Tallahassee, Florida 32308

RE: Florida State Plan Amendment 12-001

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida Medicaid State Plan that was submitted under transmittal number 12-001 and received in the Regional Office on March 30, 2012. This amendment allows children under the age of 21 to continue receiving medically necessary curative services upon election of the hospice benefit. To qualify, a physician must certify that the Medicaid eligible child is within the last 9 months of life.

Additionally, the State also made changes on the Intermediate Care Facility services coverage pages to make the State Plan current with existing provision of services.

Based on the information provided, we are now ready to approve Florida State Plan Amendment 12-001 as of June 21, 2012. The effective date of this amendment is January 1, 2012. The signed HCFA-179 and the approved plan pages are enclosed.

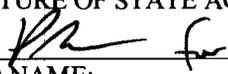
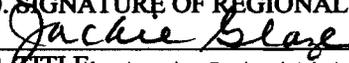
If you have any questions or need any further assistance, please contact Etta Hawkins, R.Ph. at (404) 562-7429.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2012-001	2. STATE Florida
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 2302		7. FEDERAL BUDGET IMPACT: (in thousands) FY 2011-12: \$772 FY 2012-13: \$2108	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 7 Attachment 3.1-B Page 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 7 Attachment 3.1-B Page 6	
10. SUBJECT OF AMENDMENT: Concurrent Hospice Care for Children			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Mr. Justin M. Senior Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attention: Robin Ingram	
13. TYPED NAME: Mr. Justin M. Senior			
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 3/30/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03/30/12		18. DATE APPROVED: 06/21/12	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/12		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

Revision: HCFA-PM-86-20 (BERC)

September 1986

State/Territory: Florida

**AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY**

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided No limitations With limitations* Not Provided:

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided No limitations With limitations* Not Provided:

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided No limitations With limitations* Not Provided:

17. Nurse-midwife services

Provided No limitations With limitations* Not Provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided No limitations

Provided in accordance with section 2302 of the Affordable Care Act

With limitations* Not Provided:

*Description provided on attachment

TN 2012-001

Supersedes

TN 01-03Approval Date 6-21-12Effective Date 1/1/12

Revision: HCFA-PM-86-20 (BERC)
September 1986

State/Territory: Florida

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE MEDICALLY NEEDY

c. Intermediate care facility services.

Provided No limitation With limitations* Not Provided

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided No limitation With limitations* Not Provided:

b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.

Provided No limitation With limitations* Not Provided

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18. Hospice care (in accordance with section 1905(o) of the Act).

Provided No limitation

Provided in accordance with section 2302 of the Affordable Care Act

With limitations*

*Description provided on attachment-

TN 2012-001
Supersedes
TN 91-03

Approval Date 6-21-12 Effective Date 1/1/12