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State/Territory Name: Florida

State Plan Amendment (SPA) #: 13-025

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

January 17, 2014

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 13-025

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida Medicaid State Plan that was submitted under transmittal number 13-025 and received in the Regional Office on December 31, 2013. This amendment allows the Florida Medicaid program to temporarily activate payment for CPT code 90686 (influenza vaccine) for Medicaid recipients who are pregnant and age 21 and older, in addition to the current coverage for birth through 20 years of age. Coverage will be effective for dates of service between and including December 19, 2013 through March 31, 2014.

Based on the information provided, we are now ready to approve Florida SPA 13-025 as of January 20, 2014. The effective date of this amendment is December 19, 2013. 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 or Sid Staton at (850) 878-3486.

Sincerely,

//s//

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: 2013-025	2. STATE Florida
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE December 19, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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: 42 CFR Section 440.130		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2013-2014 (\$1066) FFY 2014-2015 N/A	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 46c (new) Attachment 3.1-A page 1-1a (Index) Attachment 4.19-B page 4c Attachment 4.19-B page 1-1a (Index)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A page 1-1a (Index) Attachment 4.19-B page 1-1a (Index)	
10. SUBJECT OF AMENDMENT: Preventive Services for Pregnant Women			
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: April Cook	
13. TYPED NAME: Mr. Justin M. Senior			
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 12/31/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12-31-13		18. DATE APPROVED: 01-17-14	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12-19-13		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with the following changes to item 7 as authorized by State Agency e-mail dated 01/14/14: Block # 7 Changed to read: FFY 2013-2014 \$1,066,000.			

13c Preventive Services for Pregnant Women:

Licensed Medicaid providers practicing within their scope of practice will administer the influenza vaccine to adult pregnant female recipients age 21 and over. The reimbursement rate will be the same as those vaccines that are covered for Medicaid recipients between the ages of 18-20, and will be effective for dates of service between and including December 19, 2013 through March 31, 2014.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF FLORIDA

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
DESCRIPTION OF LIMITATIONS
PREDETERMINATION OF ELIGIBILITY AND PRIOR AUTHORIZATIONS

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2a.1	EPSDT- Early Intervention Services (Continued)
2a.2	EPSDT- Early Intervention Services (Continued)
2a.3	EPSDT- Early Intervention Services (Continued)
2a.4	EPSDT- Early Intervention Services (Continued)
2a.5	EPSDT- Early Intervention Services (Continued)
2a.6	EPSDT- Early Intervention Services (Continued)
2a.7	EPSDT- Early Intervention Services (Continued)
2a.8	EPSDT- Early Intervention Services (Continued)
2b.	EPSDT- Rehabilitative Services (Mental Health)
2b.1	EPSDT- Mental Health-(Continued)
2b.2	EPSDT- Prescribed Pediatric Extended Care Center (PPEC)
2b.3	EPSDT- School-Based Therapy Services
2b.4	EPSDT- School-Based Psychological Services
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2b.6	EPSDT- School-Based Nursing Services
2b.7	EPSDT-School-Based Nursing Services by County Health Departments
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3.	EPSDT- Screening Services
4.	EPSDT- Dental Services
5.	Rehabilitative Services-Community Mental Health & Substance Abuse
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5b.	Comprehensive Community Support Services for Substance Abuse-Bachelor's Degree Level
6.	EPSDT-Optometric Services
7.	EPSDT-Eyeglasses
8.	EPSDT-Hearing Services
9.	EPSDT-Hearing Aids
10.	EPSDT-Respiratory Services
11.	EPSDT-Home Health Therapies
11a.	Telemedicine Services
12.	EPSDT-Personal Care Services
12a.	EPSDT-Personal Care Services (Continued)
13.	EPSDT-Private Duty Nursing
14.	EPSDT-Therapy Services
15.	EPSDT-Prosthetic Devices
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20.	(Reserved)
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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33.	Optometric Services
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46a.	Prescribed Drugs (Continued)
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49.	(Reserved)
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	Supplement 2- Home and Community Care
	Supplement 3- PACE
	Supplement 4- 1915(j) Self-Directed Personal Assistance Services
	Supplement 5- 1915(i) HCBS Redirection Services

13c Preventive Services for Pregnant Women:

Licensed Medicaid providers practicing within their scope of practice will administer the influenza vaccine to adult pregnant female recipients age 21 and over. The reimbursement rate will be the same as those vaccines that are covered for Medicaid recipients between the ages of 18-20, and will be effective for dates of service between and including December 19, 2013 through March 31, 2014.

Notwithstanding other pages in this Attachment, individual providers will be paid the amount of current vaccine administration rates. The agency's rates were set as of 12/19/13. All rates are published on the agency website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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PAYMENT FOR SERVICES

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19.	Maximum Payment Rates for Listed Obstetrical Services for Physicians
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20a.	Maximum Payment Rates for Listed ARNP Obstetrical Services
21.	(Reserved)
22.	(Reserved)
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33c.	Clinic Services: Freestanding Dialysis Center Services
34.	Transportation
35.	Emergency Services to Aliens
36.	Federally Qualified Health Center Services
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39.	Respiratory Services
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43.	Durable Medical Equipment including Prosthetic Devices and Orthotics
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	Supplement I: Payment of Medicare Parts A, B and C Deductibles and Coinsurance
	Supplement II: FQHC Reimbursement Plan
	Supplement III: County Health Department Reimbursement Plan
	Exhibit I: Outpatient Hospital Reimbursement Plan