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State/Territory Name: Florida

State Plan Amendment (SPA) #: 15-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion letter
- 3) CMS 179 Form
- 4) 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

December 22, 2015

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

Attention: April Cook

RE: Title XIX State Plan Amendment, FL 15-0012

Dear Mr. Senior:

We have reviewed the proposed State Plan Amendment, FL 15-0012 which was submitted to the Atlanta Regional Office on September 29, 2015. This amendment proposes to terminate Florida's 1915(i) State plan Home and Community Based Services (HCBS) benefit, the Florida Redirections program, effective July 1, 2015.

The state informed the Centers for Medicare & Medicaid Services (CMS) that it did not provide notice to participants because all individuals who were enrolled in Florida's 1915(i) State plan HCBS Redirections program have continued to receive the same services through a state funded program. In the future, whenever an action is taken by the state that adversely affects a Medicaid beneficiary (e.g., termination of a Medicaid benefit), the beneficiary must receive notice in advance of the effective date of the action in accordance with 42 CFR §431.211. This Federal regulation applies even if the Medicaid benefits continue to be provided under a state-only funded program.

Based on the information provided, CMS is approving Medicaid State Plan Amendment FL 15-0012 as of December 22, 2015. The effective date of this amendment is July 1, 2015. We are enclosing the approved HCFA-179. A companion letter is also being issued with this approval to revise language from Attachment 4-19-B in the state plan.

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

Sincerely,

//s//

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

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



Division of Medicaid & Children's Health Operations

December 22, 2015

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 15-0012

Dear Mr. Senior:

This letter is being sent as a companion to our approval of Florida state plan amendment (SPA) 15-0012 which was submitted to delete SPA pages associated with 1915(i) Home and Community Based Services (HCBS) Redirections Program. The 2015 Florida Legislature removed the authority for the state to draw federal matching funds to provide the HCBS offered through the Redirections Program.

Our review of FL SPA 15-0012 included a review of the entire language submitted on the SPA pages. Under section 1902(a) of the Act requires that states have a state plan for medical assistance that meets certain federal requirements that set out a framework for the state program. Implementing regulations at 42 CFR 430.10 requires that the state plan be a comprehensive written statement containing "all information necessary for CMS to determine whether the plan can be approved as a basis for federal financial participation (FFP) in the state program". In addition, section 1902(a)(30)(A) of the Act requires that states have methods and procedures in place to assure that payments to providers are consistent with efficiency, economy and quality of care. To be comprehensive, payment methodologies should be understandable, clear and unambiguous. In addition, because the plan is the basis for FFP, it is important that the plan language provide an auditable basis for determining whether payment is appropriate.

The state will need to submit a new state plan amendment updating Attachment 4.19-B, Page 1.a, 41 and 42. The state must update the state plan language as listed:

1. Page 1.a., 41 of 4-19-B, need to delete the current language and update the following language for Private Duty Nursing (the XXXXXX should be the specific date of the last updated fee schedule):
Payment for Private Duty Nursing rates are based on a state developed fee schedule, which is the same as both governmental and private providers. The agency's Private Duty Nursing rates were set as of XXXXXXXX, effective for

services on or after this date. The fee schedules are published at <http://portal.flmmis.com/flpublic>.

2. Page 1.a., 42 of 4-19-B, need to list the specific therapies covered under this state plan page. Need to delete the current language and update the following language for Therapies (the YYYYYYYY should be the listing of the specific therapies and XXXXXXXX should be the specific date of the last updated fee schedule):

Payment for YYYYYYYY Therapies rates are based on a state developed fee schedule, which is the same as both governmental and private providers. The agency's YYYYYYYY Therapies rates were set as of XXXXXXXX, effective for services on or after this date. The fee schedules are published at <http://portal.flmmis.com/flpublic>.

Please respond to this letter and the related concerns raised in the companion letter to FL 15-0012 within 90 days with a state plan amendment that addresses the issues described above or a corrective action plan describing how you will resolve the issues identified above. During the 90-day period, we are happy to provide any technical assistance that you need. Failure to adequately address and correct the concerns within 90 days of this letter will necessitate issuance of an official CMS Compliance Letter.

If you have any questions or need any further assistance, please contact Sid Staton at (850) 878-3486.

Sincerely,

//s//

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

Enclosure

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: HEALTH CARE FINANCING ADMINISTRATION</p>		1. TRANSMITTAL NUMBER: 2015-012	2. STATE Florida
		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 July 1, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 1915(i)		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2014-2015 (\$1,736) FFY 2015-2016 (\$5,209)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 5 to Attachment 3.1-A, pages 1-44 (which include pages 43 and 44 of 4.19-B within Supplement 5.) Page 1.a of 3.1-A Pages 1.a, 41 and 42 of 4.19-B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Page 1.a of 3.1-A Pages 1.a, 41 and 42 of 4.19-B	
10. SUBJECT OF AMENDMENT: 1915(i) Florida Redirections Program			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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: //s//		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: 09/29/15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/29/15		18. DATE APPROVED: 12-22-15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/15		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

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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STATE OF FLORIDA

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STATE OF FLORIDA

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

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PRIVATE DUTY NURSING

10/1/90

Reimbursement is based on a fee schedule determined by the state agency and will not exceed the upper limits established through the application of the parameters of 42 CFR 447.304.

METHODS USED IN ESTABLISHING PAYMENT RATES

10/1/96

THERAPIES:

Reimbursement will be determined by the state agency and will not exceed the upper limits established through the application of the parameters of 42 CFR 447.304. All providers are reimbursed the lower of the state's fee or the provider's charge for the procedure code billed.