Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #: 21-0010

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 2, 2022

Mr. Thomas Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, MS #8 Tallahassee, Florida 32308

Re: Florida State Plan Amendment (SPA) Transmittal #21-0010

Dear Mr. Wallace:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #21-0010. This amendment provides assurance of transportation requirements in accordance with Section 209 of the Consolidated Appropriations Act of 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 431.53. This letter is to inform you that Florida Medicaid SPA #21-0010 was approved on February 1, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact Tandra Hodges at 404-562-7409 or via email at Tandra. Hodges@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

cc: Cole Giering

	I CONTAIN
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE 2. 1 — 0 0 1 0 FL
STATE PLAN MATERIAL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT O XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	12/27/2021
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
	a FFY 21-22 \$ 0
Section 1902(a)(87) of the Act	b. FFY 22-23 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attachment 3.1-D Pages 1 & 2	OR ATTACHMENT (If Applicable)
	Attachment 3.1-D Pages 1 & 2
9. SUBJECT OF AMENDMENT	
Non-Emergency Transportation	
10. GOVERNOR'S REVIEW (Check One)	
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECIFIED:
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	15. RETURN TO Mr. Tom Wallace
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mr. Tom Wallace	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mr. Tom Wallace 13. TITLE	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mr. Tom Wallace 13. TITLE Deputy Secretary for Medicaid 14. DATE SUBMITTED	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mr. Tom Wallace 13. TITLE Deputy Secretary for Medicaid 14. DATE SUBMITTED 12/22/2021	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attn: Cole Giering
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mr. Tom Wallace 13. TITLE Deputy Secretary for Medicaid 14. DATE SUBMITTED 12/22/2021 FOR CMS 1	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attn: Cole Giering
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mr. Tom Wallace 13. TITLE Deputy Secretary for Medicaid 14. DATE SUBMITTED 12/22/2021 FOR CMS 0	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attn: Cole Giering ISE ONLY 17. DATE APPROVED
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mr. Tom Wallace 13. TITLE Deputy Secretary for Medicaid 14. DATE SUBMITTED 12/22/2021 FOR CMS 0 16. DATE RECEIVED 12/22/2021	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attn: Cole Giering ISE ONLY 17. DATE APPROVED 2/01/2022
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mr. Tom Wallace 13. TITLE Deputy Secretary for Medicaid 14. DATE SUBMITTED 12/22/2021 FOR CMS 0 16. DATE RECEIVED 12/22/2021	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attn: Cole Giering ISE ONLY 17. DATE APPROVED 2/01/2022
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mr. Tom Wallace 13. TITLE Deputy Secretary for Medicaid 14. DATE SUBMITTED 12/22/2021 FOR CMS 0 16. DATE RECEIVED 12/22/2021 PLAN APPROVED - On 18. EFFECTIVE DATE OF APPROVED MATERIAL	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attn: Cole Giering ISE ONLY 17. DATE APPROVED 2/01/2022
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Mr. Tom Wallace 13. TITLE Deputy Secretary for Medicaid 14. DATE SUBMITTED 12/22/2021 FOR CMS 0 16. DATE RECEIVED 12/22/2021 PLAN APPROVED - O 18. EFFECTIVE DATE OF APPROVED MATERIAL 12/27/2021	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attn: Cole Giering ISE ONLY 17. DATE APPROVED 2/01/2022 INE COPY ATTACHED
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TVPED NAME Mr. Tom Wallace 13. TITLE Deputy Secretary for Medicaid 14. DATE SUBMITTED 12/22/2021 FOR CMS 0 16. DATE RECEIVED 12/22/2021 PLAN APPROVED - O 18. EFFECTIVE DATE OF APPROVED MATERIAL	15. RETURN TO Mr. Tom Wallace Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attn: Cole Giering ISE ONLY 17. DATE APPROVED 2/01/2022

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

Methods Used to Assure Transportation

Emergency and non-emergency transportation services are available to eligible Medicaid recipients.

Transportation services are available from public, private and commercial sources. The Agency for Health Care Administration (Agency) delegates oversight of non-emergency and emergency transportation services to managed care plans for recipients enrolled in a managed care plan as authorized under the 1115 Managed Medical Assistance Waiver and the 1915 (b)(c) Long-term Care Waiver. The Agency delegates oversight of non-emergency transportation services to qualified contracted entities (e.g., transportation brokers) for recipients not enrolled in a managed care plan as authorized under the 1915(b)(4) Non-Emergency Transportation Waiver. The Agency reimburses for emergency transportation services through a fee-for-service arrangement for recipients not enrolled in a managed care plan.

Non-emergency Transportation Services

Non-emergency transportation services are available to eligible Medicaid recipients who are unable to obtain transportation to a Medicaid-compensable service or make arrangements through any other available means. Medicaid reimburses for non-emergency transportation services that are provided by any of the following:

- · Commercial airlines.
- Non-emergency medical vehicles (Wheelchair or stretcher vans).
- Tayi
- Transportation network companies.
- Private vehicle.
- Private Non-profit agencies.
- Multi-load passenger van.
- Mass transit and public transportation systems.
- Ground and air ambulances.
- Ground ambulances subcontracted for use as Stretcher vans.

Non-emergency transportation services require prior approval by the managed care plan for recipients enrolled in a managed care plan or by the Agency's contracted transportation broker for recipients who are not enrolled in a managed care plan.

Medicaid does not reimburse the following for non-emergency transportation:

- Services provided in an inappropriate vehicle.
- Services available to the public free of charge.
- The time spent waiting on a recipient to receive a medical service.
- Services for inter-facility transfers based upon the preference of the recipient or the recipient's family.
- Transport to home and community-based waiver services.

Recipients in the following eligibility categories are not eligible to receive non-emergency transportation services:

- Recipients who have their own means of transportation;
- Recipients who, at the time of application for enrollment and/or at the time of enrollment, reside in an institution, except:
 - Recipients who reside in nursing facilities; and,
 - Pregnant women residing in institutions pursuant to section 1012 of Public Law No: 115-271:
 - Qualified Medicare Recipients;
 - Special Low Income Medicare recipients;
 - Qualified Medicare Recipients Renal Dialysis;
 - Qualified Individuals at Level 1;
 - Recipients who reside in residential commitment programs/facilities operated through the Department of Juvenile Justice;
 - Undocumented non-citizens; and
 - Recipients who are enrolled in the Family Planning Waiver.

Florida attests that all the minimum requirements outlined in 1902(a)(87) of the Social Security Act are met.

Emergency Transportation Services

Medicaid reimburses for emergency transportation services via land ambulance or air ambulance.

Medicaid does not reimburse the following for emergency transportation:

- Services for interfacility transfers based upon the preference of the recipient or the recipient's family.
- Transporting recipients who expire prior to pick up.

Transportation is also available to and from school under the provisions of Part B or Part C of the Individuals with Disabilities Education Act (I.D.E.A.) for children who receive school-based Medicaid compensable services that are indicated on their Individual Education Plans (IEP) or Individual Family Support Plans (IFSP).