Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #: 21-0011

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS-179
3) Approved SPA Pages
April 29, 2022

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

Re: Florida State Plan Amendment (SPA) 21-0011

Dear Mr. Wallace:

We have reviewed the proposed amendment to add section 7.4-A. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency to Florida’s Medicaid state plan, as submitted under transmittal number (TN) 21-0011. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 21-0011 is approved effective July 1, 2021.

Enclosed is a copy of the CMS 179 summary form and the approved state plan page.

Please contact Tandra Hodges at 404-562-7409 or by email at Tandra.Hodges@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER
2. STATE
   21 0 0 11
   FL

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
   July 1, 2021

5. TYPE OF PLAN MATERIAL (Check One)
   NEW STATE PLAN  AMENDMENT TO BE CONSIDERED AS NEW PLAN
   AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
   Title XIX, Section 1135 of the SSA,
   (42 CFR)

7. FEDERAL BUDGET IMPACT
   a. FFY 20-21 $0
   b. FFY 21-22 $ (8,126,638) 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 7.4-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
   Pages 90-99 of Section 7

10. SUBJECT OF AMENDMENT
    COVID-19 Emergency

11. 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

12. REQUISITION NUMBER

13. TYPED NAME
    Tom Wallace

14. TITLE
    Deputy Secretary for Medicaid

15. DATE SUBMITTED
    9/28/2021

16. RETURN TO
    Mr. Tom Wallace
    Deputy Secretary for Medicaid
    Agency for Health Care Administration
    2727 Mahan Drive, Mail Stop #8
    Tallahassee, FL 32308

    Attention: Cole Giering

17. DATE RECEIVED
    9/28/2021

18. DATE APPROVED
    4/29/2022

FOR REGIONAL OFFICE USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL
    7/1/2021

20. SIGNATURE OF REGIONAL ADMINISTRATOR

21. TYPED NAME
    Alissa Mooney DeBoy on Behalf of Anne Marie Costello

22. TITLE
    Deputy Director, Center for Medicaid and CHIP Services

23. REMARKS
    State authorized pen and ink changes on 4/7/2022
    Box 6 – Title XIX and Section 1135 of the Social Security Act, CFR 42
    Box 7 – a: 20-21 $0, b: 21-22 $0
    Box 8 – Att. 7.4-A
    Box 9 – New Page

FORM CMS-179 (07/02)

Instructions on Back

DIGITALLY SIGNED BY:
Alissa M. DeBoy - S
Date: 2022.04.29
07:43:14 -04'00'
7.4.A. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency

Effective July 1, 2021, the agency rescinds the election at E.2., E.4., and section G of section 7.4 (approved on 11/24/2020 in SPA Number FL-20-0004) of the state plan to allow federally qualified health centers to request supplemental wrap-around payments on a monthly basis, instead of quarterly, allow ICF/IIDs to request a change to their current reimbursement rates based on increased costs related to COVID-19, eliminate sanctions on nursing facilities for the late submission of Medicaid cost reports.