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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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



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 M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2022.04.29
07:42:42 -04'00'

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	1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> — <u>0</u> <u>0</u> <u>11</u>	2. STATE FL
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2021
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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 s.1155 of the Act & 42 CFR 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
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Pages 90-99 of Section 7 Attachment 7.4-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Pages 90-99 of Section 7 New Page
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10. SUBJECT OF AMENDMENT
COVID-19 Emergency

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 9/28/2021	18. DATE APPROVED 4 / 2 9 / 20 2 2
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2021	20. SIGNATURE OF REGIONAL ADMINISTRATOR Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy -S Date: 2022.04 29 07:43:14 -04'00'</small>
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

State/Territory: Florida

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.