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State/Territory Name: Florida

State Plan Amendment (SPA) #: 24-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

January 15, 2025

Brian Meyer
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32301

Re: Florida State Plan Amendment (SPA) 24-0003

Dear Deputy Secretary Meyer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0003. This amendment proposes to update language regarding behavioral analysis services to clarify eligible providers and excluded procedures.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.130(d). This letter informs you that Florida's Medicaid SPA TN 24-0003 was approved on January 15, 2025, effective October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Florida State Plan.

If you have any questions, please contact Kia Carter-Anderson at (404) 562-7431 or via email at Kia.Carter-Anderson@cms.hhs.gov.



Sincerely,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Ann Dalton
Kim Quinn

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 3</u>	2. STATE <u>FL</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(d)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024-25</u> \$ <u>0</u> b. FFY <u>2025-26</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, page 5c Attachment 3.1-B, page 6b		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, pages 5c & 5d Attachment 3.1-B, pages 6b & 6c	
9. SUBJECT OF AMENDMENT Behavior Analysis This amendment proposes to update language regarding behavioral analysis services to clarify eligible providers and excluded procedures.			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Mr. Brian Meyer Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, Florida 32301 Attention: Shanise Jackson	
12. TYPED NAME Brian Meyer			
13. TITLE Deputy Secretary for Medicaid			
14. DATE SUBMITTED 11-14-2024			
FOR CMS USE ONLY			
16. DATE RECEIVED 11/14/2024		17. DATE APPROVED 01/15/2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2024		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS State authorized Pen & Ink change to Box #9.			

Behavior Analysis Services

Description

Behavior analysis (BA) services are highly structured interventions, strategies, and approaches provided to restore appropriate behaviors by decreasing maladaptive behaviors.

Who Can Receive

Behavior analysis services are available for recipients under the age of 21 years for whom BA services are recommended by a licensed physician in accordance with 42 CFR 440.130(d) and are medically necessary for the restoration of the recipient to the best possible functional level.

Who Can Provide

Services must be performed by a practitioner who meets one of the following:

- Lead Analyst
 - Licensed in accordance with state law, with training and expertise in the field of behavior analysis; or
 - Board certified behavior analysts who are credentialed by the Behavior Analyst Certification Board®
- Board certified assistant behavior analysts who are credentialed by the Behavior Analyst Certification Board® and work under the supervision of a lead analyst
- Registered behavior technicians who are credentialed by the Behavior Analyst Certification Board® and work under the supervision of a lead analyst or board certified assistant behavior analyst

Allowable Benefits

- One behavioral assessment per recipient, per fiscal year.
 - The behavior assessment is used to identify specific factors associated with the occurrence of maladaptive behaviors, functional capacity, strengths and service needs used in the development of a behavior plan.
- Up to three behavior reassessments per recipient, per fiscal year.
- Up to 40 hours of behavior analysis intervention services, per week.
 - The implementation of BA interventions and ongoing monitoring of the recipient's progress towards goals in the behavior plan.
 - Behavior analysis interventions may include but are not limited to discrete trial teaching, chaining, prompting, fading, and shaping.

Behavior analysis services require prior authorization from the Agency for Health Care Administration (Agency) or the Agency's designee.

In accordance with section 1905(r)(5) of the Social Security Act, services that exceed coverage may be approved, if determined medically necessary.

Exclusions

- Any procedure or physical crisis management technique that involves the use of seclusion or manual, mechanical, or chemical restraint utilized to control behaviors.

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