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State/Territory Name: Florida

State Plan Amendment (SPA) #: 24-0012

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

March 5, 2025

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

Re: Florida State Plan Amendment (SPA) 24-0012

Dear Mr. Meyer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0012. This amendment makes technical and editorial changes to Private Duty Nursing services in Florida's State Medicaid Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.80. This letter informs you that Florida's Medicaid SPA TN 24-0012 was approved on March 4, 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 solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Ann Dalton
Kim Quinn
Shanise Jackson

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 - 0 0 1 2</u>	2. STATE <u>FL</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <u>October 1, 2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 440.80</u>	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 <u>Attachment 3.1-A page 13</u> <u>Attachment 3.1-A page 42</u> <u>Attachment 3.1-B page 13</u> <u>Attachment 3.1-B page 39</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-A page 13</u> <u>Attachment 3.1-A page 42</u> <u>Attachment 3.1-B page 13</u> <u>Attachment 3.1-B page 39</u>

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.80

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A page 13
Attachment 3.1-A page 42
Attachment 3.1-B page 13
Attachment 3.1-B page 39

9. SUBJECT OF AMENDMENT
Private Duty Nursing Services

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, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Brian Meyer

13. TITLE
Deputy Secretary for Medicaid

14. DATE SUBMITTED
11-14-2024

15. RETURN TO
Mr. Brian Meyer
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, Florida 32308
Attention: Shanise Jackson

FOR CMS USE ONLY

16. DATE RECEIVED <u>November 14, 2024</u>	17. DATE APPROVED <u>March 4, 2025</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>October 1, 2024</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and
Treatment of Conditions Found

Private Duty Nursing Services

Description

Private duty nursing services provide care to recipients whose medical condition, illness, or injury requires the care to be delivered in the home or community setting. Private duty nursing services are provided in accordance with 42 Code of Federal Regulations 440.80.

Who Can Receive

Private duty nursing services are available to recipients under the age of 21 years who require medically necessary private duty nursing services.

Who Can Provide

Private Duty nursing services are provided by registered nurses or licensed practical nurses in accordance with 42 CFR 470.80 who are either:

- Employed by a home health agency licensed in accordance sections 400.464 and 408.810, Florida Statutes (F.S.), and Rule Chapter 59A-8 and 59A-35, F.A.C.
- A licensed practical nurse or registered nurse licensed in accordance with Chapter 464, F.S. and working within the scope of their practice when there is no home health agency in the service area.

Allowable Benefits

Private duty nursing services are authorized for up to 24 hours per recipient, per day and must be prior authorized by the Agency for Health Care Administration or its designee.

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Amendment 2024-0012
Effective 10/01/2024
Supersedes 93-02
Approval 03/04/2025

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