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State/Territory Name: Florida

State Plan Amendment (SPA) #: 24-0015

This file contains the following documents in the order listed:

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

FL - Submission Package - FL2024MS00030 - (FL-24-0015) - Administration

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St.
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

February 26, 2025

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

Re: Approval of State Plan Amendment FL-24-0015

Dear Deputy Secretary Meyer,

On December 27, 2024, the Centers for Medicare and Medicaid Services (CMS) received Florida State Plan Amendment (SPA) FL-24-0015 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Florida State Plan Amendment (SPA) FL-24-0015 with an effective date(s) of October 01, 2024.

If you have any questions regarding this amendment, please contact Kia Carter-Anderson at kia.carter-anderson@cms.hhs.gov.

Sincerely,
James G. Scott
Director of Program Operations
Center for Medicaid & CHIP Services

FL - Submission Package - FL2024MS0003O - (FL-24-0015) - Administration

- Summary
- Reviewable Units
- Versions
- Correspondence Log
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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | FL2024MS0003O | FL-24-0015

CMS-10434 OMB 0938-1188

Package Header

Package ID	FL2024MS0003O	SPA ID	FL-24-0015
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	02/26/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Florida	Medicaid Agency Name:	Agency for Health Care Administration
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | FL2024MS0003O | FL-24-0015

Package Header

Package ID	FL2024MS0003O	SPA ID	FL-24-0015
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	02/26/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID FL-24-0015

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	10/1/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | FL2024MS0003O | FL-24-0015

Package Header

Package ID	FL2024MS0003O	SPA ID	FL-24-0015
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	02/26/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This state plan amendment assures Florida attestation for collecting information and submitting reports to CMS as required per 42 CFR 431.16 and with respect to the Child and Adult Core Sets at 42 CFR 437.10 through 437.15.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$440127

Federal Statute / Regulation Citation

42 CFR 431.16 and 437.10 through 437.15

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
2024-0015 CMS Mandatory Adult Behavioral Health and Child Core Set Reporting	12/26/2024 4:25 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | FL2024MS0003O | FL-24-0015

Package Header

Package ID	FL2024MS0003O	SPA ID	FL-24-0015
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	02/26/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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FL - Submission Package - FL2024MS0003O - (FL-24-0015) - Administration

Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | FL2024MS0003O | FL-24-0015

CMS-10434 OMB 0938-1188

Package Header

Package ID	FL2024MS0003O	SPA ID	FL-24-0015
Submission Type	Official	Initial Submission Date	12/27/2024
Approval Date	02/26/2025	Effective Date	10/1/2024
Superseded SPA ID	NEW		
User-Entered			

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☒
1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- ☒
1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☒
2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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