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State/Territory Name: Florida

State Plan Amendment (SPA) #: 25-0002

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

August 6, 2026

Brian Meyer
Deputy Secretary for Medicaid
Florida Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, Florida 32308

Re: Florida State Plan Amendment (SPA) – 25-0002

Dear Deputy Secretary Meyer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0002. This amendment proposes to update the clinic services pages, including the Four Walls exception.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act at Section 1905(a)(9) and pursuant to 42 C.F.R. § 440.90. This letter informs you that Florida's Medicaid SPA TN 25-0002 was approved on August 6, 2026, with an effective date of January 1, 2025.

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 redacts the signature of Mandy L. Strom.

Mandy L. Strom
Acting Deputy, Division of Program Operations

Enclosures

cc: Shanise Jackson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 5 — 0 0 0 2	2. STATE FL
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. 440.90		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024-25 \$ 0 b FFY 2025-26 \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 7 to Attachment 3.1-A pages 1-7 Supplement 1 to Attachment 3.1-B pages 1-7		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
9. SUBJECT OF AMENDMENT Clinic Services Four Walls Exception			
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, 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 32308 Attention: Shanise Jackson	
12. TYPED NAME Brian Meyer		FOR CMS USE ONLY	
13. TITLE Deputy Secretary for Medicaid			
14. DATE SUBMITTED 3-28-25		17. DATE APPROVED August 6, 2026	
PLAN APPROVED - ONE COPY ATTACHED			
16. DATE RECEIVED March 28, 2025		19. SIGNATURE OF APPROVING OFFICIAL 	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2025		21. TITLE OF APPROVING OFFICIAL Acting Deputy, Division of Program Operations	
20. TYPED NAME OF APPROVING OFFICIAL Mandy L. Strom			
22. REMARKS On 8/5/26, Florida authorized CMS to update CMS 179 to reflect changes to Box # 1 Transmittal Number and to Box # 7, to add Page Numbers of the Plan Section or Attachment. Updates are included in red.			

State Plan under Title XIX of the Social Security Act

State/Territory: FLORIDA

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances**[Select all three checkboxes below.]**

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope**[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☒ Limitations apply to all services within the benefit category.

Ambulatory Surgical Centers: services are limited to those procedures which can be safely done outside of the inpatient hospital setting as determined by Medicare and the state agency policy.

County Public Health Units: services are limited to one clinic encounter per recipient, per day, per provider for preventive or primary care. Service limits may be extended if determined medically necessary.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 2025-0002

Approval Date: 08/06/2026

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Effective: 01/01/2025

State Plan under Title XIX of the Social Security Act

State/Territory: FLORIDA

Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- ☐ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

- ☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☐ IHS and Tribal Clinics **[Select below if applicable.]:**

- ☐ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

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Section 1905(a)(9) Clinic Services

☒ Renal Dialysis Clinics **[Select below if applicable.]**:☒ Limitations apply only to this clinic type within the benefit category.
[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Peritoneal dialysis treatments occur as medically indicated and all care is coordinated by the freestanding dialysis center.

All dialysis treatments include: supervision, management, and training of the dialysis treatment routine, durable and disposable medical supplies, equipment, laboratory tests, support services, parenteral drugs and applicable drug categories (including substitutions) provided by and at the freestanding dialysis center.

☒ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]**:

Ambulatory Surgical Centers
County Public Health Units

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Section 1905(a)(9) Clinic Services



Limitations apply only to this clinic type within the benefit category.
[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Ambulatory Surgical Centers: services are limited to those procedures which can be safely done outside of the inpatient hospital setting as determined by Medicare and the state agency policy.

County Public Health Units: services are limited to one clinic encounter per recipient, per day, per provider for preventive or primary care. Service limits may be extended if determined medically necessary.

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Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**

- ☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
- ☐ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

- ☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**

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Section 1905(a)(9) Clinic Services

☐ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:

☐ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:

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State/Territory: FLORIDA

Section 1905(a)(9) Clinic Services

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

- ☐ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
 - The population experiences issues accessing services due to lack of transportation;
 - The population experiences a historical mistrust of the health care system; and
 - The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**

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Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances**[Select all three checkboxes below.]**

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope**[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☒ Limitations apply to all services within the benefit category.

Ambulatory Surgical Centers: services are limited to those procedures which can be safely done outside of the inpatient hospital setting as determined by Medicare and the state agency policy.

County Public Health Units: services are limited to one clinic encounter per recipient, per day, per provider for preventive or primary care. Service limits may be extended if determined medically necessary.

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Section 1905(a)(9) Clinic Services

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

- ☐ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]:**

- ☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

- ☐ IHS and Tribal Clinics **[Select below if applicable.]:**

- ☐ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].**

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Section 1905(a)(9) Clinic Services

Renal Dialysis Clinics **[Select below if applicable.]**:

Limitations apply only to this clinic type within the benefit category.
[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

Peritoneal dialysis treatments occur as medically indicated and all care is coordinated by the freestanding dialysis center.

All dialysis treatments include: supervision, management, and training of the dialysis treatment routine, durable and disposable medical supplies, equipment, laboratory tests, support services, parenteral drugs and applicable drug categories (including substitutions) provided by and at the freestanding dialysis center.



Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]**:

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County Public Health Units

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The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**

- ☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
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