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State/Territory Name:  Florida

State Plan Amendment (SPA) #: 15-0012

This file contains the following documents in the order listed:

1) Approval Letter
2) Companion letter
3) CMS 179 Form
4) Approved SPA Pages
December 22, 2015

Mr. Justin Senior
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mailstop #20
Tallahassee, Florida 32308

Attention: April Cook

RE: Title XIX State Plan Amendment, FL 15-0012

Dear Mr. Senior:

We have reviewed the proposed State Plan Amendment, FL 15-0012 which was submitted to the Atlanta Regional Office on September 29, 2015. This amendment proposes to terminate Florida’s 1915(i) State plan Home and Community Based Services (HCBS) benefit, the Florida Redirections program, effective July 1, 2015.

The state informed the Centers for Medicare & Medicaid Services (CMS) that it did not provide notice to participants because all individuals who were enrolled in Florida’s 1915(i) State plan HCBS Redirections program have continued to receive the same services through a state funded program. In the future, whenever an action is taken by the state that adversely affects a Medicaid beneficiary (e.g., termination of a Medicaid benefit), the beneficiary must receive notice in advance of the effective date of the action in accordance with 42 CFR §431.211. This Federal regulation applies even if the Medicaid benefits continue to be provided under a state-only funded program.

Based on the information provided, CMS is approving Medicaid State Plan Amendment FL 15-0012 as of December 22, 2015. The effective date of this amendment is July 1, 2015. We are enclosing the approved HCFA-179. A companion letter is also being issued with this approval to revise language from Attachment 4-19-B in the state plan.

If you have any questions or need any further assistance, please contact Etta Hawkins, R.Ph. at (404) 562-7429.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure
December 22, 2015

Mr. Justin Senior
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mailstop #20
Tallahassee, Florida  32308

RE:  Florida State Plan Amendment 15-0012

Dear Mr. Senior:

This letter is being sent as a companion to our approval of Florida state plan amendment (SPA) 15-0012 which was submitted to delete SPA pages associated with 1915(i) Home and Community Based Services (HCBS) Redirections Program. The 2015 Florida Legislature removed the authority for the state to draw federal matching funds to provide the HCBS offered through the Redirections Program.

Our review of FL SPA 15-0012 included a review of the entire language submitted on the SPA pages. Under section 1902(a) of the Act requires that states have a state plan for medical assistance that meets certain federal requirements that set out a framework for the state program. Implementing regulations at 42 CFR 430.10 requires that the state plan be a comprehensive written statement containing “all information necessary for CMS to determine whether the plan can be approved as a basis for federal financial participation (FFP) in the state program”. In addition, section 1902(a)(30)(A) of the Act requires that states have methods and procedures in place to assure that payments to providers are consistent with efficiency, economy and quality of care. To be comprehensive, payment methodologies should be understandable, clear and unambiguous. In addition, because the plan is the basis for FFP, it is important that the plan language provide an auditable basis for determining whether payment is appropriate.

The state will need to submit a new state plan amendment updating Attachment 4.19-B, Page 1.a, 41 and 42. The state must update the state plan language as listed:

1. Page 1.a., 41 of 4-19-B, need to delete the current language and update the following language for Private Duty Nursing (the XXXXXXX should be the specific date of the last updated fee schedule):

   Payment for Private Duty Nursing rates are based on a state developed fee schedule, which is the same as both governmental and private providers. The agency’s Private Duty Nursing rates were set as of XXXXXXX, effective for
services on or after this date. The fee schedules are published at

2. Page 1.a., 42 of 4-19-B, need to list the specific therapies covered under this state plan page. Need to delete the current language and update the following language for Therapies (the YYYYYYYY should be the listing of the specific therapies and XXXXXXX should be the specific date of the last updated fee schedule):

   Payment for YYYYYYYY Therapies rates are based on a state developed fee schedule, which is the same as both governmental and private providers. The agency’s YYYYYYY Therapies rates were set as of XXXXXXX, effective for services on or after this date. The fee schedules are published at http://portal.flmmis.com/flpublic.

Please respond to this letter and the related concerns raised in the companion letter to FL 15-0012 within 90 days with a state plan amendment that addresses the issues described above or a corrective action plan describing how you will resolve the issues identified above. During the 90-day period, we are happy to provide any technical assistance that you need. Failure to adequately address and correct the concerns within 90 days of this letter will necessitate issuance of an official CMS Compliance Letter.

If you have any questions or need any further assistance, please contact Sid Staton at (850) 878-3486.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
<td>2.</td>
<td>STATE Florida</td>
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<tr>
<td>3.</td>
<td>PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</td>
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<td>4.</td>
<td>PROPOSED EFFECTIVE DATE: July 1, 2015</td>
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<td>5.</td>
<td>TYPE OF PLAN MATERIAL: ☑ AMENDMENT</td>
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COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

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<td>6.</td>
<td>FEDERAL STATUTE/REGULATION CITATION: 1915(i)</td>
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<td>7.</td>
<td>FEDERAL BUDGET IMPACT: (in thousands)</td>
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<tr>
<td>FFY 2014-2015</td>
<td>$1,736</td>
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<td>FFY 2015-2016</td>
<td>($5,209)</td>
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<td>8.</td>
<td>PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</td>
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<tr>
<td>Supplement 5 to Attachment 3.1-A, pages 1-44 (which include pages 43 and 44 of 4.19-B within Supplement 5.)</td>
<td></td>
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<tr>
<td>Page 1.a of 3.1-A</td>
<td></td>
</tr>
<tr>
<td>Pages 1.a, 41 and 42 of 4.19-B</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <em>(If Applicable):</em></td>
</tr>
<tr>
<td>Page 1.a of 3.1-A</td>
<td></td>
</tr>
<tr>
<td>Pages 1.a, 41 and 42 of 4.19-B</td>
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10. SUBJECT OF AMENDMENT: 1915(i) Florida Redirections Program

11. 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: Reviewed by the Deputy Secretary for Medicaid who is the Governor’s designee. |

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//

13. TYPED NAME: Mr. Justin M. Senior

14. TITLE: Deputy Secretary for Medicaid

15. DATE SUBMITTED: 09/29/15

16. RETURN TO: Mr. Justin M. Senior
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308
Attention: April Cook

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 09/29/15
18. DATE APPROVED: 12-22-15

**PLAN APPROVED – ONE COPY ATTACHED**

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| 20. | SIGNATURE OF REGIONAL OFFICIAL: //s//

19. TYPED NAME: Jackie Glaze

21. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Ops

22. REMARKS:
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF FLORIDA
AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
DESCRIPTION OF LIMITATIONS
PREDETERMINATION OF ELIGIBILITY AND PRIOR AUTHORIZATIONS

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       2a.2 EPSDT- Early Intervention Services (Continued)
       2a.3 EPSDT- Early Intervention Services (Continued)
       2a.4 EPSDT- Early Intervention Services (Continued)
       2a.5 EPSDT- Early Intervention Services (Continued)
       2a.6 EPSDT- Early Intervention Services (Continued)
       2a.7 EPSDT- Early Intervention Services (Continued)
       2a.8 EPSDT- Early Intervention Services (Continued)
   2b. EPSDT- Rehabilitative Services (Mental Health)
       2b.1 EPSDT- Mental Health-(Continued)
       2b.2 EPSDT- Prescribed Pediatric Extended Care Center (PPEC)
       2b.3 EPSDT- School-Based Therapy Services
       2b.4 EPSDT- School-Based Psychological Services
       2b.5 EPSDT-School-Based Social Work Services
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       2b.7 EPSDT-School-Based Nursing Services by County Health Departments
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      5b. Comprehensive Community Support Services for Substance Abuse-Bachelor’s Degree Level
   6. EPSDT-Optometric Services
   7. EPSDT-Eyeglasses
   8. EPSDT-Hearing Services
   9. EPSDT-Hearing Aids
   10. EPSDT-Respiratory Services
   11. EPSDT-Home Health Therapies
      11a. Telemedicine Services
      12. EPSDT-Personal Care Services
      12a. EPSDT-Personal Care Services (Continued)
      13. EPSDT-Private Duty Nursing
      14. EPSDT-Therapy Services
      15. EPSDT-Prosthetic Devices
   16. EPSDT-Home Health Services-Durable Medical Equipment
      17. EPSDT-Chiropractic Services
      18. (Reserved)
      19. (Reserved)
      20. (Reserved)
   21. Inpatient Hospital Services
   22. Outpatient Hospital Services
   23. Emergency Hospital Services

Amendment 2015-012
Effective 7/01/15
Supersedes 2013-025
Approval: 12-22-15
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30a. Clinic Services-Ambulatory Surgical Centers  
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30c. Clinic Services-Freestanding Dialysis Center Services  
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33. Optometric Services  
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37. Hospice Services  
38. Nursing Facility Services for Individuals who are Mentally Ill  
39. Extended Service to Pregnant Women  
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53. Other X-Ray Services  
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16. HMO Obstetrical and Pediatric Coverage and Capitation Rates
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17b. HMO Obstetrical and Pediatric Coverage and Capitation Rates (Continued)
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22. (Reserved)
23. (Reserved)
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25. EPSDT Services
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*Amendment 2015-012*
*Effective 7/01/15*
*Supersedes 2013-025*
*Approval: 12-22-15*
PAYMENT OF SERVICES

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28c. Reimbursement Template for Physician Services (Continued)
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33a. Clinic Services: Ambulatory Surgical Centers
33b. Clinic Services: County Health Units
33c. Clinic Services: Freestanding Dialysis Center Services
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35. Emergency Services to Aliens
36. Federally Qualified Health Center Services
37. Case Management Services
38. (Blank)
39. Respiratory Services
40. Personal Care Services
41. Private Duty Nursing
42. Therapies
43. Durable Medical Equipment including Prosthetic Devices and Orthotics
44. Inpatient Psychiatric Services for Individuals under 21
45. Transplants
46. Dental Services
47. 1915(j) Self Directions Methodology
   Supplement I: Payment of Medicare Parts A, B and C Deductibles and Coinsurance
   Supplement II: FQHC Reimbursement Plan
   Supplement III: County Health Department Reimbursement Plan
   Exhibit I: Outpatient Hospital Reimbursement Plan
PRIVATE DUTY NURSING

10/1/90

Reimbursement is based on a fee schedule determined by the state agency and will not exceed the upper limits established through the application of the parameters of 42 CFR 447.304.
METHODS USED IN ESTABLISHING PAYMENT RATES

10/1/96

THERAPIES:

Reimbursement will be determined by the state agency and will not exceed the upper limits established through the application of the parameters of 42 CFR 447.304. All providers are reimbursed the lower of the state’s fee or the provider’s charge for the procedure code billed.