

Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #: 19-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303-8909



Atlanta Regional Operations Group

November 21, 2019

Beth Kidder
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mailstop #20
Tallahassee, FL 32308

RE: Title XIX State Plan Amendment 19-0007

Dear Ms. Kidder:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 19-0007. This amendment adds transportation network companies to the list of transportation modalities.

Based on the information provided, this amendment is approved on November 21, 2019. The effective date is October 1, 2019. We are enclosing the approved Form CMS-179 and plan pages. If you have any questions, please contact Cheryl L. Brimage at 404-562-7116 or by email at cheryl.brimage@cms.hhs.gov.

Sincerely,

/s/

Davida R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303-8909



Atlanta Regional Operations Group

November 21, 2019

Beth Kidder
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive MS #8
Tallahassee, FL 32308

RE: Florida State Plan Amendment 19-0007

Dear Ms. Kidder:

This letter is being sent as a companion to our approval of Florida State Plan amendment (SPA) 19-0007 which was submitted for transportation outlined within the State Plan Attachment 3.1-D Page 1 and 2.

Our review of FL SPA 19-0007 included a review of the 4.19-B transportation payment methodology. Section 1902(a) of the Social Security 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 require 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.”

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. Based on our review of the 4.19-B transportation payment methodology page, CMS determined that the language did not meet the comprehensiveness requirements.

We have listed the below options that generally are used by states to meet the comprehensiveness requirements of 42 CFR 430.10.

State Plan Concerns

Page 34 in Attachment 4.19-B of Florida’s State Plan describes the methods used in establishing payment rates for transportation services. In our review of this page, we could not clearly determine the payment methodology for emergency medical transportation services and transportation provided by school districts. Please see the below State Plan Options in order to update the language and methodology written on this page.

State Plan Options for Emergency Medical Transportation Services

1. States may include the actual rates paid to providers in the state plan.
2. States may include the precise formula in the state plan that explains how rates are set, allowing providers to reasonably estimate their Medicaid payment. The rate-setting formula must refer to a recognized standard for rate-setting. For example, the formula could:
 - a) provide for payment at a percentage of specified, published Medicare rates,
 - b) identify the components of a formula, e.g. Medicare relative value units multiplied by an identified conversion factor (set by the state) multiplied by a geographic adjustor (set by the state), or
 - c) identify a base rate (i.e. \$20 per 15 minute unit as of July 1, 2016) and an inflation factor (the exact percentage, or a nationally recognized factor) used to update rates on a regular basis (i.e. annually, on January 1).

A state may identify in the plan the “effective date” (see below) of a fee schedule. The language requires states to include in the plan the last date on which the schedule was updated and the published location of the fee schedule. It also indicates that the same rate is paid to governmental and private providers of the same service. If this is not the case, the state should explain the need for differing rates.

State Plan Options for Transportation Provided by School Districts

There are three main criteria for school-based services transportation:

- a) Transportation is provided in a specially adapted vehicle;
- b) The specialized medical transportation is specifically listed in the Individualized Education Program/Individualized Family Service Plan (IEP/IFSP) as a required service for a Medicaid enrolled child;
- c) A Medicaid IEP/IFSP medical service (other than transportation) is provided on the day that specialized medical transportation is billed.

It is our understanding that the school districts providing these services use cost reports to capture the costs for these transportation services. In order to step down the costs of these services to those only for Medicaid enrolled IEP/IFSP children we suggest the state use the Medicaid One Way Trip Ratio. An LEA-specific (Local Education Agency) Medicaid One Way Trip Ratio will be established for each participating LEA. When applied, this Medicaid One Way Trip ratio will discount the transportation costs by the percentage of Medicaid IEP one way trips. This ratio ensures that only Medicaid allowable transportation costs are included in the cost reconciliation. The Medicaid One Way Trip Ratio will be calculated based on the ratio of Medicaid Enrolled IEP/IFSP One Way Trips divided by the total number of IEP/IFSP One Way Trips. Attached please find a sample state plan page containing comprehensive language for Specialized Medical Transportation services in schools and for the process of capturing costs and a sample of what to include in the costs.

Ms. Beth Kidder

Page 3 of 3

Please respond to this letter and the related concerns raised in the companion letter to FL 19-0007 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 questions or need additional information, please contact Sid Staton, Funding Specialist, at (850) 878-3486.

Sincerely,

/s/

David R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South

Sample Comprehensive Specialized Medical Transportation Language for Cost-based methodologies:

1. Specialized Medical Transportation Services Payment Methodology

Effective for dates of service on or after DATE, specialized medical transportation services provided to Medicaid enrolled students with an IEP/IFSP will be paid on a cost basis. Providers will be paid an interim rate based on the STATE Medicaid fee schedule for specialized medical transportation services. For cost reports beginning with dates of service on or after DATE, and annually thereafter, provider specific cost reconciliation will occur to identify over and under payments.

- a. Specialized medical transportation services are allowed to or from a Medicaid covered direct IEP/IFSP service, which may be provided at a school or other location, as specified in the IEP/IFSP. Transportation may be claimed as a Medicaid service when the following conditions are met:
 - (a) Specialized medical transportation is specifically listed in the IEP/IFSP as a required service;
 - (b) A Medicaid IEP/IFSP medical service (other than transportation) is provided on the day that specialized medical transportation is billed.
 - (c) Transportation is provided in a specially adapted vehicle.
- b. Specialized transportation costs included on the cost report worksheet will only include those personnel and non-personnel costs associated with specialized medical transportation, reduced by any federal payments for these costs, resulting in adjusted costs for transportation. The costs identified on the cost report include the following:
 1. Personnel Costs - Personnel costs include the salary and benefit costs for transportation providers employed by the school district. The definitions for allowable salary and benefit costs for transportation services are the same as for direct medical service providers. The personnel costs may be reported for the following staff:
 - i. Bus Drivers
 - ii. Attendants
 - iii. Mechanics
 - iv. Substitute Drivers
 2. Transportation Other Costs -Transportation other costs include the non-personnel costs incurred in providing the specialized transportation service. These costs include:
 - i. Lease/Rental costs
 - ii. Insurance costs
 - iii. Maintenance and Repair costs
 - iv. Fuel and Oil costs
 - v. Contracted -Transportation Services and Transportation Equipment cost

3. Transportation Equipment Depreciation Costs - Transportation equipment depreciation costs are allowable for specialized transportation equipment purchased for more than \$5,000.

3. All specialized transportation costs reported on the annual cost report will be apportioned using the Medicaid One Way Trip Ratio.

Medicaid One Way Trip Ratio- An LEA-specific Medicaid One Way Trip Ratio will be established for each participating LEA. When applied, this Medicaid One Way Trip ratio will discount the transportation costs by the percentage of Medicaid IEP one way trips. This ratio ensures that only Medicaid allowable transportation costs are included in the cost reconciliation. The Medicaid One Way Trip Ratio will be calculated based on the ratio of Medicaid Enrolled IEP/IFSP One Way Trips divided by the total number of IEP/IFSP One Way Trips.

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

1. TRANSMITTAL NUMBER

1 9 0007

2. STATE

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2019

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 431.53

7. FEDERAL BUDGET IMPACT

a. FFY 2019-2020 \$ 0

b. FFY 2020-2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-D Page 1
Attachment 3.1-D Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-D Page 1
Attachment 3.1-D Page 2

10. SUBJECT OF AMENDMENT

Non-Emergency Transportation

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, ASSPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL
/s/

13. TYPED NAME
Beth Kidder

14. TITLE
Deputy Secretary for Medicaid

15. DATE SUBMITTED

16. RETURN TO

Ms. Beth Kidder
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308

Attention: Cole Giering

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 09/06/19

18. DATE APPROVED 11/21/19

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/19

20. SIGNATURE OF REGIONAL OFFICIAL
/s/

21. TYPED NAME Davida R. Kimble

22. TITLE Acting Deputy Director
Division of Medicaid Field Operations South

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF FLORIDA

Methods Used to Assure Transportation

Emergency and non-emergency transportation services are available to eligible Medicaid recipients.

Transportation services are available from public, private and commercial sources. The Agency for Health Care Administration (Agency) delegates oversight of non-emergency and emergency transportation services to managed care plans for recipients enrolled in a managed care plan as authorized under the 1115 Managed Medical Assistance Waiver and the 1915 (b)(c) Long-term Care Waiver. The Agency delegates oversight of non-emergency transportation services to qualified contracted entities (e.g., transportation brokers) for recipients not enrolled in a managed care plan as authorized under the 1915(b)(4) Non-Emergency Transportation Waiver. The Agency reimburses for emergency transportation services through a fee-for-service arrangement for recipients not enrolled in a managed care plan.

Non-emergency Transportation Services

Non-emergency transportation services are available to eligible Medicaid recipients who are unable to obtain transportation to a Medicaid-compensable service or make arrangements through any other available means. Medicaid reimburses for non-emergency transportation services that are provided by any of the following:

- Commercial airlines.
- Non-emergency medical vehicles (Wheelchair or stretcher vans).
- Taxi.
- [Transportation network companies.](#)
- Private vehicle.
- Private Non-profit agencies.
- Multi-load passenger van.
- Mass transit and public transportation systems.
- Ground and air ambulances.
- Ground ambulances subcontracted for use as Stretcher vans.

Non-emergency transportation services require prior approval by the managed care plan for recipients enrolled in a managed care plan or by the Agency's contracted transportation broker for recipients who are not enrolled in a managed care plan.

Medicaid does not reimburse the following for non-emergency transportation:

- Services provided in an inappropriate vehicle.
- Services available to the public free of charge.
- The time spent waiting on a recipient to receive a medical service.
- Services for inter-facility transfers based upon the preference of the recipient or the recipient's family.
- Transport to home and community-based waiver services.

Recipients in the following eligibility categories are not eligible to receive non-emergency transportation services:

- Recipients who have their own means of transportation;
- Recipients who, at the time of application for enrollment and/or at the time of enrollment, reside in an institution, except:
 - Recipients who reside in nursing facilities; and.
 - Pregnant women residing in institutions pursuant to section 1012 of Public Law No. 115-271;
- Qualified Medicare Recipients;
- Special Low Income Medicare recipients;
- Qualified Medicare Recipients Renal Dialysis;
- Qualified Individuals at Level 1;
- Recipients who reside in residential commitment programs/facilities operated through the Department of Juvenile Justice;
- Undocumented non-citizens; and
- Recipients who are enrolled in the Family Planning Waiver.

Emergency Transportation Services

Medicaid reimburses for emergency transportation services via land ambulance or air ambulance.

Medicaid does not reimburse the following for emergency transportation:

- Services for interfacility transfers based upon the preference of the recipient or the recipient's family.
- Transporting recipients who expire prior to pick up.

Transportation is also available to and from school under the provisions of Part B or Part C of the Individuals with Disabilities Education Act (I.D.E.A.) for children who receive school-based Medicaid compensable services that are indicated on their Individual Education Plans (IEP) or Individual Family Support Plans (IFSP).