

State/Territory: Florida

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided No limitations With limitations*
 Not Provided

b. Services of Christian Science nurses.

Provided No limitations With limitations*
 Not Provided

c. Care and services provided in Christian Science sanatoria.

Provided No limitations With limitations*
 Not Provided

d. Nursing facility services for patients under 21 years of age.

Provided No limitations With limitations*
 Not Provided

e. Emergency hospital services.

Provided No limitations With limitations*
 Not Provided

f. Personal care services furnished in recipient's home, and at the state's option, in another location, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided No limitations With limitations*
 Not Provided

*Description provided on Attachment.

TN No. 2011-001

Supersedes

Approval Date: 1-17-12

Effective Date: 10/1/11

TN No. 95-59

HCFA ID: 7986E

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER
21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND: (Continued)

CFR 440.167 (24f) 9. Personal Care Services must be prior-authorized by the state agency based upon medical necessity. Personal care services provided in a recipient's home must be furnished by an individual with health care training appropriate to the health care needs of the child. Recipients may receive personal care services through a licensed home health care agency or an individual or entity which is determined by the state agency to meet comparable standards for providing home based health care services, or at the state's option in another location not primarily engaged in providing services to individuals with mental health diagnoses. Personal care services are limited to a minimum of 1 hour and a maximum of 24 hours per day, per recipient.

10/1/11 Personal Care Services provided in a Prescribed Pediatric Extended Care (PPEC) must be medically necessary, ordered by a physician, outlined in the Plan of Care (POC), authorized by Medicaid or an approved designee, and provided daily up to 12 hours, or hourly up to 4 hours. PPEC rate methodology is described in Attachment 4.19-B of this plan and includes the following:

1. Basic Services as defined in 400.902, Florida Statutes – includes, but is not limited to, implementation of a comprehensive protocol of care, developed in conjunction with the parent or guardian, which specifies the medical, nursing, psycho-social and developmental therapies required by the medically dependent or technologically dependent child served, as well as the caregiver training needs of the child's legal guardian.
2. Medically Necessary Services as defined in 59g-1.010(202) Florida Administrative Code (FAC):
 1. Be necessary to protect life, prevent significant illness or disability or to alleviate severe pain;
 2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;
 3. Be consistent with generally accepted medical standards as determined by the Medicaid program, and not experimental or investigational;
 4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available;
 5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caregiver, or the provider.

Some examples of these specific services would be: physical assessment, oral hygiene, bathing and grooming, range of motion and positioning, toileting, tracheostomy care, medication administration, tube feedings, etc. per the recipient's plan of care.

PPEC providers that provide other Medicaid services not covered in the PPEC rates must be enrolled as a Medicaid provider of those services and follow the reimbursement requirements as specified in the Florida Medicaid coverage and limitations handbook for the specific service.

PPECs are licensed by the State, and must meet all State licensure laws and regulations based on established criteria and policies in 59A-13 FAC. Staffing includes the following, at a minimum:

1. Medical Director: National Board Certified Pediatrician
2. Director of Nursing: Licensed Registered Nurse (RN) with current certification in cardio pulmonary resuscitation (CPR) and a minimum of 2 years pediatric nursing experience and 6 months caring for medically fragile infants or children in a pediatric intensive care, neo-natal intensive care, PPEC or similar care setting during the last 5 years.
3. Registered Nursing Staff: Licensed RNs with 2 or more years of pediatric experience, 6 months caring for medically dependent or technologically dependent children, and current certification in CPR.
4. Licensed Practical Nurses: 2 years of experience in pediatrics and current certification in CPR. All LPNs must be supervised by an RN.
5. Direct Care Personnel: 1 year experience in care of infants and toddlers with employment references and current CPR certification. Must be supervised by an RN.

Physicians, Registered Nursing staff and Licensed Practical Nurses are also provided and described elsewhere in the plan, pursuant to 42 CFR 440.

All willing and qualified providers will be permitted to participate in accordance with 42 CFR 431.51. All medically necessary services will be provided to individuals qualifying under the EPSDT mandate.

State/Territory: Florida

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

22. Respiratory care services (in accordance with section 1902 (e)(9)(A) through C of the Act).
 Provided No Limitations With Limitations
 Not Provided
23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
 Provided No limitations With limitations
 Not Provided
- b. Services of Christian Science nurses.
 Provided No limitations With limitations
 Not Provided
- c. Care and services provided in Christian Science sanitoria.
 Provided No limitations With limitations
 Not Provided
- d. Nursing facility services for patients under 21 years of age.
 Provided No limitations With limitations
 Not Provided
- e. Emergency hospital services.
 Provided No limitations With limitations
 Not Provided
- f. Personal care services furnished in recipient's home, and at the state's option, in another location, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
 Provided No limitations With limitations
 Not Provided

TN No. 2011-001

Supersedes

Approval Date: 1/17/12

Effective Date: 10/1/11

TN No. 96-06

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER
21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND: (Continued)

CFR 440.167 9. Personal Care Services must be prior-authorized by the state agency based upon (23f) medical necessity. Personal care services provided in a recipient's home must be furnished by an individual with health care training appropriate to the health care needs of the child. Recipients may receive personal care services through a licensed home health care agency or an individual or entity which is determined by the state agency to meet comparable standards for providing home based health care services, or at the state's option in another location not primarily engaged in providing services to individuals with mental health diagnoses. Personal care services are limited to a minimum of 1 hour and a maximum of 24 hours per day, per recipient.

10/1/11 Personal Care Services provided in a Prescribed Pediatric Extended Care (PPEC) must be medically necessary, ordered by a physician, outlined in the Plan of Care (POC), authorized by Medicaid or an approved designee, and provided daily up to 12 hours, or hourly up to 4 hours. PPEC rate methodology is described in Attachment 4.19-B of this plan and includes the following:

1. Basic Services as defined in 400.902, Florida Statutes – includes, but is not limited to, implementation of a comprehensive protocol of care, developed in conjunction with the parent or guardian, which specifies the medical, nursing, psycho-social and developmental therapies required by the medically dependent or technologically dependent child served, as well as the caregiver training needs of the child's legal guardian.
2. Medically Necessary Services as defined in 59g-1.010(202) Florida Administrative Code (FAC):
 1. Be necessary to protect life, prevent significant illness or disability or to alleviate severe pain;
 2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs;
 3. Be consistent with generally accepted medical standards as determined by the Medicaid program, and not experimental or investigational;
 4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available;
 5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caregiver, or the provider.

Some examples of these specific services would be: physical assessment, oral hygiene, bathing and grooming, range of motion and positioning, toileting, tracheostomy care, medication administration, tube feedings, etc. per the recipient's plan of care.

PPEC providers that provide other Medicaid services not covered in the PPEC rates must be enrolled as a Medicaid provider of those services and follow the reimbursement requirements as specified in the Florida Medicaid coverage and limitations handbook for the specific service.

PPECs are licensed by the State, and must meet all State licensure laws and regulations based on established criteria and policies in 59A-13 FAC. Staffing includes the following, at a minimum:

1. Medical Director: National Board Certified Pediatrician
2. Director of Nursing: Licensed Registered Nurse (RN) with current certification in cardio pulmonary resuscitation (CPR) and a minimum of 2 years pediatric nursing experience and 6 months caring for medically fragile infants or children in a pediatric intensive care, neo-natal intensive care, PPEC or similar care setting during the last 5 years.
3. Registered Nursing Staff: Licensed RNs with 2 or more years of pediatric experience, 6 months caring for medically dependent or technologically dependent children, and current certification in CPR.
4. Licensed Practical Nurses: 2 years of experience in pediatrics and current certification in CPR. All LPNs must be supervised by an RN.
5. Direct Care Personnel: 1 year experience in care of infants and toddlers with employment references and current CPR certification. Must be supervised by an RN.

Physicians, Registered Nursing staff and Licensed Practical Nurses are also provided and described elsewhere in the plan, pursuant to 42 CFR 440.

All willing and qualified providers will be permitted to participate in accordance with 42 CFR 431.51. All medically necessary services will be provided to individuals qualifying under the EPSDT mandate.

REHABILITATIVE SERVICES

10/1/2011 Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Rehabilitative Services. The fee schedules are subject to annual/periodic adjustment. All rates, including current and prior rates, are published and maintained on the agency's fiscal agent website. Specifically, the fee schedules and any annual/periodic adjustments to the fee schedules are published at www.MyMedicaid-Florida.com.

Amendment: 2011-001
Effective: 10/1/11
Supersedes: 90-67
Approval: 1/17/12

10/1/2011 Personal Care Services: Prescribed Pediatric Extended Care (PPEC) recipients attend on an hourly basis up to four hours or a daily basis up to 12 hours, depending on the prescribed Plan of Care (POC). PPECs are reimbursed an hourly fixed rate up to four hours, and any stay exceeding four hours is paid a single daily fixed rate, not to exceed 12 hours. The rate does not include room and board costs. The Medicaid rates were originally determined by calculating a fixed rate from fiscal data obtained through 1989-90 cost reports provided by the Florida Department of Health, Children's Medical Services program which was previously responsible for providing PPEC services. The rate was calculated at no profit and includes basic services such as implementation and monitoring of the POC which is developed in conjunction with the parent or guardian, as defined in 400.902, Florida Statutes, and personal care services such as physical assessment, oral hygiene, bathing and grooming, range of motion and positioning, toileting, tracheostomy care, and medication administration, as defined in 59G-1.010(212) Florida Administrative Code. A 10% increase in the rate was mandated by the Florida Legislature July 1, 2006.

PPEC providers that provide other Medicaid services not covered in the PPEC rates must be enrolled as a Medicaid provider of those services and follow the reimbursement requirements as specified in the Florida Medicaid coverage and limitations handbook for the specific service.

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Prescribed Pediatric Extended Care. The agency's rates were set as of July 1, 2006, and are effective for services provided on or after that date. The fee schedule is subject to annual/periodic adjustment. All rates, including current and prior rates, are published and maintained on the agency's fiscal agent website. Specifically, the fee schedule and any annual/periodic adjustments to the fee schedule are published at www.MyMedicaid-Florida.com.