

## **Table of Contents**

**State/Territory Name: Florida**

**State Plan Amendment (SPA) #: 12-004**

This file contains the following documents in the order listed:

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

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



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June 25, 2012

Justin M. Senior  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop 8  
Tallahassee, FL 32308

Re: Florida Title XIX State Plan Amendment, Transmittal #12-004

Dear Mr. Senior:

We have reviewed the proposed Florida State Plan Amendment 12-004, which was submitted to the Atlanta Regional Office on March 30, 2012. This State Plan Amendment requests authority in Section 1902(q) of the Social Security Act to increase the personal needs allowance for certain individuals who are paying court ordered child support.

Based on the information provided, the Medicaid State Plan Amendment FL 12-004 was approved on June 21, 2012. The signed CMS-179 and the approved plan page are enclosed. The effective date of this amendment is March 30, 2012.

If you have any additional questions or need further assistance, please contact Rita Nimmons at (404) 562-7415 or [Rita.Nimmons@cms.hhs.gov](mailto:Rita.Nimmons@cms.hhs.gov).

Sincerely,

//s//

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 2012-004	2. STATE Florida
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE March 30, 2012	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 1902 (q) of the Act		7. FEDERAL BUDGET IMPACT: (in thousands) FY 2011-12 - \$304 FY 2012-13 - \$619	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 15 to Attachment 2.6-A Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Supplement 15 to Attachment 2.6-A Page 1	
10. SUBJECT OF AMENDMENT: Variations on the Personal Needs Allowance			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: Mr. Justin M. Senior Acting Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308  Attention: Robin Ingram	
13. TYPED NAME: Mr. Justin M. Senior			
14. TITLE: Acting Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 03/30/12			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 03/30/12		18. DATE APPROVED: 06/21/12	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/12		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

Revision: HCFA-PM-97-2  
December 1997

Supplement 15 To  
Attachment 2.6-A  
Page 1  
OMB. No.: 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Florida

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

An additional personal needs allowance is permitted in an amount equal to ½ of the gross amount of therapeutic wages up to a maximum of \$111.00 per month. The Department of Children and Families eligibility worker makes the determination. The higher personal needs allowance provides support for the working individual.

An additional personal needs allowance is permitted in an amount equal to the amount of court ordered child support paid by the individual to meet his court ordered obligation. Funds are protected only to the extent that the income was not already deducted under another provision in the post eligibility process.