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State/Territory Name: Florida

State Plan Amendment (SPA) #: 12-005

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



May 31, 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 #12-005

Dear Mr. Senior:

We have reviewed the proposed Florida State plan amendment (SPA) 12-005, which was submitted to the Atlanta Regional Office on March 27, 2012. This amendment is for implementation of an electronic Asset Verification System (AVS) that will verify the assets of blind, aged or disabled applicants and recipients of Medicaid as required by Section 1940 of the Social Security Act. Florida is required to implement the system by September 30, 2012.

Based on the information provided, the Medicaid State plan amendment FL 12-005 was approved on May 30, 2012. The signed CMS-179 and the approved plan pages are enclosed. The effective date of this amendment is January 1, 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.

Sincerely,

/s/

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

Enclosures

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193		
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	2012-005	Florida		
	3. PROGRAM IDENTIFICATION: TIT	TLE XIX OF THE		
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICA			
	SOCIAL SECORITI ACT (MEDICA	AID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2012			
	January 1, 2012			
DEPARTMENT OF HEALTH AND HUMAN SERVICES				
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 AME	NDMENT (Separate Transmittal for each	amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (in			
Section 1940	FY 2011-12: \$2,225	tilousands)		
Section 1940	The state of the s			
	FY 2012-13: \$2,225			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS			
Supplement 16 to Attachment 2.6-A	OR ATTACHMENT (If Applicable):	:		
	New			
10. SUBJECT OF AMENDMENT: Asset Verification System				
, and the second				
11. GOVERNOR'S REVIEW (Check One):				
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPEC	IFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Reviewed by the Deputy			
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	who is the Governor's de			
TO KEI'ET KECEIVED WITHIN 43 DATIS OF SODIMITINE	who is the Governor's de	esignee.		
12 CIONATUDE OF CTATE ACENOV OFFICIAL	16 DETUDNITO			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
//s//	Mr. Justin M. Senior			
13. TYPED NAME:	Deputy Secretary for Medicaid			
Mr. Justin M. Senior	Agency for Health Care Administration			
	2727 Mahan Drive, Mail Stop #8			
14. TITLE:	Tallahassee, FL 32308			
Deputy Secretary for Medicaid				
15. DATE SUBMITTED: 03/27/12	Attention: Robin Ingram			
	Attention: Room nigram			
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED: 03/27/12	18. DATE APPROVED: 05/30/12			
PLAN APPROVED – ON	E COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL ·		
01/01/12		TICIAL.		
	//s//			
21. TYPED NAME:	22. TITLE: Associate Regional adminis			
Jackie Glaze	Division of Medicaid & Children's Hea	ılth Opns		
23. REMARKS: Approved with the following changes				
Block # changed to read: Attachment 2.6-A pages 1 thru 3.				
210 11 pages 1 ditu 3.				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDA

ASSET VERIFICATION SYSTEM

1940(a) of the Act

1.

- The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
- C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
- D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
- E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

TN No.: 2012-005 Approval Date: 05/30/12 Effective Date: 01/01/12

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDA

ASSET VERIFICATION SYSTEM

2.	System Development	
	A.	The agency itself will develop an AVS.
		In 3 below, provide any additional information the agency wants to include.
	<u>X</u> B.	The agency will hire a contractor to develop an AVS.
		In 3 below provide any additional information the agency wants to include.
	C.	The agency will be joining a consortium to develop an AVS.
		In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.
	D.	The agency already has a system in place that meets the requirements for an acceptable AVS.
		In 3 below, describe how the existing system meets the requirements in Section 1.
	E.	Other alternative not included in A D. above.
		In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: FLORIDA

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Florida has prepared an ITN and will be reviewing bids during the months of April and May, 2012. The vendor will be required to implement the AVS system as of October 1, 2012.

The vendor selected will have a system that meets the requirements of Supplement 16 to Attachment 2.6-A, page 1.

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