
Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #: FL-13-0001

(In addition to the SPA noted above, this package contains other state plan amendment approvals)

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

The complete title XXI state plan for Florida consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-01-16 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

Mr. Justin Senior Acting Deputy Secretary Agency for Health Care Administration 2727 Mahan Drive, MS #20 Tallahassee, FL 32308-5403

NOV 1 8 2013

Dear Mr. Senior:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendments (SPAs) numbered FL-13-0001 and FL-13-0002 submitted on September 13, 2013 and related to Modified Adjusted Gross Income (MAGI) Eligibility have been approved with an effective date of January 1, 2014.

MAGI Eligiblity & Methods:

In this SPA, page CS15 provides assurance that the state will apply methodologies based on MAGI for all separate CHIP covered groups. Page CS7 indicates that, using the approved MAGI conversion plan income thresholds, the state will cover targeted low-income children, including a special program for children with disabilities. Page CS10 allows the state to cover children who have access to public employee coverage and updates the supporting documentation. These pages are attached to this letter and should be incorporated into the current CHIP state plan according to the table below. Where the current CHIP state plan contains relevant information, the new pages should replace and supersede the corresponding information throughout the current state plan.

New State Plan Page	Impact on Current State Plan Section
CS15: MAGI-Based Income Methodologies	Section 4.3: Add new subsection and supersede information on income eligibility and methods
CS7: Targeted Low-Income Children (except Children with Disabilities)	Sections 4.1.1, 4.1.2, 4.1.3: Supersede all
CS7: Special Program for Children with Disabilities	Sections 3.1, 3.2, 4.1.6, 4.1.9, 4.3 and 4.4.1: Supersede information on Children's Medical Services Network
CS10: Children Who Have Access to Public Employee Coverage	Section 4.4.1: Supersede information on dependents of employees of a public agency
CS10: Maintenance of Agency Contribution	Appendix: Supersede current documentation

XXI Medicaid Expansion:

SPA number FL-13-0002 converts the state's existing income eligibility standards to modified adjusted gross income (MAGI)-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your Title XXI project officer is Ms. LaVern Baty. She is available to answer questions concerning this amendment. Ms. Baty's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850

Telephone: (410) 786-5480 Facsimile: (410) 786-5882

E-mail: <u>Lavern.Baty@cms.hhs.gov</u>

Official communications regarding program matters should be sent simultaneously to Ms. Baty and to Ms. Jackie Glaze, Associate Regional Administrator, Centers for Medicare & Medicaid Services, Region 4, Ms. Jackie Glaze, Division of Medicaid and Children's Health Operations. Ms. Glaze's address is:

Centers for Medicare & Medicaid Services Division of Medicaid and Children's Health Operations Atlanta Federal Center, 4th Floor 61 Forsyth Street, SW, Suite 4T20 Atlanta, GA 30303-8909

If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,

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Eliot Fishman Director

Enclosures

cc: Jackie Glaze, ARA, CMS Region IV

Gail Hansen, MediKids Program, Agency for Health Care Administration

logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01 Children's Health Insurance **Program Eligibility** Home Finder Save Print Help FL.0314.R00.00 - Jan 01, 2014 Logout Control Panel Children's Health Insurance Program Eligibility: Summary **General Information** Page **File Management** State/Territory name: Florida **Transmittal Number: Tribal Input** Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four Summary digit number with leading zeros. The dashes must also be entered. FL-13-0001 Type of SPA: MAGI Eligibility & Methods XXI Medicaid Expansion ■ Establish 2101(f) Group ☐ Eligibility Processing Non-Financial Eligibility **Proposed Effective Date** 01/01/2014 (mm/dd/yyyy) Federal Statute/Regulation Citation CSY - 2102(b)(1)(B)(v) of the Social Security Act and 42 CFR 457.310, 315 and 320 **Federal Budget Impact** ■This SPA has a budget impact. Total budget impact: State Funds: Federal Funds: **Subject of Amendment** Please provide a brief summary of SPA changes. Character Count:628 CS7, CS10 and CS15 establish the MAGI income standards for all covered groups in the separate CHIP program. CS7 establishes eligibility for the targeted low-income children in the separate CHIP program and describes Title XXI Children's Medicaid Services for children with special health care needs. CS10 provides **Signature of State Agency Official** Submitted By: Gail Hansen Nov 5, 2013 Last Revision Date: Submit Date: Sep 13, 2013



FAQs | Site Map | Contact | Medicaid.gov | CMS.gov



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Eligibility for Medicaid Expansion Program		CS3
42 CFR 457.320(a)(2) and (3)		

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	0		192	206	X
+	6 .	19	112	133	X

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

proval Date: ______ Effective Date: _____



SPA # FL-13-0001

CHIP Eligibility

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Separate Child Health Insurance Program AGI-Based Income Methodologies CS1
102(b)(1)(B)(v) of the SSA and 42 CFR 457.315
The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).
In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.
If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
C The pregnant woman is counted just as herself.
The pregnant woman is counted just as herself, plus one.
• The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
Financial eligibility is determined consistent with the following provisions:
When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
When determining eligibility for current beneficiaries, financial eligibility is based on:
© Current monthly household income and family size.
O Projected annual household income for the remaining months of the current calendar year and family size.
In determining current monthly or projected annual household income, the state will use reasonable methods to:
☐ Include a prorated portion of the reasonably predictable increase in future income and/or family size.
Account for a reasonably predictable decrease in future income and/or family size.
Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
Household income includes actually available cash support, exceeding nominal amounts, provided No by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.
The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.
An attachment is submitted.

PRA Disclosure Statement

Approval Date: NOV 1 8 2013



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Approval Date: NOV 1 8 2013



					Control Number: 0938-1148 Expiration date: 10/31/2014
	d Health Insur argeted Low-In		The second secon		CS7
2102(b)(1)(B)(v)	of the SSA and 42	CFR 457.310, 315	and 320		
Targeted Low state.	v-Income Children	ı - Uninsured child	Iren under age 19 who	se household income is within sta	ndards established by the
▼ The CHIF	Agency operates t	his covered group	in accordance with the	following provisions:	
Age					
Must be unde	er age 19.				
Income Standards	1				
Income stan	dards are applied st	atewide. Yes			
standard	e any exceptions, e or a county income e Income Standard	e standard?	a county which may qu	alify under either a statewide inco	ome No
	ith lowest age range				
	ote that the lower b ldren for the same a			ighest standard used for Medicaid Up to & including (% FPL)	l poverty-
	1	6	140	210	X
1	6	19	133	210	X
				lanation. Include the age ranges faving different income standards.	or each
Special Program	for Children with D	isabilities			
	e have a special pro		with disabilities? Y	Yes Yes	
Program Des			, moome emidicii;		
SPA # FL-13-00	•	Арр	roval Date:	3 2013 Effec	stive Date: January 1, 2014



Describe disability criteria used.

Children's Medical Services Network (CMSN) offers a broad range of medical, therapeutic and supportive services for Title XXI eligible children with special health care needs. CMSN services focus on helping the child grow up healthier and includes prevention and early intervention services, primary care, medical and therapeutic specialty care, and long term care. Services are coordinated through nurses and social workers who help organize their child's care. Children enrolled in the CMSN receive the same benefits as those offered through the Medicaid program, including EPSDT services.

State law defines children with special health care needs as "those children younger than 21 years of age who have chronic and serious physical, developmental, behavioral, or emotional conditions and who require health care and related services of a type or amount beyond that which is generally required by children." (s. 391.021(2), F.S.)

The Florida KidCare application contains questions to identify a child has a special health care need. Such children are referred to CMSN for a clinical eligibility determination. CMSN uses a four level Clinical Eligibility Screening Guide. Except for levels three and four, screening is done by telephone with the parent. If a parent declines or cannot be located the child is reported as not clinically eligible. Level I identifies medical, developmental and behavioral health conditions that have lasted or are expected to last 12 months or longer. If clinical eligibility cannot be determined at the first level, the screener proceeds to Level II, which includes disability screening questions from the National Survey of Children with Special Health Care Needs. If clinical eligibility cannot be determined at Level II, Level III involves a medical record review. If clinical eligibility still cannot be determined, Level IV is a physical exam with the CMS medical director or designee.

Describe program, including additional benefits offered.

A child with a physical, developmental or behavioral special health care need receives the standard Medicaid benefit package, including the behavioral health services package, through the CMSN. Early intervention services, respite services, genetic testing, genetic and nutritional counseling, and parent support services may be offered, if such services are determined to be medically necessary. Effective July 1, 2009, CMSN clinically eligible children may elect to opt out of CMSN and enroll in MediKids or Healthy Kids, depending on their age.

Children who have serious emotional disturbance or substance dependence problems will be referred to the Department of Children and Families (DCF) for specialized behavioral health care services. DCF provides specialized behavioral health services for CMSN enrolled school-age children with serious emotional disturbance or substance abuse problems. These children receive their physical health care through CMSN.

The CMSN delivery system is a private provider network that includes local, regional and tertiary facilities and private health care providers. The delivery system incorporates a continuum of care that includes early intervention programs, primary and specialty care, and long term care. The specialty care providers are primarily Medicaid providers and meet additional credentialing criteria. The CMSN has a series of standards that are used to designate specialty components of the network. CMSN also has standards for the designation of hospital facilities in the network.

CMSN maintains physician-credentialing standards that exceed the standards of the National Committee for Quality Assurance. Specifically, primary care physicians must be Board Certified Pediatricians or Family Practitioners. There is a standard waiver process to grant exceptions to the standard under special circumstances and when in the best interests of the CMSN participants.

PRA Disclosure Statement

Approval Date NOV 1 8 2013



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V.20130709



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

		en Who Have Access to Public Employee Coverage	CS10
Sec	c. 2110(b)(2)(B) and ((b)(6) of the SSA	
	Children Who Hav	ve Access to Public Employee Coverage - Otherwise eligible targeted low-income children who have accessed on the basis of a family member's employment.	ocess to
	▼ The CHIP Ager	ncy operates this covered group in accordance with the following provisions:	
	Select one of the fol	llowing conditions as described in Section 2110(b)(6) of the Social Security Act:	
	Maintenance of	f agency contribution as provided in 2110(b)(6)(B) of the SSA.	
	C Hardship criteri	ia as provided in section 2110(b)(6)(C) of the Social Security Act.	
	Coverage under	r this option is extended to children whose household income is:	
	Select one of th	e options for the income standard when compared to Targeted Low Income Children	
	• The same a	as the standards for Targeted Low-Income Children	
	C Lower than	the income standards for Targeted Low-Income Children	· ·
	Indicate whethe certain children	er coverage under this option is extended to all children who have access to public employee coverage, on	r only
	All children	n who have access to public employee coverage	
	C Certain chi	ldren who have access to public employee coverage:	
	Attach met	hodology the state has used to calculate maintenance of agency contribution.	
		An attachment is submitted.	
		rovides assurance that the state will, on an annual basis, recalculate expenditures for each participating p letermine if the maintenance effort condition continues to be met.	ublic
	Children who a eligibility under	re eligible for public employee health benefits coverage who are not described above are excluded from r the plan.	
		lered to have access to public employee coverage, and therefore not excluded from CHIP through this op the definition of targeted low-income child provided at 42 CFR 457.310.	tion,

PRA Disclosure Statement

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V.20130917

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Dependents of State Employee Coverage Maintenance of Agency Contribution

The charts below show the total monthly and annual premium for career service and payall (payalls includes executive, legislative and judicial branch agencies for employees with enhanced benefits) state employee family coverage, broken out by the family's premium and the state's expenditure. The Consumer Price Index for medical expenses (CPI-Medical) rate is shown for each year and the inflation column represents the previous year's state expenditure multiplied by the CPI-Medical for that year. The result is the last column entitled "1997 Annual State Expenditure Increased by CPI". In order to meet the maintenance of agency contribution requirement to cover state employees using Title XXI funding, the actual state expenditures need to exceed the annual state expenditure increased by the CPI. The charts below show that the State of Florida meets the maintenance of agency contribution requirement with the state annual expenditure exceeding the annual state expenditure increased by the CPI for each year since 1997. Going forward, each year will be computed to ensure continued compliance with the maintenance of agency contribution requirement.

. A				Career Se	ervice State Emp	loyees		15 ja ja (0.84)	
Year	State Employee Health Insurance			State Employee Health Insurance					
	Total Family Monthly Premium	Employee Monthly Family Premium	State Monthly Expenditure	Total Family Annual Premium	Employee Annual Family Premium	State Annual Expenditure	CPI-Medical	Inflation	1997 Annual State Expenditure Increased by CPI
1997	\$361.72	\$93.58	\$268.14	\$4,340.64	\$1,122.96	\$3,217.68			\$3,217.68
1998	\$456.20	\$93.58	\$362.62	\$5,474.40	\$1,122.96	\$4,351.44	3.2%	\$102.97	\$3,320.65
1999	\$470.23	\$107.61	\$362.62	\$5,642.76	\$1,291.32	\$4,351.44	3.5%	\$116.22	\$3,436.87
2000	\$507.80	\$116.20	\$391.60	\$6,093.60	\$1,394.40	\$4,699.20	4.1%	\$140.91	\$3,577.78
2001	\$583.96	\$133.62	\$450.34	\$7,007.52	\$1,394.00	\$4,699.00	4.6%	\$164.58	\$3,742.36
2002	\$659.83	\$151.00	\$508.83	\$7,918.00	\$1,812.00	\$6,106.00	4.7%	\$175.89	\$3,918.25
2003	\$765.50	\$175.17	\$590.33	\$9,186.00	\$2,102.00	\$7,084.00	4.0%	\$156.73	\$4,074.98
2004	\$842.00	\$175.17	\$666.83	\$10,104.00	\$2,102.00	\$8,002.00	4.4%	\$179.30	\$4,254.28
2005	\$895.92	\$180.00	\$715.92	\$10,751.00	\$2,160.00	\$8,591.00	4.2%	\$178.68	\$4,432.96
2006	\$967.58	\$180.00	\$787.58	\$11,611.00	\$2,160.00	\$9,451.00	4.0%	\$177.32	\$4,610.28
2007	\$1,016.00	\$180.00	\$836.00	\$12,192.00	\$2,160.00	\$10,032.00	4.4%	\$202.85	\$4,813.13
2008	\$1,127.75	\$180.00	\$947.75	\$13,533.00	\$2,160.00	\$11,373.00	3.7%	\$178.09	\$4,991.21
2009	\$1,127.75	\$180.00	\$947.75	\$13,533.00	\$2,160.00	\$11,373.00	3.2%	\$159.72	\$5,150.93
2010	\$1,184.14	\$180.00	\$1,004.14	\$14,209.68	\$2,160.00	\$12,050.00	3.4%	\$175.13	\$5,326.06
2011	\$1,243.34	\$180.00	\$1,063.34	\$14,920.08	\$2,160.00	\$12,760.00	3.0%	\$159.78	\$5,485.85
2012	\$1,243.34	\$180.00	\$1,063.34	\$14,920.08	\$2,160.00	\$12,760.00	3.7%	\$202.98	\$5,688.82
2013	\$1,243.34	\$180.00	\$1,063.34	\$14,920.08	\$2,160.00	\$12,760.00	······································		

Approval Date: _____

				Payali St	ate Employe	es			
	State Employee Health Insurance			State Employee Health Insurance					1997 Annual
Year	Total Family Monthly Premium	Employee Monthly Family Premium	State Monthly Expenditure	Total Family Annual Premium	Employee Annual Family Premium	State Annual Expenditure	CPI- Medical	Inflation	State Expenditure Increased by CPI
1997	\$361.72	\$0.00	\$268.14	\$4,340.64	\$0.00	\$4,340.64			\$3,217.68
1998	\$456.20	\$0.00	\$362.62	\$5,474.40	\$0.00	\$5,474.40	3.2%	\$102.97	\$3,320.65
1999	\$470.23	\$0.00	\$362.62	\$5,642.76	\$0.00	\$5,642.76	3.5%	\$116.22	\$3,436.87
2000	\$507.80	\$0.00	\$391.60	\$6,093.60	\$0.00	\$6,093.60	4.1%	\$140.91	\$3,577.78
2001	\$583.96	\$0.00	\$450.34	\$7,007.52	\$0.00	\$7,007.52	4.6%	\$164.58	\$3,742.36
2002	\$508.83	\$0.00	\$508.83	\$6,106.00	\$0.00	\$6,106.00	4.7%	\$175.89	\$3,918.25
2003	\$590.33	\$0.00	\$590.33	\$7,084.00	\$0.00	\$7,084.00	4.0%	\$156.73	\$4,074.98
2004	\$666.83	\$0.00	\$666.83	\$8,002.00	\$0.00	\$8,002.00	4.4%	\$179.30	\$4,254.28
2005	\$715.92	\$0.00	\$715.92	\$8,591.00	\$0.00	\$8,591.00	4.2%	\$178.68	\$4,432.96
2006	\$787.58	\$0.00	\$787.58	\$9,451.00	\$0.00	\$9,451.00	4.0%	\$177.32	\$4,610.28
2007	\$836.00	\$0.00	\$836.00	\$10,032.00	\$0.00	\$10,032.00	4.4%	\$202.85	\$4,813.13
2008	\$947.75	\$0.00	\$947.75	\$11,373.00	\$0.00	\$11,373.00	3.7%	\$178.09	\$4,991.21
2009	\$1,127.75	\$0.00	\$947.75	\$13,533.00	\$0.00	\$13,533.00	3.2%	\$159.72	\$5,150.93
2010	\$1,184.14	\$30.00	\$1,004.14	\$14,209.68	\$360.00	\$13,849.68	3.4%	\$175.13	\$5,326.06
2011	\$1,243.34	\$30.00	\$1,063.34	\$14,920.08	\$360.00	\$14,560.08	3.0%	\$159.78	\$5,485.85
2012	\$1,243.34	\$30.00	\$1,063.34	\$14,920.08	\$360.00	\$14,560.08	3.7%	\$202.98	\$5,688.82
2013	\$1,243.34	\$30.00	\$1,063.34	\$14,920.08	\$360.00	\$14,560.08			