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State/Territory Name: Florida

State Plan Amendment (SPA) #:13-0019-MM5

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Atlanta Regional Office 61 Forsyth Street, Suite 4T20 Atlanta, GA 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

February 24, 2014

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

Dear Mr. Senior:

Enclosed is an approved copy of Florida's state plan amendment (SPA) 13-0019-MM5, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 27, 2013. SPA 13-0019-MM5 establishes the state's residency requirements in accordance with the Affordable Care Act. This SPA was approved on February 21, 2014. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the back of Florida's approved state plan. In addition, a summary of the state plan pages which are superseded by SPA 13-0019-MM5 is also enclosed.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Etta Hawkins, at either 404-562-7429 or by email at Etta.Hawkins@cms.hhs.gov.

Sincerely,

//s//

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

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name:

Florida

Transmittal Number:

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 digit number with leading zeros. The dashes must also be entered.

FL-13-0019

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

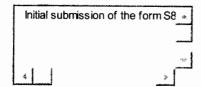
4s CFR 43

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

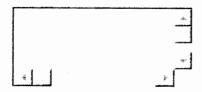
Character Count: out of 2000



Governor's Office Review

- Comments of Governor's office received

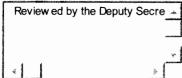
Describe:



- o No reply received within 45 days of submittal
- o Cther, as specified

Describe:





· Signature of State Agency Official

Submitted By:

April Cook

Last Revision Date:

Nov 26, 2013

o Submit Date:

0

SUPERSEDING PAGES OF STATE PLAN MATERIAL				
TRANSMITTAL NUMBER:	STATE:			
FL-13-0019-MM5	Florida			
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):			
S88 Non-Financial Eligibility- State Residency	Section 2, Page 13, Item 2.3, TN 87-21 Attachment 2.6-A, Page 3, Item 4, TN 13-0020 MM6			



OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014 Non-Financial Eligibility **S88** State Residency 42 CFR 435.403 State Residency The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions. Individuals are considered to be residents of the state under the following conditions: Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and: Intends to reside in the state, including without a fixed address, or Entered the state with a job commitment or seeking employment, whether or not currently employed. Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live. Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children: Residing in the state, with or without a fixed address, or The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married: Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state. Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement. Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state. Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state. IV-E eligible children living in the state, or

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Otherwise meet the requirements of 42 CFR 435.403.

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Meet the criteria specified in an inters	tate agreement.							
• Yes C No								
The state has interstate agreements with the following selected states:								
	⊠ Illinois	Montana						
Alaska	🔀 Indiana	Nebraska	South Carolina					
Arizona	∐ Iowa	Nevada	South Dakota					
Arkansas		New Hampshire	▼ Tennessee					
California	Kentucky	New Jersey	▼ Texas					
Colorado	∑ Louisiana	New Mexico	⊠ Utah					
Connecticut	Maine	☐ New York	∨ Vermont					
Delaware	Maryland	North Carolina	∇irginia					
District of Columbia	Massachusetts	North Dakota	⊠ Washington					
☐ Florida	Michigan	○ Ohio	West Virginia					
☐ Georgia	Minnesota	⊠ Oklahoma	⊠ Wisconsin					
	Mississippi	○ Oregon						
	Missouri	Pennsylvania						
The interstate agreement con status and criteria for resolving	tains a procedure for providing disputed residency of indiv	g Medicaid to individuals pend riduals who (select all that apply	ing resolution of their residency y):					
Are in the state only for	Are in the state only for the purpose of attending school							
Are out of the state only	Are out of the state only for the purpose of attending school							
Retain addresses in both	Retain addresses in both states							
⊠ Other type of individual								

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 Name of Type	Description	
Adult in NH with Home in Another State	Adults in Florida nursing facilities with a home in another state and who intend to return to that home are considered to be Florida residents and the home is considered to be homestead property. Florida has agreements with the following states: Alabama, Alaska, Arkansas, California, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, West Virginia and Wisconsin.	X

The state has a policy related to individuals in the state only to attend school.

C Yes 6 No

Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

Provide a description of the definition:

An individual may be temporarily absent from the State if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined the individual is a resident there for purposes of Medicaid.

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 40 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.

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Florida

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