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State/Territory Name: Florida

State Plan Amendment (SPA) #: 14-0005-MM4

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

May 23, 2014

Mr. Justin Senior
Deputy Secretary for Medicaid
2727 Mahan Drive, MS#8
Tallahassee, Florida 32308

Re: Title XIX State Plan Amendment, FL 14-0005 MM4

Dear Mr. Senior:

Enclosed is an approved copy of Florida's state plan amendment (SPA) 14-0005 MM4, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 28, 2014. SPA 14-0005-MM4 establishes the single state agency and entities responsible for determinations of eligibility and appeals/fair hearings in accordance with the Affordable Care Act. This SPA was approved on May 23, 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a separate section at the back of Florida's approved state plan, as well as a summary of the state plan pages which are superseded by SPA 14-0005-MM4, which should be incorporated into a separate section in the front of the state plan.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions, please contact Etta Hawkins at 404-562-7432 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-14-0000

- **Proposed Effective Date**

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

- **Federal Statute/Regulation Citation**

42 CFR 430

- **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

State Plan Administration, Desig

- **Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

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

Describe:

Character Count: out of 2000

Reviewed by the Deputy Secre

- **Signature of State Agency Official**

- Submitted By:

April Cook

- Last Revision Date: May 22, 2014
-
- Submit Date: Feb 28, 2014
-

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER: FI 2014-0005		STATE: Florida	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A1 – A3	COMPLETE PAGES SUPERSEDED: Pages 1-9 Attachment 1.1-A (Attorney General certification) Attachment 1.2-A (Organizational chart) Attachment 1.2-B (Description of the functions of the single state agency) Attachment 1.2-C (Description of professional medical and supporting staff) Attachment 1.2-D	PARTIAL PAGES SUPERSEDED: Section 1.4 (page 9)(State Medical Care Advisory Committee only. Tribal consultation will remain in the state plan.)	
		A1-A2	
		Notwithstanding any other provisions of the Medicaid State Plan, the agencies designated in A1 and A2 will determine eligibility for coverage to the extent specified in A1 and A2.	



Medicaid Administration

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

State Plan Administration Designation and Authority A1

42 CFR 431.10

Designation and Authority

State Name:

Florida

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Agency for Health Care Administration

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

State Medicaid Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

Section 409.902(1), Florida Statutes

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No



Medicaid Administration

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY): 05/21/14

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Department of Children and Families (IV-A Agency)

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

The Agency for Health Care Administration (AHCA) delegates its authority to conduct fair hearings to the Department of Children and Families (DCF), the state's Title IV-A agency. The Office of Appeals Hearings, part of DCF's Office of Inspector General, is responsible for conducting fair hearings pursuant to 42 CFR Part 431, Subpart E, for Medicaid applicants and recipients pertaining to eligibility and service-related appeals. This agreement is defined in the "State of Florida Cooperative Agreement for Medicaid between the Agency for Health Care Administration and the Department of Children and Families."

DCF's Office of Appeal Hearings employs full time hearing officers to conduct hearings.

AHCA retains oversight over the State Plan and the development and issuance of policies, rules and regulations on program matters.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

The Agency for Health Care Administration retains oversight of the State Plan and will establish a process to monitor the appeals process, including the quality and accuracy of the final decisions made by the Department of Children and Families.

The Agency for Health Care Administration will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact the Department of Children and Families and how to obtain information about fair hearings from that agency.

The Agency for Health Care Administration will ensure that the Department of Children and Families complies with all federal and state laws, regulations and policies.

Add

The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration
Organization and Administration A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

AGENCY FOR HEALTH CARE ADMINISTRATION
STATEMENT OF AGENCY ORGANIZATION AND OPERATION

GENERAL DESCRIPTION

The Agency for Health Care Administration (the Agency) is the chief health policy and planning entity for the state. The Agency is responsible for health facilities licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to



Medicaid Administration

health care facilities and managed care plans; the implementation of the Certificate of Need program; the operation of the Florida Center for Health Information and Policy Analysis; the administration of the Medicaid program; the administration of the Title XXI program; the certification of health maintenance organizations and prepaid health clinics; and other duties prescribed by statute or agreement.

The head of the Agency is the Secretary, who is appointed by the Governor, subject to confirmation by the Senate.

ORGANIZATIONAL STRUCTURE

The Agency is divided into various units and subunits as follows:

Chief of Staff

The Chief of Staff's office coordinates Medicaid and health care regulation policy with other state agencies, the Florida Legislature and the federal government. This office oversees Communications, Legislative Affairs, and the Division of Information Technology, and serves as the liaison to the Florida Washington Office.

Division of Operations

The Division of Operations is the Agency's business support unit. It assists the Agency with financial, personnel and support related functions. This division is also responsible for Third Party Liability activities which include; casualty recovery, estate recovery, and Medicare and other third party payer recoveries.

Division of Health Quality Assurance

The Division of Health Quality Assurance is responsible for:

- state licensure, federal certification, and criminal background checks for owners, operators and certain health care provider staff;
- routine and complaint inspections and plans and construction reviews for certain facilities;
- providing consumer and public information regarding health care facilities including licensure and inspection information to the public and public record requests;
- performing financial reviews and analysis for licensure and regulatory assessments; and
- commercial managed care regulation, including network verification licensure, complaint investigations, and subscriber grievance review.

Division of Medicaid

The Division of Medicaid directs all Medicaid program planning and development activities. It plans, develops, organizes and monitors program planning, reimbursement policies and oversees provider and consumer relations. The Division prepares the Medicaid annual budget, administers the Medicaid fiscal agent contract and formulates long-term plans for service delivery. It contains the following subunits:

Assistant Deputy Secretary for Medicaid Finance

The Assistant Deputy Secretary for Medicaid Finance is responsible for:

- data analysis, forecasting of Medicaid caseloads and expenditures, setting rates for health plans reimbursed on a capitated basis, managing risk adjustment payments and processes, calculating cost effectiveness and budget neutrality for all 1915(b) and 1115 waivers, and performing audits on nursing home cost reports.
- developing and monitoring the Medicaid budget, coordinating the preparation of legislative budget requests, developing Medicaid cost reimbursement plans for nursing homes and hospitals, forecasting future program costs and calculating the impact of federal program changes on the Florida Medicaid program.
- monitoring all activities of the Medicaid fiscal agent for compliance with the contract agreement and all federal mandates, state rules and regulations; coordinating eligibility information transfer between the Department of Children and Families' FLORIDA eligibility system and Florida Medicaid Management Information System; assisting Medicaid providers in claims resolution; managing and coordinating Florida Medicaid HIPAA activities in conjunction with the HIPAA Privacy and Security Compliance Office; assisting providers with enrollment and re-enrollment into the Medicaid program; and all systems hardware and software processes, changes and additions.

Assistant Deputy Secretary of Medicaid Operations

The Assistant Deputy Secretary for Medicaid Operations is responsible for:

- developing, coordinating and implementing Medicaid program coverage policies and procedures; administering the program's medical authorization functions; developing and maintaining the Medicaid State Plan, administrative rules and manuals;



Medicaid Administration

coordinating policy development with other departmental entities and health care organizations; preparing and maintaining federal Medicaid waivers; and analyzing the impact of new and amended state and federal laws and rules; developing and maintaining managed care contracts and managed care policy;

- managing contracts for research and evaluations of Medicaid programs; establishing and enforcing quality standards for Medicaid health care programs; overseeing federally mandated evaluations of waiver programs; and sponsoring research in areas that impact Medicaid.

Assistant Deputy Secretary for Medicaid Health Systems

The Assistant Deputy Secretary for Medicaid Health Systems is responsible for:

- managing Medicaid managed care contracts;
- managing Field Offices that are responsible for monitoring the implementation of Medicaid policies and procedures; providing technical assistance, consultation and training to providers, governmental agencies and community organizations; assisting in the recruitment and retention of Medicaid providers; and assisting Medicaid enrollees and providers with issues related to Medicaid services.
- overseeing the comprehensive beneficiary managed care Choice Counseling program, including special services for the disabled and recipients with special health care needs; and overseeing the Medicaid enrollment broker contract that enrolls Medicaid recipients in health plans.

Inspector General

The Inspector General works to ensure that the Agency's programs and services comply with all applicable laws, policies and procedures. This unit includes the Bureau of Medicaid Program Integrity, which is responsible for overseeing the activities of Medicaid recipients and Medicaid providers and their representatives to ensure that fraudulent and abusive behavior and neglect of recipients is mitigated, and for recovering overpayments and imposing sanctions. The Inspector General's office is also responsible for investigations or inquiries designed to detect and prevent fraud, waste, misconduct, mismanagement and other abuses within the Agency; conducting reviews, audits, management consulting engagements and control self- assessments; and advising and assisting the Agency in its compliance efforts and to assist Medicaid beneficiaries in exercising their rights under HIPAA.

General Counsel

The General Counsel functions as the chief legal advisor to the Secretary in his/her official capacity. The duties of the Office of the General Counsel include: providing counsel to Agency staff regarding legal issues that arise in the day-to-day operation of the Agency; representing the Agency in lawsuits in which the Agency or its employees are named in their official capacity; functioning as the Chief Ethics Officer for the Agency; and serving as the Agency's liaison to the general counsels of other state agencies and the Governor's Office of General Counsel.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.



Medicaid Administration

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The Agency for Health Care Administration (Agency) is the state Medicaid agency. All health, human service and public assistance agencies, including the Agency, are under the purview of the Governor. The Governor appoints, and the Senate confirms, the head of each agency.

The following outlines the Agency's involvement with the state's health, human service and public assistance agencies, as well as other state organizational entities:

Agency for Persons with Disabilities: implements the Medicaid home and community based services waiver program for individuals with intellectual disabilities; operates intermediate care facilities for individuals with intellectual disabilities.

Department of Children and Families: is the state's Title IV-A agency; implements policy and determines Medicaid eligibility for all MAGI and non-MAGI eligibility categories other than those determined by the Social Security Administration; is the single state authority on substance abuse and mental health with the Substance Abuse and Mental Health (SAMH) Program and is responsible for the oversight of a statewide system of care for the prevention, treatment, and recovery of children and adults with serious mental illnesses or substance abuse disorders; is the state's child welfare agency.

Department of Elder Affairs: conducts level of care assessments for the Institutional Care Program and home and community based services waivers; is the operating agency overseeing the Program of All-inclusive Care for the Elderly; conducts monitoring functions for the Statewide Medicaid Managed Care Long-term Care program.

Department of Health: provides medical care to children with chronic disabling conditions or potentially disabling conditions through Children's Medical Services; assists with planning and implementing preventive health care programs and primary care programs; provides child health checkup, family planning and primary care services; operates Medicaid home and community based services waiver programs; licenses healthcare practitioners.

Department of Transportation: coordinates planning for the transportation of disadvantaged individuals.

Office of the Attorney General: investigates and prosecutes Medicaid provider and recipient fraud.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Department of Children and Families (DCF) is the state's Title IV-A agency. The Economic Self-Sufficiency Program/ ACCESS Florida Program is a division within DCF responsible for determining eligibility for all Medicaid populations (MAGI and non-MAGI groups) other than those determined by the Social Security Administration.

Economic Self-Sufficiency Specialist:

Processes applications and redeterminations for the purpose of determining eligibility for the Medicaid Program. This process includes collecting and updating required eligibility information on applicants, recipients and their households members while interacting with the Florida Online Recipient Integrated Data Access (FLORIDA) computer system, for the purpose of establishing



Medicaid Administration

eligibility for the Economic Self-Sufficiency Public Assistance Programs.

Interview Clerk:

Primary responsibility to review applications for the basic demographic information on applications; performs statewide clearance/prior contact, check/collateral contacts; and reconciles any discrepancies on all household members through the Florida Online Recipient Integrated Data Access (FLORIDA) computer system. This may require assisting the applicant in the completion of the application for assistance.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes No

State Plan Administration Assurances

A3

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.



Medicaid Administration

- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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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