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State/Territory Name: Florida

State Plan Amendment (SPA) #:14-001

This file contains the following documents in the order listed:

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

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 21, 2014

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

Attention: April Cook

RE: Title XIX State Plan Amendment (SPA), FL 14-001

Dear Mr. Senior:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA), Transmittal Number FL-14-001. This SPA was received by the CMS on February 5, 2014. SPA 14-001 was submitted to comply with Section 4107 of the Affordable Care Act requiring coverage of face-to-face counseling for cessation of tobacco use by pregnant women.

Based on the information provided, the Medicaid State Plan Amendment FL 14-001 was approved on March 21, 2014. The effective date of this amendment is January 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Etta Hawkins at (404) 562-7429 or Etta.Hawkins@cms.hhs.gov.

Sincerely,

//s//

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

Enclosures

| | | | |
|--|--|--|---------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 2014-001 | 2. STATE Florida |
| FOR: HEALTH CARE FINANCING ADMINISTRATION | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE January 1, 2014 | |
| 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: Section 4107 of the Patient Protection and Affordable Care Act Social Security Act Section 1905(bb) | | 7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2013-2014 \$111 FFY 2014-2015 \$37 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 2 Attachment 3.1-A page 39a (new) Attachment 3.1-A page 1-1a (Index) Attachment 4.19-B page 28 Attachment 4.19-B page 28b Attachment 4.19- B page 29 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A page 2 Attachment 3.1-A page 1-1a (Index) Attachment 4.19-B page 28 Attachment 4.19-B page 28b Attachment 4.19-B page 29 | |
| 10. SUBJECT OF AMENDMENT: Tobacco Cessation Counseling for Pregnant Women | | | |
| 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 Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308 Attention: April Cook | |
| 13. TYPED NAME: Mr. Justin M. Senior | | | |
| 14. TITLE: Deputy Secretary for Medicaid | | | |
| 15. DATE SUBMITTED: 02-05-14 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 02-05-14 | | 18. DATE APPROVED: 03-21-14 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-14 | | 20. SIGNATURE OF REGIONAL OFFICIAL: //s// | |
| 21. TYPED NAME: Jackie Glaze | | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns | |
| 23. REMARKS: | | | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF FLORIDA

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
DESCRIPTION OF LIMITATIONS
PREDETERMINATION OF ELIGIBILITY AND PRIOR AUTHORIZATIONS

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STATE OF FLORIDA

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Tobacco Cessation Counseling Services for Pregnant Women

4. d

1) Face-to-Face Tobacco Cessation Counseling Services provided:

1-1-14

(i) By or under supervision of a physician; and

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or*

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: No limitations X With limitations*

Please describe any limitations:

*Pregnant women are allowed up to two (2) quit attempts per 12 month period and as many as four (4) counseling sessions per quit attempt.

Amendment 2014-001
Effective 01/01/14
Supersedes New
Approval 03-21-14

METHODS USED IN ESTABLISHING PAYMENT RATES

- 1/1/14 INDIVIDUAL PRACTITIONERS SERVICES - (Doctors of Medicine, Chiropractic, Osteopathy, Dentistry, Optometry and other individual Practitioners services) -
 Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of physician, chiropractic, osteopathic, dental, optometric, and podiatric services. The agency's fee schedule rate is in effect for services provided on or after January 1, 2014. All rates, including current and prior rates, are published and maintained on the agency's website. Specifically, the fee schedule and any annual/periodic adjustments to the fee schedule including the Primary Care Rate Increase referenced in section 1902 (a) (13) (C) of the Social Security Act are published at www.MyMedicaid-Florida.com.
- 1/1/01 Medicaid will only reimburse doctors of medicine, osteopathy, and other individual practitioner services for mobile services under contractual agreement with a Federally Qualified Health Center or a County Health Department. Medicaid will only reimburse those practitioners whose mobile Rural Health Clinic (RHC) units are certified by Medicare as mobile RHCs in accordance with Title 42 Code of Federal Regulations.
- Medicaid will only reimburse doctors of optometry for mobile services under contractual agreement with a Federally Qualified Health Center. Medicaid will only reimburse those practitioners whose mobile Rural Health Clinic (RHC) units are certified by Medicare as mobile RHCs in accordance with Title 42 Code of Federal Regulations.
- 7/1/01 Medicaid will only reimburse doctors of dentistry for mobile services under contractual arrangement with a Federally Qualified Health Center, County Health Department, state approved dental educational institution, or for services rendered to recipients age 21 and over at nursing home facilities.
- Reimbursement for mobile services is made directly to the CHD, FQHC or RHC on a cost-based reimbursement method. Reimbursement to the individual practitioners contracting with these entities is made directly by the CHD, FQHC or RHC with whom they contract the services provided.
- Medicaid will not reimburse for mobile services for radiology procedures or interpretations if the service was provided by a mobile provider.

Amendment 2014-001
 Effective 01/01/2014
 Supersedes 2013-002
 Approval 03-21-14

METHODS USED IN ESTABLISHING PAYMENT RATES

01/01/14 OTHER PRACTITIONER SERVICES

Advanced Registered Nurse Practitioner, Nurse Midwife, Licensed Midwife, Physician Assistant and Registered Nurse First Assistant Services:

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of advanced registered nurse practitioner, nurse midwife, licensed midwife, physician assistant and registered nurse first assistant services. The agency's fee schedule rate is in effect for services provided on or after January 1, 2014. All rates, including current and prior rates, are published and maintained on the agency's fiscal agent website. Specifically, the fee schedule and any annual/periodic adjustments to the fee schedule are published at www.MyMedicaid-Florida.com