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State/Territory Name: Florida

State Plan Amendment (SPA) #: 14-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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 CENTERS FOR MEDICARE & MEDICAID SERVICES

October 28, 2014

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

RE: Florida State Plan Amendment, Transmittal #14-009

Dear Mr. Senior:

Florida submitted state plan amendment 14-009 that was received by the Centers for Medicare & Medicaid Services (CMS) on September 17, 2014. The proposed effective date of this amendment is July 1, 2014. The purpose of this amendment is to increase the Personal Needs Allowance (PNA) from \$35 to \$105 for individuals and \$70 to \$210 for couples, for Social Security and Medicaid eligible nursing home residents and for individuals in Intermediate Care Facilities.

Based on the information provided, we are now ready to approve Florida SPA 14-009 as of October 27, 2014. The signed CMS-179 and the approved plan page are enclosed.

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 FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2014-009	2. STATE Florida
		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 July 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: 42 CFR part 435		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2013-2014 \$5,243 FFY 2014-2015 \$15,978	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 4a of Attachment 2.6-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Page 4a of Attachment 2.6-A	
10. SUBJECT OF AMENDMENT: Personal Needs Allowance Increase			
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: 09/17/14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09-17-14		18. DATE APPROVED: 10-27-14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-14		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

State: FLORIDA

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind disabled: Individuals <u>\$ 105</u> Couples <u>\$ 210</u></p> <p>For the following persons with greater need:</p> <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children <u>\$ 105</u> Adults <u>\$ 105</u></p> <p>For the following persons with greater need:</p> <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met .</p> <p>c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A. <u>\$ 105</u></p>