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State/Territory Name: Florida

State Plan Amendment (SPA) #:14-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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

June 17, 2015

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

Re: Title XIX State Plan Amendment, FL 14-0016

Dear Mr. Senior:

Enclosed is an approved copy of Florida's state plan amendment (SPA) 14-0016 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 29, 2014. SPA 14-0016 makes technical and editorial changes, eliminates outdated language and clarifies that Medicaid managed care plans may be designated to authorize non-emergency transportation services for plan enrollees.

Based on the information provided, the Medicaid State Plan Amendment FL 14-0016 is approved June 17, 2015. The effective date of this amendment is October 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

If you have any questions, 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: 2014-016	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 October 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):			
<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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.53		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2014-2015 \$0 FFY 2015-2016 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-D		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-D	
10. SUBJECT OF AMENDMENT: Non-Emergency Transportation Services			
11. GOVERNOR'S REVIEW (Check One):			
<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: 12/29/14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/29/14		18. DATE APPROVED: 06/17/15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/14		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with following changes as authorized by state agency on emails dated 05/20/15. Block # 8 changed to read: Attachment 3.1-D pages 1 and 2. Block # 89 changed to read: Attachment 3.1-D page 1.			

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

Methods Used to Assure Transportation

Emergency and non-emergency transportation services are available to eligible Medicaid recipients.

Transportation services are available from public, private and commercial sources. The Agency for Health Care Administration (Agency) delegates oversight of non-emergency and emergency transportation services to managed care plans for recipients enrolled in a managed care plan as authorized under the 1115 Managed Medical Assistance Waiver and the 1915 (b)(c) Long-term Care Waiver. The Agency delegates oversight of non-emergency transportation services to qualified contracted entities (e.g., transportation brokers) for recipients not enrolled in a managed care plan as authorized under the 1915(b)(4) Non-Emergency Transportation Waiver. The Agency reimburses for emergency transportation services through a fee-for-service arrangement for recipients not enrolled in a managed care plan.

Non-emergency Transportation Services

Non-emergency transportation services are available to eligible Medicaid recipients who are unable to obtain transportation to a Medicaid-compensable service or make arrangements through any other available means. Medicaid reimburses for non-emergency transportation services that are provided by any of the following:

- Commercial airlines.
- Non-emergency medical vehicles (Wheelchair or stretcher vans).
- Taxi.
- Private vehicle.
- Private Non-profit agencies.
- Multi-load passenger van.
- Mass transit and public transportation systems.
- Ground and air ambulances.
- Ground ambulances subcontracted for use as Stretcher vans.

Non-emergency transportation services require prior approval by the managed care plan for recipients enrolled in a managed care plan or by the Agency's contracted transportation broker for recipients who are not enrolled in a managed care plan.

Medicaid does not reimburse the following for non-emergency transportation:

- Services provided in an inappropriate vehicle.
- Services available to the public free of charge.
- The time spent waiting on a recipient to receive a medical service.
- Services for inter-facility transfers based upon the preference of the recipient or the recipient's family.
- Transport to home and community-based waiver services.
- Recipients in the following eligibility categories are not eligible to receive non-emergency transportation services:

- Recipients who have their own means of transportation;
- Recipients who, at the time of application for enrollment and/or at the time of enrollment, reside in an institution with the exception of nursing facilities;
- Qualified Medicare Recipients;
- Special Low Income Medicare recipients;
- Qualified Medicare Recipients Renal Dialysis;
- Qualified Individuals at Level 1;
- Recipients who reside in residential commitment programs/facilities operated through the Department of Juvenile Justice;
- Undocumented non-citizens; and
- Recipients who are enrolled in the Family Planning Waiver.

Emergency Transportation Services

Medicaid reimburses for emergency transportation services via land ambulance or air ambulance.

Medicaid does not reimburse the following for emergency transportation:

- Services for interfacility transfers based upon the preference of the recipient or the recipient's family.
- Transporting recipients who expire prior to pick up.

Transportation is also available to and from school under the provisions of Part B or Part C of the Individuals with Disabilities Education Act (I.D.E.A.) for children who receive school-based Medicaid compensable services that are indicated on their Individual Education Plans (IEP) or Individual Family Support Plans (IFSP).