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State/Territory Name: Florida

State Plan Amendment (SPA) #:15-0013

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, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 21, 2016

Mr. Justin Senior
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mailstop #20
Tallahassee, FL 32308

ATTN: April Cook

Re: Florida Title XIX State Plan Amendment 15-0013

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 15-0013, received on December 30, 2015. This amendment modifies aspects of intermediate care facility services by ensuring the provision of 24-hour medical, habilitative and health-related services to recipients diagnosed with an intellectual disability or related condition.

Based on the information provided, this amendment was approved on March 21, 2016. The effective date is December 31, 2015. We are enclosing the approved form HCFA-179 and plan pages. If you have any questions, please contact Cheryl L. Brimage at 404-562-7116 or cheryl.brimage@cms.hhs.gov.

Sincerely,

//s//

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2015-013	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 12/31/15	
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 483		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2013-2014 \$0 FFY 2014-2015 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4, 4.14 pg. 46 Attachment 4.19-C pg.1 Section 4, 4.14 pg. 50 Attachment 4.19-C pg.2 (new) Attachment 3.1-A pg. 55 Attachment 4.14-B pg.1 Attachment 4.14-B pg.2 (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Section 4, 4.14 pg. 46 Attachment 4.19-C pg. 1 Section 4, 4.14 pg. 50 Attachment 3.1-A pg. 55 Attachment 4.14-B pg. 1	
10. SUBJECT OF AMENDMENT: Intermediate Care Facility Services			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Reviewed by the Deputy Secretary for Medicaid <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 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	
13. TYPED NAME: Mr. Justin M. Senior		Attention: April Cook	
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 12-30-15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12-30-15		18. DATE APPROVED: 03-21-16	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12-31-15		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

METHODS OF UTILIZATION REVIEW IN INSTITUTIONS

Utilization review in institutions is accomplished as follows:

- (a) In Title XVIII/XIX nursing facilities and swing bed hospital, utilization review is suspended in accordance with the provision of OBRA '87.
- (b) In mental hospitals, utilization review is performed by the Institutional Utilization Review Committee.

Amendment: 2015-013
Effective: 12/31/15
Supersedes: 92-60
Approval: 03/21/16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Florida

METHODS OF UTILIZATION REVIEW IN INTERMEDIATE CARE FACILITY SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

Utilization review in XIX facilities is accomplished as follows:

The Agency or designee will conduct utilization reviews in intermediate care facilities for individuals with intellectual disabilities. If the utilization reviews are delegated the designee must conduct reviews in accordance with terms of an agreement with the Medicaid agency.

Amendment: 2015-013
Effective: 12/31/15
Supersedes: 92-60
Approval: 03/21/16

PAID BED RESERVATION POLICY

Medicaid reimbursable absences from a long-term care institution are described below. All leave must be documented in a resident's plan of care and approved by a physician.

- A. INPATIENT HOSPITALIZATION Up to eight days per hospitalization for each nursing facility resident approved for the institutional care program (ICP). Up to eight days per hospitalization for each hospice enrolled nursing home resident approved for the institutional care program (ICP). Up to 15 days per hospitalization for each state mental health hospital (age 65 years and older) resident. There is no annual maximum. One day is described as an overnight stay from the facility.

- B. THERAPEUTIC LEAVE DAYS Therapeutic leave means a resident leaves the facility to go to a family-type setting and not to another facility. Family type settings include a private home, boarding home or assisted living facility. One day of therapeutic leave is described as an overnight stay from the facility.

- (1) Nursing Facility Residents: Up to 16 days per state fiscal year (July 1 through June 30).

- (2) State Mental Health Hospital Residents (age 65 years and older): Up to 30 days per state fiscal year (July 1 and June 30). Each visit over three consecutive days must be prior authorized.

- (3) Nursing Facility Residents Enrolled in Hospice: Up to 16 days per state fiscal year (July 1 through June 30).

Amendment: 15-013
Supersedes: 04-016
Effective: 12/31/15
Approved: 03/21/16

Intermediate Care Facility Services for Individuals with Intellectual Disabilities
(ICF/IID)

Intermediate Care Facility services for Individuals with Intellectual Disabilities (ICF/IID) may be provided in accordance with 42, CFR 440.150 and 442, Subpart C, by facilities licensed in accordance with Chapter 400, Part VIII, F.S. for recipients with an intellectual disability, or other related condition.

Limitation:

- 1) The recipient's need for ICF/IID services must be determined by the agency's designee based on medical necessity.

Amendment: 2015-013
Supersedes: 96-12
Effective: 12/31/15
Approved: 03/21/16

PAID BED RESERVATION POLICY

INTERMEDIATE CARE FACILITY SERVICES FOR INDIVIDUALS WITH INTELLECTUAL
DISABILITIES

Medicaid reimburses for leave days for Intermediate Care Facility services for Individuals with Intellectual Disabilities (ICF/IID) as described below.

- A. HOSPITALIZATION Up to 15 days per hospitalization for each recipient. There is no annual maximum. Recipients are not entitled to an additional 15 days of hospitalization immediately following an infirmary stay.
- B. THERAPEUTIC LEAVE Up to 45 days per state fiscal year. Therapeutic leave means a resident leaves the facility to go to a family-type setting and not to another facility.

One day is described as an overnight stay away from the facility.

All leave days must be documented in a recipient's plan of care and approved by a physician.

State/Territory: Florida

Citation
42 CFR, 431.50;
42 CFR, 456.2;
50 FR, 15312
1902 (a)(30) and
1902(d) of the
Act, P.L. 99-509
(Section 9312)

4.14 Utilization/Quality Control

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR, Part 456 are met:

Directly

By undertaking medical and utilization review requirements through a contract with the Agency's designee selected under 42 CFR, Part 475. The contract with the designee---

- (1) Meets the requirements of 42 CFR, 434.6(a)
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to the designee's review;
- (4) Ensures that the designee's review activities are not inconsistent with the QIO review of Medicare services; and
- (5) Includes a description of the extent to which the designee determinations are considered conclusive for payment purposes.

State: _____ Florida _____

Citation
42 CFR, 456.2
50 FR, 15312

- 4.14 (e) The Medicaid agency meets the requirements of CFR 456, Subpart F, for control of the utilization of intermediate care facilities for individuals with disabilities. Utilization review in facilities is provided through:
- Facility-based review.
 - Direct review by personnel of the medical assistance unit of the State agency.
 - Personnel under contract to the medical assistance unit of the State agency.
 - Quality Improvement Organization
 - Another method as described in ATTACHMENT 4.14-A.
 - Two or more of the above methods. Attachment 4.14-B describes the circumstances under which each method is used.
- Not applicable. Intermediate care facility services are not provided under this plan.

Amendment 2015-013

Supersedes
TN No. 87-26

Effective Date 12/31/15
Approval Date 03/21/16