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### **State/Territory Name: Florida 16-0002**

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

July 27, 2016

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

ATTN: April Cook

RE: Title XIX State Plan Amendment 16-0002

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 16-0002. This amendment reflects changes to the Florida Medicaid private duty nursing reimbursement methodology as directed by the companion letter dated December 22, 2015 (Florida State Plan Amendment 15-0012). This amendment also serves to reflect changes to the Florida Medicaid Private Duty Nursing State Plan pages by allowing up to twenty four hours per recipient, per day, of private duty nursing services for recipients under the age of 21 years, when medically necessary.

Based on the information provided, this amendment was approved on July 27, 2016. The effective date is July 1, 2016. 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

Enclosure

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2016-002	Florida
EOD HEALTH CADE EINANCING ADMINISTEDATION	3. PROGRAM IDENTIFICATION: TI	TLE XIX OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDIC.	
		,
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2016	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (in	tnousands)
42 CFR 440.80	FFY 2015-2016 \$0	
	FFY 2016-2017 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
Attachment 3.1-A page 13	OR ATTACHMENT (If Applicable):	
Attachment 3.1-B page 13	Attachment 3.1-A page 13	
Attachment 4.19-B page 41	Attachment 3.1-B page 13	
	Attachment 4.19-B page 41	
10 CUDIFCE OF AMENDMENT D' 44 D 4 M v'		
10. SUBJECT OF AMENDMENT: Private Duty Nursing		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	⊠ OTHER, AS SPEC	TEIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		aty Secretary for Medicaid
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	who is the Governor's	
NO RELET RECEIVED WITHIN 45 DATS OF SODMITTAL	who is the Governor's	designee.
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
//s//	Mr. Justin M. Senior	
13. TYPED NAME:	Deputy Secretary for Medicaid	
Mr. Justin M. Senior	Agency for Health Care Administra	tion
14. TITLE:	2727 Mahan Drive, Mail Stop #8	
Deputy Secretary for Medicaid	Tallahassee, FL 32308	
15. DATE SUBMITTED: 03-03-16	-	
13. DATE SUDMITTED. 03-03-10	Attention: April Cook	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 18. DATE APPROVED: 07/27/16		
03/30/16	18. DATE AFFROVED. 07/27/10	
	E CODY ATTACHED	
PLAN APPROVED - ON		TY CY A Y
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
07/01/16	//s//	
21. TYPED NAME:	22. TITLE: Associate Regional Admini	
Jackie Glaze	Division of Medicaid & Children Healt	h Opns
23. REMARKS:		

## EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

#### PRIVATE DUTY NURSING SERVICES

#### Description

Private duty nursing services provide care to recipients whose medical condition, illness, or injury requires the care to be delivered in the home or community setting. Private duty nursing services are provided in accordance with 42 Code of Federal Regulations 440.80.

#### Who Can Receive

Private duty nursing services are available to recipients under the age of 21 years who require medically necessary private duty nursing services.

#### Who Can Provide

- Home health agencies licensed in accordance with section 408.810, Florida Statutes (F.S.), and Rule Chapter 59A-8, Florida Administrative Code.
- Independent licensed practical nurses licensed in accordance with Chapter 464, F.S.
- Independent registered nurses licensed in accordance with Chapter 464, F.S.

#### Allowable Benefits

Private duty nursing services are authorized for up to 24 hours per recipient, per day and must be prior authorized by the Agency for Health Care Administration or its designee.

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#### **Private Duty Nursing**

Payments for private duty nursing rates are based on a state developed fee schedule, which is the same for both governmental and private providers. The agency's Private Duty Nursing rates were set as of 7/1/2016, effective for services on or after this date. The fee schedules are published at: http://ahca.myflorida.com/medicaid/review/Promulgated.shtml