Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #:16-0007

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

June 8, 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 16-0007

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 16-0007. This amendment updates outdated language pertaining to visual services coverage policy. The update includes two pair of eyeglasses per 365 days for children and one pair of eyeglasses every two years for adults.

Based on the information provided, this amendment is approved on June 8, 2016. The effective date is January 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

TED A NOW TOWARD A AND NOW CE OF A DDD OX A LOSE	1. TRANSMITTAL NUMBER:	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	2016-007	Florida
STATE PLAN MATERIAL	2010-007	Fiorida
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
	SOCIAL SECURITY ACT (MEDIC	AID)
TO PEGIONAL ADMINISTRATION	A PROPOSED PERSONNED AND	
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	
42 CFR 440.335	FFY 2015-2016 \$0	tilousanus)
42 CFR 440.333	FFY 2016-2017 \$0	
O DACE MUMBER OF THE REAM CECTION OF ATTACHMENT	·	EDED DI AN CECTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
Attachment 3.1-A page 7	OR ATTACHMENT (If Applicable):	
Attachment 3.1-A page 34	Attachment 3.1-A page 7	
Attachment 3.1-B page 7	Attachment 3.1-A page 34	
Attachment 3.1-B page 34	Attachment 3.1-B page 7	
Attachment 4.19-B page 26	Attachment 3.1-B page 34	
	Attachment 4.19-B page 26	
10. SUBJECT OF AMENDMENT: Visual Services		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	CIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Reviewed by the Deputy Secretary for Medicaid	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	who is the Governor's	designee.
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
//s//	Mr. Justin M. Senior	
	Deputy Secretary for Medicaid	
13. TYPED NAME:	Agency for Health Care Administra	tion
Mr. Justin M. Senior	2727 Mahan Drive, Mail Stop #8	
14. TITLE:	Tallahassee, FL 32308	
Deputy Secretary for Medicaid	Talianassee, FL 32308	
15. DATE SUBMITTED: 03/29/16	Attantiana Assil Cast	
	Attention: April Cook	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 03/29/16	18. DATE APPROVED: 06/08/16	
	122120 122100 100 10	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
01/01/16	20. SIGNATURE OF REGIONAL OF	1 101/112.
		:-44
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Admin	
22 DEMARKS A 1 14 4 6 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Division of Medicaid & Children Healt	
23. REMARKS: Approved with the following changes to block #6 authorization by state agency on response dated 5/13/16.		
DI 1 #6 1 1 42 CFD 440 120(1)		
Block #6 changed to read: 42 CFR 440.120(d)		

Early and Periodic Screening and Diagnosis of recipients under the age of 21 years, and Treatment of conditions found:

4. Description

Visual aid services provide visual aids to recipients to alleviate visual impairments.

Who Can Receive

Visual aid services are available to Florida Medicaid recipients under the age of 21 years who require medically necessary visual aid services.

Who Can Provide

Practitioners certified or licensed within their scope of practice.

Allowable Benefits

- Eyeglasses
 Up to two pairs per 365 days
- Contact Lenses

For limited conditions and requires prior authorization by the Agency for Health Care Administration or its designee

 In accordance with section 1905(a) of the Social Security Act, codified in Title 42 of the United States Code 1396d(a), services that exceed coverage may be approved, if determined medically necessary. The provider is required to obtain prior authorization from the Agency or its designee. For non-Early and Periodic Screening and Diagnosis recipients 21 years of age and older:

12d. Description - Eyeglasses

Visual aid services provide visual aids to recipients to alleviate visual impairments.

Who Can Receive

Visual aid services are available to Florida Medicaid recipients 21 years of age or older who require medically necessary visual aid services.

Who Can Provide

Practitioners certified or licensed within their scope of practice:

- Optometrist and certified optometrist licensed in accordance with Chapter 463, F.S.
- Ophthalmologist licensed in accordance with Chapter 458, F.S.
- Optician licensed in accordance with Chapter 484, F.S.

Allowable Benefits

- Eyeglasses
 Up to one frame every two years
 - Up to two lenses every 365 days
- Additional eyeglass frames, lenses, pairs of glasses, and special order frames may be provided with prior authorization by the Agency for Health Care Administration or its designee
- Contact lenses
 - For limited conditions and requires prior authorization by the Agency for Health Care Administration or its designee
- Prosthetic eyes and services related to measuring, fitting, and dispensing

Service limitations for EPSDT recipients are listed in the EPSDT section.

Amendment: 2016-007

Supersedes: 09-016 Effective: 1/01/16

Approval: 06-08-16

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> Amendment 2016-007 Effective 1/01/16 Supersedes 93-02 Approval Date 06-08-16

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Prosthetic eyes and services related to measuring, fitting, and dispensing.

Service limitations for EPSDT recipients are listed in the EPSDT section.

Amendment 2016-007 Effective 1/01/16 Supersedes 2009-027

Approval: <u>06/08/16</u>

VISUAL SERVICES

Payment for visual aid services are based on a state developed fee schedule, which is the same for both governmental and private providers. The agency's visual aid services rates were set as of 1/01/16, and are effective for services on or after this date. The fee schedules are published at <a href="http://portal.flmmis.com/FLPublic/Provider_P

Amendment: 2016-007 Supersedes: 2009-016 Effective Date: 1/01/16 Approved: 06/08/16