

## **Table of Contents**

**State/Territory Name: Florida**

**State Plan Amendment (SPA) #:16-0012**

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**

---

May 4, 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 16-012

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 16-012, received on March 28, 2016. This amendment removes outdated standards and incorporates the use of the American Academy of Pediatrics (AAP) and Bright Futures Recommendations for Preventive Pediatric Health Care.

Based on the information provided, this amendment was approved on May 4, 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](mailto:cheryl.brimage@cms.hhs.gov).

Sincerely,

//s//

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

<p align="center"><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p> <p><b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b></p>		1. TRANSMITTAL NUMBER: 2016-012	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 January 1, 2016	
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 441.58		7. FEDERAL BUDGET IMPACT: (in thousands)	
		FFY 2015-2016 \$0	
		FFY 2016-2017 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 3 Attachment 3.1-B page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Attachment 3.1-A page 3 Attachment 3.1-B page 3	
10. SUBJECT OF AMENDMENT: EPSDT Periodicity Schedule			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		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: 03/28/16			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 03/28/16		18. DATE APPROVED: 05/04/16	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/16		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

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

1. Screening examinations are recommended to be scheduled in accordance with the Bright Futures/American Academy of Pediatrics Periodicity Schedule. Additional screening examinations are also available upon referral from a healthcare, developmental or educational professional, when factors suggesting the need for EPSDT are presented, or upon the request of the parent/recipient.

Amendment 2016-012  
Effective 1/01/16  
Supersedes 93-02  
Approval 05-04-16

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

1. Screening examinations are recommended to be scheduled in accordance with the Bright Futures/American Academy of Pediatrics Periodicity Schedule. Additional screening examinations are also available upon referral from a healthcare, developmental or educational professional, when factors suggesting the need for EPSDT are presented, or upon the request of the parent/recipient.

Amendment 2016-012  
Effective 1/01/16  
Supersedes 93-02  
Approval 05-04-16