

## **Table of Contents**

**State/Territory Name: Florida**

**State Plan Amendment (SPA) #:16-0014**

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**

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January 5, 2017

Beth Kidder  
Interim 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 16-0014

Dear Ms. Kidder:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 16-0014. This amendment contains technical updates for inpatient hospital services.

Based on the information provided, this amendment was approved on January 5, 2017. The effective date is April 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 by email at [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

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: 2016-014	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: April 1, 2016	
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 440.10		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 21 Attachment 3.1-B page 20		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A page 21 Attachment 3.1-B page 20	
10. SUBJECT OF AMENDMENT: Inpatient Hospital Services			
11. GOVERNOR'S REVIEW (Check One): <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 Agency Secretary for Medicaid 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: 05/25/16			
17. DATE RECEIVED: 05/25/16		18. DATE APPROVED: 01/05/17	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/01/16		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

1. INPATIENT HOSPITAL SERVICES OTHER THAN THOSE PROVIDED IN AN INSTITUTION FOR MENTAL DISEASE:

Description

Inpatient hospital services may be provided in accordance with 42, Code of Federal Regulations 440.10. Inpatient hospital services for all ages require authorization from the Agency or the Agency's designee, with the exception of emergency services.

Who Can Receive

Recipients enrolled on the date of service and requiring medically necessary inpatient hospital services.

Who Can Provide

Services must be performed by a facility that meets state requirements for licensure as an inpatient hospital.

Allowable Benefits

- Up to 365/6 days per fiscal year for recipients under the age of 21 years
- Up to 45 days per fiscal year for recipients age 21 years of age or older

Inpatient hospital services beyond the 45 day limit can be reimbursed with prior authorization when medically necessary, for emergency services, or for the treatment of tuberculosis.

Sterilization and abortion procedures, which meet federal requirements, can be reimbursed.

Amendment 2016-014  
Effective 4/01/16  
Supersedes 2011-015  
Approval 01/05/17

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