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State/Territory Name: Florida

State Plan Amendment (SPA) #:16-0017

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 1, 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 16-017

Dear Mr. Senior:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 16-017. This amendment includes technical changes and removes outdated language pertaining to issuance of Medicaid eligibility cards to homeless individuals.

Based on the information provided, this amendment was approved on May 27, 2016. The effective date is April 1, 2016. We are enclosing the approved form HCFA 179 and plan page. 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 FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2016-017	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: 1902(a)(48) of the Act		7. FEDERAL BUDGET IMPACT: (in thousands)	
		FFY 2015-2016 \$0 FFY 2016-2017 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.33-A, page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.33-A, page 1	
10. SUBJECT OF AMENDMENT: Methods for Issuance of Medicaid Eligibility Cards to Homeless Individuals			
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:	
13. TYPED NAME: Mr. Justin M. Senior		Mr. Justin M. Senior	
14. TITLE: Deputy Secretary for Medicaid		Agency Secretary for Medicaid	
15. DATE SUBMITTED: 04/28/16		2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308	
		Attention: April Cook	
17. DATE RECEIVED: 04/26/16		18. DATE APPROVED: 05/27/16	
PLAN APPROVED – ONE COPY ATTACHED			
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:			

METHOD FOR ISSUANCE OF MEDICAID ELIGIBILITY CARDS
TO HOMELESS INDIVIDUALS

Medicaid identification cards will be sent to a mailing address provided by the recipient or to a United States post office for general delivery purposes if the recipient does not provide a mailing address.

Florida is a 1634 state. The mailing address provided by the Social Security Administration through the SDX will be used to determine where the Medicaid identification card for Supplemental Security Income recipients will be mailed.

Amendment 2016-017
Effective Date 4/01/16
Supersedes 87-21
Approval 05/27/16