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**State/Territory Name: Florida** 

State Plan Amendment (SPA) #:16-0022

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

October 12, 2016

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 16-0022

Dear Ms. Kidder:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 16-0022. This amendment makes technical corrections to the state plan pages, updates the fee schedule and removes outdated language.

Based on the information provided, this amendment was approved on October 12, 2016. The effective date is August 15, 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.

Sincerely,

//s//

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

**Enclosure** 

TEALTH CARE FINANCING ADMINISTRATION	1 TD ANGMETTAL MUMPED	ONID NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2016-022	Florida
	3. PROGRAM IDENTIFICATION: TI	LI E XIX OE THE
FOR: HEALTH CARE FINANCING ADMINISTRATION		
	SOCIAL SECURITY ACT (MEDICAID)	
TO DEGIONAL ADMINISTRATION	4 PROPOSER EFFECTIVE DAME	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	August 15, 2016	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
Content of the conten		
DATENDATE DI ANA		
☐ 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	thousands)
42 CFR 440	FFY 2016-2017 \$0	,
42 CFR 440	The state of the s	
	FFY 2017-2018 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
Attachment 3.1-A pages 25, 59	OR ATTACHMENT (If Applicable):	
Attachment 3.1-A pages 47 (deleting language)	Attachment 3.1-A pages 25, 59	
Attachment 3.1-B pages 28, 52	Attachment 3.1-A pages 47 (deleting language)	
	Attachment 3.1-A pages 47 (deterning ranguage) Attachment 3.1-B pages 28, 52	
Attachment 3.1-B pages 43 (deleting language)		
Attachment 4.19-B page 29	Attachment 3.1-B pages 43 (deleting language)	
	Attachment 4.19-B page 29	
10. SUBJECT OF AMENDMENT: Advanced Registered Nurse Practitioners (ARNP) and Physician Assistant (PA) Services		
10. SUBJECT OF AMENDMENT. Advanced Registered Nuise Fractitioners (ARM) and Friysterian Assistant (1A) Services		
11. GOVERNOR'S REVIEW (Check One):		
	M OTHER AS SPEC	HEIED.
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	
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	
//8//		
13. TYPED NAME:	Deputy Secretary for Medicaid	
Mr. Justin M. Senior	Agency for Health Care Administra	tion
	- 2727 Mahan Drive, Mail Stop #8	
14. TITLE:	Tallahassee, FL 32308	
Deputy Secretary for Medicaid	1 ananassee, 1 E 32300	
15. DATE SUBMITTED:	Attantiana Amril Caala	
	Attention: April Cook	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED: 10/12/16	
08/19/16	10. 21112 111 110 (22. 10/12/10	
PLAN APPROVED – ONE COPY ATTACHED		
		TY CY A Y
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
08/15/16	//s//	
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Ac	lministrator
	Division of Medicaid & Children	n Health Opns
23. REMARKS: Approved with the following change to block # 6 as authorized by state agency on letter date 10/10/16.		
Block # 6 changed to read: 42 CFR 440.60		
Diote ii o changed to foud. 12 of R 110.00		

# METHODS USED IN ESTABLISHING PAYMENT RATES

# OTHER PRACTITIONER SERVICES

Advanced Registered Nurse Practitioner, Licensed Midwife, Physician Assistant, and Registered Nurse First Assistant Services:

Except at otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates which are the same for both governmental and private providers of advanced registered nurse practitioner, licensed midwife, physician assistant and registered nursed first assistant services. The fee schedule rate is in effect for Licensed Midwife services provided on or after January 1, 2016. The fee schedule rate for Advanced Registered Nurse Practitioner, Physician Assistant, and Registered Nurse First Assistant services is included in the Practitioner fee schedule and is in effect on or after January 1, 2016. All rates, including current and prior rates, are published and maintained on the agency's website. Specifically, the fee schedule is published at <a href="http://ahca.myflorida.com/medicaid/review/fee">http://ahca.myflorida.com/medicaid/review/fee</a> schedules.shtml

# ADVANCED REGISTERED NURSE PRACTITIONER SERVICES

# (6d) <u>Description</u>

Advanced registered nurse practitioner services are provided to maintain the recipient's health, prevent disease, and treat illness, in accordance with 42 CFR 440.60.

# Who Can Receive

An eligible recipient enrolled on the date of service, and requiring a medically necessary medical service.

### Who Can Provide

Advanced registered nurse practitioners licensed within their scope of practice to perform this service.

### **Allowable Benefits**

- Health screenings for recipients under the age of 21 years in accordance with the American Academy of Pediatrics periodicity schedule.
- Primary care visits as medically necessary for recipients under the age of 21 years and pregnant recipients age 21 years and older.
- Up to two primary care office visits per month for recipients age 21 years and older.
- Up to one evaluation and management visit per month, per recipient in a custodial care or nursing care facility.
- Up to one adult health screening every 365 days for recipients age 21 years and older.

Exceptions to the limits will be authorized on a case by case basis and will be evaluated based on medical necessity.

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# PHYSICIAN ASSISTANT SERVICES

# (6d) Description

Physician assistant services are provided to maintain the recipient's health, prevent disease, and treat illness, in accordance with 42 CFR 440.60.

#### Who Can Receive

An eligible recipient enrolled on the date of service, and requiring a medically necessary medical service.

#### Who Can Provide

Physician assistants licensed within their scope of practice to perform this service.

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Amendment 2016-022 Effective <u>8/15/16</u> Supersedes <u>2012-014</u> Approval <u>10-12-16</u>

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# Attachment 3-1-B

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Effective 10/1/95

Supersedes 93-02 Amendment 2016-022 Effective 8/15/16 Supersedes 95-26 Approval 10-12-16

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Amendment 2016-022 Effective 8/15/16 Supersedes 95-26 Approval 10-12-16