# **Table of Contents**

State/Territory Name: Florida

State Plan Amendment (SPA) #:16-0025

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

December 5, 2016

Ms. Beth Kidder Interim 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 16-0025

Dear Ms. Kidder:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 16-0025, received on October 14, 2016. This amendment includes technical and editorial changes, deletes obsolete language, and updates the fee schedule.

Based on the information provided, this amendment was approved on December 5, 2016. The effective date is October 1, 2016. We are enclosing the approved form HCFA-179 and plan pages. If you have any questions, please contact Cheryl Brimage at 404-562-7116 or <a href="mailto:cheryl.brimage@cms.hhs.gov">cheryl.brimage@cms.hhs.gov</a>.

Sincerely,

//s//

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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2016-025	Florida
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	October 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 □ AMEND		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.167	7. FEDERAL BUDGET IMPACT: (in FFY 2016-2017 \$0	tnousands)
42 CFR 440.107	FFY 2017-2018 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED PLAN SECTION
Attachment 3.1-A pages 12 and 12a (new)	OR ATTACHMENT (If Applicable)	
Attachment 3.1-A pages 41	Attachment 3.1-A pages 12	
Attachment 3.1-B pages 12 and 12a (new)	Attachment 3.1-A pages 41	
Attachment 3.1-B pages 38	Attachment 3.1-B pages 12	
Attachment 4.19-B page 40	Attachment 3.1-B pages 38	
	Attachment 4.19-B page 40	
10. SUBJECT OF AMENDMENT: Personal Care 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	s designee.
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
//s//	Mrs. Beth Kidder	
13. TYPED NAME:	Interim Deputy Secretary for Medicaid	
Mrs. Beth Kidder	Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8	
14. TITLE:	Tallahassee, FL 32308	
Interim Deputy Secretary for Medicaid	Tananassee, FL 32308	
15. DATE SUBMITTED:	Attention: April Cook	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:10/14/16	18. DATE APPROVED: 12/05/16	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
10/01/16	//s//	•
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Admin Division of Medicaid & Children Healt	
23. REMARKS: Approved with the following changes to Block # 8 as a		•
11		
Block # 8 Changed to read: Attachment 3.1-A pages 12 and 12.1(new); Attachment 3.1-A page 41; Attachment 3.1-B pages 12 and 12.1 (new) Attachment 3.1-B page 38 and 4.19-B page 40.		
Transmittent of D page 30 and 1.17 D page 40.		

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

## (24f) <u>Description</u>

Personal care services provide medically necessary assistance, in the home or the community, with activities of daily living (ADL) and age appropriate instrumental activities of daily living (IADL) to enable recipients to accomplish tasks they would normally be able to do for themselves if they did not have a medical condition or disability. Personal care services are provided in accordance with 42 Code of Federal Regulations 440.167.

## Who Can Receive

Personal care services are available to recipients under the age of 21 years who require medically necessary personal care services.

#### Who Can Provide

- Home health agencies licensed in accordance with section 408.810, Florida Statutes (F.S.), and Rule Chapter 59A-8, Florida Administrative Code.
- Independent personal care providers who:
  - Are 18 years or older.
  - Are trained in the areas of cardiopulmonary resuscitation, HIV/AIDS, and infection control.
  - Have at least one year of experience working in a medical, psychiatric, nursing or child care setting or working with recipients who have an intellectual disability.
     College, vocational, or technical training in medical, psychiatric, nursing, child care, or intellectual disabilities equal to 30 semester hours, 45 quarter hours, or 720 classroom hours can be substituted for the required experience.

### Allowable Benefits

Personal care services are reimbursed for up to 24 hours per day, per recipient, in order to provide assistance with ADLs and age appropriate IADLS when the recipient meets the following criteria:

- Is under the care of a physician and has a physician's order for personal care services
- Requires more extensive and continual care than can be provided through a home health visit
- Requires services that can be safely provided in their home or the community
- Has a medical condition or disability that substantially limits their ability to perform ADLs or IADLs and does not have a parent or legal guardian able to provide the required care

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.

## **Exclusions**

Florida Medicaid does not reimburse for the following:

- Services funded under section 110 of the Rehabilitation Act of 1973 or under the provisions of the Individuals with Disabilities Educational Act
- Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient. (Except when a recipient is enrolled in the Consumer-Directed Care Plus program)
- Services provided in any of the following locations:
  - Hospitals
  - Institutions for Mental Disease (IMDs)
  - Intermediate care facility for individuals with intellectual disabilities
  - Nursing facilities
  - Prescribed pediatric extended care centers
  - Residential facilities or assisted living facilities when the services duplicate those provided by the facility

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# (23f) Description

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## METHODS USED IN ESTABLISHING PAYMENT RATES

## PERSONAL CARE SERVICES:

Payment for personal care services is based on a state-developed fee schedule, which is the same for both governmental and private providers. The agency's personal care services rates were set as of 1/01/2015, effective for services on or after this date. The fee schedules are published

at: http://ahca.myflorida.com/medicaid/review/fee\_schedules.shtml