Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #: 17-0003

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

September 29, 2017

Beth Kidder Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mailstop #20 Tallahassee, FL 32308

ATTN: James Ross

RE: Title XIX State Plan Amendment 17-0003

Dear Ms. Kidder:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 17-0003. This amendment updates outdated language pertaining to home health visit services, specifically, the number of home health visits available to recipients. The coverage includes up to four intermittent home health visits per day for recipients under the age of 21 years and pregnant adults, and up to three intermittent home health visits per day for non-pregnant adults.

Based on the information provided, this amendment was approved on September 29, 2017. The effective date is January 1, 2017. 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//

Shantrina Roberts
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2017-003	Florida
STATE PLAN MATERIAL		
	3. PROGRAM IDENTIFICATION: TIT	LEXIX OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICAID)	
	SOCIAL SECORT I ACT (MEDICA	AID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	Ionuam: 1, 2017	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One):	l.	
3.1112 of 12.11(MITERIAL (Oncest offic).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN x☐ 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:		
		0
42 CFR 440.07	a. FFY 2016-2017 \$ (
	b. FFY 2017-2018 \$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
Attachment 3.1-A page 11	OR ATTACHMENT (If Applicable):	
Attachment 3.1-A page 28	Attachment 3.1-A page 11	
Attachment 3.1-B page 11	Attachment 3.1-A page 28	
Attachment 3.1-B page 29	Attachment 3.1-B page 11	
Attachment 4.19-B pages 32 and 32a	Attachment 3.1-B page 29	
	Attachment 4.19-B pages 32 and 32a	
10. SUBJECT OF AMENDMENT: Home Health Visit Services	1 0	
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11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENCT OFFICIAL.	Mrs. Beth Kidder	
//8//		
13. TYPED NAME: Mrs. Beth Kidder	Agency Secretary for Medicaid	
	2727 Mahan Drive, Mail Stop #8	
14. TITLE:	Tallahassee, FL 32308	
Deputy Secretary for Medicaid		
15. DATE SUBMITTED:02/22/17	1	
	Attention: James Ross	
17. DATE RECEIVED:	18. DATE APPROVED: 09/29/17	
02/22/17		
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
01/01/17	//s//	101112.
21. TYPED NAME:	22. TITLE: Acting Associate Regional	Administrator
Shantrina Roberts	Division of Medicaid & Children Healt	
		ii Opiis
23. REMARKS: Approved with the following changes to block # 8 and 9.		
Block # 8 changed to read: Attachment 3.1-A pages 11, 11b, 28 and 28a; Attachment 3.1-B pages 11a, 11b, 29 and 29a; Attachment 4.19-B		
pages 32 and 32a.		
Block # 9 changed to read: Attachment 3.1-A pages 11, 11b, 28 and 28a; Attachment 3.1-B pages 11a, 11b, 29 and 29a; Attachment 4.19-B		
pages 32 and 32a.		

Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found

Home Health Nursing Visits

(7a) Description

Home health nursing services provide care to recipients whose medical conditions, illness, or injury require the care to be delivered in the recipient's place of residence or other community setting. Home health nursing services are provided in accordance with Title 42, Code of Federal Regulations 440.70.

Who Can Receive

Home health nursing services are available to recipients under the age of 21 years who require medically necessary home health visit 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.
- Licensed practical nurses licensed in accordance with Chapter 464, F.S.
- Registered nurses licensed in accordance with Chapter 464, F.S.

Allowable Benefits

Florida Medicaid reimburses for up to four intermittent home health visits, per day, when prior authorized by the Agency for Health Care Administration (Agency) or its designee.

The four visit limit is a combined limited for both home health nursing and home health aide services.

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 when prior authorized by the Agency or its designee.

Exclusions

- 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, F.S., household members, or any person with custodial or legal responsibility for the recipient
- Services provided in any of the following locations:
 - Hospitals
 - 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

Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found

Home Health Aide Visits

(7b) <u>Description</u>

Home health aide services provide care to recipients whose medical conditions, illness, or injury require the care to be delivered in the recipient's place of residence or other community setting. Home health aide services are provided in accordance with Title 42, Code of Federal Regulations 440.70.

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- Up to four intermittent home health visits, per day, for pregnant recipients
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The three and four visit limits are a combined limit for both home health nursing and home health aide services.

Service limitations for Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions (EPSDT) recipients are listed in the EPSDT section.

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
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- Nursing facilities
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Amendment: 2017-003 Effective: 01/01/2017

Supersedes: 2012-013 Approved: 09/29/17

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28a Amendment: 2017-003 Effective: 01/01/2017

Supersedes: 2012-013 Approved: 09/29/17 Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found

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Amendment 2017-003 Effective 01/01/17 Supersedes: 2012-013 Approved: 09/29/17

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Amendment 2017-003 Effective 01/01/17 Supersedes: 2012-013 Approved: 09/29/17

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Supersedes: 2012-013 Approved: 09/29/17

HOME HEALTH VISITS -

Payment for home health visits are based on a State-developed fee schedule which is the same for both governmental and private providers. The Agency's home health visits 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

Amendment 2017-003 Effective 01/01/17 Supersedes 2012-013 Approval09/29/17

Amendment 2017-003 Effective 01/01/17 Supersedes 2012-013 Approval09/29/17

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