

## **Table of Contents**

**State/Territory Name: Florida**

**State Plan Amendment (SPA) #: 18-0004**

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**

---

August 17, 2018

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

RE: Title XIX State Plan Amendment 18-0004

Dear Ms. Kidder:

We have reviewed the proposed amendment to the Florida State Plan, submitted under transmittal number FL 18-0004. This amendment increases the Personal Needs Allowance for Medicaid residents in institutional settings.

Based on the information provided, this amendment is approved on August 17, 2018. The effective date is July 1, 2018. 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//

Shantrina D. Roberts, MSN  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure



State: FLORIDA

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p data-bbox="665 331 1417 462">2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p data-bbox="760 499 1417 598">Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p data-bbox="760 636 1112 735">a. Aged, blind disabled: Individuals <u>\$130</u> Couples <u>\$260</u></p> <p data-bbox="857 772 1417 1066">For the following persons with greater need:  Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p data-bbox="760 1104 1112 1203">b. AFDC related: Children <u>\$130</u> Adults <u>\$130</u></p> <p data-bbox="857 1241 1417 1535">For the following persons with greater need:  Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p data-bbox="760 1572 1417 1667">c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A. <u>\$130</u></p>