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State/Territory Name: Florida

State Plan Amendment (SPA) #: 24-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page

# FL - Submission Package - FL2024MS0002O - (FL-24-0001) - Eligibility

Summary

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**DEPARTMENT OF HEALTH & HUMAN SERVICES** Centers for Medicare & Medicaid Services Medicaid & CHIP Operations Group 601 E. 12th Street Room 355 Kansas City, MO 64106



# **Center for Medicaid & CHIP Services**

June 05, 2024

Jason Weida Secretary Agency for Health Care Administration 2727 Mahan Drive Mail Stop #20 Tallahassee, FL 32308

Re: Approval of State Plan Amendment FL-24-0001

Dear Secretary Weida,

On March 29, 2024, the Centers for Medicare and Medicaid Services (CMS) received Florida State Plan Amendment (SPA) FL-24-0001 to comply with Section 5112 of the Consolidated Appropriations Act, 2023 (CAA, 2023) amended titles XIX to require that states provide 12 months of continuous eligibility (CE) for children under the age of 19 enrolled in Medicaid.

We approve Florida State Plan Amendment (SPA) FL-24-0001 with an effective date(s) of January 1, 2024. January 01, 2024.

If you have any questions regarding this amendment, please contact Kia Carter-Anderson at kia.carter-anderson@cms.hhs.gov.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

# FL - Submission Package - FL2024MS0002O - (FL-24-0001) - Eligibility

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# **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | FL2024MS0002O | FL-24-0001

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID FL2024MS0002O
Submission Type Official
Approval Date 06/05/2024
Superseded SPA ID N/A

### **State Information**

State/Territory Name: Florida

Medicaid Agency Name: Agency for Health Care Administration

SPA ID FL-24-0001

Initial Submission Date 3/29/2024

Effective Date N/A

#### **Submission Component**

State Plan Amendment

Medicaid

CHIP

# **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | FL2024MS0002O | FL-24-0001

# **Package Header**

Package ID FL2024MS0002O

Submission Type Official

Approval Date 06/05/2024

Superseded SPA ID N/A

SPA ID FL-24-0001

Initial Submission Date 3/29/2024

Effective Date N/A

#### **SPA ID and Effective Date**

SPA ID FL-24-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

## **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | FL2024MS0002O | FL-24-0001

#### **Package Header**

Package ID FL2024MS0002O

Submission Type Official

Approval Date 06/05/2024

Superseded SPA ID N/A

SPA ID FL-24-0001

Initial Submission Date 3/29/2024

Effective Date N/A

#### **Executive Summary**

Summary Description Including This amendment will provide 12-months of continuous eligibility for children under the age of 19 enrolled in Medicaid, in accordance with the federal Consolidated Appropriations Act, 2023.

## Federal Budget Impact and Statute/Regulation Citation

#### **Federal Budget Impact**

	Federal Fiscal Year	Amount
First	2024	\$3359259
Second	2025	\$4479012

#### **Federal Statute / Regulation Citation**

42 CFR 435.926 - Continuous Eligibility for Children

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
2023 State Plan Amendment 2023-24 Continuous Eligibility - Fiscal Impact	3/29/2024 2:10 PM EDT	PER
2024-0001 CMS 179_signed	3/29/2024 2:10 PM EDT	PER
2024-0001 Cover letter_signed	3/29/2024 2:10 PM EDT	PER

#### **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | FL2024MS0002O | FL-24-0001

#### **Package Header**

Package ID FL2024MS0002O

Submission Type Official

Approval Date 06/05/2024

Superseded SPA ID N/A

SPA ID FL-24-0001

Initial Submission Date 3/29/2024

Effective Date N/A

#### **Governor's Office Review**

No comment

Comments received

No response within 45 days

Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# FL - Submission Package - FL2024MS0002O - (FL-24-0001) - Eligibility

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# **Medicaid State Plan Eligibility**

## **Eligibility and Enrollment Processes**

#### Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | FL2024MS00020 | FL-24-0001

CMS-10434 OMB 0938-1188

#### **Package Header**

Package ID FL2024MS0002O

SPA ID FL-24-0001

Initial Submission Date 3/29/2024

Submission Type Official

Approval Date 06/05/2024

Effective Date 1/1/2024

Superseded SPA ID NEW

User-Entered

The state provides continuous eligibility for children in accordance with the following provisions:

### A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

- 1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
- 2. Would remain eligible but for attaining such age.

# **B. Mandatory Continuous Eligibility for Children**

The state provides continuous eligibility to all children under age 19 and that:

- 1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:
  - a. The month that the child turns 19 years old;
  - b. 12 months.
- 2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:
  - a. The child dies:
  - b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
  - c. The child ceases to be a resident of the state;
  - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
  - e. The child attains the maximum age specified in B.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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