

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No. 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: FLORIDA

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Citation  
42 CFR  
430.10

As a condition for receipt of Federal funds under  
title XIX of the Social Security Act, the

Agency for Health Care Administration  
Single State Agency

submits the following State Plan for the medical  
assistance program, and hereby agrees to administer the  
program in accordance with the provisions of this State  
Plan, the requirements of Titles XI and XIX of the Act,  
and all applicable Federal regulations and other  
official issuances of the Department.

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TN No. 93-39  
Supersedes  
TN No. 91-39

Effective Date 7/1/93  
Approval Date 10/21/94

Revision: HCFA-AT-80-38 (BPP)

State: FLORIDA

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SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation

42 CFR 431.10  
AT-79-29

1.1 Designation and Authority

(a) The Agency for Health Care Administration is the single State agency designated to administer or supervise the administration of the Medicaid program under Title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

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TN No. 93-39  
Supersedes  
TN No. 76-20

Effective Date 7/1/93  
Approval Date 10/21/94

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: FLORIDA

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SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation  
42 CFR 431.10  
AT-79-29

1.1 Designation and Authority

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

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TN No. 93-39  
Supersedes  
TN No. NEW

Effective Date 7/1/93  
Approval Date 10/21/94

Revisions: HCFA-AT-60-38 (BPP)  
May 22, 1980

State Florida

Citation  
Sec. 1902(a)  
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

TN # 76-20  
Supersedes  
TN #

Approval Date 2/16/77

Effective Date 12/3/76

Revisions: HCFA-AT-80-38 (EPP)  
May 22, 1980

State Florida

Citation  
Intergovernmental  
Cooperation Act  
of 1968

1.1(c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

- Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.
- Not applicable. Waivers are no longer in effect.
- Not applicable. No waivers have ever been granted.

TN # 76-20  
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Approval Date 2/16/77

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Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: FLORIDA

Citation

42 CFR 431.10  
AT-79-29

1.1(d) /\_/\_/

The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan

/X/

Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

TN No. 93-39

Supersedes

TN No. 76-20

Effective Date 7/1/93

Approval Date 10/21/94

Revisions: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Florida

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Citation  
42 CFR 431.10  
AT-79-29

1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10 are met.

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TN # 76-20  
Supersedes  
TN # \_\_\_\_\_

Approval Date 2/16/77 Effective Date 12/3/76

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: FLORIDA

Citation

42 CFR 431.11  
AT-79-29

1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
  - (b) Within the State agency the Medicaid Office has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
  - (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
  - (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make such determination and the functions they will perform.
- // Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

TN No. 93-39  
Supersedes  
TN No. 80-09

Effective Date 7/1/93  
Approval Date 10/21/94



Revisions: HCFA-AT-80-38 (BPP)  
May 22, 1980

State Florida

Citation  
42 CFR  
431.50 (b)  
AT-79-29

1.3 Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

The plan is State administered.

The plan is administered by the political subdivisions of the State and is mandatory on them.

TN # MED-80-9  
Supersedes  
TN # \_\_\_\_\_

Approval Date 10/24/80

Effective Date 10/1/89

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Florida

1.4 State Medical Care Advisory Committee (42 CFR 431.12(b))

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

X The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438. 104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations. Direct impact is defined as any Medicaid or CHIP program changes that are more restrictive for eligibility determinations, changes that reduce payment rates or payment methodologies to Indian Health Programs, Tribal Organizations, or Urban Indian Organization providers (I/T/U), reductions in covered services, changes in consultation policies, and proposals for demonstrations or waivers that may impact I/T/U providers.

02/09/12 - Florida has two known federally recognized tribes: the Miccosukee Tribe of Florida and the Seminole Tribe of Florida. Each tribe has their own Indian Health Service (IHS) program. Florida will notify the two tribes in writing 30 days in advance of the following: Medicaid Title XIX state plan amendments, an initial waiver, a waiver amendment or a waiver renewal, when it is anticipated to have a direct impact on the tribe. If no response is received from the Tribe within 30 days, Florida Medicaid will proceed with the submission to the Centers for Medicare and Medicaid Services (CMS).

This Tribal Consultation Process was finalized through two telephone conferences: February 1, 2012, with Denise Ward of the Miccosukee Tribe, and February 9, 2012, with Kathy Wilson of the Seminole Tribe. Linda Macdonald and Robin Ingram of Florida Medicaid were on the calls. Further consultation was held via formal written communication January 31, 2012, to Cassandra Osceola, Health Director, Miccosukee Tribe of Florida, and Connie Whidden, Health Director, Seminole Tribe of Florida.

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Supersedes TN: 2010-011

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Revision: HCFA-PM-94-3 (MB)  
 APRIL 1994  
 State/Territory: \_\_\_\_\_

FLORIDA

Citation

1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.
  - a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.
  - b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.
  - c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.
  - d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.
  - e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccines.
  - f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.
  - g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

TN No. 94-18  
 Supersedes  
 TN No. NEW

Approval Date MAR 09 1995

Effective Date 10/1/94

Revision: HCFA-PM-94-3 (MB)

APRIL 1994

State/Territory: FLORIDACitation

1928 of the Act

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993 to reduce the amount of health insurance coverage of pediatric vaccines.
3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.
4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

     State Medicaid Agency  X   State Public Health AgencyTN No. 94-18

Supersedes

Approval Date MAR 09 1994Effective Date 10/1/94TN No. NEW