



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: 17 - 00 - 0001

State Plan Administration Designation and Authority

A1

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below 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.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency 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 as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The 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 has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No



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Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

On or after March 1, 2017, DCF's Office of Appeal Hearings, a subcomponent of the DCF Office of the Inspector General, will retain delegated responsibility for, and will continue to administer and conduct, the following Medicaid fair hearings:

- (1) All fair hearings arising from Florida Medicaid financial eligibility determinations made by DCF.
- (2) All fair hearings arising from eligibility determinations and service denials, reductions, terminations or suspensions pertaining to the iBudget Waiver administered by the Florida Agency for Persons with Disabilities.
- (3) All fair hearings arising from the Pre-Admission Screening and Resident Review, as mandated by the Section 1917(e)(7) of the Social Security Act and Title 42, Code of Federal Regulations (CFR), Sections 483.100 through 483.138, Subpart C.
- (4) All fair hearings resulting from resident transfers or discharges as those terms are defined in Section 400.0255, Florida Statutes.

The DCF is the state's Title IV-A agency. The DCF implements policy for determining Florida Medicaid eligibility for all MAGI and non-MAGI eligibility categories other than those determined by the Social Security Administration. The Economic Self-Sufficiency Program/ACCESS Florida program division within the DCF is responsible for determining eligibility for all Florida Medicaid populations (MAGI and non-MAGI groups) other than those determined by the Social Security Administration.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

The AHCA retains oversight of the Florida Medicaid State Plan and waiver authorities, and monitors the appeals process, including the quality and accuracy of the final decisions made by the DCF Office of Appeal Hearings. Once implemented on March 1, 2017, AHCA will monitor the quality and accuracy of fair hearings officers' final decisions.

Amendment 2017-001

Effective Date: 01/01/2017

Supersedes 2014-005

Approval Date: 03/10/2017



Medicaid Administration

The AHCA will ensure that every applicant and recipient is informed, in writing, of the fair hearing process, how to contact the AHCA or DCF, and how to obtain information about fair hearings.

The AHCA ensures compliance with all federal and state laws, regulations and policies.

The AHCA and DCF have a cooperative interagency agreement. The AHCA and DCF communicate regularly to ensure compliance with all state and federal regulations pertaining to eligibility determinations for Florida Medicaid services.

Add

- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

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Medicaid Administration

State Plan Administration Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

AGENCY FOR HEALTH CARE ADMINISTRATION STATEMENT OF AGENCY ORGANIZATION AND OPERATION GENERAL DESCRIPTION

The Agency for Health Care Administration (AHCA) is the chief health policy and planning entity for the state. The AHCA is responsible for health facilities licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to health care facilities and managed care plans; the Certificate of Need program; operating the Florida Center for Health Information and Policy Analysis; administering the Florida Medicaid program; administering the Title XXI program; certifying health maintenance organizations and prepaid health clinics; and other duties prescribed by statute or agreement.

The head of AHCA is the Secretary, who is appointed by the Governor, subject to confirmation by the Senate.

ORGANIZATIONAL STRUCTURE

The AHCA is divided into various Divisions and Offices as follows:

Division of Health Quality Assurance

The Division of Health Quality Assurance is responsible for:

- State licensure, federal certification, criminal background checks for owners, operators and certain health care provider staff.
- Routine and complaint inspections, plans and construction reviews for certain facilities.
- Providing consumer and public information regarding health care facilities, including licensure and inspection information to the public, and public records requests.
- Financial reviews and analysis for licensure and regulatory assessments, commercial managed care regulation, including: network verification licensure, complaint investigations, and subscriber grievance review.

Division of Operations

The Division of Operations is the AHCA's business support unit.

It is responsible for:

- Financial, personnel, and support related functions.
- Third party liability activities including: casualty recovery, estate recovery, and Medicare and other third party payer recoveries.

Chief of Staff

The Chief of Staff's office is responsible for:

- Coordinating Florida Medicaid and health care regulation policy with other state agencies, the Florida Legislature, and the federal government.
- Overseeing communications, legislative affairs, and information technology.
- Serving as the liaison to the Florida Washington Office.

General Counsel

The General Counsel functions as the chief legal advisor to the Secretary in his/her official capacity, including:

- Providing counsel to the AHCA staff regarding legal issues that arise in the day-to-day operation of the AHCA;
- Representing the AHCA in lawsuits in which the AHCA or its employees are named in their official capacity;
- Functioning as the Chief Ethics Officer for the Agency;
- Serving as the AHCA's liaison to the general counsels of other state agencies and the Governor's Office of General Counsel;
- Providing oversight and supervision of the AHCA's Fair Hearings Office. The AHCA Fair Hearings Office is within the General Counsel's Office.

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Pursuant to Section 409.285(2), Florida Statutes, Medicaid fair hearings related to Florida Medicaid service denials, reductions, terminations or suspensions for services rendered through the Florida Medicaid State Plan, or the waiver programs directly administered by the Agency for Health Care Administration (AHCA), filed on or after March 1, 2017, will be conducted by the AHCA Office of Fair Hearings.

The AHCA retains oversight for the Florida Medicaid State Plan and waiver authorities, and the development and issuance of policies, rules and regulations on program matters, including oversight of rules and processes associated with the conduct of Medicaid fair hearings by DCF Office of Appeal Hearings.

Inspector General

The Inspector General ensures that the AHCA's programs and services comply with all applicable laws, policies and procedures. This office includes the Bureau of Medicaid Program Integrity, which is responsible for ensuring that Medicaid provider fraud and abuse is mitigated, and for recovering over-payments and imposing sanctions.

The Inspector General's office is also responsible for:

- Investigations to detect and prevent fraud, waste, misconduct, mismanagement and other abuses within the AHCA.
- Conducting reviews, audits, management consulting engagements and control self-assessments.
- Assisting Florida Medicaid recipients in exercising their rights under the Health Insurance Portability and Accountability Act (HIPAA).

Division of Medicaid

The Division of Medicaid directs all Florida Medicaid program planning and development activities. It plans, develops, organizes and monitors program planning, service and reimbursement policies. The Division of Medicaid includes the following three offices/sub-divisions: Medicaid Policy and Quality, Medicaid Finance and Analytics, and Medicaid Operations.

The Medicaid Division:

- Develops and maintains the Florida Medicaid State Plan.
- Develops and maintains federal and state authority for the Florida Medicaid program waivers, managed care, and provider contracts, inter-agency agreements and state rules.
- Oversees Medicaid provider and consumer relations.
- Establishes and enforces quality standards.
- Provides data analysis, rate setting for health plans, prepares the Florida Medicaid annual budget, calculates cost effectiveness and budget neutrality.
- Administers the Florida Medicaid fiscal agent contract, coordinates eligibility information transfers, the enrollment broker contract and activities including assisting recipients and providers with the health plan enrollment process, assisting Florida Medicaid providers in claims resolution.
- Monitoring all activities of the Florida Medicaid fiscal agent for compliance with the contract agreement and all federal mandates, state rules, and regulations.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The AHCA is the state Medicaid agency. All health, human service and public assistance agencies, including the AHCA, are under the purview of the Governor. The Governor appoints, and the Senate confirms, the head of each of these agencies.

The following outlines the AHCA's involvement with the state's health, human service, and public assistance agencies, and other state organizational entities:

The Agency for Persons with Disabilities operates the Florida Medicaid i-Budget home and community-based services waiver, and is responsible for level of care determinations and utilization reviews for individuals with intellectual disabilities in intermediate care facilities.

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The Department of Children and Families (DCF) is the state's Title IV-A agency. The DCF implements policy for determining Medicaid eligibility for all MAGI and non-MAGI eligibility categories other than those determined by the Social Security Administration. The DCF is the single state authority on substance abuse and mental health, and is the state's child welfare agency.

The Department of Elder Affairs (DOEA) conducts level of care assessments for the Institutional Care Program and the majority of the Florida Medicaid 1915(c) home and community-based services waiver programs. It is the operating agency for the Program of All-inclusive Care for the Elderly. The DOEA conducts monitoring functions for the Statewide Medicaid Managed Care Long-term Care program.

The Department of Health (DOH) provides medical care to children with chronic, disabling conditions, or potentially disabling conditions through the Children's Medical Services plan; assists with planning and implementing preventive health care programs and primary care programs. The DOH operates two Medicaid home and community-based services waiver programs, and it licenses healthcare practitioners.

The Department of Legal Affairs, lead by the Attorney General, investigates and prosecutes Florida Medicaid provider and recipient fraud.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The DCF is the state's Title IV-A agency. The following describes the DCF Florida Medicaid eligibility program division and staff responsibilities:

The Economic Self-Sufficiency Program/ACCESS Florida program division within DCF (as described in A1, page 2)

Economic Self-Sufficiency Specialist:

Processes applications and re-determinations for the purpose of determining eligibility for Florida Medicaid. This process includes collecting and updating required eligibility information on applicants, recipients, and their household members, for the purpose of establishing eligibility for the Economic Self-Sufficiency Public Assistance program.

Interview Clerk:

Primarily reviews applications for the basic demographic information on applications and reconciles any discrepancies on all household members through the FLORIDA computer system. This may require assisting the applicant in the completion of the Florida Medicaid application.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

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Medicaid Administration

The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

Yes No

State Plan Administration Assurances

A3

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.

All requirements of 42 CFR 431.10 are met.



Medicaid Administration

- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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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