

Notice of Proposed Rule

DEPARTMENT OF HEALTH Division of Children's Medical Services

RULE NO.: RULE TITLE:

[64C-2.002](#): Eligibility for CMS Network Services

[64C-2.003](#): Redetermination of CMS Network Clinical Eligibility

PURPOSE AND EFFECT: To establish a clinical eligibility screening process for the CMS Managed Care Plan that ensures Medicaid-eligible children with chronic and serious health care conditions have the ability to choose the CMS Managed Care Plan.

SUMMARY: This proposed rule establishes a two-fold approach to the clinical eligibility process that includes a physician-based attestation form and a parent-based survey.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: Through its analysis of regulatory costs required as a part of the SERC analysis, the Department has determined this rule will not require legislative ratification pursuant to Section 120.541(3), F.S. No other statute requires legislative ratification for this rule.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: [391.026\(18\) FS.](#)

LAW IMPLEMENTED: [391.026\(2\)](#), [391.029 FS.](#)

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Tuesday, December 8, 2015, 9:00 a.m.

PLACE: Florida Department of Health, 4042 Bald Cypress Way, Room 301, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 2 days before the workshop/meeting by contacting: Kelli Stannard, 4052 Bald Cypress Way, Bin A-06, Tallahassee, Florida, 32399, (850) 245-4222, Kelli.Stannard@FLHealth.gov. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kelli Stannard, 4052 Bald Cypress Way, Bin B-01, Tallahassee, Florida, 32399, telephone: (850) 245-4222, Kelli.Stannard@FLHealth.gov

THE FULL TEXT OF THE PROPOSED RULE IS:

64C-2.002 Clinical Eligibility for the CMS Managed Care Plan ~~Network Services.~~

(1) A child's clinical eligibility for the CMS Managed Care Plan may be established by an authorized representative of the Department through completion of the CMS Clinical Eligibility Screening Form, DH8000-CMS (12/2015), incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>. Families who are income eligible or potentially income eligible for Title XIX (Medicaid) or Title XXI of the Social Security

~~Act (KidCare) must apply for Title XIX or Title XXI benefits.~~

(2) Children with a diagnosis of one or more of the health conditions listed on the CMS Clinical Eligibility Attestation, as attested to by a physician are clinically eligible for enrollment in the CMS Managed Care Plan. The CMS Clinical Eligibility Attestation, Form DH8001-CMS (12/2015) is incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>. ~~Children clinically eligible for the regional perinatal intensive care centers program or the early intervention program are also clinically eligible for the CMS Network, but are still subject to applicable financial eligibility requirements for the CMS Network.~~

Rulemaking Specific Authority 391.026(18) FS. Law Implemented 391.026(2), 391.029 FS. History--New 1-1-77, Formerly 10J-2.08, Amended 3-28-96, Formerly 10J-2.008, Amended 1-20-03; Amended _____.

64C-2.003 Redetermination of CMS Managed Care Plan~~Network~~ Clinical Eligibility.

All CMS Managed Care Plan~~Network~~ participants shall have their clinical eligibility for the CMS Managed Care Plan~~Network~~ redetermined on an annual basis.

Rulemaking Specific Authority 391.026(18) FS. Law Implemented 391.026(2), 391.029 FS. History--New 1-1-77, Amended 11-18-82, Formerly 10J-2.09, Amended 3-28-96, Formerly 10J-2.009, Amended 1-20-03; Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jennifer A. Tschetter, Chief Operating Officer

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: John H. Armstrong, MD, FACS,
Surgeon General and Secretary of Health

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: November 12, 2015

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: 9/30/2015