

Notice of Proposed Rule

AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid

RULE NO: RULE TITLE

59G-13.083: Developmental Disabilities Waiver Services

PURPOSE AND EFFECT: The purpose of the amendment to Rule 59G-13.083, F.A.C., is to incorporate by reference the revised Florida Medicaid Developmental Disabilities Waiver Services Coverage and Limitations Handbook, May 2010. The effect of the amendment will be to reduce paperwork requirements for providers.

SUMMARY: The amendment updates the Developmental Disabilities Waiver Services Coverage and Limitations Handbook, which is incorporated by reference. The handbook revisions include a comprehensive review of each service and the addition of tier waiver details.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: The Agency has determined that this rule will have an impact on small business. A SERC has been prepared by the Agency.

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.

SPECIFIC AUTHORITY: **409.919 FS.**LAW IMPLEMENTED: **409.906, 409.907, 409.908, 409.912 FS.**

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: Wednesday, March 31, 2010, 2:00 p.m. – 4:00 p.m.

PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room C, Tallahassee, Florida 32308-5407

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 48 hours before the workshop/meeting by contacting: Pam Kyllonen at the Bureau of Medicaid Services, (850)412-4261. 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: Pam Kyllonen, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4261, e-mail: kyllonep@ahca.myflorida.com

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-13.083 Developmental Disabilities Waiver Services.

(1) No change.

(2) All developmental disabilities waiver services providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Developmental Disabilities Waiver Services Coverage and Limitations Handbook, May 2010 2007, incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in Rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent's Web Portal at <http://mymedicaid-florida.com>. Click on Public Information for Providers, then on Provider Support, and then on Provider Handbooks. Paper copies of the handbooks may be obtained by calling the Provider Contact Center at 1(800)289-7799 and selecting Option 7.Rulemaking Specific Authority 409.919 FS. Law Implemented 409.906, 409.907, 409.908, 409.912 FS. History--New 12-3-08, Amended_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Pam Kyllonen

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Thomas W. Arnold

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 17, 2010

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 24, 2008