

Notice of Proposed Rule

AGENCY FOR HEALTH CARE ADMINISTRATIONMedicaid

RULE NO: RULE TITLE

59G-4.300: State Mental Health Hospital Services

PURPOSE AND EFFECT: The purpose is to amend Rule 59G-4.300, F.A.C., to incorporate the Florida Medicaid State Mental Health Hospital Services Coverage and Limitations Handbook, January 2010, AHCA-Med Serv Form 034, January 2008, and the Florida Medicaid Provider Reimbursement Handbook, UB 04, July 2008, which is incorporated in Rule 59G-4.200, F.A.C. The amendment will clarify services provided through the per diem rate.

SUMMARY: The amendment updates fiscal agent contact information and websites; updates and clarifies services included in the per diem rates; updates and clarifies non-institutional services and excluded services; adopts new AHCA-Med Serv Form 034, Jan 2008; and updates references to Medicaid claim form UB 04.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: 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: 409.905, 409.908 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: Thursday, April 8, 2010, 9:00 a.m. – 11:00 a.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: Patrick Rhodes at the Bureau of Medicaid Services, (850)412-4253. 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: Patrick Rhodes, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, e-mail: rhodosp@ahca.myflorida.com

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-4.300 State Mental Health Hospital Services.

(1) No change.

(2) All state mental hospitals that provide long term inpatient mental health services to Medicaid recipients age 65 and older who meet the Medicaid Institutional Care Program eligibility requirements must be in compliance with the provisions of the Florida Medicaid State Mental Health Hospital Services Coverage and Limitations Handbook, January 2010, ~~September 2005~~; incorporated by reference, and the AHCA-Med Serv Form 034, January 2008, incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, UB 04, July 2008, ~~Institutional 021~~, which is incorporated in Rule 59G-4.200, F.A.C. Both handbooks are available from the Medicaid fiscal agent's Web Portal website at ~~http://mymedicaid-florida.com~~ ~~http://floridamedicaid.acs-inc.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 Medicaid fiscal agent at (800)289-7799 and selecting Option 7 Provider Inquiry at (800)377-8216.

Rulemaking Specific Authority 409.919 FS. Law Implemented 409.905, 409.908 FS. History--New 5-29-06, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Patrick Rhodes

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

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: March 1, 2010

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 11, 2009