

## Notice of Proposed Rule

### AGENCY FOR HEALTH CARE ADMINISTRATION

#### Medicaid

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: Marlon Storey 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).

#### RULE NO.: RULE TITLE:

59G-13.070 Developmental Disabilities Individual Budgeting Waiver Services PURPOSE AND EFFECT: The purpose of the new Rule 59G-13.070, F.A.C., is to incorporate by reference the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook, \_\_\_\_\_. A new individual budgeting waiver has been established for this rule. SUMMARY: The handbook establishes provider qualifications and enrollment; covered, limited, and excluded services; and standards for implementing the Developmental Disabilities Individual Budgeting Waiver.

#### 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: A checklist was prepared by the Agency to determine the need for a SERC. Based on this information at the time of the analysis and pursuant to section 120.541, Florida Statutes, the rule will not require legislative ratification.

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: 409.919 FS. LAW IMPLEMENTED: 393.0662, 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW: DATE AND TIME: Wednesday, May 14, 2014, 2:00 p.m. – 4:00 p.m. PLACE: Agency for Health Care Administration, 2727 Mahan Drive, Building 3, Conference Room A, Tallahassee, Florida 32308-5407

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Marlon Storey, Medicaid Services, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: (850)412-4261, e-mail: marlon.storey@ahca.myflorida.com Please note that a preliminary draft of the reference material, if available, will be posted prior to the public hearing at <http://ahca.myflorida.com/Medicaid/review/index.shtml>. Comments will be received until 5:00 p.m. on Wednesday, May 21, 2014

THE FULL TEXT OF THE PROPOSED RULE IS:

59G-13.070 Developmental Disabilities Individual Budgeting Waiver Services. (1) This rule applies to all providers of developmental disabilities individual budgeting waiver services who are enrolled in the Florida Medicaid program. (2) All providers of developmental disabilities individual budgeting waiver services who are enrolled in the Florida Medicaid program must be in compliance with the provisions of the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook \_\_\_\_\_. The handbook is available from the Medicaid fiscal agent's Web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Select Public Information for Providers, then Provider Support, and then Provider Handbooks. (3) The following form is included in the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook and is incorporated by reference: Medicaid Waiver Services Agreement, AHCA Form 5000-\_\_\_\_, effective \_\_\_\_\_, 2014.

Rulemaking Authority 409.919 FS. Law Implemented 393.0662, 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History—New\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Marlon Storey

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Elizabeth Dudek

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: April 17, 2014

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: December 7, 2012