

## Notice of Variances and Waivers

### AGENCY FOR HEALTH CARE ADMINISTRATION

#### Medicaid

RULE NO.:        RULE TITLE:

59G-13.070        Developmental Disabilities Individual Budgeting Waiver Services

NOTICE IS HEREBY GIVEN that on January 9, 2024, the Agency for Health Care Administration, received an Emergency Petition for Variance from or Waiver of Florida Administrative Code Rules 59G-4.261 and 59G-4.215 (“Petition”), on behalf of the Petitioner, R.B. and of Rule 59G-4.215, F.A.C.

Rule 59G-4.261, F.A.C., contains the Florida Medicaid Private Duty Nursing Services Coverage Policy, and applies to all providers rendering private duty nursing services to Medicaid recipients. The Petition requests a permanent waiver of or variance from the limitation contained in Section 5.2 of the coverage policy that restricts otherwise qualified family members from being reimbursed by Medicaid for providing services to a Medicaid recipient that is a relative, as defined by Section 429.02(18), F.S.

Rule 59G-4.215 contains the Florida Medicaid Personal Care Services Coverage Policy and applies to all providers rendering personal care services to Medicaid recipients. The Petition requests a temporary waiver of or variance from the limitation contained within Section 5.2 of the coverage policy that restricts otherwise qualified family members from being reimbursed by Medicaid for providing services to a Medicaid recipient that is a relative, as defined by Section 429.02(18), F.S., for a period of 2 years during the implementation of Section 400.4765, F.S.

Interested persons or agencies may submit written comments on the Petition within five (5) days after publication of this notice.

To submit written comments or request a copy of the Petition, please contact:

Richard J. Shoop  
Agency Clerk  
Agency for Health Care Administration  
2727 Mahan Drive  
Mail Stop #3  
Tallahassee, Florida 32308  
[Richard.Shoop@ahca.myflorida.com](mailto:Richard.Shoop@ahca.myflorida.com)  
(850) 412-3689

A copy of the Petition for Variance or Waiver may be obtained by contacting:

Richard J. Shoop  
Agency Clerk  
Agency for Health Care Administration  
2727 Mahan Drive  
Mail Stop #3  
Tallahassee, Florida 32308  
[Richard.Shoop@ahca.myflorida.com](mailto:Richard.Shoop@ahca.myflorida.com)  
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