

**EXPENDITURE AUTHORITIES FOR FLORIDA'S  
MANAGED MEDICAL ASSISTANCE SECTION 1115 DEMONSTRATION**

**NUMBER:** 11-W-00206/4  
**TITLE:** Managed Medical Assistance Program  
**AWARDEE:** Agency for Health Care Administration

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the state for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act, shall, for the period of this demonstration from July 31, 2014, through June 30, 2017, be regarded as expenditures under the state's Title XIX plan.

The following expenditure authorities shall enable Florida to operate the Florida Managed Medical Assistance program section 1115 demonstration (formerly titled Medicaid Reform).  
The authorities also promote the objectives of title XIX in the following ways:

- Expenditure authorities 1 and 3 promote the objectives of title XIX by improving health outcomes for Medicaid and other low-income populations in the state;
- Expenditure authority 2 promotes the objectives of title XIX by increasing access to, stabilizing, and strengthening providers to serve uninsured, low-income populations in the state;

~~1. **Demonstration Population A.** Expenditures for health care related costs not to exceed the amount of the individual's enhanced benefit account, for individuals who lose eligibility for Medicaid or demonstration Population A benefits. This expansion population shall be allowed to retain access to the enhanced benefits account for up to 1 year, except in the instance of termination of the demonstration. This authority expires June 30, 2015.~~

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~~2.1.~~ Expenditures for payments to managed care organizations, in which individuals who regain Medicaid eligibility within six months of losing it may be re-enrolled automatically into the last plan in which they were enrolled, notwithstanding the limits on automatic re-enrollment defined in section 1903(m)(2)(H) of the Act.

2. For demonstration year 10, through June 30, 2016, eExpenditures made by Florida for uncompensated care costs incurred by providers for health care services ~~for the~~ uninsured and or underinsured, ~~and associated projects to support such care,~~ subject to the restrictions placed on the Low Income Pool, as defined in the STCs. For demonstration year 11, July 1, 2016 through June 30, 2017, expenditures made by Florida for uncompensated care costs

Florida Managed Medical Assistance Program  
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As amended XXXXX, 2015

incurred by providers for health care services for the uninsured, subject to the restrictions placed on the Low Income Pool, as defined in the STCs.  
This authority expires June 30, 2015.

~~3. Expenditures for benefits under the enhanced benefits account program. This authority expires June 30, 2015.~~

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~~4.3. Expenditures for the Program for All Inclusive Care for Children services and the Healthy Start program as previously approved under the 1915(b) waiver (control #FL-01) and as described in STCs 64 and 65.~~

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#### ~~Medicaid Requirements Not Applicable to the Expenditure Authorities:~~

~~Through June 30, 2015, in order to permit the demonstration project to function as amended, in addition to and/or consistent with previously approved waiver and expenditure authorities described above, the following Medicaid requirements are not applicable to the expenditure authorities:~~

##### ~~1. Provision of Medical Assistance Section 1902(a)(10)(A)~~

~~To enable Florida to limit the medical assistance for demonstration Population A (individuals who lose eligibility for Medicaid or demonstration Population A benefits) to health care related costs not to exceed the amount of the individual's enhanced benefit account.~~

##### ~~2. Amount, Duration, and Scope and Comparability Section 1902(a)(10)(B) and 1902(a)(17)~~

~~To enable Florida to vary the amount, duration, and scope of benefits offered to demonstration Population A from that offered to other beneficiaries under the plan, and to enable benefits for Population A to be non-comparable to those offered to the categorically needy group.~~

##### ~~3. Provider Agreements Section 1902(a)(27)~~

~~To permit the provision of care by entities who have not executed a provider agreement with the State Medicaid Agency for the purpose of providing enhanced benefits under the enhanced benefits account program.~~

