



OCT 15 2015

Justin Senior
Deputy Secretary for Medicaid
Florida Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 8
Tallahassee, FL 32308

Dear Mr. Senior:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving your three requests to amend Florida's section 1115 demonstration project, titled Managed Medical Assistance Program (MMA) (Project Number 11-W-00206/4). Specifically, we are approving the state to:

- Allow Medicaid-eligible children receiving Prescribed Pediatric Extended Care (PPEC) services and beneficiaries residing in group home facilities licensed under section(s) 393.067 Florida Statutes (F.S.) to voluntarily enroll in managed care through the MMA Program.
- Allow changes to managed care enrollment to auto-assign individuals into managed care during a plan choice period immediately after eligibility determination and to allow changes to the auto-assignment criteria.
- Pursuant to our June 23, 2015 agreement in principle establishing the size, duration and distribution methodology for the Low Income Pool (LIP), extend the LIP through the remainder of the demonstration period ending June 30, 2017. The total computable dollar limit in demonstration year 10 (2015-2016) will be \$1 billion for a LIP that provides, as a transitional measure, distribution methodologies similar to current methodologies to support our shared goal of maintaining stability during this transition. In demonstration year 11 (2016-2017), the total computable dollar limit will be \$607,825,452 million and the LIP will provide support for safety net providers for the costs associated with uncompensated charity care for low-income individuals who are uninsured.

A copy of the CMS approved amended Special Terms and Conditions (STCs) and associated waiver and expenditure authorities are enclosed.

This approval is conditioned upon continued compliance with the enclosed STCs defining the nature, character, and extent of federal involvement in this project. The award is subject to our receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter.

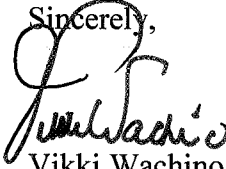
Your project officer is Mr. Adam Goldman. Mr. Goldman's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Division of State Demonstrations & Waivers
7500 Security Boulevard
Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-2242
Facsimile: (410) 786-8534
E-mail: Adam.Goldman@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Mr. Goldman and to Ms. Jackie Glaze, Associate Regional Administrator, in our Atlanta Regional Office. Ms. Glaze's address is:

Jackie Glaze
Centers for Medicare & Medicaid Services
Atlanta Federal Center, 4th Floor
61 Forsyth Street, SW Suite 4T20
Atlanta, GA 30303-8909
Telephone: (404) 562-7417
E-mail: Jackie.Glaze@cms.hhs.gov

If you have questions regarding this approval, please contact Mr. Eliot Fishman, Director, State Demonstrations Group, Center for Medicaid & CHIP Services, at (410) 786-5647. We look forward to continuing to partner with you and your staff throughout the course of the MMA demonstration program.

Sincerely,

Vikki Wachino
Director

Enclosures

cc: Jackie Glaze, Associate Regional Administrator, CMS Region IV