

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-26-12  
Baltimore, Maryland 21244-1850



DEC 29 2014

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

Dear Mr. Senior:

The Centers for Medicare & Medicaid Services (CMS) is pleased to inform you that Florida's request for an extension of its section 1115 family planning demonstration, entitled "Florida Medicaid Family Planning Waiver" (project number 11-W-00 135/4) has been approved as modified by the Special Terms and Conditions (STCs) accompanying this award letter.

Under this demonstration, the state will provide family planning and family planning-related services to women ages 14–55 with family incomes at or below 191 percent of the Federal poverty level (FPL) losing pregnancy coverage after 60 days postpartum and women ages 14–55 with family incomes at or below 191 percent of the FPL for a period of two years after losing Medicaid coverage for reasons other than expiration of the 60-day postpartum period. We have also converted your Modified Adjusted Gross Income (MAGI) level. In 2013 it was 185 percent and in 2014 it was converted to 191 percent. The STCs and the expenditure authorities for this renewal reflect the converted MAGI level. CMS' approval of this demonstration extension is under the authority of section 1115(a) of the Social Security Act and is effective from the date of this letter through December 31, 2017.

As the Florida Medicaid Family Planning Waiver is limited to a specific category of benefits, the demonstration is not recognized as Minimum Essential Coverage (MEC) consistent with the guidance set forth in the State Health Official Letter #14-002, issued by CMS on November 7, 2014.

Our approval of this demonstration extension is subject to the enclosed set of STCs and the limitations specified in the list of expenditure authorities and title XIX requirements made not applicable. The state may deviate from Medicaid state plan requirements only to the extent those requirements have been specifically listed as granted expenditure authority or title XIX requirements not applicable. All requirements of the Medicaid program as expressed in law, regulation, and policy statement not expressly identified as not applicable in this letter, shall apply to this demonstration.

CMS approval is also conditioned on continued compliance with the enclosed set of STCs that define the nature, character, and extent of anticipated Federal involvement in the project. The award is subject to your written acknowledgement of the award and acceptance of the STCs within 30 days of the date of this letter.

Your project officer for this demonstration is Ms. Shanna Janu. She is available to answer any questions concerning your section 1115 demonstration and this amendment. Ms. Janu's contact information is:

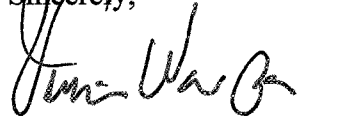
Ms. Shanna Janu  
Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
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Baltimore, MD 21244-1850  
Telephone: (410) 786-2059  
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E-mail: shanna.janu@cms.hhs.gov

Official communications regarding this demonstration should be sent simultaneously to Ms. Janu and Ms. Jackie Glaze, Associate Regional Administrator for the Division of Medicaid and Children's Health in our Atlanta Regional Office. Ms. Glaze's contact information is as follows:

Ms. Jackie Glaze  
Centers for Medicare & Medicaid Services  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, GA 30303-8909

If you have any questions regarding this approval, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid & CHIP Services at (410) 786-5647.

Sincerely,



Cindy Mann  
Director

cc: Jackie Glaze, ARA Region IV