

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



**Center for Medicaid, CHIP and Survey & Certification**

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JUN 24 2011

Elizabeth Dudek  
Interim Secretary  
Florida Agency for Health Care Administration  
2727 Mahan Dr., Mail Stop #8  
Tallahassee, FL 32308

Dear Ms. Dudek:

We are pleased to inform you that Florida's request for an extension of its section 1115 Family Planning Demonstration, entitled "Florida Medicaid Family Planning Waiver" as modified by the Special Terms and Conditions (STCs) accompanying this award letter, has been approved as project number 11-W-00135/4. Under this Demonstration, the State will provide family planning and family planning-related services for 2 years to women, ages 14 through 55, losing Medicaid coverage, who have family income at or below 185 percent of the Federal poverty level (FPL), and who are not otherwise eligible for Medicaid, CHIP, or health insurance coverage that provides family planning services. Approval of the extension of this Demonstration is under the authority of section 1115(a) of the Social Security Act and is effective as of the date of this approval letter through December 31, 2013.

Our approval of this Demonstration project is subject to the limitations specified in the approved expenditure authorities list and title XIX requirements made not applicable. The State may deviate from the 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 the Florida Medicaid Family Planning Waiver.

The approval is also conditioned upon continued compliance with the enclosed STCs defining the nature, character, and extent of Federal involvement in this project. This award letter is subject to our receipt of your written acceptance of the award, including the expenditure authority and STCs, within 30 days of the date of this letter.

Your contact for this Demonstration is Ms. Rebecca Burch Mack, who may be reached at (410) 786-6879 and through e-mail at [Rebecca.BurchMack@cms.hhs.gov](mailto:Rebecca.BurchMack@cms.hhs.gov). Ms. Burch Mack is available to answer any questions concerning the scope and implementation of the project in your application. Communications regarding the program matters and official correspondence concerning the Demonstration should be submitted to her at the following address:

Ms. Dudek – Page 2 of 2

Centers for Medicare & Medicaid Services  
Center for Medicaid, CHIP and Survey & Certification  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, MD 21244-1850

Official communications regarding program matters should be submitted simultaneously to Ms. Burch Mack and Ms. Jackie Glaze, Associate Regional Administrator, in the Atlanta Regional Office. Ms. Glaze's address is:

Centers for Medicare & Medicaid Services  
61 Forsyth St., SW, Suite 4T20  
Atlanta, GA 30303-8909

If you have additional questions, please contact Ms. Victoria Wachino, Director, Children and Adults Health Programs Group, Center for Medicaid, CHIP and Survey & Certification at (410) 786-5647.

We extend our congratulations to you on this award and look forward to working with you during the course of the Demonstration extension.

Sincerely,

A black rectangular redaction box covering the signature of Cindy Mann.

Cindy Mann  
Director

Enclosures

cc:

Jackie Glaze, ARA, Region IV  
Etta Hawkins, State Representative