

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 and CHIP Services

Approved: December 15, 2011

Ms. Jennifer Vermeer
Medicaid Director
Division of Medical Services
Department of Human Services
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315

Dear Ms. Vermeer:

We are pleased to inform you that Iowa's request for an extension of its section 1115 Family Planning Demonstration, entitled "Iowa 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-00188/7. Under this Demonstration, the State will provide family planning and family planning-related services to women losing Medicaid pregnancy coverage at the conclusion of a 60 day postpartum period and to women and men, ages 12 through 54, who have family incomes at or below 300 percent of the Federal poverty level (FPL), who are not otherwise eligible for Medicaid (with an exception for the IowaCare section 1115 Demonstration), the Children's Health Insurance Program (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 enclosed 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 Iowa Medicaid Family Planning Demonstration.

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. Ms. Burch Mack is available to answer any questions concerning the scope and implementation of the project. Communications

regarding the program matters and official correspondence concerning the Demonstration should be submitted to Ms. Burch Mack at the following address:

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

Official communication regarding program matters should be sent simultaneously to Ms. Burch Mack and to Mr. James Scott, Associate Regional Administrator in our Kansas City Regional Office. Mr. Scott's contact information is as follows:

Centers for Medicare & Medicaid Services
Kansas City Regional Office
Division of Medicaid and Children's Health
Richard Bolling Federal Building
601 East 12th Street, Room 235
Kansas City, Missouri 64106-2808

We extend our congratulations to you on this award and look forward to working with you during the course of the Demonstration extension. Thank you for your commitment to meeting the preventive care needs of Iowa's residents.

Sincerely,

//s//

Cindy Mann
Director

Enclosures

cc:

James Scott, ARA, Region VII
Michelle Opheim, State Representative
Rebecca Burch Mack, CMCS