

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



FEB 23 2016

Mikki Stier  
Medicaid Director  
Iowa Department of Human Services  
100 Army Post Road  
Des Moines, IA 50315

Dear Ms. Stier:

The Centers for Medicare & Medicaid Services (CMS) is approving Iowa's request to amend its section 1115 family planning demonstration, entitled "Iowa Family Planning Network" (project number 11-W-00 188/7) as modified by the Special Terms and Conditions (STCs) accompanying this award letter.

Under this demonstration, Iowa provides family planning and family planning related services to women who are losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum period and individuals (men and women), ages 12 through 54, who have family income at or below 300 percent of the federal poverty level (FPL), and who are not otherwise enrolled in Medicaid. Through the approval of this amendment, services will be delivered through a concurrent section 1915(b) managed care waiver. CMS' approval of this demonstration amendment 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, 2016.

As the Iowa Family Planning Network demonstration is limited to a specific category of benefits, the demonstration is not recognized as Minimum Essential Coverage (MEC) consistent with CMS' letter of February 12, 2016.

Our approval of this demonstration amendment 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. Julie Sharp. She is available to answer any questions concerning your section 1115 demonstration and this amendment. Ms. Sharp's contact information is:

Ms. Julie Sharp  
Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-2292  
Fax: (410) 786-5882  
E-mail: juliana.sharp@cms.hhs.gov

Official communications regarding this demonstration should be sent simultaneously to Ms. Sharp and Mr. James Scott, Associate Regional Administrator in our Kansas City Regional Office. Mr. Scott's contact information is as follows:

Mr. James Scott  
Centers for Medicare & Medicaid Services  
Richard Bolling Federal Building  
601 East 12<sup>th</sup> Street, Room355  
Kansas City, MO 64106-2808

If you have any questions regarding this approval, please contact Mr. Eliot Fishman, Director, State Demonstrations Group, Center for Medicaid & CHIP Services at (410) 786-9686.

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

Vikki Wachino  
Director

cc: James Scott, Associate Regional Administrator, Region VII