

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: 11 -W-00135/4
TITLE: Florida Medicaid Family Planning Waiver
AWARDEE: Florida Agency for Health Care Administration

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Florida for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this demonstration extension, be regarded as expenditures under the state’s title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities (including adherence to income and eligibility system verification requirements under section 1137(d) of the Act), except those specified below as not applicable to these expenditure authorities.

The following expenditure authority and the provisions specified as “not applicable” enable Florida to operate its demonstration through June 30, 2023, unless otherwise stated:

Expenditures for extending title XIX family planning services through a targeted application and enrollment process, for a transitional period up to 24 months, to women ages 14 through 55 with family income at or below 191 percent of the Federal Poverty Level (FPL) who have lost Medicaid State Plan eligibility and are not otherwise eligible for Medicaid or the Children’s Health Insurance Program (CHIP), or enrolled in other creditable health insurance coverage that provides family planning services. Individuals who meet this criteria will be eligible for a new 24-month transitional period of demonstration coverage upon each subsequent loss of Medicaid State Plan eligibility.

Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities:

All Medicaid requirements apply, except the following:

- 1. Methods of Administration: Transportation** **Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53**

To the extent necessary to enable the state to not provide transportation to and from providers for the demonstration population.

- 2. Amount, Duration, and Scope of Services (Comparability)** **Section 1902(a)(10)(B)**

To the extent necessary to allow the state to offer the demonstration population a benefit package consisting only of family planning services and family planning-related services for up to 24 months of coverage per each loss of Medicaid State plan eligibility.

3. Prospective Payment for Federally Qualified Health Centers and Rural Health Centers and Rural Health Clinics **Section 1902(a)(15)**

To the extent necessary for the state to establish reimbursement levels to these clinics that will compensate them solely for family planning and family planning related services.

4. Retroactive Coverage **Section 1902(a)(34)**

To the extent necessary to enable the state to not provide medical assistance to the demonstration population for any time prior to when an application for the demonstration is made.

5. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) **Section 1902(a)(43)(A)**

To the extent necessary to enable the state to not furnish or arrange for EPSDT services to the demonstration population.