## **DEPARTMENT OF HEALTH & HUMAN SERVICES**

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



December 24, 2013

Mary E. Dalton State Medicaid Director Montana Department of Public Health and Human Services P.O. Box 4210 Helena, MT 59604-4210

Dear Ms. Dalton:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved a 3 year extension of the Montana Basic Medicaid for Able-Bodied Adults section 1115 demonstration (Project No. 11-W-00181/8) in order to preserve the coverage afforded to residents of Montana as the state continues to consider its coverage options. The Basic Medicaid for Able-Bodied Adults demonstration will continue to receive federal financial participation at the state's regular federal medical assistance percentage from January 1, 2014, through December 31, 2016.

Our approval of this demonstration is subject to the limitations specified in the enclosed list of waivers and expenditure authorities. The state may deviate from the Medicaid state plan requirements only to the extent those requirements have been specifically waived, or with respect to expenditure authorities, listed as not applicable to expenditures for demonstration populations and other services not covered under the state plan. In addition, this extension incorporates two changes to the program which allows the state to increase enrollment in the Waiver for Mental Health Services Plan program and include home infusion services under the demonstration, to the special terms and conditions (STCs).

This demonstration approval is conditional upon acceptance and compliance with the enclosed STCs defining the nature, character, and extent of anticipated federal involvement in the project. The award is subject to our receiving your written acknowledgement of the award and acceptance of these STCs and expenditure authorities within 30 days of the date of this letter.

Your project officer for this demonstration is Ms. Terri Fraser. She is available to answer any questions concerning your section 1115 demonstration. Ms. Fraser's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services Division of State Demonstrations and Waivers 7500 Security Boulevard, Mailstop S2-01-16 Baltimore, MD 21244-1850

Telephone: (410) 786-5573

Email: <u>Terri.Fraser@cms.hhs.gov</u>

Official communications regarding program matters should be sent simultaneously to Ms. Fraser and to Mr. Richard Allen, Associate Regional Administrator in our Denver Regional Office. Mr. Allen's contact information is as follows:

Centers for Medicare & Medicaid Services 1600 Broadway, Suite 700 Denver, CO 80202-4367 Telephone: (303) 844-1370

Email: Richard.Allen@cms.hhs.gov

If you have questions regarding this correspondence, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid & CHIP Services, at (410) 786-5647. We look forward to continuing to work with you and your staff.

Sincerely,

/s/

Cindy Mann Director

## Enclosures

cc: Richard Allen, Associate Regional Administrator, Region VIII Cindy Smith, CMCHO