



Administrator
Washington, DC 20201

MAY 30 2012

Ms. Mary Dalton
State Medicaid Director
Department of Public Health and Human Services
111 North Sanders, Room 301
P.O. Box 4210
Helena, MT 59604-4210

Dear Ms. Dalton:

We are pleased to inform you that Montana's request for a section 1115 family planning demonstration entitled, "Montana Plan First Family Planning Demonstration," has been approved as project number 11-W-00276/8. 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, ages 19 through 44, who have family incomes at or below 200 percent of the Federal poverty level, who are not otherwise eligible for Medicaid and do not have any other health insurance coverage that provides family planning services. Approval of this demonstration is under the authority of section 1115(a) of the Social Security Act (the 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 list of approved expenditure authorities and requirements under title XIX of the Act 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 Montana Plan First Family Planning Demonstration.

The approval is also conditioned upon continued compliance with the enclosed Special Terms and Conditions (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. Anne Chiang, who may be reached at (410) 786-5354 and through e-mail at Anne.Chiang@cms.hhs.gov. Ms. Chiang 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. Chiang 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. Chiang 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
Denver Regional Office
Division of Medicaid and Children's Health
Colorado State Bank Building
1600 Broadway, Suite 700
Denver, Colorado 80202-4367

We extend our congratulations to you on this award, and we appreciate your collaboration through the review process. If you have any questions regarding this correspondence, please contact Ms. Jennifer Ryan, Deputy Director, Children and Adults Health Programs Group, Centers for Medicaid and CHIP Services, (410) 786-5647.

We look forward to continuing to work with you and your staff.

Sincerely,

/Marilyn Tavenner/

Marilyn Tavenner
Acting Administrator

Enclosures

cc:

Richard Allen, ARA, Region VIII
Cindy Smith, State Representative
Anne Chiang, CMCS