

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

JUL 15 2013

Ms. Mary E. Dalton
State Medicaid Director
Montana Department of Public Health and Human Services
P.O. Box 4210
Helena, MT 50604-4210

Dear Ms. Dalton:

Thank you for your recent request to extend the state's Basic Medicaid for Able Bodied Adults section 1115 demonstration (Project No. 11-W-00181/8). The Centers for Medicare & Medicaid Services (CMS) received your extension request on June 28, 2013. On April 27, 2012, CMS issued a final rule and guidance on section 1115 demonstration projects, outlining specific elements that need to be included in a state's extension request in order for CMS to determine that the request is complete. Once an extension request has been determined complete, CMS can begin the official review process, including initiation of the 30-day federal public comment period.

We have completed a preliminary review of your extension request in accordance with the April 27th final rule. We have determined that the state's extension request has not met the requirements for a complete extension request as specified under section 42 CFR 431.408. As discussed with your staff, CMS needs an evaluation report of the demonstration that includes a list of evaluation activities and finding to date.

As a result of this determination, we will not begin our 30-day federal public comment and notice process as specified under 42 CFR 431.416(b). Once we receive a revised request or other documentation that addresses the item listed above, we will conduct another preliminary review to determine if the revised request is complete. We will notify you of our determination no later than 15 days after receipt of your revised extension request.

We look forward to working with you and your staff, and are available to provide technical assistance as you revise the state's extension request. If you have additional questions or concerns, please contact your project officer Ms. Terri Fraser, Division of State Demonstrations and Waivers, at (410) 786-5573, or at terri.fraser@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Diane T. Gerrits for". The signature is written in a cursive style.

Diane T. Gerrits,
Director
Division of State Demonstrations and Waivers

cc: Jennifer Ryan, CMCS
Richard Allen, Associate Regional Administrator, Region VIII
Cindy Smith, CMS Denver
Terri Fraser, CMCS