



Children and Adults Health Programs Group

JUL 15 2014

Joseph Moser
Medicaid Director
Indiana Family & Social Services Administration
402 W. Washington St. Room W461
Indianapolis, IN 46204

Dear Mr. Moser:

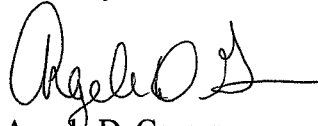
Thank you for your recent request to extend the state's Healthy Indiana Plan (HIP) section 1115 demonstration (Project Number 11-W-00237/5), which the state currently refers to as HIP 1.0. The Centers for Medicare & Medicaid Services (CMS) received your extension request on June 30, 2014. After completing a preliminary review of your extension request we have determined that the state's extension request has not met the requirements for a complete extension request as specified under sections 42 CFR 431.408 and 42 CFR 431.412(c).

Specifically, at time of submission, the state did not meet the requirements for tribal consultation with the Pokagon Band of Potawatomi Indians as specified under section 42 CFR 431.408(b). Second, the state did not include an interim evaluation report that meets the requirements as specified under section 42 CFR 431.412(c)(vi). The interim evaluation report does not address 1) all program goals and hypotheses that were indicated in the state's evaluation design submitted to CMS in 2009, 2) all questions as required under paragraph 65 in the Special Terms and Conditions; and 3) is not reflective of data through 2014. In addition, the state references a 2013 annual report that was due to CMS on May 1, 2014, but has not yet been submitted to CMS for review as of the date of this letter.

These items must be addressed 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. At this time, we will not be able to begin our 30-day federal public comment and notice process as specified under 42 CFR 431.416(b). Once we receive a revised extension request that includes the missing elements as described above, or explains how the current request addresses the missing element, 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 our continuing work 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 Wakina Scott, Division of State Demonstrations and Waivers, at (410) 786-0921, or at Wakina.Scott@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Angela D. Garner", with a long horizontal flourish extending to the right.

Angela D. Garner
Acting Director
Division of State Demonstrations and Waivers

cc:

Eliot Fishman, Director, Children and Adults Health Programs Group, CMCS
Verlon Johnson, Associate Regional Administrator, Chicago Regional Office