

From: [Schubel, Jessica \(CMS/CMCS\)](#)

To: [Sheer, Jennifer L. \(CMS/CMCS\)](#)

Date: * No Date *

Subject: PMAP+ Extension Approval Letter, STCs and CNOMs

Attachment(s): 3

David,

Please find the attached PMAP+ demonstration extension approval letter, STCs and CNOMs. If you have any questions or concerns, please let me know.

Thanks,

Jessica

Jessica L. Schubel, MPH

Project Officer

Division of State Demonstrations, and Waivers

Center for Medicaid, CHIP and Survey & Certification, CMS

+ Mail Stop S2-01-16, 7500 Security Blvd., Baltimore MD 21244-1850 | '

██████████ | 7410-██████████ | ; ██████████

<mailto:██████████>

This email is intended only for the sole use of the individual or entity to which it is addressed and may contain information that is privileged

and confidential. If the reader of this email message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of the communication is prohibited. If you have received this email in error, please notify the sender and destroy/delete all copies of this transmittal. Thank you.

P Please consider the environment before printing this e-mail.