

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-03-17
Baltimore, Maryland 21244-1850



State Demonstrations Group

September 14, 2017

Marie Matthews
State Medicaid Director
Montana Department of Public Health and Human Services
P.O. Box 4210
Helena, MT 59604

Dear Ms. Matthews:

Thank you for your recent request to amend the Montana Health and Economic Livelihood Partnership (HELP) Program section 1115(a) demonstration (Project Number 11-W-00300-8). We have completed a preliminary review of the amendment in accordance with the Special Terms and Conditions (STCs) and have determined that the state's amendment application has met the required elements.

Montana's application will be posted on Medicaid.gov and the comment period will last 30 days. The state's request will be available at <http://medicaid.gov/Medicaid-CHIP-ProgramInformation/ByTopics/Waivers/Waivers.html>.

We look forward to working with you and your staff to amend the state's demonstration. If you have additional questions or concerns, please contact your project officer, Ms. Valisha Andrus, at Valisha.Andrus@cms.hhs.gov.

Sincerely,

/s/

Andrea J. Casart
Director
Division of Medicaid Expansion Demonstrations

cc: Richard Allen, Associate Regional Administrator