

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



CENTERS for MEDICARE & MEDICAID SERVICES

Region VIII

August 6, 2009

Ms. Mary Dalton
Medicaid Director
Montana Department of Public Health and Human Services
Health Policy and Services division
111 North Sanders, Room 301
P.O. Box 4210
Helena, MT 59620-4210

Re: SPA 09-026. Plan changes the appropriate names of the Montana Department.

Dear Ms. Dalton:

Please be advised CMS has approved Montana State Amendment 09-026, Plan changes the appropriate names of the Montana Department. This state plan amendment is approved with an effective date of July 1, 2009. We appreciate the cooperation extended by your staff in the review and approval of this state plan amendment.

If you have any questions regarding this State Plan Amendment please contact Diana Maiden at 303-844-7114.

Sincerely,

 Richard C. Allen
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Ms. Jo Thompson, Montana State Plan Coordinator

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No. 0938-

State/Territory: Montana

Citation 7.4 State Governor's Review

42 CFR 430.12(b) The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) with such documents.

Not applicable. The Governor--

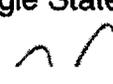
Does not wish to review any plan material.

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Montana Department of Public Health and Human Services
(Designated Single State Agency)

Date: July 9, 2009



U (Signature)

Director
(Title)

TN 09-026
Supersedes
TN 92-01

Approval Date 08/01/09 Effective Date 7/1/2009

HCFA ID: 7982E