## DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-25-26 Baltimore, Maryland 21244-1850



## **State Demonstrations Group**

December 1, 2020

Marie Matthews Medicaid Director Montana Department of Public Health and Human Services 111 North Sanders Room 301 Helena, MT 59620

Dear Ms. Matthews:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved a temporary extension of the state's section 1115 demonstration, entitled "Montana Health and Economic Livelihood Partnership" (Project Number 11-W-00300/8), in order to allow the state and CMS to continue working together on approval of the extension of this demonstration. This demonstration will now expire on December 31, 2021.

CMS' approval is conditioned upon the state's continued compliance with the Special Terms and Conditions (STCs) defining the nature, character, and extent of anticipated federal involvement in the project. The current STCs, waivers, and expenditure authorities will continue to apply during the temporary extension of this demonstration until December 31, 2021, including the state's current budget neutrality agreement and demonstration year five per member per month of \$625.69. As indicated in the CMS State Medicaid Director Letter (SMDL) #18-009, dated August 22, 2018, CMS expects to rebase the demonstrations that are approved for an extension with an approval period beginning on or after January 1, 2021. Montana will rebase its existing budget neutrality agreement effective the date the state's extension is approved, notwithstanding any additional temporary extensions.

For the temporary extension period, the state should continue to monitor its demonstration as stipulated in the current STCs. The state should include the temporary extension period in its evaluation design for the next demonstration period. In the event that the state does not obtain an extension, the state should provide an assessment of the demonstration at meeting the demonstration goals in its final report as described in STC IX.7.

Your CMS project officer for this demonstration is Ms. Felicia Pailen. She is available to answer any questions concerning your section 1115 demonstration. Ms. Pailen can be reached at Felicia.Pailen@cms.hhs.gov.

i age z – ivis. Ivialie ivialilew	Page	2 –	Ms.	Marie	Matthew
-----------------------------------	------	-----	-----	-------	---------

If you have questions regarding this communication, please contact me at (410) 786-9686.

Sincerely,

Judith Cash Director

cc: Barbara Prehmus, State Monitoring Lead, Medicaid and CHIP Operations Group