DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

State Demonstrations Group

SEP 16 2015

Mary E. Dalton
State Medicaid Director
Montana Department of Public Health and Human Services
P.O. Box 4210
Helena, MT 59604-4210

Dear Ms. Dalton:

Thank you for your recent section 1115 demonstration application entitled, "Montana Health and Economic Livelihood Partnership (HELP) Program." The Centers for Medicare & Medicaid Services (CMS) received your application on September 15, 2015. We have completed a preliminary review of the application, and have determined that the state's application has met the requirements for a complete application as specified under section 42 CFR 431.412(a).

In accordance with section 42 CFR 431.416(a), CMS acknowledges receipt of the state's application. The documents will be posted on the Medicaid.gov website for a 30-day federal comment period, as required under 42 CFR 431.416(b). The state's application is available at: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html.

We look forward to working with you and your staff on the proposed demonstration project. If you have additional questions or concerns, please contact your project officer Megan Lepore, Division of Medicaid Expansion Demonstration, at (410) 786-4113, or at megan.lepore@cms.hhs.gov.

Sincerely,

Andrea J. Casart
Acting Director
Division of Medicaid Expansion Demonstrations

cc: Richard Allen, Associate Regional Administrator, Denver Regional Office