

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
CNMI-12-001

2. STATE
CNMI

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
JMS ~~12-19-11~~ 10/1/11

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
 - AMENDMENT TO BE CONSIDERED AS NEW PLAN
 - AMENDMENT
- COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 430.10/42 CFR 431.10 AT-79-29/SEC. 1902 (a) OF THE
ACT/INTERGOVERNMENTAL COOPERATION ACT OF
1968/42 CFR 431.50(b) AT-79-29.

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$-0-
b. FFY 2012 \$-0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 1, p. 1-9; Attachment 1.1-A, p.1-2
Attachment 1.2-A, p. 1-3; Attachment 1.2-B
. 1-2; Attachment 1.2-C, p. 1-3 *TWS*

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Part 1, p. 22-24; Attachment 1.1-A,
p. 1-6; Attachment 1.1-B, p. 1 *TWS*

10. SUBJECT OF AMENDMENT:
DESIGNATION OF THE SINGLE STATE AGENCY

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[Redacted Signature]

13. TYPED NAME: ESTHER S. FLEMING

14. TITLE: SPECIAL ASSISTANT FOR ADMINISTRATION

15. DATE SUBMITTED: December 29, 2011

16. RETURN TO:
ESTHER S. FLEMING
SPECIAL ASSISTANT FOR ADMINISTRATION
OFFICE OF THE GOVERNOR
CALLER BOX 10007
JUAN A. SABLAN BLDG.
CAPITAL HILL
SAIPAN, MP 96950

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 29, 2011

18. DATE APPROVED: MAR 27 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:
[Redacted Signature]

21. TYPED NAME: Gloria Nagle, Ph.D, MPH

22. TITLE: Associate Regional Administrator

23. REMARKS: Pen and Ink Changes, boxes 4, 8 and 9