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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: CNMI-12-001 MP 12-001 | 2. STATE: CNMI MP |
| 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 1-01-12 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THROUGH 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR part 440 | | 7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$-0- b. FFY 2013 \$-0- | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A (REVISION) Pages 1-4 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 3.1-A Pages 1-2 | |
| 10. SUBJECT OF AMENDMENT: LIMITATIONS ON SERVICES | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="checkbox"/> OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan Amendment. | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 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 | |
| 13. TYPED NAME: ESTHER S. FLEMING | | | |
| 14. TITLE: SPECIAL ASSISTANT FOR ADMINISTRATION | | | |
| 15. DATE SUBMITTED: March 29, 2012 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: March 29, 2012 | | 18. DATE APPROVED: JUN 27 2012 | |
| PLAN APPROVED (ONE COPY ATTACHED) | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2012 | | 20. SIGNATURE OF REGIONAL OFFICIAL:  | |
| 21. TYPED NAME: Gloria Nagle, PhD, MPA | | 22. TITLE: Associate Regional Administrator | |
| 23. REMARKS: Pen and Ink Changes: Boxes 1, 2, 6, 8, 9, 13 | | | |