

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER: MP <del>SMH</del> 12-002 <i>(tws)</i>	2. STATE MP <del>CA</del> <i>(tws)</i>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE 1-01-12	

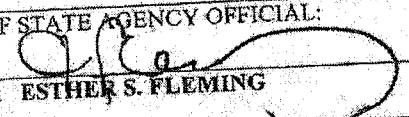
FOR: HEALTH CARE FINANCING ADMINISTRATION  
TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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: <i>Section 214 of CHIPRA.</i>	7. FEDERAL BUDGET IMPACT: a. FFY 2012 <i>\$* 846 K</i> b. FFY 2013 <i>\$* 870 K</i>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <i>ATTACHMENT 4.1 (REVISION) (tws)</i>  Attachment 2.6-A, pages 1-2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:  
SECTION 4. ELIGIBILITY STANDARDS AND METHODOLOGY -- EXPANDING COVERAGE TO INDIVIDUALS  
LAWFULLY RESIDING IN THE US. SECTION 4. ELIGIBILITY STANDARDS AND METHODOLOGY.

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: 	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: <i>3/29/12</i>	

FOR REGIONAL OFFICE USE ONLY  
 17. DATE RECEIVED: *3/29/2012*      18. DATE APPROVED: *JUN 21 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, Ph.D., MPA*  
 22. TITLE: Associate Regional Administrator

23. REMARKS:  
  
*Pen and Ink Changes, Boxes 1, 2 and 8*