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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-10-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

May 7, 2010

Maggie Anderson, Medicaid Director
Medical Services Division
North Dakota Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

RE: North Dakota #10-001

Dear Ms. Anderson:

This is your official notification that North Dakota State Plan amendment 10-001, "Increase Asset Test for MSP per MIPPA of 2008", has been approved effective January 1, 2010.



If you have any questions concerning this amendment, please contact Sophia Hinojosa at (303) 844-7129.

Sincerely,

/s/

D. Stephen Nose, CPA
Acting Associate Regional Administrator
Division for Medicaid and Children's Health Operations

CC: Mary Lou Thompson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-001	2. STATE North Dakota
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 January 1, 2010	
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 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1905(p)(1)(c) and 1860(D)-14(a)(3)(D) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>2010</u> \$ <u>Unknown</u> b. FFY <u>2011</u> \$ <u>Unknown</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, Page 9b Attachment 2.2-A, Page 9b1 Attachment 2.6-A, Page 22		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2-A, Page 9b Attachment 2.2-A, Page 9b1 Attachment 2.2-6, Page 22	
10. SUBJECT OF AMENDMENT: Amends the ND State Plan to increase asset allowance in accordance with Sec. 112 of the Medicare Improvements for Patients and Providers Act of 2008.			
11. GOVERNOR'S REVIEW (Check One): <input 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 checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Maggie D. Anderson, Director,</u> <u>Medical Services Division</u>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Maggie D. Anderson			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: March 29, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/29/10		18. DATE APPROVED: 5/7/10	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/10		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: D. Stephen Nose, CPA		22. TITLE: Acting Associate Regional Administrator	
23. REMARKS:			

State: NORTH DAKOTA

Agency*	Citation	Groups Covered
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A. Mandatory Coverage – Categorically Needy and Other
Required Special Groups (Continued)

1902(a)(10)(E)(i), 1905(p),
and 1860D-14(a)(3)(D)
of the Act

25. Qualified Medicare beneficiaries –

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal Poverty Level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),
1905(p)(3)(A)(i), 1905(p) and
1860D-14(a)(3)(D) of the Act

26. Qualified disabled and working individuals –

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal Poverty Level; and
- c. Whose resources do not exceed two times the SSI resource limit.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

* -- Agency that determines eligibility for coverage – North Dakota Department of Human Services.

TN No.: 10-001
Supersedes
TN No.: 93-009

Approval Date: 5/7/10

Effective Date: 01-01-2010

State: NORTH DAKOTA

Agency*	Citation	Groups Covered
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A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(iii),
1905(p)(3)(A)(ii), and
and 1860D-14(a)(3)(D)
of the Act

27. Specified low-income Medicare beneficiaries –

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income is greater than 100 percent but less than 120 percent of the Federal Poverty Level; and
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

(Medical Assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

1902(a)(10)(E)(iv),
1905(p)(3)(A)(ii), and
1860D-14(a)(3)(D)
of the Act

28. Qualifying Individuals

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income is at least 120 percent but less than 135 percent of the Federal Poverty Level;
- c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.

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TN No.: 93-009

Approval Date: 5/7/10

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Citation	Condition or Requirement
	<p>B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)</p> <p>7. Resource Standard – Medically Needy</p> <p>a. Resource Standards are based on family size.</p> <p>b. A single standard is employed in determining resource eligibility for all groups.</p> <p>___ c. In 1902(f) States, the resource standards are more restrictive than in 7.b above for –</p> <p>___ Aged ___ Blind ___ Disabled</p> <p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2 to ATTACHMENT 2.6-a</u> so indicates.</p>
1902(a)(10)(C)(i) of the Act	
1902(a)(10)(E), 1905(p)(1)(D), 1905(p)(2)(B), and 1860D-14(a)(3)(D) of the Act	<p>8. Resource Standard – Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries and Qualifying Individuals</p> <p>For qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.</p>
1902(a)(10)(E)(ii), 1905(s), and 1860D-14(a)(3)(D) of the Act	<p>9. Resource Standard – Qualified Disabled and Working Individuals.</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.</p>

TN No.: 10-001
Supersedes
TN No.: 94-013

Approval Date: 5/7/10

Effective Date: 01-01-2010