

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>10-003</b>	2. STATE <b>North Dakota</b>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2011</b>	
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: <b>42 CFR 435.733</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2010</u> \$ <u>-0-</u> b. FFY <u>2011</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Supplement 12 to Attachment 2.6-A, Page 1</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Supplement 12 to Attachment 2.6-A, Page 1</b>	
10. SUBJECT OF AMENDMENT: <b>Amends the ND State Plan to add to the variations from Basic Personal Needs Allowance for individuals in Long Term Care that have ownership interest in rental property.</b>			
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:	
13. TYPED NAME: <b>Maggie D. Anderson</b>		<b>Maggie D. Anderson, Director</b> <b>Division of Medical Services</b> <b>ND Department of Human Services</b> <b>600 East Boulevard Avenue Dept 325</b> <b>Bismarck ND 58505-0250</b>	
14. TITLE: <b>Director, Division of Medical Services</b>			
15. DATE SUBMITTED: <b>July 27, 2010</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>7/28/10</b>		18. DATE APPROVED: <b>10/21/10</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>7/1/10</b>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: <b>Richard C. Allen</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NORTH DAKOTA

VARIATIONS OF BASIC PERSONAL NEEDS ALLOWANCE

1. Employed individuals in long term care will have their personal needs allowance increased by mandatory FICA and Medicare payroll deductions actually withheld by the employer.
2. Individuals in long term care that have an ownership interest in rental property will have their personal needs allowance increased by an amount equal to the property taxes on the rental property for which they are responsible. This amount is in addition to the personal needs allowance.

Disclosure Statement for Post Eligibility Preprint

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TN No.: 10-003  
Supersedes  
TN No.: 99-008

Approval Date: 10/21/10

Effective Date: 07-01-2011