

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

1 TRANSMITTAL NUMBER

11-014

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

October 1, 2011

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 parts 431, 447 and 457

7 FEDERAL BUDGET IMPACT

a FFY 2012 \$ -0-
b FFY 2013 \$ -0-

8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4, Item 4.4, Page 35

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 4, Item 4.4, Page 35

10 SUBJECT OF AMENDMENT

Amends the State Plan to substitute completion of PERM eligibility review to fulfill the requirements of traditional MEQC reviews.

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
Maggie D. Anderson, Director,
Medical Services Division

12 SIGNATURE OF STATE AGENCY OFFICIAL



13 TYPED NAME

Maggie D. Anderson

14 TITLE

Director, Division of Medical Services

15 DATE SUBMITTED

8/16/11

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**

FOR REGIONAL OFFICE USE ONLY

17 DATE RECEIVED

8/16/11

18 DATE APPROVED

11/2/11

PLAN APPROVED - ONE COPY ATTACHED

19 EFFECTIVE DATE OF APPROVED MATERIAL

10/1/11

20 SIGNATURE OF REGIONAL OFFICIAL



21 TYPED NAME

Mary Marchioni

22 TITLE

Acting AEA, DMCHD

23 REMARKS