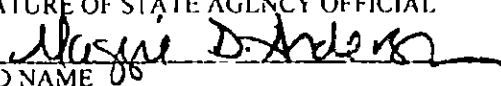



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1 TRANSMITTAL NUMBER <b>11-020</b>	2 STATE <b>North Dakota</b>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3 PROGRAM IDENTIFICATION <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4 PROPOSED EFFECTIVE DATE <b>July 1, 2011</b>	
5 TYPE OF PLAN MATERIAL <i>(Check One)</i> <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 <i>(Separate Transmittal for each amendment)</i>			
6 FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.230</b>		7 FEDERAL BUDGET IMPACT a F Y <u>2011</u> S <u>P. 141,576</u> b F Y <u>2012</u> S <u>-11 37,441</u>	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B, Page 1a</b>		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(if Applicable)</i> <b>Attachment 4.19-B, Page 1a</b>	
10 SUBJECT OF AMENDMENT <b>Amends the State Plan to add language to cover the connectivity code for services delivered via telemedicine.</b>			
11 GOVERNOR'S REVIEW <i>(Check One)</i> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <u>Maggie D. Anderson, Director,</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Medical Services Division</u>			
12 SIGNATURE OF STATE AGENCY OFFICIAL 		16 RETURN TO <b>Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
13 TYPED NAME <b>Maggie D. Anderson</b>			
14 TITLE <b>Director, Division of Medical Services</b>			
15 DATE SUBMITTED <b>9-29-2011 and Revised 11-25-2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17 DATE RECEIVED <b>9/29/11</b>		18 DATE APPROVED <b>12/16/11</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19 EFFECTIVE DATE OF APPROVED MATERIAL <b>7/1/11</b>		20 SIGNATURE OF REGIONAL OFFICIAL 	
21 TYPED NAME <b>RICHARD C. ALLEN</b>		22 TITLE <b>ARA, DMCHO</b>	
23 REMARKS			