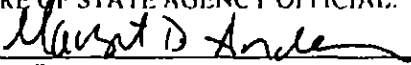



|  |  |  |                                 |
|--|--|--|---------------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>   |  | 1. TRANSMITTAL NUMBER.<br><b>12-015</b>  | 2. STATE<br><b>North Dakota</b> |
| FOR: HEALTH CARE FINANCING ADMINISTRATION  |  | 3. PROGRAM IDENTIFICATION:<br>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                                 |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE<br><b>July 1 2012</b>   |                                 |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |  |  |                                 |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>Patient Protection and Affordable Care of 2010</b>   |  | 7. FEDERAL BUDGET IMPACT.<br>a. FFY <u>2012</u> \$ <u>10,085.90</u><br>b. FFY <u>2013</u> \$ <u>38,064.27</u>  |                                 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 3.1-A, Page 2<br>Attachment to Page 2 of Attachment 3.1-A<br>Attachment 3.1-B, Page 2<br>Attachment to Page 2 of Attachment 3.1-B  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><br>Attachment 3.1-A, Page 2<br>Attachment to Page 2 of Attachment 3.1-A<br>Attachment 3.1-B, Page 2<br>Attachment to Page 2 of Attachment 3.1-B |                                 |
| 10. SUBJECT OF AMENDMENT<br><b>Amends the North Dakota State Plan add tobacco cessation counseling for pregnant women as a service for the Medicaid program. This amendment is required per the provisions of the Affordable Care Act.</b>   |  |  |                                 |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <u>Maggie D. Anderson, Director,</u><br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Medical Services Division</u> |  |  |                                 |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL.<br>   |  | 16. RETURN TO:<br><b>Maggie D. Anderson, Director<br/>Division of Medical Services<br/>ND Department of Human Services<br/>600 East Boulevard Avenue Dept 325<br/>Bismarck ND 58505-0250</b>                                     |                                 |
| 13. TYPED NAME.<br><b>Maggie D. Anderson</b>   |  |  |                                 |
| 14. TITLE:<br><b>Director, Division of Medical Services</b>  |  |  |                                 |
| 15. DATE SUBMITTED:<br><b>July 2, 2012</b>   |  |  |                                 |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |  |                                 |
| 17. DATE RECEIVED: <b>7/2/12</b>   |  | 18. DATE APPROVED: <b>8/13/12</b>  |                                 |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>   |  |  |                                 |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL.<br><b>7/1/12</b>  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br>  |                                 |
| 21. TYPED NAME:<br><b>RICHARD C. ALLEN</b>   |  | 22. TITLE:<br><b>ARA, DMICHO</b>   |                                 |
| 23. REMARKS:   |  |  |                                 |