
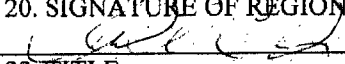


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 13-011	2. STATE North Dakota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2013	
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: Section 2302 of the ACA	7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> \$ <u>3,500.00</u> b. FFY <u>2014</u> \$ <u>39,600.00</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-B, page 6 Attachment 3.1-A, page 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-B, page 6 Attachment 3.1-A, page 7	
10. SUBJECT OF AMENDMENT: Amends the State Plan in accordance with Section 2302 of the Affordable Care Act - Concurrent Hospice Care for Children in Medicaid		
11. GOVERNOR'S REVIEW (Check One): <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>Department of Human Services</u>		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Maggie D. Anderson, Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Maggie D. Anderson		
14. TITLE: Executive Director, ND Dept. of Human Services		
15. DATE SUBMITTED: August 19, 2013		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 8/19/13	18. DATE APPROVED: 8/21/13	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/13	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: RICHARD C. ALLEN	22. TITLE: ARA, DMCHD	
23. REMARKS:		