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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 13-016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1600 Broadway, Suite #700
Denver, CO 80202-4967



REGION VIII - DENVER

November 25, 2013

Julie F. Schwab, Medicaid Director
North Dakota Department of Human Services
600 E. Boulevard Ave, Dept. 325
Bismarck, ND 58505-0250

RE: North Dakota #13-016

Dear Ms. Schwab:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-016. This SPA amends the North Dakota State Plan to increase the personal needs allowance.

Please be informed that this State Plan Amendment was approved on November 25, 2013 with an effective date of October 1, 2013. We are enclosing the CMS-179 and the amended plan pages.


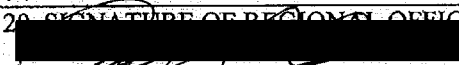


Please note that after January 1, 2014, post eligibility treatment of income rules will not be applicable to the group(s) of individuals listed in item C of Attachment 2.6-A, page 4a (reasonable classification of children) because eligibility for this group will be based on MAGI rules. The post eligibility treatment of income rules will not apply to MAGI groups.

If you have any questions regarding please contact Ann Clemens of my staff at (303) 844-2125 or via email at Ann.Clemens@cms.hhs.gov. Please mail your response to me in the Denver Regional Office at the address above.

Sincerely,



Richard D. Brown
Associate Regional Administrator
Divisions of Medicaid & Children's Health Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-016	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, 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: 42 CFR 435.832		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$ <u>259,503</u> b. FFY <u>2015</u> \$ <u>349,315</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Page 4a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, Page 4a	
10. SUBJECT OF AMENDMENT: Amends the State Plan to increase the personal needs allowance.			
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>Delegated to Single State Medicaid agency</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Maggie D. Anderson, Executive 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: September 30, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/30/13		18. DATE APPROVED: 11/25/13	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/13		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: 		22. TITLE: ARA, DOMCHO	
23. REMARKS: 			

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 for Couples for all institutionalized persons:</p> <p>a. Aged, Blind, disabled Individuals <u>\$65</u> Couples <u>\$130 (\$65 each)</u></p> <p>For the following persons with greater need: (See Supplement 12)</p> <p>Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children <u>\$65</u> Adults <u>\$65</u></p> <p>For the following persons with greater need: (See Supplement 12)</p> <p>Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organization unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. Of <u>Attachment 2.2-A</u>. <u>\$65.</u></p>