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**State/Territory Name:** North Dakota

**State Plan Amendment (SPA) #:** ND-14-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



**Region VIII**

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June 17, 2014

Julie Schwab, Medicaid Director  
Medical Services Division  
North Dakota Department of Human Services  
600 East Boulevard Avenue, Dept. 325  
Bismarck, ND 58505-0250

RE: North Dakota #14-001

Dear Ms. Schwab:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-001. This amendment allows the state agency to conduct presumptive eligibility for individuals applying for coverage prior to 1/1/14 and who needed coverage approved effective January 1, to ensure they had coverage in place.

Please be informed that this State Plan Amendment is approved effective January 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).


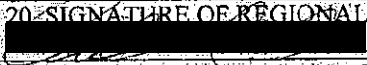
If you have any questions concerning this amendment, please contact Ann Clemens at (303) 844-2125.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid and Children's Health Operations

CC: Maggie Anderson, ND  
Kathy Rodin, ND

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>14-001</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>January 1, 2014</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THROUGH 10 IF THIS IS AN AMENDMENT: (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 435.1102 and 1103</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$0 b. FFY <u>2015</u> \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Presumptive Eligibility T1</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>New</b>	
10. SUBJECT OF AMENDMENT: <b>To allow the state agency to conduct presumptive eligibility for a limited period of time.</b>			
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: <b>Maggie D. Anderson, Executive Director 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>Executive Director, ND Dept. of Human Services</b>			
15. DATE SUBMITTED: <b>March 21, 2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>March 21, 2014</b>		18. DATE APPROVED: <b>June 17, 2014</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2014</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Richard C. Allen</b>		22. TITLE: <b>ARA, DMCHO</b>	
23. REMARKS:			

# Medicaid Eligibility

## Presumptive Eligibility

T1

State: North Dakota

Transmittal Number: 14-001

Notwithstanding the presumptive eligibility elections on the S25, S28, S30, S32, and S33 pages of the state plan, the state provides Medicaid coverage to the following groups when determined presumptively eligible consistent with 42 CFR 435.1102 and 1103:

- Children under age 19
- Parents and other caretaker relatives described in 42 CFR 435.110
- Individuals who meet the categorical requirements of 42 CFR 435.119
- Former foster care children described in 42 CFR 435.150
- Pregnant women described in 42 CFR 435.116 (coverage for pregnant women is limited to ambulatory prenatal care as described in 42 CFR 435.1103)
- The state Medicaid agency is the qualified entity authorized to determine eligibility presumptively for these groups.
- This state plan amendment is for presumptive eligibility determinations for coverage effective on January 1, 2014, for the month of January 2014.
- The presumptive period begins on the date the presumptive eligibility determination is made.
- The end date of the presumptive period is:
  - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made.
- Periods of presumptive eligibility are limited to no more than one period per calendar year.
- The presumptive eligibility determination is based on the following factors:
  - The individual must meet the categorical requirements of 42 CFR 435.110, 435.116, 435.118, 435.119 or 435.150
  - Gross income or a reasonable estimate of household income must not exceed the applicable income standard for the categorical group
- Attested state residency
- Attested citizenship, status as a national, or satisfactory immigration status