

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-009	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 August 1, 2009	
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 1902(r)(2) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$ 22,301 b. FFY 2010 \$ 88,812	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8b to Attachment 2.6-A, Page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 8b to Attachment 2.6-A, Page 2	
10. SUBJECT OF AMENDMENT: To amend the State Plan to allow for the burial increase from \$5,000 to \$6,000.			
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>Medical Services Division</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Maggie D. Anderson		Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: 6/10/2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/10/09		18. DATE APPROVED: 5/8/09	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 8/1/09		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

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



Region VIII

September 9, 2009

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

RE: North Dakota #09-009

Dear Ms. Anderson:

This is your official notification that North Dakota State Plan amendment 09-009, "Burial Increase from \$5,000 to \$6,000", has been approved effective August 1, 2009.

If you have any questions concerning this amendment, please contact Bernadette Quevedo-Mendoza at (303) 844-7121.

Sincerely,

/s/

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

CC: Mary Lou Thompson

Revision: HCFA-PM-91-4
June 2009

(BPD)

SUPPLEMENT 8b to ATTACHMENT 2.6-A
Page 2

State: North Dakota

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State

Non-Section 1902(f) State

Aged, Blind Families &
Disabled Children QMBs

valuation. Valuations established for real estate tax purposes shall not be used. A good faith offer to sell personal property would normally include advertisements, listing with real estate agents or local dealers. The reasonable market value of personal property may be established by appraisals or by any other method which is likely to produce an accurate valuation.

X X X

3. Any prepayments or deposits which total \$6,000 or less which are designated and maintained by an applicant or recipient for their burial. The earnings accrued on the burial fund are excluded. A fund is considered to be designated for burial if identified as such on the account or by the applicant or recipient's statement. This more liberal method applies to the following eligibility groups:

X Optional categorically needy working disabled individuals under 1902(a)(10)(A)(ii)(XV)

X Medically Needy under section 1902(a)(10)(C)(i)(III)

X QMBs, SLMBs, and QIs under 1905(p)

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SUPPLEMENT 8b to ATTACHMENT 2.6-A
Page 2A

State: North Dakota

Aged, Blind Disabled Families & Children QMBs

X X X

4. An applicant/recipient may rebut the presumption of the salability of "contractual rights to receive payment" by showing the following. This more liberal method applies to the following eligibility groups:

X Qualified children and pregnant women under 1902(a)(10)(A)(i)(III)

X Poverty level pregnant women and infants (133%-185%FPL) under 1902(a)(10)(A)(i)(IV)

X Poverty level children under age 6 (133% FPL) under 1902(a)(10)(A)(i)(VI)

X Poverty level children under age 19 (100% FPL) under 1902(a)(10)(A)(i)(VII)

X Optional categorically needy groups under 1902(a)(10)(A)(ii) as listed below:

- 1902(a)(10)(A)(ii)(I) and 1905(a)(i)
- 1902(a)(10)(A)(ii)(XV)

NOTE: The Special Income Level Group under 1902(a)(10)(A)(ii)(VI) and the Hospice Group under 1902(a)(10)(A)(ii)(VII) cannot be included in this disregard.

X Medically Needy under 1902(a)(10)(C)(i)(III)

X All aged, blind or disabled groups in 209(b) states under 1902(f)

X QMBs, SLMBs, and QIs under 1905(p)