

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

09-008

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

July 1, 2009

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

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 \$ 443,367

b. FFY 2010 \$ 1,739,622

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to Attachment 2.6-A, Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

10. SUBJECT OF AMENDMENT:

To change the State Plan as needed for the medically needy 83% of Federal Poverty Level income disregard.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

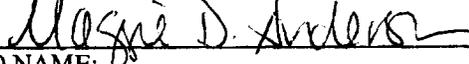
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Maggie D. Anderson, Director,
Medical Services Division

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Maggie D. Anderson

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

June 10, 2009

16. RETURN TO:

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

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:

7/1/09

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

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 #09-008

Dear Ms. Anderson:

This is your official notification that North Dakota State Plan amendment 09-008, "Medically Needy 83% of Federal Poverty Level Income Disregard", has been approved effective July 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

State: North Dakota

OMB No.: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

X Section 1902 (f) State

_____ Non-Section 1902 (f) State

18. Net income between the medically needy income levels, described on page 8 of supplement 1 to Attachment 2.6-A, and 83% of the federal poverty level is disregarded for medically needy under 1902(a)(10)(C).

Revision: HCFA-PM-91-4 (BPD)
June 2009

Supplement 8a to ATTACHMENT 2.6-A
Page 5

State: North Dakota

OMB No.: 0938

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TN No. 09-008
Supersedes
TN No. NEW

Approval Date 9/9/09

Effective Date: _____
HCFA ID: 7985E

