

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>10-010</b>	2. STATE <b>North Dakota</b>
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 <b>July 1, <del>2009</del> 2010</b> <i>ijt</i>	
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: <b>42 CFR 435.117; 1902(e)(4) of the Act</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2010</u> \$ <u>None</u> b. FFY <u>2011</u> \$ <u>None</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 2.2-A, Page 6 Attachment 2.2-A, Page 25</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 2.2-A, Page 6 Attachment 2.2-A, Page 25</b>	
10. SUBJECT OF AMENDMENT: <b>Amends the ND State Plan to update the State Plan in accordance with Section 113 and Section 211 of CHIPRA .</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>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: <b>Maggie D. Anderson</b>		<b>Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
14. TITLE: <b>Director, Division of Medical Services</b>			
15. DATE SUBMITTED: <b>9-30-2010 REVISED 11-26-2010</b>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <b>9/30/10</b>		18. DATE APPROVED: <b>11/30/10</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>7/1/10</b>		20. SIGNATURE OF REGIONAL OFFICIAL: <b>ARA, DMCHO</b>	
21. TYPED NAME: <b>Richard C. Allen</b>		22. TITLE: <b>ARA, DMCHO</b>	
23. REMARKS:			

State: North Dakota

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Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage – Categorically Needy and Other Required Special Groups (continued)

1902(e)(4) of  
the Act;  
42 CFR 435.117

12. Deemed Newborns – A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance.

\_\_\_\_\_ a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

\_\_\_\_\_ Aged  
\_\_\_\_\_ Blind  
\_\_\_\_\_ Disabled

\*Agency that determines eligibility for coverage is N.D. Department of Human Services.

State: North Dakota

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Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (continued)

4. Reserved.

42 CFR 435.308

5. X a. Financially eligible individuals who are not described in section C.3. above and who are under the age of –

X 21

\_\_\_\_ 20

\_\_\_\_ 19

\_\_\_\_ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

\_\_\_\_ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

\_\_\_\_ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

\_\_\_\_ (a) In foster homes (and are under the age of \_\_\_\_).

\_\_\_\_ (b) In private institutions (and are under the age of \_\_\_\_).