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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 19-0015

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Denver Regional Operations Group

September 19, 2019

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

Dear Ms. Knapp:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0015. This amendment updates the staff designated to submit state plan amendments on behalf of the Medicaid agency.

Please be informed that this State Plan Amendment was approved today with an effective date of September 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

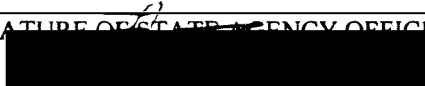

If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,



Richard C. Allen
Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Krista Fremming, North Dakota
Stacey Koehly, North Dakota

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 19-0015	2. STATE North Dakota
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 1, 2019	
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 430.12(b)		7. FEDERAL BUDGET IMPACT: a. FFY <u>2019</u> \$ <u>0</u> b. FFY <u>2020</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 89		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 89	
10. SUBJECT OF AMENDMENT: Amends the State Plan to update the designee for State Plan submissions.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Erik Elkins or Krista Fremming, Assistant Director,</u> <u>Medical Services Division</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Erik Elkins or Krista Fremming Assistant Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Erik Elkins			
14. TITLE: Assistant Director, Medical Services Division			
15. DATE SUBMITTED: 9/16/19			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 16, 2019		18. DATE APPROVED: September 19, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: Director, WROG	
23. REMARKS:			

Revision: CMS-PM-91-4 (BPD)
August 1991

OMB No. 0938-

State/Territory: North Dakota

Citation 7.4 State Governor's Review

42 CFR 430.12(b) The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare & Medicaid Services with such documents.

☒

Not applicable. The Governor --

☒

Does not wish to review any plan material.

☐

Wishes to review only the plan materials specified in the enclosed document.

We hereby certify that we are authorized to submit this plan on behalf of

North Dakota Department of Human Services, Medical Services Division
(Designated Single State Agency)

Date: 16 Sept 2019



(Signature)

Director, Medical Services

(Title)

Date: 9/16/19



(Signature)

Assistant Director, Medical Services

(Title)

Date: 9/16/19



(Signature)

Assistant Director, Medical Services

(Title)

TN No. 19-0015

Approval Date 09-19-2019

Effective Date September 1, 2019

Supersedes TN No. 19-0002

CMS ID: 7982E