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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 20-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th Street, Suite 355 Kansas City, MO 64106



Medicaid & CHIP Operations Group

September 28, 2020

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

RE: North Dakota State Plan Amendment (SPA) 20-0024

Dear Ms. Knapp:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 20-0024. This SPA amends the State Plan to remove page T1 from the State Plan which allowed North Dakota to conduct presumptive eligibility for the month of January 2014.

Please be informed that this SPA was approved on September 2, 2020, with an effective date of July 1, 2020. Enclosed is the CMS-179.

Should you have any questions about this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

igitally signed by James G. cott -S ate: 2020.09.28 20:39:36 -05'00'

James Scott, Director Division of Program Operations

Enclosure

cc: Krista Fremming, <u>krfremming@nd.gov</u>
Stacey Koehly, skoehly@nd.gov

ENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER:	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	20-0024	North Dakota
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2020	
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:	7. FEDERAL BUDGET IMPACT:	i contentantenti)
0.1 EDERAL OTATOTE/REGUENTION CITATION.	a. FFY <u>2020</u> \$ <u>0</u>	
42 CFR 435.1102 and 1103	b. FFY <u>2021</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
	OR ATTACHMENT (If Applicable):	
Proposing page be removed from State Plan.	T1	
Troposing page of removed from State Frank		
10. SUBJECT OF AMENDMENT:		
Amends the State Plan to remove page T1 from the State Plan which allowed ND to conduct presumptive		
eligibility for the month of January 2014.		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPEC	IFIFD.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Caprice Knapp, Director,	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
NO REFLI RECEIVED WITHIN 45 DATS OF SODWITTAL	<u>Wedical Services</u>	Division
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENCT OFFICIAL.	10. RETURN 10.	
	Cannias Vysana Director	
	Caprice Knapp, Director	
	Medical Services Division	
13. TYPED NAME:	ND Department of Human Services	
Caprice Knapp	- 600 East Boulevard Avenue Dept 325	
14. TITLE:	Bismarck ND 58505-0250	
Director, Medical Services Division	DISHIAFCK ND 50505-0250	
15. DATE SUBMITTED:		
August 31, 2020		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
August 31, 2020		ber 2, 2020
PLAN APPROVED – ON		ber 2, 2020
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIG <u>NATURE OF REGIO</u> NAL OF	EICIAI ·
	20. SIGNATURE OF REGIONAL OF Digital	FICIAL: ly signed by James G. Scott -S
July 1, 2020		020.09.28 20:40:33 -05'00'
21. TYPED NAME:	22. TITLE:	
James G. Scott	Director, Division of Prog	ram Operations
23. REMARKS:		