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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 26-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 10, 2026

Krista Fremming
Interim Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue, Dept. 325
Bismark, ND 58505

Re: North Dakota State Plan Amendment (SPA) – 26-0008

Dear Director Fremming:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-26-0008. This amendment proposes to amend the State Plan to update the designee for State Plan submissions.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 430.12(b). This letter informs you that North Dakota's Medicaid SPA TN 26-0008 was approved on March 10, 2026, with an effective date of January 5, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the North Dakota State Plan.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at Tyson.Christensen@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: LeeAnn Thiel

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 6 — 0 0 0 8</u>	2. STATE <u>ND</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 5, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 430.12(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 89

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 89 (TN 23-0025)

9. SUBJECT OF AMENDMENT

Amends the State Plan to update the designee for State Plan submissions.

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Krista Fremming, Interim Director Medical Services Division
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Krista Fremming

13. TITLE
Interim Medical Services Director

14. DATE SUBMITTED
January 5, 2026

15. RETURN TO
**Krista Fremming, Interim Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue Dept 325
Bismarck ND 58505-0250**

FOR CMS USE ONLY

16. DATE RECEIVED
January 5, 2026

17. DATE APPROVED
March 10, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 5, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. 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 Health and Human Services, Medical Services Division
(Designated Single State Agency)

Date: 01/05/2026

Date: 01/05/2026



(Signature)



(Signature)

Interim Director, Medical Services

(Title)

Assistant Director, Medical Services

(Title)

TN No. 26-0008

Approval Date 03-10-2026

Effective Date 01-05-2026

Supersedes TN No. 23-0025

CMS ID: 7982E