

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-003	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, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 2301 of the Affordable Care Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>2011</u> \$ <u>-0-</u> b. FFY <u>2012</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 12 (new) Attachment 3.1-B, page 11 (new)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Amends the ND State Plan to declare ND Medicaid does not provide for nor pay for Freestanding Birth Center services as directed by Section 2301 of the Affordable Care Act.			
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>Maggie D. Anderson, Director,</u> <u>Medical Services Division</u>	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Maggie D. Anderson		Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: 6-10-2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/10/11		18. DATE APPROVED: 6/29/11	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/11		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: ACA, DMCHO	
23. REMARKS:			

AMOUNT, DURATION, AND SCOPE MEDICAL AND REMEDIAL
CARE SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

28. Freestanding Birth Center Services

I. Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No Limitations With Limitations
 Non Licensed or Approved

Please describe any limitations: Not applicable.

II. Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No Limitations With Limitations
 Not Applicable – there are no licensed or State approved Freestanding Birth Centers

Please describe any limitations: Not Applicable.

Please check all that apply:

- (a). Practitioners furnishing mandatory services described in another benefit category and other wise covered under the State plan (i.e., physicians and certified nurse midwives).
- (b). Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives certified professional midwives (CPMs), and any other type of licensed midwife).
- (c). Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).

TN No. 11-003
Supersedes
TN No. NEW

Approval Date: 6/29/11 Effective Date: 7/1/11

AMOUNT, DURATION AND SCOPE MEDICAL AND REMEDIAL
CARE SERVICES PROVIDED TO THE MEDICALLY NEEDY

28. Freestanding Birth Center Services

I. Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No Limitations With Limitations
 Non Licensed or Approved

Please describe any limitations: Not applicable.

II. Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No Limitations With Limitations
 Not Applicable – there are no licensed or State approved Freestanding Birth Centers

Please describe any limitations: Not Applicable.

Please check all that apply:

- (a). Practitioners furnishing mandatory services described in another benefit category and other wise covered under the State plan (i.e., physicians and certified nurse midwives).
- (b). Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives certified professional midwives (CPMs), and any other type of licensed midwife).
- (c). Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).