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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-11-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion Letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

January 12, 2012

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

RE North Dakota #11-007

Dear Ms Anderson

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 11-007. This amendment adds delivery of covered home health services via telemonitoring.

Please be informed that this State Plan Amendment was approved on January 9, 2012 with an effective date of July 1, 2011. We are enclosing the CMS-179 and the amended plan page(s).

In addition, we are enclosing a request for a companion SPA to ND-11-007 that will address reimbursement methodologies for all services mentioned on the corresponding 419-B section of the State Plan which includes transportation, family planning, home health agency services, hospice services and nurse midwife services.

If you have any questions concerning this amendment, please contact Mary Marchioni at (303) 844-7094.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health Operations

CC Mary Lou Thompson

DEPARTMENT OF HEALTH & HUMAN
SERVICES

Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



CENTERS for MEDICARE & MEDICAID SERVICES

Region VIII

January 11, 2012

Maggie Anderson
Medicaid Director
North Dakota Department of Human Services
Medical Services Division
State Capitol, Judicial Wing
600 East Boulevard Avenue
Bismarck, ND 58505-0250

Re SPA 11-007 Companion Letter

Dear Ms Anderson,

This letter is being sent as a companion to our approval of North Dakota State Plan Amendment SPA 11-007 that adds delivery of covered home health services via telemonitoring. Our review of this amendment included assessment of the corresponding reimbursement pages for the amended service in section 4 19-B of the North Dakota State Plan. Based on this review, CMS determined that North Dakota needs to address the following additional elements in order to bring the State Plan into compliance with federal law.

Please note that the following questions apply to all the services included in page 2 of Attachment 4 19-B including transportation, family planning, home health agency services, hospice services and nurse-midwife services.

- 1 Please confirm that the rate paid to telemonitoring home health providers has not changed (is the same as the approved home health rate) and therefore does not necessitate a public notice issuance per 42 CFR 447.205.
- 2 Please provide information in State Plan via State Plan Amendment where rates for these services are published and how providers know how they will be paid by North Dakota Medicaid as reimbursement for provided services.
- 3 Please include in State Plan via State Plan Amendment effective date for the reimbursement methodology for each service: transportation, family planning, home health agency services, hospice services and nurse-midwife services.

- 4 Please provide assurances in State Plan via State Plan Amendment that governmental and private providers of the same service are reimbursed pursuant to the same published fee schedule



Please respond to this letter within 90 of receipt with a corrective action plan describing how the State will resolve the issues identified above. During this 90-day period we are happy to provide any technical assistance that you and your staff might need. State Plans that are not in compliance with requirements at 42 CFR 430.10 are grounds for initiating a formal compliance process.

If you or your staff have questions regarding this request please contact Mary Marchioni at (303) 844-7094 or via email at Mary.Marchioni@cms.hhs.gov

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1 TRANSMITTAL NUMBER 11-007	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 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 440.70		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 to Page 3 of Attachment 3.1-A Attachment to Page 3 of Attachment 3.1-B		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment to Page 3 of Attachment 3.1-A Attachment to Page 3 of Attachment 3.1-B	
10. SUBJECT OF AMENDMENT Amends the State Plan to add Home Health Telemonitoring as a covered service limitation.			
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 		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 6/20/2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/20/11		18 DATE APPROVED: 7/9/11	
PLAN APPROVED -- ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL 7/1/11		20  OFFICIAL:	
21 TYPED NAME RICHARD C. ALLEN		22. TITLE ARA, DNCHO	
23 REMARKS			

- 6e Effective July 1, 2006 professionals who can order restraint or seclusion for children and adolescents in a psychiatric residential treatment facility are physicians, nurse practitioners and physician assistants who are trained in the use of emergency safety interventions

A face-to-face assessment of the physical and psychological well being of an individual who is restrained or secluded, must be completed within one hour of the initiation of the restraint or seclusion by a licensed healthcare professional or practitioner who is trained in the use of safety emergency interventions

7 Home Health Services

Payment for Home Health Care Services will be limited to no more, on a monthly basis, to the most intensive level of nursing care in the most expensive nursing facility in the state after subtracting the cost of medical and remedial services furnished to the recipient except for physician services and prescribed drugs

The limit may be exceeded in unusual or complex cases. Prior authorization must be obtained from the Medical Services Division before the limit can be exceeded

Home Health Telemonitoring will be covered within the same limits noted above. Home Telemonitoring is not allowed for the initial Home Health evaluation visit or for the discharge visit. In addition, Home Health Telemonitoring is limited to no more than forty percent (40%) of the total visits during each certification period. Practitioners who provide Home Health services by telemonitoring must be employed by a Medicare certified Home Health facility.

The state of North Dakota provides Home Health services in accordance with 42 CRF 440.70

TN No 11-007
Supersedes
TN No 07-009

Approval Date 1/9/12

Effective Date 07-01-2011

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TN No 11-007

Supersedes

TN No 07-009

Approval Date 1/9/12

Effective Date 07-01-2011