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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-15-0014

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 Pages

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



Region VIII

February 25, 2016

Maggie Anderson, Acting 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 #15-0014

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0014. This amendment would update the monthly income allowance for a community spouse.

Please be informed that this State Plan Amendment was approved February 25, 2016 with an effective date of January 1, 2016. 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,

A solid black rectangular box used to redact the signature of the sender.

Trinia J. Hunt
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Maggie Anderson, ND
Kathy Rodin, ND

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-0014	2. STATE North Dakota
		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 January 1, 2016	
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: 1924 of the Act 1902 (f) and 1902 (r)(2) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$ <u>119,968</u> b. FFY <u>2017</u> \$ <u>179,943</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 2.6-A, Page 4 ATTACHMENT 2.6-A, Page 4b ATTACHMENT 8a to ATTACHMENT 2.6-A, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATTACHMENT 2.6-A, Page 4 ATTACHMENT 2.6-A, Page 4b ATTACHMENT 8a to ATTACHMENT 2.6-A, Page 1	
10. SUBJECT OF AMENDMENT: Amends the State Plan to update the monthly income allowance for a community spouse; clarifies information related to more liberal methods of treating income under Section 1902(r)(2) of the Act; and clarifies information related to post-eligibility of income for individuals in institutions.			
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, Executive Director,</u> <u>Department of Human Services</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Maggie D. Anderson, Executive Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Maggie D. Anderson			
14. TITLE: Executive Director, Department of Human Services			
15. DATE SUBMITTED: December 1, 2015 REVISED 2-19-2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 1, 2015		18. DATE APPROVED: February 25, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Trinia J. Hunt		22. TITLE: Acting ARA, DMCHO	
23. REMARKS:			

State: North Dakota

Citation	Condition or Requirement
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For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
- a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

The poverty level component is calculated using a percentage greater than the applicable percentage, equal to 191% of the official federal poverty level effective January 25, 2016 (still subject to maximum maintenance needs standard).

The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C) as of January 1, 2003.

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

TN No.: 15-0014
Supersedes
TN No.: 03-017

Approval Date: 2/25/16

Effective Date: 01/01/2016