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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-15-0025

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 26, 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 #15-0025

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0025. This amendment would clarify the billing for Targeted Case Management for High Risk Pregnant Women and Infants.

Please be informed that this State Plan Amendment was approved February 26, 2016, with an effective date of October 5, 2015. 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 Trinia J. Hunt.

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		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-size: 1.2em;">15-0025</div>	2. STATE <div style="text-align: center; font-size: 1.2em;">North Dakota</div>
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		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 <div style="text-align: center; font-size: 1.2em;">October 5, 2015</div>	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div> <div style="text-align: center; font-size: 0.8em;"> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i> </div>			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center; font-weight: bold;">42 CFR 440.169</div>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$ <u>no fiscal impact expected</u> b. FFY <u>2017</u> \$ <u>no fiscal impact expected</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 3f		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.19-B, Page 3f	
10. SUBJECT OF AMENDMENT: Amends the North Dakota State Plan to clarify the billing unit for Targeted Case Management for High Risk Pregnant Women and Infants.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <div> <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 </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Maggie D. Anderson, Executive Director,</u> <u>Department of Human Services</u> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>		16. RETURN TO: <div style="text-align: center;"> Maggie D. Anderson, Executive Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250 </div>	
13. TYPED NAME: <u>DO</u> <div style="text-align: center; font-weight: bold;">Maggie D. Anderson</div>		16. RETURN TO: <div style="text-align: center;"> Maggie D. Anderson, Executive Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250 </div>	
14. TITLE: <div style="text-align: center; font-weight: bold;">Executive Director, Department of Human Services</div>			
15. DATE SUBMITTED: <div style="text-align: center; font-weight: bold;">December 24, 2015</div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 24, 2015		18. DATE APPROVED: February 26, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">October 5, 2015</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	
21. TYPED NAME: Trinia J. Hunt		22. TITLE: Acting ARA, DMCHO	
23. REMARKS:			

33. For Targeted Case Management Services for Pregnant women and Infants, payment will be based on the lower of the provider's actual billed charge or the fee schedule established per the procedure code definition. Except as otherwise noted in the plan, the state developed fee schedule rates are the same for both governmental and private providers of case management for pregnant women and infants. The fee schedule and any annual/periodic adjustments to the fee schedule are published on <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html> . The agency's fee schedule rate was set as of July 1, 2015 and is effective for services provided on or after that date. All rates are published on the agency's website.