
Table of Contents

State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 17-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

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



REGION VIII - DENVER

April 12, 2018

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

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0022. This SPA amends payment for targeted case management.

Please be informed that this State Plan Amendment was approved April 11, 2018 with an effective date of July 1, 2017. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, North Dakota should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

This amendment will affect expenditures reported on the Form CMS-64.9 Base: Line 24A – Targeted Case Management Services

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 Richard C. Allen.

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

cc: Melissa Rosales

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-size: 1.2em;">17-0022</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;">July 1, 2017</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; margin-top: 5px;"> 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-size: 1.1em;">42 CFR 440.169</div>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2017</u> <u>\$125,000</u> b. FFY <u>2018</u> <u>\$375,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 7a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.19-B, page 7a	
10. SUBJECT OF AMENDMENT: Amends the State Plan regarding payment for targeted case management.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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 style="width: 35%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Maggie D. Anderson, Director</u> <u>Medical Services Division</u> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; height: 20px; width: 100%;"></div>		16. RETURN TO: Maggie D. Anderson, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: <div style="text-align: center;">Maggie D. Anderson</div>		16. RETURN TO: Maggie D. Anderson, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
14. TITLE: <div style="text-align: center;">Director, Medical Services Division</div>			
15. DATE SUBMITTED: <div style="text-align: center;">September 28, 2017</div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">September 28, 2017</div>		18. DATE APPROVED: <div style="text-align: center;">April 11, 2018</div>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">July 1, 2017</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; height: 20px; width: 100%;"></div>	
21. TYPED NAME: <div style="text-align: center;">Richard C. Allen</div>		22. TITLE: <div style="text-align: center;">ARA, DMCHO</div>	
23. REMARKS:			

34. For Targeted Case Management Services for individuals with a serious mental illness or serious emotional disturbance, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in 15 minute increments.
- a. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. State government provider rates are set as of July 1, 2017 and are effective for services provided on or after that date. Providers will be notified of the rates, via letter and/or email correspondence.
- b. As authorized by the 2015 Legislative Assembly, North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement as of July 1, 2015 and is effective for services provided on or after that date. The agency's fee schedule for non-state government providers was set as of July 1, 2015 and is effective for services on or after that date.
35. For Targeted Case Management Services for individuals served in the child welfare system, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in 15 minute increments. As authorized by the 2015 Legislative Assembly, North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement as of July 1, 2015 and is effective for services provided on or after that date. The agency's fee schedule rate was set as of July 1, 2015 and is effective for services on or after that date.
36. For Targeted Case Management Services for Individuals needing Long Term Care services, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in monthly increments. The agency's fee schedule rate was set as of July 1, 2015 and is effective for services provided on or after that date.
37. 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. The agency's fee schedule rate was set as of October 5, 2015 and is effective for services provided on or after that date.