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**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 18-0020**

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Denver Regional Operations Group**

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March 18, 2019

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

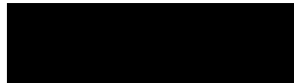
Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0020. This amendment updates the rates for lodging with respect to Medicaid non-emergent medical transportation services.

Please be informed that this State Plan Amendment was approved today with an effective date of November 1, 2018. 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,



Mary Marchioni  
Acting Deputy Director

cc: Melissa Rosales

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>18-0020</b>	2. STATE <b>North Dakota</b>
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>November 1, 2018</b>	
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"/> <b>AMENDMENT</b> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440.170</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2019</u> <b>\$16,271</b> b. FFY <u>2020</u> <b>\$17,750</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Page 2</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Attachment 4.19-B, Page 2</b>	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan regarding the payment rate for lodging services and ties the maximum allowed reimbursement rate to the annual rate established by the General Services Administration.</b>			
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 STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
13. TYPED NAME: <b>Maggie D. Anderson</b>			
14. TITLE: <b>Director, Division of Medical Services</b>			
15. DATE SUBMITTED: <b>10/23/2018</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>October 23, 2018</b>		18. DATE APPROVED: <b>March 18, 2019</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>November 1, 2018</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Mary Marchioni</b>		22. TITLE: <b>Acting Deputy Director</b>	
23. REMARKS:			

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

- 12) Unless otherwise noted, non-emergency medical transportation providers will be paid the lower of billed charges or the Medicaid fee schedule established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly.
- (a) Transportation by common carrier will be reimbursed at the going rate or fare established for the general public.
- (b) Transportation providers as defined in Attachment 3.1-D, Transportation (transportation providers), when utilized by a third party to provide transportation to a Medicaid recipient, will be paid the lower of billed charges or the Medicaid fee schedule established by the state agency, not to exceed the mileage rate established by the state legislature.
- (c) The payment for meals necessary for recipients and attendants, and individual transportation providers cannot exceed the amount allowed for state employees while traveling in the state of North Dakota.
- (d) Reimbursement for necessary lodging is available to enrolled Medicaid providers who provide lodging services to recipients, attendants, and transportation providers will be limited to the maximum established for lodging as of January 1 of each calendar year by the General Services Administration for the primary destination. The reimbursement rate will be set for dates of service on or after November 1, 2018, based on the January 2018 rate and will subsequently be updated as of January of each calendar year.

Payment for meals and lodging will be made to providers specifically enrolled to provide meals and lodging.

- 13) Ambulance services will be paid at the lower of actual billed charges or the fee schedule established by the state agency. The agency's fee schedule was set as of July 1, 2017 and is effective for services provided on or after that date.
- 14) For family planning services, Medicaid will pay the lower of billed charges or according to the fee schedule established by the state agency. Family planning services will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly.
- 15) Home Health Agency services include the following services: nursing care, home health aide services, physical therapy, occupational therapy, speech pathology or audiology services, and supplies. Reimbursement will be on a per visit basis and will be at the lowest of the billed charge or maximum allowable charge established by the State. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly.
- 16) North Dakota reimburses for all Hospice services specified by Medicare in regulation using the Medicaid rates and geographic formula published on an annual basis by CMS. Medicaid Hospice providers that fail to comply with quality data submission requirements during each fiscal year will not have their market basket update reduced by two percentage points.
- 17) Nurse-Midwife services will be paid at the 85% level of the payment made for covered pre-natal, delivery and postpartum services provided by physicians, i.e., the lower of actual charge or 85% of the allowable amount established by the state agency for payment of physician services. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly.