
Table of Contents

State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 18-0021

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

August 21, 2019

Mr. Erik Elkins
Assistant Director
Medical Services Division
Department of Human Services
600 East Boulevard Avenue
Department 325
Bismarck, ND 58505-0250

Re: North Dakota 18-0021

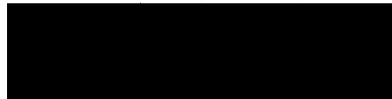
Dear Mr. Elkins:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 18-0021. Effective for services on or after October 1, 2018, this amendment amends the state plan to provide for an add-on to the rate for private Intermediate Care Facilities (ICFs)

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 18-0021 is approved effective October 1, 2018. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,



Kristin Fan
Director

cc:

Jocelyn Ihrig
Christine Storey

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-size: 1.2em;">18-0021</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 1, 2018</div>	
5. TYPE OF PLAN MATERIAL (Check One): <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>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;"> 42 CFR 440.150 42 CFR 483, Subpart I, 42 CFR 433.68 </div>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2019</u> <u>\$2,759,282</u> b. FFY <u>2020</u> <u>\$2,762,041</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D Subsection 2, Page 1 Attachment 4.19-D Subsection 2, Page 39 (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D Subsection 2, Page 1	
10. SUBJECT OF AMENDMENT: Amends the North Dakota State Plan to adjust rates for Intermediate Care Facilities based on the provider assessment which is assessed by the state tax department.			
11. GOVERNOR'S REVIEW (Check One): <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, Director,</u> <u>Medical Services Division</u> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 200px; height: 20px; margin-top: 5px;"></div>		16. RETURN TO: Erik Elkins, Assistant Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: <div style="text-align: center;">Erik Elkins</div>		16. RETURN TO: Erik Elkins, Assistant Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
14. TITLE: <div style="text-align: center;">Assistant Director, Division of Medical Services</div>			
15. DATE SUBMITTED: Original Date: December 17, 2018 RAI Response: 5/28/2019 Resubmission Date: 07/17/19, <div style="text-align: center;">08/20/2019</div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: AUG 21 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center; font-size: 1.2em;">OCT 01 2018</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 150px; height: 20px; margin-top: 5px;"></div>	
21. TYPED NAME: <i>Kristin Fan</i>		22. TITLE: <i>Director, FMG</i>	
23. REMARKS:			

Rate Setting for Intermediate Care Facilities

<u>Title</u>	<u>Page</u>
Section 1 - Definitions	2
Section 2 - Application	7
Section 3 - Eligibility for Payment	7
Section 4 - Financial Reporting Requirements	8
Section 5 - Rate Payments	15
Section 6 - Assessments	18
Section 7 - Cost Centers	19
Section 8 - Statement of Cost Allocations	23
Section 9 - Adjustment to Cost and Cost Limitation	24
Section 10 - Nonallowable Costs	26
Section 11 - Allowable Bad Debt Expenses	30
Section 12 - Depreciation	31
Section 13 - Interest Expense	32
Section 14 - Related Organization	34
Section 15 - Rental Expense Paid to a Related Organization	35
Section 16 - Taxes	35
Section 17 - Personal Incidental Funds	36
Section 18 - Evacuation Related Payments	38
Section 19 - Rate Adjustment Based on Provider Assessment	39

TN No. 18-0021

Supersedes

TN No. 18-0001Approval Date AUG 21 2019 Effective Date October 1, 2018

SECTION 19: Rate Adjustment Based on Provider Assessment

Effective October 1, 2018 through June 30, 2019, the daily rate for each private intermediate care facility for individuals with intellectual disabilities will be adjusted based on the provider assessment. The add-on to the existing daily rate is \$23.81.

Annually, beginning July 1, 2019 and effective each July thereafter, the daily rate for each private intermediate care facility for individuals with intellectual disabilities will be adjusted based on the provider assessment. The adjustment to the daily rate will be based on the annual aggregate net patient service revenues as of December thirty-first of the preceding year for all public and private intermediate care facilities for individuals with intellectual disabilities, multiplied by six percent, and divided by the available public intermediate care facility beds and private intermediate care facility licensed beds in the state. The daily rate will be adjusted based on the annual provider assessment per bed divided by 365 days.