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## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 19-0008**

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



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**Financial Management Group**

December 16, 2019

Ms. Caprice Knapp  
Director  
Medical Services Division  
Department of Human Services  
600 East Boulevard Avenue  
Department 325  
Bismarck, ND 58505-0250

Re: North Dakota 19-0008

Dear Ms. Knapp:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-0008. Effective for services on or after July 1, 2019, this amendment revises the plan to clarify the additional services provided to medically involved and medically intense individuals receiving services in a licensed intermediate care facility for individuals with intellectually disabled.

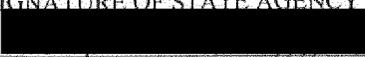
We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 19-0008 is approved effective July 1, 2019. The CMS-179 and the amended plan page are attached.

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

Sincerely,

  
Kristin Fan  
Director

cc:  
Jocelyn Velez  
Christine Storey

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>19-0008</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>July 1, 2019</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"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR Part 447.272; 42 CFR 456.360</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2019</u> <u>\$187,500</u> b. FFY <u>2020</u> <u>\$750,750</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-D, Subsection 2, Page 15</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-D, Subsection 2, Page 15</b>	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan to clarify the additional services provided to medically involved and medically intense individuals receiving services in a licensed intermediate care facility.</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>Caprice Knapp, 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>Caprice Knapp, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
13. TYPED NAME: <b>Caprice Knapp</b>			
14. TITLE: <b>Director, Medical Services Division</b>			
15. DATE SUBMITTED: <b>9/23/19</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>DEC 16 2019</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JUL 01 2019</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Kristin Fan</b>		22. TITLE: <b>Director, FMR</b>	
23. REMARKS:			

- (1) Place the provider agency's license on restricted status as defined in North Dakota Administrative Code;
- (2) Terminate the department's agreement with the provider agency;
- (3) Refer to law enforcement for investigation and prosecution under applicable state or federal law; or
- (4) Use any combination of the foregoing actions.

### Section 5 - Rate Payments

1. The direct care hourly rate and components for each service are issued in a rate matrix established by the department for services on or after April 1, 2018. The matrix is available at: <http://www.nd.gov/dhs/services/disabilities/docs/rate-matrix.pdf>

The components are:

- a. The direct care hourly rate for intermediate care facilities for individuals with intellectual or developmental disabilities must include direct care wage, employment related costs, relief staff, administrative cost, and program support including room and board. Program support may include extraordinary nursing consult, assessment, and intervention need that is separate from direct support hours and cannot be delegated to direct support staff. Building depreciation and related interest costs will be calculated either by an established percentage, or if a facility is acquired or built after January 1, 2010, the provider agency may choose the actual depreciation and related interest costs relating to the facility for the life of the building to be added to the rate. For facilities acquired after January 1, 2010, subsection 3.c of section 12 must be followed in determining remaining useful life. After the depreciable life is complete the established percentage for building depreciation and related interest costs will be utilized.
  - b. The direct care hourly rate for independent habilitation, day habilitation, prevocational services, individual employment supports and small group employment supports must include direct care wage, employment related expenses, relief staff, program support, and administrative costs.
2. For day habilitation, prevocational and individual and small group supported employment supports, the maximum authorized direct care staff hours for a client are:
    - a. The direct care staff hours in a twenty-four hour period identified by the multiplier based on the department identified assessment score from the standard assessment tool.