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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 19-0016

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

December 2, 2019

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

Dear Ms. Knapp:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0016. This amendment removes copays and other cost-sharing from North Dakota Medicaid's state plan.

This amendment was submitted to bring North Dakota into compliance with statutory and regulatory requirements that limit cost-sharing to a five percent aggregate cap. Because the state was unable to implement a mechanism to track cost sharing and ensure the limit was not exceeded, North Dakota submitted this amendment to remove cost sharing from the state plan.

Please be informed that this State Plan Amendment was approved November 27, 2019, with an effective date of October 1, 2019. 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 Division Director
Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Krista Fremming, North Dakota
Stacey Koehly, North Dakota

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: North Dakota

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

19-0016

Proposed Effective Date

10/01/2019 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447.50, 447.52 and 447.56

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2020	\$ 238000.00
Second Year	2021	\$ 250135.00

Subject of Amendment

Amends the State Plan to remove copayments from the North Dakota Medicaid program.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Authority to prepare and submit Medicaid State Plans is provided to the Single State Medicaid Agency.

Submitting this amendment on behalf of Caprice Knapp, ND Medicaid Director, who is authorized to submit Medicaid State Plan Amendments for the State of North Dakota.

Signature of State Agency Official

Submitted By: Maggie Anderson
 Last Revision Date: Oct 17, 2019
 Submit Date: Sep 30, 2019

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

TN-ND-19-0016

STATE:

North Dakota

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

G-1 Medicaid Costsharing
Attachment 4.18-A pages 1, 1a through 1e; and 1h through 1q
Attachment 4.18-A pages 2 and 3
Attachment 4.18-C pages 1, 1a through 1e; and 1h through 1q
Attachment 4.18-C pages 2 and 3
Attachments 4.18-D pages 1 and 2
Attachments 4.18-E pages 1 and 2
Pages 54, 55, 56, 56a-f in pre-print section 4.1

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT *(If Applicable)*:**

Attachment 4.18-A pages 1, 1a through 1e; and 1h through 1q
Attachment 4.18-A pages 2 and 3
Attachment 4.18-C pages 1, 1a through 1e; and 1h through 1q
Attachment 4.18-C pages 2 and 3
Attachments 4.18-D pages 1 and 2
Attachments 4.18-E pages 1 and 2
Pages 54, 55, 56, 56a-f in pre-print section 4.1



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: 19 - 00 - 0016

Cost Sharing Requirements

G1

1916
1916A
42 CFR 447.50 through 447.57 (excluding 447.55)

The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a) (1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
VACATED				

TN No. 19-0016
Supersedes
TN No. 17-0008

Approval Date 11/27/2019

Effective Date 10/01/2019

CMS ID: 0053C/0061E

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Revision: CMS-PM-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 2
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

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TN No. 19-0016
Supersedes
TN No. 93-14

Approval Date 11/27/2019 Effective Date 10/01/2019

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____ North Dakota _____

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TN No. 19-0016

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Approval Date 11/27/2019

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CMS ID: 0053C/0061E

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State: _____ North Dakota _____

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State/Territory: North Dakota

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August 1991

(BPD)

State/Territory: North Dakota

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Revision: CMS-PM-91-4 (BPD)
August 1991

OMB NO.: 0938

State/Territory: North Dakota

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Attachment 4.18-E
Page 2
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State/Territory: North Dakota

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