

## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 20-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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**

April 14, 2020

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

Re: North Dakota 20-0002

Dear Ms. Knapp:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0002. Effective for services on or after January 1, 2020, this amendment provides for an inflationary increase for Psychiatric Residential Treatment Facility (PRTF) services.

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 20-0002 is approved effective January 1, 2020. The CMS-179 and the amended plan page are attached.

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

Sincerely,

A solid black rectangular box used to redact the signature of Kristin Fan.

Kristin Fan  
Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center; font-size: 1.2em;"><b>20-0002</b></div>	2. STATE  <div style="text-align: center; font-size: 1.2em;"><b>North Dakota</b></div>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		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  <div style="text-align: center; font-size: 1.2em;"><b>January 1, 2020</b></div>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div> <div style="text-align: center; font-size: 0.8em;">             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-weight: bold;">42 CFR Part 447 Subpart C; 42 CFR 447.252</div>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2020</u> <u>\$187,690</u> b. FFY <u>2021</u> <u>\$262,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <div style="text-align: center; font-weight: bold;">Attachment 4.19-D, Subsection 3, page 2</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <div style="text-align: center; font-weight: bold;">Attachment 4.19-D, Subsection 3, page 2</div>	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan to implement an inflationary increase for Psychiatric Residential Treatment Facility Services.</b>			
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>Caprice Knapp, 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:  <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:  <div style="text-align: center; font-weight: bold;">Caprice Knapp</div>			
14. TITLE:  <div style="text-align: center; font-weight: bold;">Director, Medical Services Division</div>			
15. DATE SUBMITTED: <div style="border: 1px solid red; padding: 2px; display: inline-block;">January 31, 2020</div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 04/14/20	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">01/01/20</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; height: 20px; width: 100%;"></div>	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMG	
23. REMARKS:			

5. The daily rate is established by dividing actual allowable costs plus an inflation factor of two percent by in-house census days effective for dates of service January 1, 2020.
6. A PRTF dissatisfied with the results of a final rate determination may request a reconsideration of the final rate within 30 days of the written notification of a final rate. A PRTF dissatisfied with the results of the Department's decision regarding the request for a reconsideration determination may file an appeal within 30 days of the written notice of the Department's decision regarding the reconsideration determination.
7. Payments to out-of-state PRTFs shall be made based on the rate for comparable services established by the Medicaid agency in the state where the facility is located. If no rate is established by the Medicaid agency in that state, then the per diem rate payable to the out-of-state PRTF shall be the lower of billed charges or the average of the per diem rates in effect for in-state PRTFs at the time of the services are first provided by the out-of-state PRTF, except that a per diem rate higher than the average per diem rate may be negotiated by the state for extraordinary or unusual circumstances on a case by case basis. Negotiated per diem rates may not exceed the cost of the service provide by the PRTF.