
Table of Contents

State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 19-0022

This file contains the following documents in the order listed:

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


ND - Submission Package - ND2019MS00050 - (ND-19-0022) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#)

[Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID ND2019MS00050
Program Name N/A
SPA ID ND-19-0022
Version Number 4
Submitted By LeeAnn Thiel
Package Disposition 
Priority Code P2

Submission Type Official
State ND
Region Denver, CO
Package Status Approved
Submission Date 12/31/2019
Approval Date 8/21/2020 1:08 PM EDT

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
601 E. 12th Street, Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

August 21, 2020

Christopher Jones
Executive Director
ND Medical Services
Dept 325
600 E Boulevard Ave
Bismarck, ND 58505

Re: Approval of State Plan Amendment ND-19-0022

Dear Christopher Jones:

On December 31, 2019, the Centers for Medicare and Medicaid Services (CMS) received North Dakota State Plan Amendment (SPA) ND-19-0022 to move children previously enrolled in the State's stand-alone Children's Health Insurance Program (CHIP) to Medicaid as Optional Targeted Low-Income Children.

We approve North Dakota State Plan Amendment (SPA) ND-19-0022 on August 21, 2020 with an effective date(s) of January 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Curtis Volesky at curtis.volesky@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

RAI

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97-35). This request has the effect of stopping the 90-day time period for CMS to act on the material. A new 90-day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

Submission Package ND2019MS00050

Authority Eligibility

State ND

Agency Name ND Medical Services

Submission Date Dec 31, 2019

Priority Code P2

All Questions

Question ID ↑	Reference	CMS question to the State	Policy/Regulation	State Response
1	CHIP Proxy	North Dakota has the authority to use an M-CHIP proxy methodology to calculate and claim expenditures related to M-CHIP through the CMS-approved CHIP state plan amendment (SPA), ND-13-0101. Since the approval of ND-13-0101, CMS identified issues in the state's reporting of Medicaid and CHIP expenditures related to the proxy methodology in violation of federal reporting requirements at 42 CFR §433.32(a). CMS requested in correspondences dating back to 2016 that the state correct its reporting of the M-CHIP expenditures. CMS is requesting the state submit a timeline that includes submitting a CHIP SPA and demonstrating that the state is complying with federal reporting requirements.	42 CFR §433.32(a)	North Dakota has submitted to CMS a CHIP SPA that includes revised language related to reporting M-CHIP Proxy expenditures. The state will continue to work with CMS to reach agreement expenditure reporting under the Proxy Methodology.

Submission Package was updated by the State in accordance with the response above

Yes

No

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00050 | ND-19-0022

Package Header

Package ID ND2019MS00050

Submission Type Official

Approval Date 8/21/2020

Superseded SPA ID N/A

SPA ID ND-19-0022

Initial Submission Date 12/31/2019

Effective Date N/A

State Information

State/Territory Name: North Dakota

Medicaid Agency Name: ND Medical Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00050 | ND-19-0022

Package Header

Package ID ND2019MS00050
Submission Type Official
Approval Date 8/21/2020
Superseded SPA ID N/A

SPA ID ND-19-0022
Initial Submission Date 12/31/2019
Effective Date N/A

SPA ID and Effective Date

SPA ID ND-19-0022

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	1/1/2020	ND-19-0017
Optional Targeted Low Income Children	1/1/2020	ND-13-0017-MM1

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00050 | ND-19-0022

Package Header

Package ID ND2019MS00050
Submission Type Official
Approval Date 8/21/2020
Superseded SPA ID N/A

SPA ID ND-19-0022
Initial Submission Date 12/31/2019
Effective Date N/A

Executive Summary

Summary Description Including Goals and Objectives Children previously enrolled in the State's stand-alone Childrens Health Insurance Program (CHIP) will now be enrolled with Medicaid as Optional Targeted Low-Income Children.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$491006
Second	2021	\$1926805

Federal Statute / Regulation Citation

42 CFR 435.229

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0005O | ND-19-0022

Package Header

Package ID ND2019MS0005O
Submission Type Official
Approval Date 8/21/2020
Superseded SPA ID N/A

SPA ID ND-19-0022
Initial Submission Date 12/31/2019
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Authority to prepare and submit Medicaid State Plans is provided to the Medicaid single state agency

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00050 | ND-19-0022

Package Header

Package ID ND2019MS00050
Submission Type Official
Approval Date 8/21/2020
Superseded SPA ID N/A

SPA ID ND-19-0022
Initial Submission Date 12/31/2019
Effective Date N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Bismarck Tribune	6/20/2019	entire state
Grand Forks Herald	6/20/2019	entire state
Fargo Forum	6/24/2019	entire state

- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice

Select the type of website

- Website of the State Medicaid Agency or Responsible Agency


Date of Posting: Jun 20, 2019

Website URL: <http://www.nd.gov/dhs/info/publicnotice/2019/6-20-public-notice-medicaid-changes-7-1-2019.pdf>

- Website for State Regulations
- Other

- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
Public Notice 7-1-19	10/28/2019 12:33 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00050 | ND-19-0022

Package Header

Package ID ND2019MS00050
Submission Type Official
Approval Date 8/21/2020
Superseded SPA ID N/A

SPA ID ND-19-0022
Initial Submission Date 12/31/2019
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
7/1/2019	letter
8/20/2019	tribal consultation meeting

All Urban Indian Organizations


States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
7/1/2019	letter
8/20/2019	tribal consultation meeting

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created
------	--------------

Name	Date Created	
Kirstin Michel	10/28/2019 12:25 PM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00050 | ND-19-0022

Package Header

Package ID ND2019MS00050
Submission Type Official
Approval Date 8/21/2020
Superseded SPA ID ND-19-0017
User-Entered

SPA ID ND-19-0022
Initial Submission Date 12/31/2019
Effective Date 1/1/2020

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.
















Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children	?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00050 | ND-19-0022

Package Header

Package ID ND2019MS00050
Submission Type Official
Approval Date 8/21/2020
Superseded SPA ID ND-19-0017
User-Entered

SPA ID ND-19-0022
Initial Submission Date 12/31/2019
Effective Date 1/1/2020

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00050 | ND-19-0022

Package Header

Package ID ND2019MS00050
Submission Type Official
Approval Date 8/21/2020
Superseded SPA ID ND-19-0017
User-Entered

SPA ID ND-19-0022
Initial Submission Date 12/31/2019
Effective Date 1/1/2020

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS00050 | ND-19-0022

Uninsured children who meet the definition of optional targeted low income children at 42 C.F.R. §435.4, who have household income at or below a standard established by the state.

Package Header

Package ID	ND2019MS00050	SPA ID	ND-19-0022
Submission Type	Official	Initial Submission Date	12/31/2019
Approval Date	8/21/2020	Effective Date	1/1/2020
Superseded SPA ID	ND-13-0017-MM1		
	User-Entered		

The state covers the optional targeted low income children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 19, or a lower age, as specified in C.
2. Are uninsured and otherwise meet the definition of optional targeted low-income child at 42 CFR 435.4 and section 1905(u)(2)(B) of the Act.
3. Have household income at or below the standard established by the state, if the state has an income standard.
4. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all children under a specified age under this eligibility group.

- Yes
 No

The age of children covered under this eligibility group is:

- a. Under age 19
 b. Under age 18
 c. Under other age

D. Income Standard Used

The income standard for this eligibility group is:

FPL 170.00%

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0005O | ND-19-0022

Package Header

Package ID ND2019MS0005O
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Superseded SPA ID ND-13-0017-MM1
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SPA ID ND-19-0022
Initial Submission Date 12/31/2019
Effective Date 1/1/2020

E. Basis for Income Standard

1. Minimum income standard

The minimum income standard for this eligibility group is a standard greater than the lowest income standard currently used for children of this age under the mandatory Infants and Children under Age 19 eligibility group.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's effective income level for this group of children under the CHIP state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for this group of children under the CHIP state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- vi. The state's effective income level for this group of children under a CHIP-1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- vii. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- viii. The state's effective income level for this group of children under a CHIP 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ix. 200% FPL
- x. A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4), but by no more than 50 percentage points.

c. The amount of the maximum income standard is:

FPL 170.00%

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | ND2019MS0005O | ND-19-0022

Package Header

Package ID ND2019MS0005O
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F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 8/31/2020 3:13 PM EDT