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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 20-0026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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



Medicaid & CHIP Operations Group

March 16, 2022

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

RE: North Dakota State Plan Amendment (SPA) 20-0026

Dear Ms. Knapp:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 20-0026. This SPA amends the State Plan to add coverage and reimbursement for Medication Assisted Treatment Services.

Please be informed that this SPA was approved on March 16, 2022, with an effective date of October 1, 2020. Enclosed are the CMS-179 and SPA pages.

Should you have any questions about this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue circular mark is visible to the left of the redaction box.

Digitally signed by James G.
Scott -S
Date: 2022.03.16 15:26:48
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Krista Fremming, krfremming@nd.gov
Stacey Koehly, skoehly@nd.gov
LeeAnn Thiel, lthiel@nd.gov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 20-0026	2. STATE North Dakota
		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 October 1, 2020	
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: 1905(a)(29) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>2021</u> \$710,281 b. FFY <u>2022</u> \$725,192	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8 Attachment 3.1-A Supplement 8 to Attachment 3.1-B Attachment 4.19-B, page 7c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Amends the State Plan to add coverage and reimbursement for Medication Assisted Treatment Services.			
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: Caprice Knapp, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Caprice Knapp			
14. TITLE: Director, Medical Services Division			
15. DATE SUBMITTED: December 24, 2020 Resubmitted: February 11, 2022: March 4, 2022			
17. DATE RECEIVED: December 24, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 24, 2020		18. DATE APPROVED: March 16, 2022	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2022.03.16 15:27:51 -05'00'	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

Enclosure ____

Supplement 8 to Attachment 3.1-A

Page 1

State of North Dakota

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) _____MAT as described and limited in Supplement 8 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

TN No.: 20-0026
Supersedes
TN No.: NEW

Approval Date: 3-16-2022

Effective Date: 10-01-2020

State of North Dakota

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The State assures coverage for all formulations of MAT drugs and biologicals for opioid use disorder (OUD) that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, through September 30, 2025, the State assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

MAT Intake – this service assesses the recipient for MAT services. This service shall include a behavioral health assessment by a licensed addiction counselor and medication used during induction.

Individual therapy and group therapy is a service which an individual or group works with a trained therapist to help identify aspects of their lives they would like to change and work toward desired change.

- b) Please include each practitioner and provider entity that furnishes each service and component service.

The behavioral health assessment component within MAT Intake must be furnished by a licensed addiction counselor.

Practitioners in the following table who are enrolled Medicaid providers may furnish individual or group therapy within their scope of practice. Practitioners possessing a similar license in another state who are enrolled Medicaid providers may furnish individual or group therapy within their scope of practice.

Provider Type	Licensure
Licensed Addiction Counselor	Licensure as an Addiction Counselor, by the North Dakota Board of Addiction Counseling Examiners
Licensed Certified Social Worker (LCSW)	Licensure as a LCSW by the North Dakota Board of Social Work Examiners
Licensed Professional Clinical Counselor (LPCC)	Licensure as a LPCC by the North Dakota Board of Counselor Examiners
Licensed Marriage and Family Therapist (LMFT)	Licensure as a LMFT by the North Dakota Marriage and Family Therapy Board
Nurse Practitioner	Licensure as a Nurse Practitioner by the North Dakota Board of Nursing
Clinical Nurse Specialist (CNS)	Licensure as a CNS by the North Dakota Board of Nursing
Psychologist	Licensure as a Psychologist by the North Dakota State Board of Psychologist Examiners
Psychiatrist	Licensure as a Psychiatrist by the North Dakota Board of Medical Examiners

Enclosure ____

Supplement 8 to Attachment 3.1-A

Page 4

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

A practitioner must possess a current DEA-X number or be affiliated with a MAT program accredited by a SAMHSA-Approved Opioid Treatment Program Accrediting Body to prescribe.

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Supersedes
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State of North Dakota

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

 X The state has drug utilization controls in place. (Check each of the following that apply)

- X Generic first policy
- X Preferred drug lists
- X Clinical criteria
- X Quantity limits

 The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

Individual and group therapy visits are limited to no more than 40 visits per recipient per calendar year unless additional services are determined medically necessary and receives prior approved from the department.

MAT drugs are limited to FDA and compendia approved indications and dosing. No prior authorization is required to receive the preferred product(s). Duplication of MAT drug therapy is not allowed. There are no duration limitations and there are no requirements for decreasing dosage.

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Supplement 8 to Attachment 3.1-A

Page 6

State of North Dakota

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Supplement 8 to Attachment 3.1-B

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Supplement 8 to Attachment 3.1-B

Page 4

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41. Medication Assisted Treatment (MAT) bundled services rates are bundled into two rates for qualified providers. Payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b. The rates will be the same for governmental providers and private providers. These rates shall be billed once per week per recipient by a Medicaid enrolled practitioner who possesses a current DEA-X number or by a practitioner affiliated with a MAT program accredited by a SAMHSA-Approved Opioid Treatment Program

Accrediting Body:

- a. MAT Intake weekly rate will be reimbursed for the first week of the recipient's enrollment in the MAT program.
- b. MAT Established weekly rate will be reimbursed beginning week two and weekly thereafter, as clinically indicated.

At least one of the services included in the bundled services must be provided for the weekly rate to be reimbursed. Providers delivering MAT bundled services will be paid the bundled rate and cannot bill separately for these services. The MAT bundled services rates do not include room and board.

42. The payment for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be the lower of billed charges or the same methodology as described for Prescribed Drugs located in Attachment 4.19-B, pages 6 and 6a, for drugs that are dispensed or administered.

43. The payment for bundled prescribed drugs used to treat opioid use disorder will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b.