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**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 21-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

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



**Medicaid & CHIP Operations Group**

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May 14, 2021

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) 21-0004

Dear Ms. Knapp:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 21-0004. This SPA amends the State Plan for a technical correction to restore the limits on physical, occupational and speech therapy for Medically Needy individuals 21 years of age or older.

Please be informed that this SPA was approved on May 14, 2021, with an effective date of January 1, 2021. Enclosed is the CMS-179 and SPA pages.

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

Sincerely,

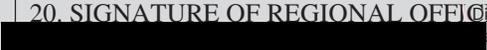


Digitally signed by  
Ruth A. Hughes  
Date: 2021.05.14  
15:12:40 -05'00'

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

cc: Krista Fremming, [krfremming@nd.gov](mailto:krfremming@nd.gov)  
Stacey Koehly, [skoehly@nd.gov](mailto:skoehly@nd.gov)  
LeeAnn Thiel, [lthiel@nd.gov](mailto:lthiel@nd.gov)  
Stephanie Waloch, [swaloch@nd.gov](mailto:swaloch@nd.gov)

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>21-0004</b>	2. STATE <b>North Dakota</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 <b>January 1, 2021</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 CFR 440.110</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2021</u> \$ <u>0</u> b. FFY <u>2022</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment to Page 2 of Attachment 3.1-B</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment to Page 2 of Attachment 3.1-B (TN 18-0022)</b>	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan for a technical correction to restore the limits on physical, occupational and speech therapy for Medically Needy individuals 21 years of age or older.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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>March 22, 2021</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: March 22, 2021		18. DATE APPROVED: May 14, 2021	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL:  <small>Digitally signed by Ruth A. Hughes Date: 2021.05.14 15:13:24 -05'00'</small>	
21. TYPED NAME: Ruth A. Hughes		22. TITLE: Acting Director, Division of Program Operations	
23. REMARKS:			

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

1. The North Dakota Medicaid Program will limit the number of inpatient psychiatric days to no more than 21 days for each inpatient psychiatric stay in a distinct part psychiatric unit of a general hospital and to no more than 45 days per calendar year. This limit does not apply to individuals for which the Medicaid Program is obligated to pay for all diagnostic and treatment because they are eligible for the EPSDT program.

The North Dakota Medicaid Program will limit the number of inpatient rehabilitation days to no more than 30 days for each inpatient rehabilitation stay in a distinct part rehabilitation unit of a general hospital. This limit does not apply to individuals for which the Medicaid Program is obligated to pay for all diagnostic and treatment because they are eligible for the EPSDT program.

- 2.a. The North Dakota Medicaid Program will limit the number of days for which payment can be made for partial hospitalization psychiatric services to a level meeting the following criteria.

Level A is an intense level of partial hospitalization psychiatric services which provide treatment for an individual by at least three licensed health care professionals under the supervision of a licensed physician for at least four hours and no more than eleven hours per day for at least three days per week.

Level B is an intermediate level of partial hospitalization psychiatric services which provide treatment for an individual by at least three licensed health care professionals under the supervision of a licensed physician for three hours per day for at least two days per week.

Limitations:

1. Payment may not be made for Level A services exceeding forty-five days per calendar year per individual.
2. Payment may not be made for Level B services exceeding thirty days per calendar year per individual.
3. The North Dakota Medicaid Program may authorize additional days if determined to be medically necessary.

Occupational Therapy visits for individuals twenty-one years of age and older are limited to no more than 20 sessions per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization for the department. This limit applies in combination with services delivered by independent occupational therapists.

Physical therapy visits for individuals twenty-one years of age and older are limited to not more than 15 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered by independent physical therapists.

Speech therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization for the department. This limit applies in combination with services delivered by independent speech therapists.