Table of Contents

State/Territory Name: NC

State Plan Amendment (SPA) #: 21-0016

This file contains the following documents in the order listed:

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

December 21, 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) 21-0016

Dear Ms. Knapp:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 21-0016. This SPA amends the State Plan to remove pages that were left in the State Plan in error; by vacating coverage pages for Targeted Case Management for Individuals with a Traumatic Brain Injury and Targeted Case Management for Individuals in Pre- or Post-Adoption.

Please be informed that this SPA was approved on December 17, 2021, with an effective date of October 1, 2021. 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,

Digitally signed by James G. Scott -S
Date: 2021.12.21
12:25:14 -06'00'

James Scott, Director Division of Program Operations

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

CENTERS FOR MEDICARE AND MEDICAID SERVICES	1 777 1310 1777 1 341 1777	OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	21-0016	North Dakota	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2021		
5. TYPE OF PLAN MATERIAL (Check One):			
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
		amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY		
42 CFR 440.169	b. FFY <u>2023</u> <u>\$0</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):		
Supplements 3 and 6 to Attachment 3.1-A Supplements 3 and 6 to Attachment 3.1-B	Supplements 3 and 6 to Attachment 3.1-A (Pages 1-3) (TN 99-002 and 99-011)		
	Supplements 3 and 6 to Attachment 3.1-B (Pages 1 -3) (TN 99-002 and 99-011)		
10. SUBJECT OF AMENDMENT:			
Amends the State Plan to remove pages that were left in the State Plan in error; by vacating coverage pages for Targeted			
Case Management for Individuals with a Traumatic Brain Injury and Targeted Case Management for Individuals in Pre- or			
Post-Adoption.			
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPECIFIED:		
_	Caprice Knapp, Director		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	WITHIN 45 DAYS OF SUBMITTAL Medical Services Division		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	Caprice Knapp, Director		
	Medical Services Division		
13. TYPED NAME:			
to the state of th	ND Department of Human Services		
Caprice Knapp	600 East Boulevard Avenue Dept 325		
14. TITLE:	Bismarck ND 58505-0250		
Director, Medical Services Division			
15. DATE SUBMITTED:			
October 26, 2021			
000001 20, 2021			
17. DATE RECEIVED: October 26, 2021	18. DATE APPROVED: December 17, 2021		
PLAN APPROVED – ONI	E COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNA <u>TURE OF</u> REGIONAL OF	FICIAI ·	
October 1, 2021	Digitally Date: 20	y signed by James G. Scott -S)21.12.21 12:26:03 -06'00'	
21. TYPED NAME: James Scott	22. TITLE: Director, Division o	of Program Operations	
23. REMARKS:			

STATE: North Dakota Supplement 3 to Attachment 3.1-A

VACATED

TN No. <u>21-0016</u> Supersedes TN No. <u>99-002</u> State: North Dakota
Supplement 6 to Attachment 3.1-A

TN No. <u>21-0016</u>

Supersedes TN No. 99-011

Vacated

Approval Date: <u>12-17-2021</u> Effective Date: <u>10-01-2021</u>

Supplement 3 to Attachment 3.1-B STATE: North Dakota

VACATED

TN No. <u>21-0016</u> Supersedes

TN No. <u>99-002</u>

State: North Dakota
Supplement 6 to Attachment 3.1-B

Vacated

TN No. <u>21-0016</u> Supersedes TN No. <u>99-011</u>

Approval Date: <u>12-17-2021</u> Effective Date: <u>10-01-2021</u>