Table of Contents

State/Territory Name:  North Dakota

State Plan Amendment (SPA) #:  22-0001

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
Financial Management Group

April 26, 2022

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

Re: North Dakota 2-0001

Dear Ms. Knapp:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 22-0001. Effective for services on or after January 1, 2022, this amendment provides for a two percent 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 22-0001 is approved effective January 1, 2022. The CMS-179 and the amended plan page are attached.

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

Sincerely,

Rory Howe
Director
Amends the State Plan to implement an inflationary increase for Psychiatric Residential Facility Services.
5. The daily rate is established by dividing actual allowable costs plus an inflation factor of 2 percent by in-house census days effective for dates of service January 1, 2022.

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 provided by the PRTF.