

## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 22-0017**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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October 11, 2022

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

Re: North Dakota State Plan Amendment (SPA) 22-0017

Dear Ms. Knapp:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-22-0017. This amendment proposes to amend the State Plan to remove the language regarding limitations for psychiatric residential treatment facilities.

We conducted our review of your submittal according to statutory requirements in 42 CFR 483, Subpart G. This letter is to inform you that North Dakota Medicaid SPA 22-0017 was approved on October 11, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at [tyson.christensen@cms.hhs.gov](mailto:tyson.christensen@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: LeeAnn Thiel

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 1 7</u>	2. STATE <u>ND</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 483, Subpart G

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment to Page 3 of Attachment 3.1-A;  
Attachment to Page 3 of Attachment 3.1-B;  
Attachment to page 7 of Attachment 3.1-A;  
Attachment to page 6 of Attachment 3.1-B

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Attachment to Page 3 of Attachment 3.1-A (TN 14-004);  
Attachment to Page 3 of Attachment 3.1-B (TN 14-004);  
Attachment to page 7 of Attachment 3.1-A (TN 06-006)  
Attachment to page 6 of Attachment 3.1-B (TN 06-006)

9. SUBJECT OF AMENDMENT

Amends the State Plan to remove the language regarding limitations for psychiatric residential treatment facility.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Erik E kins, Assistant Director  
Medical Services Division

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Erik Elkins

13. TITLE  
Assistant Medical Services Director

14. DATE SUBMITTED  
July 21, 2022 resubmitted October 5, 2022

15. RETURN TO  
Erik Elkins, Assistant Director  
Medical Services Division  
ND Department of Human Services  
600 East Boulevard Avenue Dept 325  
Bismarck ND 58505-0250

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>July 21, 2022</u>	17. DATE APPROVED <u>October 11, 2022</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

7. Home Health Services

Payment for Home Health Care Services will be limited to no more, on an average monthly basis, to the equivalent of one hundred seventy-five visits.

The limit for home health care services is in combination with the limit for private duty nursing.

The limit may be exceeded in cases where it is determined there is medical necessity for exceeding the limit. Prior authorization must be obtained from the Medical Services Division before the limit can be exceeded.

Home Health Telemonitoring will be covered within the same limits noted above. Home Telemonitoring is not allowed for the initial Home Health evaluation visit or for the discharge visit. In addition, Home Health Telemonitoring is limited to no more than forty percent (40%) of the total visits during each certification period. Practitioners who provide Home Health services by telemonitoring must be employed by a Medicare certified Home Health facility.

The state of North Dakota provides Home Health services in accordance with 42 CFR 440.70.

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STATE: North Dakota

Attachment to Page 7 of  
Attachment 3.1-A

16. Vacated

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TN No: 22-0017

Supersedes

TN No: 06-006

Approval Date 10/11/2022

Effective Date: 07-01-2022

STATE: North Dakota

Attachment to Page 6 of  
Attachment 3.1-B

16. Vacated

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TN No: 22-0017

Supersedes

TN No: 06-006

Approval Date 10/11/2022

Effective Date: 07-01-2022