

## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 23-0010**

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 St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 26, 2023

Krista Fremming  
Interim Director  
Medical Services Division  
ND Department of Health and Human Services  
600 East Boulevard Avenue Dept. 325  
Bismarck, ND 58505-0250

Re: North Dakota State Plan Amendment (SPA) 23-0010

Dear Ms. Fremming:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-23-0010. This amendment proposes to update the provider qualifications for Personal Care Services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 430.12(b). This letter is to inform you that North Dakota Medicaid SPA 23-0010 was approved on June 26, 2023, with an effective date of April 1, 2023.

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 3</u> — <u>0 0 1 0</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  
**April 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 430.12(b)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 0  
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment to Page 10 of Attachment 3.1-A  
Attachment to Page 9 of Attachment 3.1-B**

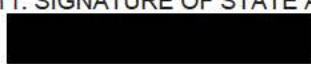
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Attachment to Page 10 of Attachment 3.1-A (TN 22-0024)  
Attachment to Page 9 of Attachment 3.1-B (TN 22-0024)**

9. SUBJECT OF AMENDMENT

**Amends the State Plan to update the provider qualifications for Personal Care Services.**

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Krista Fremming, Interim Director Medical Services Division
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Krista Fremming**

13. TITLE  
**Interim Medical Services Director**

14. DATE SUBMITTED  
**May 1, 2023**

15. RETURN TO  
**Krista Fremming, Interim Director  
Medical Services Division  
ND Department of Health and Human Services  
600 East Boulevard Avenue Dept 325  
Bismarck ND 58505-0250**

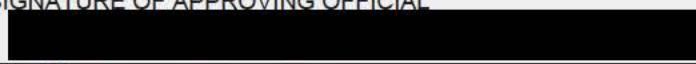
**FOR CMS USE ONLY**

16. DATE RECEIVED  
**May 2, 2023**

17. DATE APPROVED  
**June 26, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**April 1, 2023**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Program Operations**

22. REMARKS

26. Personal Care Services (continued)

The comprehensive assessment identifies the individual's needs and the personal care services that must be provided to address the individual's needs.

A comprehensive assessment must be completed by Aging Services case manager, or by a regional human service center developmental disabilities, or mental health case manager, or an individual home and community-based services case manager, initially before any personal care services can be authorized, and annually thereafter. The case manager also completes a comprehensive review of the individual's needs at least annually or when there is a significant change in the individual's needs. Personal care services must be provided in accordance with a care plan developed from the assessment of the individual's needs. The care plan authorized by the State Medicaid Agency approves the maximum number of hours of personal care services that an individual may receive during a month.

The State does not allow a physician to authorize, but can refer an individual to the State.

PROVIDER QUALIFICATIONS

Agencies must verify that they have procedures in place to accurately document the provision of furnished services and that they have trained the individuals furnishing services in their responsibility to report the furnished services properly and accurately.

Personal care service must be provided by an individual who is at least 18 years of age and who has provided evidence that he or she meets the standards established by the Department of Human Services for providing personal care services. Competency of meeting the standards can be verified by a health care professional and must be reestablished every thirty months or can be by virtue of licensure or certification as a registered nurse, licensed practical nurse, physical therapist, occupational therapist, or certified nursing assistant.

The providers are not required to have a degree or a specific educational level. They are required to meet the standards of tasks commonly performed in the provision of personal care and the ability to perform tasks as verified by the health care professional or by virtue of licensure in North Dakota Administrative Code.

26. Personal Care Services (continued)

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