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State/Territory Name: CP North Dakota

State Plan Amendment (SPA) #: 23-0013

This file contains the following documents in the order listed:

- 1) Corrected Approval Letter
- 2) Original Approval Letter
- 3) CMS Form 179
- 4) 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

October 24, 2023

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

Re: ND-23-0013

Dear Ms. Aker:

Enclosed please find a corrected approval package for your North Dakota State Plan Amendment (SPA) submitted under transmittal number (TN) ND-23-0013. This SPA, which removed the Medication Therapy Management (MTM) specific section to avoid duplicated language with this section, was originally approved on October 11, 2023. The approval package sent to North Dakota included the following errors:

- the SPA approval package included the incorrect CMS 179 form and SPA pages.

The enclosed corrected package contains the original signed letter, the correct CMS-179, and the correct SPA pages.

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

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

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

October 11, 2023

Sarah Aker
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) 23-0013

Dear Ms. Aker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-23-0013. This amendment proposes to amend the State Plan to remove the Medication Therapy Management specific section to avoid duplication within this section.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.60. This letter is to inform you that North Dakota Medicaid SPA 23-0013 was approved on October 11, 2023, with an effective date of July 1, 2023.

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

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

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

2 3 — 0 0 1 3

2. STATE

ND

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

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

4. PROPOSED EFFECTIVE DATE

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.60

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 3 of Attachment 3.1-A
Attachment to Page 3 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 18-0010)
Attachment to Page 3 of Attachment 3.1-B (TN 18-0010)
***(TN 21-0023)**
***(TN 21-0023)**

9. SUBJECT OF AMENDMENT

Amends the State Plan to remove the Medication Therapy Management specific section to avoid duplication within this section.

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:
Krista Fremming, Interim Director
Medical Services Division

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Krista Fremming

13. TITLE
Interim Medical Services Director

14. DATE SUBMITTED
July 19, 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

July 19, 2023

17. DATE APPROVED

October 11, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2023

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

***CMS Pen and Ink change in Box 8 to correct the TN#s with the State's permission on 10/18/2023.**

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

6.d. (Continued)

Nursing Services provided in a School to Children with Complex Medical Needs and provided by a Registered Nurse

Effective June 1, 2018, the North Dakota Medicaid program will enroll Registered Nurses to provide nursing services to Medicaid-eligible children (under the age of 21) who have complex medical needs and an approved Individualized Education Program that documents medical necessity for nursing services that support the child's needs to access free appropriate public education. The Registered Nurses must be either employed by or under contract through a school and the school shall bill North Dakota Medicaid for the nursing services rendered by the Registered Nurses.

Services Provided by Licensed Addiction Counselors

Licensed addiction counselor includes licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction counselors may enroll to furnish non-ASAM services within their scope of practice according to State Law.

Medical Nutrition Therapy Services provided by Licensed Registered Dietitians

Medical nutrition therapy services are an evidence-based medical approach to treating certain chronic conditions through the use of an individually-tailored nutrition plan.

Coverage is limited to four hours per calendar year. Additional services may be authorized if determined to be medically necessary.

Tobacco Cessation Counseling Services

Coverage is limited to two quit attempts per year; each quit attempt is limited to no more than four counseling sessions. Additional services may be approved if they are medically necessary and the provider requests and receives prior authorization from the department.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

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