

Table of Contents

State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 23-0026

This file contains the following documents in the order listed:

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

ND - Submission Package - ND2023MS00030 - (ND-23-0026) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St.
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

January 12, 2024

Sarah Aker
Executive Director
North Dakota Department of Health and Human Services
Dept 325
600 E Boulevard Ave
Bismarck, ND 58505

Re: Approval of State Plan Amendment ND-23-0026

Dear Director Aker,

On November 13, 2023, the Centers for Medicare and Medicaid Services (CMS) received North Dakota State Plan Amendment (SPA) ND-23-0026, in which the state proposed to increase the income eligibility level for pregnant individuals and provide coverage to lawfully residing pregnant individuals.

We approve North Dakota State Plan Amendment (SPA) ND-23-0026 with an effective date(s) of October 01, 2023.

If you have any questions regarding this amendment, please contact Tyson Christensen at tyson.christensen@cms.hhs.gov

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

ND - Submission Package - ND2023MS00030 - (ND-23-0026) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

CMS-10434 OMB 0938-1188

Package Header

Package ID	ND2023MS00030	SPA ID	ND-23-0026
Submission Type	Official	Initial Submission Date	11/13/2023
Approval Date	01/12/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: North Dakota

Medicaid Agency Name: North Dakota Department of Health and Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

Package Header

Package ID ND2023MS00030
Submission Type Official
Approval Date 01/12/2024
Superseded SPA ID N/A

SPA ID ND-23-0026
Initial Submission Date 11/13/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID ND-23-0026

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	10/1/2023	ND-22-0026
Pregnant Women	10/1/2023	ND-20-0003
Citizenship and Non-Citizen Eligibility	10/1/2023	ND-13-0022

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

Package Header

Package ID	ND2023MS00030	SPA ID	ND-23-0026
Submission Type	Official	Initial Submission Date	11/13/2023
Approval Date	01/12/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Amends the State Plan to increase the eligibility income level for pregnant women to 175% of FPL and provide coverage to lawfully residing pregnant women.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$845653
Second	2025	\$849424

Federal Statute / Regulation Citation

42 CFR 435.116 and 435.406

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

Package Header

Package ID	ND2023MS00030	SPA ID	ND-23-0026
Submission Type	Official	Initial Submission Date	11/13/2023
Approval Date	01/12/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Authority to prepare and submit Medicaid State Plans is provided to the Medicaid single state agency

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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ND - Submission Package - ND2023MS00030 - (ND-23-0026) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

CMS-10434 OMB 0938-1188

Package Header

Package ID	ND2023MS00030	SPA ID	ND-23-0026
Submission Type	Official	Initial Submission Date	11/13/2023
Approval Date	01/12/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	ND-22-0026		
	System-Derived		

Mandatory Coverage








A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026




Package Header

Package ID	ND2023MS00030	SPA ID	ND-23-0026
Submission Type	Official	Initial Submission Date	11/13/2023
Approval Date	01/12/2024	Effective Date	10/1/2023
Superseded SPA ID	ND-22-0026		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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ND - Submission Package - ND2023MS00030 - (ND-23-0026) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

CMS-10434 OMB 0938-1188

Package Header

Package ID	ND2023MS00030	SPA ID	ND-23-0026
Submission Type	Official	Initial Submission Date	11/13/2023
Approval Date	01/12/2024	Effective Date	10/1/2023
Superseded SPA ID	ND-20-0003		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

A. Characteristics

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

- Yes
 No

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The state uses the following income standard for this group:

FPL 170.00%

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

Package Header

Package ID	ND2023MS00030	SPA ID	ND-23-0026
Submission Type	Official	Initial Submission Date	11/13/2023
Approval Date	01/12/2024	Effective Date	10/1/2023
Superseded SPA ID	ND-20-0003		
	System-Derived		

D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

Package Header

Package ID	ND2023MS00030	SPA ID	ND-23-0026
Submission Type	Official	Initial Submission Date	11/13/2023
Approval Date	01/12/2024	Effective Date	10/1/2023
Superseded SPA ID	ND-20-0003		
	System-Derived		

E. Basis for Pregnant Women Income Standard

1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes
 No

b. The minimum income standard for this eligibility group is 133% FPL.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

G. Additional Information (optional)

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ND - Submission Package - ND2023MS00030 - (ND-23-0026) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Non-Financial Eligibility

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

CMS-10434 OMB 0938-1188

Package Header

Package ID	ND2023MS00030	SPA ID	ND-23-0026
Submission Type	Official	Initial Submission Date	11/13/2023
Approval Date	01/12/2024	Effective Date	<u>10/1/2023</u>
Superseded SPA ID	ND-13-0022		
	System-Derived		

The state provides Medicaid to citizens and nationals of the United States and certain non-citizens who meet all other Medicaid eligibility requirements under the state plan, consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

A. Citizens, Nationals and Eligible Non-Citizens

The state provides Medicaid eligibility to otherwise eligible individuals:

- Who are citizens or nationals of the United States; or
- Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641) or who are non-citizens treated as refugees under other federal statutes for purposes of Medicaid eligibility, subject to the requirements at 8 U.S.C. §1612(b)(2), and are not restricted by section 403 of PRWORA (8 U.S.C. §1613); or who are non-citizens whose eligibility is required by 8 U.S.C. 1612(b)(2)(E) and (F); and
- Who have declared themselves to be citizens or nationals of the United States, or non-citizens having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

a. The agency provides for an extension of the reasonable opportunity period for non-citizens if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

- Yes
 No

b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

- i. The date of the application containing the declaration of citizenship or immigration status.
 ii. The first day of the month of application.

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

Package Header

Package ID	ND2023MS00030	SPA ID	ND-23-0026
Submission Type	Official	Initial Submission Date	11/13/2023
Approval Date	01/12/2024	Effective Date	10/1/2023
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	System-Derived		

B. Optional Coverage of Qualified Non-Citizens

The state provides Medicaid coverage to all otherwise-eligible Qualified Non-Citizens whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. §1613).

- Yes
 No

Indicate which requirements apply:

1. The state requires Lawful Permanent Residents to have 40 qualifying work quarters under Title II of the Social Security Act.

- Yes
 No

2. The state limits eligibility to 7 years for the following non-citizens:

- a. Non-citizens admitted to the U.S. as a refugee under section 207 of the Immigration and Nationality Act (INA)
- b. Non-citizens granted asylum under section 208 of the INA
- c. Non-citizens whose deportation is withheld under section 243(h) or 241(b)(3) of the INA
- d. Non-citizens granted status as a Cuban-Haitian Entrant, as defined in section 501(e) of the Refugee Education Assistance Act of 1980
- e. Non-citizens admitted to the U.S. as Amerasian immigrants
- f. Non-citizens treated as refugees under other federal statutes for purposes of Medicaid eligibility

- Yes
 No

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

Package Header

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	System-Derived		

C. Coverage of Lawfully Residing Individuals

The state elects the option to provide Medicaid coverage to otherwise eligible individuals, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

Yes

No

1. Pregnant women

2. Individuals under a specified age:

3. An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

4. An individual is considered to be lawfully present in the United States if he or she is:

- a. A qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
- b. A non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
- c. A non-citizen who has been paroled into the United States in accordance with 8 U.S.C.1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
- d. A non-citizen who belongs to one of the following classes:
 - i. Granted temporary resident status in accordance with 8 U.S.C.1160 or 1255a, respectively;
 - ii. Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
 - iii. Granted employment authorization under 8 CFR 274a.12(c);
 - iv. Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
 - v. Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
 - vi. Granted Deferred Action status;
 - vii. Granted an administrative stay of removal under 8 CFR 241;
 - viii. Beneficiary of approved visa petition who has a pending application for adjustment of status;
- e. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who:
 - i. Has been granted employment authorization; or
 - ii. Is under the age of 14 and has had an application pending for at least 180 days;
- f. Has been granted withholding of removal under the Convention Against Torture;
- g. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C.1101(a)(27)(J);
- h. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
- i. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b)).
- j. **Exception:** An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (a) through (i) of this definition.
- k. Other

Description:

Exceptions: Individuals granted an administrative stay of removal under 8 CFR 241, described under C.4.d.vii., above, are not considered to be lawfully present; Individuals granted employment authorization under 8 CFR 274a.12(c)(35) and (c)(36), described under paragraph C.4.d.iii., are not considered to be lawfully present unless they have an immigration status considered lawfully present under paragraph 4.a. through i.

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | ND2023MS00030 | ND-23-0026

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D. Emergency Coverage

The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the Social Security Act and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

1. Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613(a)
2. Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).
3. Qualified non-citizens for whom the state has elected to limit coverage, in accordance with 8 U.S.C. 1612(b)(2)(A), as amended, or (B).

E. Additional Information (optional)

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