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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 24-0020

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ND - Submission Package - ND2024MS0001O - (ND-24-0020) - Administration

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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

December 20, 2024

Sara 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-24-0020

Dear Sara Aker,

On December 16, 2024, the Centers for Medicare and Medicaid Services (CMS) received North Dakota State Plan Amendment (SPA) ND-24-0020 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve North Dakota State Plan Amendment (SPA) ND-24-0020 with an effective date of December 31, 2024.

If you have any questions regarding this amendment, please contact Ashli Clark at ashli.clark@cms.hhs.gov or via telephone at 410-786-5602.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | ND2024MS0001O | ND-24-0020

CMS-10434 OMB 0938-1188

Package Header

Package ID	ND2024MS0001O	SPA ID	ND-24-0020
Submission Type	Official	Initial Submission Date	12/16/2024
Approval Date	12/20/2024	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Superseded SPA ID	N/A		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
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | ND2024MS0001O | ND-24-0020

Package Header

Package ID	ND2024MS0001O	SPA ID	ND-24-0020
Submission Type	Official	Initial Submission Date	12/16/2024
Approval Date	12/20/2024	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID ND-24-0020

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/31/2024	none

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | ND2024MS0001O | ND-24-0020

Package Header

Package ID	ND2024MS0001O	SPA ID	ND-24-0020
Submission Type	Official	Initial Submission Date	12/16/2024
Approval Date	12/20/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Attestation of core quality measures

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

42 CFR § 431.16 and §§ 437.10 through 437.15

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | ND2024MS0001O | ND-24-0020

Package Header

Package ID	ND2024MS0001O	SPA ID	ND-24-0020
Submission Type	Official	Initial Submission Date	12/16/2024
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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 - ND2024MS0001O - (ND-24-0020) - Administration

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Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | ND2024MS0001O | ND-24-0020

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	none		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

☒ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

☒ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

☒ 2. The agency reports annually, by December 31, on:

- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
- b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

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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