

## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA): ND-25-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

April 8, 2025

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

RE: North Dakota State Plan Amendment Transmittal Number ND-25-0003

Dear Director Aker:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed North Dakota state plan amendment (SPA) to Attachment 4.19-D ND-25-0003, which was submitted to CMS on January 17, 2025. This plan amendment updates the inflation factor for Psychiatric Residential Treatment Facilities (PRTF) daily rates.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.


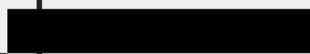
If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or via email at [robert.bromwell@cms.hhs.gov](mailto:robert.bromwell@cms.hhs.gov).

Sincerely,



Rory Howe  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>0</u> <u>3</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 <b>January 1, 2025</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447, Subpart C, 42 CFR 447.252</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>1,299,735</u> b. FFY <u>2026</u> \$ <u>1,733,660</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-D, Subsection 3, Page 2</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Attachment 4.19-D, Subsection 3, Page 2 (TN 24-0004)</b>	
9. SUBJECT OF AMENDMENT  <b>Amends the State Plan to implement a three percent inflationary increase for Psychiatric Residential Treatment Facility Services.</b>			
10. GOVERNOR'S REVIEW (Check One)  <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  <input checked="" type="radio"/> OTHER, AS SPECIFIED: Sarah Aker, Director Medical Services Division			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Sarah Aker, Executive Director Medical Services Division ND Department of Health and Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
12. TYPED NAME Sarah Aker			
13. TITLE Medical Services Director			
14. DATE SUBMITTED January 17, 2025			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED January 17, 2025		17. DATE APPROVED April 8, 2025	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2025		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe		21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group	
22. REMARKS			

5. The daily rate is established by dividing actual allowable costs plus an inflation factor of three percent by in-house census days effective for dates of service January 1, 2025.
6. A PRTF dissatisfied with the results of a final rate determination may request a reconsideration of the final rate within 30 days of the written notification of a final rate. A PRTF dissatisfied with the results of the Department's decision regarding the request for a reconsideration determination may file an appeal within 30 days of the written notice of the Department's decision regarding the reconsideration determination.
7. Payments to out-of-state PRTFs shall be made based on the rate for comparable services established by the Medicaid agency in the state where the facility is located. If no rate is established by the Medicaid agency in that state, then the per diem rate payable to the out-of-state PRTF shall be the lower of billed charges or the average of the per diem rates in effect for in-state PRTFs at the time of the services are first provided by the out-of-state PRTF, except that a per diem rate higher than the average per diem rate may be negotiated by the state for extraordinary or unusual circumstances on a case by case basis. Negotiated per diem rates may not exceed the cost of the service provide by the PRTF.