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State/Territory Name: North Dakota

State Plan Amendment (SPA): ND-25-0004

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



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-25-0004

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-25-0004, which was submitted to CMS on January 17, 2025. This plan amendment amends the State Plan to reimburse hospital leave days for Psychiatric Residential Treatment Facilities.

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.

Sincerely,



Rory Howe
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 4

2. STATE

ND3. 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

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447, Subpart C, 42 CFR 447.252

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-C, page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-C, page 1 (TN 24-0006)

9. SUBJECT OF AMENDMENT

Amends the State Plan to reimburse hospital leave days for Psychiatric Residential Treatment Facilities.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Sarah Aker13. TITLE
Medical Services Director14. DATE SUBMITTED
January 17, 2025

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**FOR CMS USE ONLY**16. DATE RECEIVED
January 17, 202517. DATE APPROVED
April 8, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

STATE: North Dakota

A. Payment for a reserved bed is made:

1. For a recipient absent from a nursing facility:
 - a. 15 days maximum for periods of inpatient hospitalization, and
 - b. 30 days, per rate year, maximum for therapeutic leave of absences. Therapeutic leave of absences are included in the recipient's plan of care.
2. For a recipient absent from an intermediate care facility for individuals with intellectual disabilities:
 - a. 15 days maximum for periods of inpatient hospitalization, and
 - b. 30 days, per calendar year, maximum for therapeutic leave of absences. Therapeutic leave of absences are included in the recipient's plan of care.
3. For a recipient absent from a psychiatric residential treatment facility:
 - a. 15 days maximum for periods of inpatient hospitalization.