

Table of Contents

State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 25-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) 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

April 15, 2025

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) – 25-0005

Dear Director Aker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-25-0005. This amendment proposes to update the recipient and provider qualifications for Target Case Management (TCM) for individuals with a behavioral health condition.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 441.18 and 42 CFR 440.169. This letter informs you that North Dakota Medicaid SPA TN ND-25-0005 was approved on April 14, 2025, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the North Dakota State Plan.

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

Sincerely,

Ruth A. Hughes
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: LeeAnn Thiel

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

1. TRANSMITTAL NUMBER <u>2 5 — 0 0 0 5</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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 441.18; 42 CFR 440.169

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 3.1-A, pages 1 through ~~6~~ ^{*5}
Supplement 1 to Attachment 3.1-B, pages 1 through ~~6~~ ^{*5}

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement 1 to Attachment 3.1-A, pages 1 through 6 (TN 23-0011)
Supplement 1 to Attachment 3.1-B, pages 1 through 6 (TN 23-0011)

9. SUBJECT OF AMENDMENT

Amends the State Plan to update the recipient and provider qualifications for TCM for individuals with a behavioral health condition

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED:
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Sarah Aker, Director
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Medical Services Division

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Sarah Aker
13. TITLE
Medical Services Director
14. 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 <u>January 17, 2025</u>	17. DATE APPROVED <u>April 14, 2025</u>
--	--

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2025</u>	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL <u>Ruth A. Hughes</u>	21. TITLE OF APPROVING OFFICIAL <u>On Behalf of Courtney Miller, MCOG Director</u>

22. REMARKS * Pen and Ink change authorized by State on 04/14/2025

State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a behavioral health condition

Target Group (42 Code of Federal Regulations 441.18(a) (8) (i) and 441.18(a) (9)):

Target Group

To be eligible for this service,

(A) Adults must:

- Be Medicaid eligible; and
- Be 18 years of age or over; and
- Have a behavioral health condition expected to last a year or longer; and
- Demonstrate at least a moderate level of functional impairment that interferes with or limits one or more major life activities; and
- Meets at least one of the following:
 - Undergone psychiatric treatment more intensive than outpatient services more than once related to their behavioral health condition; or
 - Has a history of documented problems resulting from their behavioral health condition for at least one year verified by family or local provider; or
 - Has experienced a single episode of continuous structured supportive residential care other than hospitalization for at least two months.

(B) Children must:

- Be Medicaid eligible; and
- Be less than 21 years of age; and
- Have a behavioral health condition expected to last a year or longer; and
- Demonstrate at least a moderate level of functional impairment which substantially limits the child's role or functioning in family, school, or community activities; and
- Be determined:
 - a. To be having a psychiatric crisis or emergency which requires emergency intervention to prevent institutional placement; or
 - b. To need long-term behavioral health services.

Exclusions for the Target Populations

Functional impairments that are temporary and expected responses to stressful events in the environment are not included.

For case management services provided to the target populations in medical institutions:

Target group is comprised of individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in the medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

TN No. 25-0005

Supersedes

TN No. 23-0011

Approval Date: 04-14-2025

Effective Date: 01-01-2025

State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a behavioral health condition

Areas of State in which services will be provided (§1915(g) (1) of the Act):

- Entire State
 Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a) (10) (B) and 1915(g) (1))

- Services are provided in accordance with §1902(a) (10) (B) of the Act.
 Services are not comparable in amount duration and scope (§1915(g) (1)).

Definition of services (42 CFR 440.169):

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted case management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include:

- a. taking individual's history;
- b. identifying the individual's needs and completing related documentation; and
- c. gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

A comprehensive assessment is conducted initially and repeated at least annually to assess the individual's needs and account for their preferences.

Development (and periodic revision) of a specific care plan based on the information collected through the assessment that

- a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- b. includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- c. identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a behavioral health condition

Monitoring and follow-up activities

Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

The care plan is reviewed and updated every six months to reflect the accomplishments and changing needs.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

For case management services to assist individuals who reside in medical institutions to transition to the community, case management services are coordinated with and do not duplicate activities provided as part of institutional services and discharge planning activities.

Qualifications of Agencies:

For dates of service on or after May 1, 2020, an agency must meet all the following criteria:

1. Demonstrate the ability to be available 24 hours, 7 days a week to individuals who need emergency targeted case management services.
2. Ensure supervisors of targeted case management staff have a minimum of a bachelor's degree and experience with case management.
3. Attest that individuals providing targeted case management have reviewed the competencies or standards of practice in one of the following:
 - a. The Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies for Integrated Behavioral Health and Primary Care; or
 - b. The Case Management Society of America standards of practice.
4. Attest that individuals providing targeted case management have general knowledge, training and/or experience working with individuals with behavioral health conditions.

TN No. 25-0005

Supersedes

TN No. 23-0011

Approval Date: 04-14-2025

Effective Date: 01-01-2025

**State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota**

**TARGETED CASE MANAGEMENT SERVICES
Individuals with a behavioral health condition**

5. Case managers enrolled with ND Medicaid possess the necessary cultural sensitivity and background knowledge to provide appropriate services.

Qualifications of Individuals providing targeted case management:

Individuals providing TCM:

1. Must have a bachelor's degree.
2. If the individual does not have a bachelor's degree, they will be allowed to enroll to provide TCM if they have at least five years of supervised experience working with individuals with SMI/SED in a role with case management functions such as individual assessment, care plan development and maintenance, referral and appointment scheduling, in addition to monitoring and follow-up activities.

Individuals enrolled and providing targeted case management prior to May 1, 2020 will be deemed qualified to provide targeted case management, if they remain actively providing targeted case management services.

Freedom of choice (42 CFR 441.18(a) (1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g) (1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. Individuals will not be compelled to receive case management services, and the state will not condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

TN No. 25-0005

Supersedes

TN No. 23-0011

Approval Date: 04-14-2025

Effective Date: 01-01-2025

State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a behavioral health condition

Payment (42 CFR 441.18(a) (4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a) (7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a) (25) and 1905(c))

**State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota**

**TARGETED CASE MANAGEMENT SERVICES
Individuals with a behavioral health condition**

Target Group (42 Code of Federal Regulations 441.18(a) (8) (i) and 441.18(a) (9)):

Target Group

To be eligible for this service,

(A) Adults must:

- Be Medicaid eligible; and
- Be 18 years of age or over; and
- Have a behavioral health condition expected to last a year or longer; and
- Demonstrate at least a moderate level of functional impairment that interferes with or limits one or more major life activities; and
- Meets at least one of the following:
 - Undergone psychiatric treatment more intensive than outpatient services more than once related to their behavioral health condition; or
 - Has a history of documented problems resulting from their behavioral health condition for at least one year verified by family or local provider; or
 - Has experienced a single episode of continuous structured supportive residential care other than hospitalization for at least two months.

(B) Children must:

- Be Medicaid eligible; and
- Be less than 21 years of age; and
- Have a behavioral health condition expected to last a year or longer; and
- Demonstrate at least a moderate level of functional impairment which substantially limits the child's role or functioning in family, school, or community activities; and
- Be determined:
 - a. To be having a psychiatric crisis or emergency which requires emergency intervention to prevent institutional placement; or
 - b. To need long-term behavioral health services.

Exclusions for the Target Populations

Functional impairments that are temporary and expected responses to stressful events in the environment are not included.

For case management services provided to the target populations in medical institutions:

Target group is comprised of individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in the medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

TN No. 25-0005

Supersedes

TN No. 23-0011

Approval Date: 04-14-2025

Effective Date: 01-01-2025

**State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota**

**TARGETED CASE MANAGEMENT SERVICES
Individuals with a behavioral health condition**

Areas of State in which services will be provided (§1915(g) (1) of the Act):

- Entire State
 Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a) (10) (B) and 1915(g) (1))

- Services are provided in accordance with §1902(a) (10) (B) of the Act.
 Services are not comparable in amount duration and scope (§1915(g) (1)).

Definition of services (42 CFR 440.169):

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted case management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include:

- a. taking individual's history;
- b. identifying the individual's needs and completing related documentation; and
- c. gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

A comprehensive assessment is conducted initially and repeated at least annually to assess the individual's needs and account for their preferences.

Development (and periodic revision) of a specific care plan based on the information collected through the assessment that

- a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- b. includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- c. identifies a course of action to respond to the assessed needs of the eligible individual.

Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

TN No. 25-0005

Supersedes

TN No. 23-0011

Approval Date: 04-14-2025

Effective Date: 01-01-2025

State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a behavioral health condition

Monitoring and follow-up activities

Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

The care plan is reviewed and updated every six months to reflect the accomplishments and changing needs.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

For case management services to assist individuals who reside in medical institutions to transition to the community, case management services are coordinated with and do not duplicate activities provided as part of institutional services and discharge planning activities.

Qualifications of Agencies:

For dates of service on or after May 1, 2020, an agency must meet all the following criteria:

1. Demonstrate the ability to be available 24 hours, 7 days a week to individuals who need emergency targeted case management services.
2. Ensure supervisors of targeted case management staff have a minimum of a bachelor's degree and experience with case management.
3. Attest that individuals providing targeted case management have reviewed the competencies or standards of practice in one of the following:
 - a. The Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies for Integrated Behavioral Health and Primary Care; or
 - b. The Case Management Society of America standards of practice.
4. Attest that individuals providing targeted case management have general knowledge, training and/or experience working with individuals with behavioral health conditions.

TN No. 25-0005

Supersedes

TN No. 23-0011

Approval Date: 04-14-2025

Effective Date: 01-01-2025

State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a behavioral health condition

5. Case managers enrolled with ND Medicaid possess the necessary cultural sensitivity and background knowledge to provide appropriate services.

Qualifications of Individuals providing targeted case management:

Individuals providing TCM:

1. Must have a bachelor's degree.
2. If the individual does not have a bachelor's degree, they will be allowed to enroll to provide TCM if they have at least five years of supervised experience working with individuals with SMI/SED in a role with case management functions such as individual assessment, care plan development and maintenance, referral and appointment scheduling, in addition to monitoring and follow-up activities.

Individuals enrolled and providing targeted case management prior to May 1, 2020 will be deemed qualified to provide targeted case management, if they remain actively providing targeted case management services.

Freedom of choice (42 CFR 441.18(a) (1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g) (1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

1. Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
2. Individuals will not be compelled to receive case management services, and the state will not condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
3. Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

TN No. 25-0005

Supersedes

TN No. 23-0011

Approval Date: 04-14-2025

Effective Date: 01-01-2025

**State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota**

**TARGETED CASE MANAGEMENT SERVICES
Individuals with a behavioral health condition**

Payment (42 CFR 441.18(a) (4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a) (7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a) (25) and 1905(c))

TN No. 25-0005

Supersedes

TN No. 23-0011

Approval Date: 04-14-2025

Effective Date: 01-01-2025