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State/Territory Name North Dakota

State Plan Amendment (SPA) #: 25-0015

This file contains the following documents in the order listed:

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

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

September 15, 2025

Sarah Aker
Executive Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue, Dept. 325
Bismark, ND 58505

Re: North Dakota State Plan Amendment (SPA) – 25-0015

Dear Director Aker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-25-0015. This amendment proposes to increase the personal needs allowance.

We conducted our review of your submittal according to statutory requirements in 42 CFR 435.832. This letter informs you that North Dakota Medicaid SPA TN 25-0015 was approved on September 15, 2025, with an effective date of July 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,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: LeeAnn Thiel

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>1</u> <u>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 <u>July 1, 2025</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 435.832</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>82,571</u> b. FFY <u>2026</u> \$ <u>247,811</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 2.6-A, page 4a</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 2.6-A, page 4a (TN 23-0012)</u>	
9. SUBJECT OF AMENDMENT <u>Amends the State Plan to increase the personal needs allowance.</u>			
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: <u>Sarah Aker, Director</u> <u>Medical Services Division</u>			
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO <u>Sarah Aker, Executive Director</u> <u>Medical Services Division</u> <u>ND Department of Health and Human Services</u> <u>600 East Boulevard Avenue Dept 325</u> <u>Bismarck ND 58505-0250</u>	
12. TYPED NAME <u>Sarah Aker</u>			
13. TITLE <u>Medical Services Director</u>			
14. DATE SUBMITTED <u>July 25, 2025</u>			
FOR CMS USE ONLY			
16. DATE RECEIVED <u>July 25, 2025</u>		17. DATE APPROVED <u>September 15, 2025</u>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2025</u>		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL <u>Shantrina Roberts</u>		21. TITLE OF APPROVING OFFICIAL <u>Acting Director, Division of Program Operations</u>	
22. REMARKS			

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 for Individuals and \$60 for Couples for all institutionalized persons:</p> <p>a. Aged, Blind, disabled Individuals <u>\$115</u> Couples <u>\$230 (\$115 each)</u></p> <p>For the following persons with greater need: (See Supplement 12)</p> <p>Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children <u>\$115</u> Adults <u>\$115</u></p> <p>For the following persons with greater need: (See Supplement 12)</p> <p>Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organization unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. Of <u>Attachment 2.2-A</u>. <u>\$115.</u></p>