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State/Territory Name: ND

State Plan Amendment (SPA) #: 25-0023

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604

Financial Management Group

October 14, 2025

Sarah Aker, Executive Director
Medical Services Division
North Dakota Department of Human Services
600 E. Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

RE: TN 25-0023

Dear Director Aker,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed North Dakota State Plan Amendment (SPA) to Attachment 4.19-B TN: #25-0023, which was submitted to CMS on July 25, 2025. This plan amendment proposes a rate increase for 1915i services.

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 July 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 Matthew Klein at 214-767-4625 or via email at matthew.klein@cms.hhs.gov

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0023

2. STATE: ND

3. 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
July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.204

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 4,460
b. FFY 2026 $ 13,385

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B pages 13-16

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B pages 13-16 (TN 24-0013)

9. SUBJECT OF AMENDMENT
Amends the State Plan to implement an increase of two percent for 1915(i) Services.

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
[redacted]

12. TYPED NAME
Sarah Aker

13. TITLE
Medical Services Director

14. DATE SUBMITTED
July 25, 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
07/25/2025

17. DATE APPROVED
October 14, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

Instructions on Back

Methods and Standards for Establishing Payment Rates

1. Services Provided Under Section 1915(i) of the Social Security Act. For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates)*:

North Dakota Medicaid providers will receive a two percent inflationary increase in reimbursement effective July 1, 2025. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of 1915i services. The agency's fee schedule rates for all the following services will be set as of July 1, 2025 and will be effective for services provided on or after that date. The rates will be published at the State's website,
Medicaid Provider Fee Schedules | Health and Human Services North Dakota

●	HCBS 1915i Care Coordination
	Care Coordination is a 15-minute unit rate. The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
☐	HCBS Homemaker
☐	HCBS Home Health Aide
☐	HCBS Personal Care
☐	HCBS Adult Day Health
	HCBS Habilitation
●	HCBS Respite Care
	The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.

	Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Other Services (specify below)
	Peer Support - The rates were established by comparing the services to similar covered Medicaid services. The peer support rate will be the same as the rate for benefits planning, supported education, prevocational training, supported employment, and housing supports. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Housing Supports - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Supported Employment - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.

	Training and Supports for Unpaid Caregivers - The rates were established by comparing the services to similar covered Medicaid services and the State's parent aide service which are very similar. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. There are two parts to this service and a separate rate for each. Provision of this service is available as: 1) Rate #1: A service based on a unit rate for one-on-one or group training and support by an approved service provider, i.e. parent aide, mental health technician, etc., as identified in the Provider Qualifications below, and: and 2) Rate #2: A service that reimburses for the costs of registration/conference training fees, books and supplies associated with the training and support needs. Note: The daily maximum applicable to the unit service rate #1 above is not applicable to this non-hourly, reimbursement of cost of training service rate #2. For example, the unpaid caregiver may be approved to attend a conference to receive training on how to address her child's behaviors. It does not matter if the conference is 12 hours per day and exceeds the maximum hours limit of rate #1, as only the cost of the actual training is reimbursed to the care giver for their attendance at the training. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Non-Medical Transportation - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Rate: Unit Rate – Driver with Vehicle – This service is a per 15-minute unit rate. The unit rate is based on the average paid to a driver providing transportation using their person vehicle in ND, according to the US Bureau of Labor and Statistics. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.

	Community Transition Services - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Supported Education - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Pre-Vocational Training - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Benefits Planning - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.