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**State/Territory Name: ND** 

State Plan Amendment (SPA) #: 25-0028

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 Center for Medicaid & CHIP Services 230 South Dearborn Chicago, Illinois 60604



### **Financial Management Group**

December 29, 2025

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

RE: TN 25-0028

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: #25-0028, which was submitted to CMS on November 10, 2025. This SPA implements a technical correction to align the effective date of the 1915i payment pages with the rest of the 1915i renewal plan pages.

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 October 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,

Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES  TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.204  7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	1. TRANSMITTAL NUMBER  2 5 0 0 2 8  3. PROGRAM IDENTIFICATION: TITLE OF SECURITY ACT XIX  4. PROPOSED EFFECTIVE DATE  October 1, 2025  6. FEDERAL BUDGET IMPACT (Amoun a FFY 2026 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ts in WHOLE dollars)	
Attachment 4.19-B pages 13-16	OR ATTACHMENT (If Applicable)  Attachment 4.19-B pages 13-16 (TN	I 25-0023)	
9. SUBJECT OF AMENDMENT			
Amends the State Plan to continue an increase of two percent for 1	915(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 15	5. RETURN TO		
	rah Aker, Director		
12. TYPED NAME	edical Services Division  Department of Health and Human Services		
Salah Aker 60	D East Boulevard Avenue Dept 325		
13. TITLE  Medical Services Director	ismarck ND 58505-0250		
14. DATE SUBMITTED November 10, 2025			
FOR CMS USE ONLY			
16. DATE RECEIVED November 10, 2025	7. DATE APPROVED December 29, 2025		
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 19	. SIGNATURE OF APPROVING OFFICIA	L	
October 1, 2025			
20. TYPED NAME OF APPROVING OFFICIAL 2	TITLE OF APPROVING OFFICIAL		
Todd McMillion	rector, Division on Reimbursement Review		
22. REMARKS			

State: North Dakota §1915(i) State Plan HCBS TN: 25-0028

Effective: October 1, 2025

§1915(i) State Plan HCBS State Plan Attachment 4.19–B:
Page 13
Approved: December 29, 2025 Supersedes: 25-0023

## 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 continue to receive a two percent inflationary increase in reimbursement effective October 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.		

State: North Dakota §1915(i) State Plan HCBS TN: 25-0028

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State Plan Attachment 4.19–B:

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.

State: North Dakota §1915(i) State Plan HCBS

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State Plan Attachment 4.19–B:

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.

State: North Dakota §1915(i) State Plan HCBS TN: 25-0028

Effective: October 1, 2025

Approved: December 29, 2025

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State Plan Attachment 4.19–B:

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.