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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 26-0003

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 23, 2026

Krista Fremming, Interim Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue Dept 325
Bismarck ND 58505-0250

RE: TN 26-0003

Dear Director Fremming,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed North Dakota state plan amendment (SPA) to Attachment 4.19-C ND 26-0003, which was submitted to CMS on February 4th, 2026. This plan amendment proposes to amend the State Plan to reimburse therapeutic 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), 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, 2026. 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 Sudev Varma at via email at sudev.varma@cms.hhs.gov

Sincerely,



Rory Howe
Director
Financial Management Group

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.
 - b. 15 days, per certification of need period, maximum for therapeutic leave of absences. Therapeutic leave of absences are included in the recipient's plan of care.