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# ND - Submission Package - ND2020MS0001O - (ND-20-0003) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	ND2020MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	ND
<b>SPA ID</b>	ND-20-0003	<b>Region</b>	Denver, CO
<b>Version Number</b>	3	<b>Package Status</b>	Approved
<b>Submitted By</b>	LeeAnn Thiel	<b>Submission Date</b>	3/30/2020
<b>Package Disposition</b>		<b>Approval Date</b>	9/25/2020 5:31 PM EDT
<b>Priority Code</b>	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES  
 Centers for Medicare & Medicaid Services  
 Medicaid & CHIP Operations Group  
 601 E. 12th Street  
 Kansas City, MO 64106



## Center for Medicaid & CHIP Services

September 25, 2020

Christopher Jones  
 Executive Director  
 ND Medical Services  
 Dept 325  
 600 E Boulevard Ave  
 Bismarck, ND 58505

Re: Approval of State Plan Amendment ND-20-0003

Dear Christopher Jones:

On March 30, 2020, the Centers for Medicare and Medicaid Services (CMS) received North Dakota State Plan Amendment (SPA) ND-20-0003 to amend the State Plan to increase the eligibility income level for pregnant women to 157% of the Federal Poverty Level.

We approve North Dakota State Plan Amendment (SPA) ND-20-0003 on September 25, 2020 with an effective date(s) of January 01, 2020.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Curtis Volesky at [curtis.volesky@cms.hhs.gov](mailto:curtis.volesky@cms.hhs.gov).

Sincerely,  
 James G. Scott  
 Director, Division of Program Operations  
 Center for Medicaid & CHIP Services

### RAI

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97-35). This request has the effect of stopping the 90-day time period for CMS to act on the material. A new 90 day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

**Submission Package** ND2020MS00010

**Authority** Eligibility

**State** ND

**Agency Name** ND Medical Services

**Submission Date** Mar 30, 2020

**Priority Code** P2

### All Questions

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
1	Handling Excess Income RU	North Dakota has included a Reviewable Unit (RU) relating to the handling of excess income (spenddown). The state's submission is identical to the submission of this RU in ND 19-0014. Please explain what changes the state seeks to make to this RU or remove the RU from the submission package.	1902(a)(17), 1902(f), 435.121	The Reviewable Unit has been removed.
2	MAGI Based Methodologies RU	North Dakota has included the MAGI Based Methodologies Reviewable Unit in the SPA. Please explain whether the state intends to make changes to the current MAGI-based methodologies. If no changes are proposed, it is not necessary to include the RU in the SPA. The state may choose to remove or keep the RU in the submission package.	1902(e)(14), 435.603	The Reviewable Unit has been removed.
3	Medically Needy RUs	Please clarify whether it is the intent of this state plan amendment to make changes to North Dakota's medically needy program. If the state does not intend to make changes to its medically needy income or resource levels, or to any medically needy eligibility group, these Reviewable Units (RU) may be removed from the submission package. Specifically, we request additional information on the following elements of the state plan amendment submission: 1. North Dakota has included in the SPA an RU relating to the medically needy income level (MNIL). Please explain what changes to the MNIL the state intends to make to its current MNIL or remove the RU from the submission package. Citations: 1902(a)(10)(C), 1902(a)(17), 1903(f), 435.811 2. North Dakota has included in the SPA	1902(a)(10)(C)(ii)(II), 435.301(b)(1)	The Reviewable Units relating to medically needy have been removed.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
4	Non-MAGI methodologies RU	<p>an RU relating to the medically needy resource level. Please explain what changes to the medically needy resource level the state intends to make to its current medically needy resource level or remove the RU from the submission package. Citations: 1902(a)(10)(C), 1902(a)(17), 1903(f), 435.811 3. North Dakota has included in the SPA an RU relating to medically needy pregnant women. Please explain what changes the state intends to make to the financial standards or methodologies applicable to this eligibility group with this state plan amendment or remove the RU from the submission package.</p> <p>North Dakota has included a Reviewable Unit (RU) relating to its non-MAGI methodologies. The state's submission is identical to the submission of this RU in ND 19-0014. Please explain what changes the state seeks to make to this RU or remove the RU from the submission package.</p>	42 CFR 435.601	The Reviewable Unit has been removed.

Submission Package was updated by the State in accordance with the response above

- Yes
- No

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ND2020MS0001O | ND-20-0003

### Package Header

<b>Package ID</b> ND2020MS0001O	<b>SPA ID</b> ND-20-0003
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 3/30/2020
<b>Approval Date</b> 9/25/2020	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### State Information

**State/Territory Name:** North Dakota **Medicaid Agency Name:** ND Medical Services

### Submission Component

- State Plan Amendment
- Medicaid

CHIP

### Submission - Summary

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<b>Superseded SPA ID</b> N/A	

### SPA ID and Effective Date

**SPA ID** ND-20-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2020	19-0017
Pregnant Women	1/1/2020	ND-13-0017

## Submission - Summary

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Amends the State Plan to increase the eligibility income level for pregnant women to 157% of the FPL effective January 1, 2020.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$407998
Second	2021	\$543984

#### Federal Statute / Regulation Citation

42 CFR 435.116

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

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<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Authority to prepare and submit Medicaid State Plans is provided to the Medicaid single state agency



## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | ND2020MS0001O | ND-20-0003

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<b>Superseded SPA ID</b>	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

## Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | ND2020MS0001O | ND-20-0003

### Package Header

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<b>Superseded SPA ID</b> N/A	

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

- All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
7/26/2019	letter
8/20/2019	tribal consultation meeting
7/1/2019	letter




- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
7/1/2019	letter
7/26/2019	letter
8/20/2019	tribal consultation meeting

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
<a href="#">Kirstin Michel</a>	3/27/2020 11:09 AM EDT	
<a href="#">Kirsten Michel</a>	3/27/2020 11:09 AM EDT	
<a href="#">Attendee List</a>	3/27/2020 11:09 AM EDT	

**Indicate the key issues raised (optional)**

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ND2020MS0001O | ND-20-0003

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<b>Superseded SPA ID</b> 19-0017	
User-Entered	

### Mandatory Coverage









A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Deemed To Be Receiving SSI				<input type="radio"/>	
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ND2020MS0001O | ND-20-0003

### Package Header

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User-Entered	

**B. The state elects the Adult Group, described at 42 CFR 435.119.**

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

**C. Additional Information (optional)**

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | ND2020MS0001O | ND-20-0003

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

### Package Header

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<b>Superseded SPA ID</b>	ND-13-0017		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

### A. Characteristics

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

- Yes
- No

### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

### C. Income Standard Used

The state uses the following income standard for this group:

**FPL** 157.00%

## Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | ND2020MS0001O | ND-20-0003

### Package Header

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	System-Derived		

### D. Benefits for Pregnant Women

**Benefits for individuals in this eligibility group consist of the following:**

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.



## Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | ND2020MS0001O | ND-20-0003

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	System-Derived		

## E. Basis for Pregnant Women Income Standard

### 1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes
- No

b. The minimum income standard for this eligibility group is 133% FPL.

### 2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

**b. The state's maximum income standard for this eligibility group is:**

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

## G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 9/30/2020 1:38 PM EDT*