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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 20-0023

This file contains the following documents in the order listed:

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- 2) CMS Form 179
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th Street, Suite 355
Kansas City, MO 64106



Medicaid & CHIP Operations Group

October 7, 2020

Caprice Knapp, Medicaid Director
Division of Medical Services
North Dakota Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

RE: North Dakota State Plan Amendment (SPA) 20-0023

Dear Ms. Knapp:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 20-0023. This SPA amends the State Plan to update the criteria for Targeted Case Management for Pregnant Women and Infants and updates the provider qualifications.

Please be informed that this SPA was approved on October 6, 2020, with an effective date of July 1, 2020. Enclosed is the CMS-179 and SPA pages.

Should you have any questions about this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,



Digitally signed by
James G. Scott -S
Date: 2020.10.07
18:19:32 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Krista Fremming, krfremming@nd.gov
Stacey Koehly, skoehly@nd.gov
LeeAnn Thiel, lthiel@nd.gov

23. REMARKS:

A large, empty gray rectangular box with a thin black border, intended for handwritten or typed remarks. It occupies the upper portion of the page below the 'REMARKS' label.

State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

**TARGETED CASE MANAGEMENT SERVICES
FOR PREGNANT WOMEN AND INFANTS**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

The criteria for the Target Group for Targeted Case Management (TCM) Services for Pregnant Women and Infants are:

1. Be Medicaid eligible;
2. Determined to be pregnant by medical personnel, a public health agency, or a home pregnancy test. The woman must meet at least one of the following at risk criteria:
 - a. Is age 17 or younger at the time of the assessment;
 - b. Is age 35 or older at the time of the assessment;
 - c. Uses any alcohol during current pregnancy.
 - d. Uses illegal drugs;
 - e. Abuses prescription drugs;
 - f. Previous preterm delivery (before 37 weeks of pregnancy), low birth weight (less than 5 pounds, 8 ounces) or still birth;
 - g. Last birth within one year;
 - h. Multi-fetal gestation - more than one fetus in current pregnancy;
 - i. Uses any tobacco products during current pregnancy;
 - j. Has a developmental disability;
 - k. Has a medical condition such as diabetes, AIDS, HIV, high blood pressure, asthma, anemia, Polycystic ovary syndrome (PCOS), hemorrhagic condition, gestational diabetes, kidney disease, autoimmune disease, thyroid disease, obesity, sexually transmitted disease (STD), ZIKA infection or a heart condition. A woman would qualify as a high-risk of a problem pregnancy if a medical practitioner has certified that a particular medical condition could result in a high-risk pregnancy for the woman;
 - l. Is currently being treated for a mental health disorder or is currently on any psychotropic drugs;
 - m. Known birth defects or genetic conditions in the fetus.
3. Women may also qualify for TCM services if three or more of the following factors are present:
 - a. Has been diagnosed, within the last five years, with a mental health disorder;
 - b. Psychotropic medication use within the last five years;
 - c. Has had a previous high-risk pregnancy;
 - d. Has a family history of genetic disorders that could be passed on to the child;

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- e. Is currently homeless or has had three different living situations during the current pregnancy;
 - f. Has experienced family violence including spousal abuse, child abuse and neglect or sexual abuse;
 - g. Has experienced sexual assault within the last two years;
 - h. Is isolated from a network of people who provide an individual with practical or emotional support;
 - i. Has not initiated prenatal care and pregnancy is in the second or third trimester;
 - j. Has not graduated from high school or received her GED;
 - k. Has two or more children under the age of 5;
 - l. Is residing in any group living arrangement such as a group foster care, residential treatment center or alcohol treatment center;
 - m. First pregnancy;
 - n. Has not visited a dentist in the last year;
 - o. Has been released from a correctional facility within the last six months.
4. For continuing services after the birth of the child, the woman must be living with and providing the primary support system for her infant. Participation in the program ends the last day of the month in which an infant reaches 6 months of age.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 60 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions.

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State
- Only in the following geographic areas: [Specify areas]

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
- Services are not comparable in amount duration and scope (§1915(g)(1)).

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**TARGETED CASE MANAGEMENT SERVICES
FOR PREGNANT WOMEN AND INFANTS**

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking individual's history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

Assessments for TCM for High Risk Pregnant Women are allowed once per pregnancy. The number of assessments may be increased based on medical necessity.
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan such as making referrals to providers and scheduling appointments for the individual.
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with

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the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Case monitoring consists of regular contacts between the case manager and the recipient to assist with meetings the goals outlined in the case plan. Monitoring also includes the identification and resolution of daily problems and ongoing assessment of the case plan to determine if the services are meeting the needs of the recipient. The ultimate goal of the targeted case management services for pregnant women is a positive birth outcome and healthy start for the infant.

Case Monitoring should be conducted at a minimum of monthly and must include two face-to-face contacts in the recipient's residence during pregnancy.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Case management services are coordinated with and do not duplicate activities provided as part of institutional services and discharge planning activities.

Qualifications of Providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

In order to meet the above needs the following providers are available to at risk pregnant women.

Agency Providers:

Generic Qualifications for providers serving at risk pregnant women;

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FOR PREGNANT WOMEN AND INFANTS**

Case Managers for pregnant women and their infants up to 6 months of age is limited to providers who:

1. Have at least six months experience in delivering services in a community or home setting.
2. Demonstrate the ability to coordinate prenatal care services for individuals, develop relationships with health care and other area agencies in the particular geographical area they are serving, demonstrate experience in assessing the needs of pregnant women and developing case management plans based on the needs of clients and must demonstrate ability to evaluate an at risk pregnant woman's progress in obtaining appropriate medical care and other needed services.
3. Ensure case management staff supervisors have a minimum of a degree in social work, nursing, education, and have at least three years experience in service delivery and supervision.
4. Have in place a training process that will ensure that staff have adequate knowledge relating to at risk pregnancy, parenting and other important issues.
5. Demonstrate the ability to provide 24-hour, 7 day a week crisis services to eligible women who are in need of emergency case management services.

Individuals performing case management services for this category must meet one of the following criteria:

1. An individual with a master's degree in social work.
2. A licensed baccalaureate social worker and at least six months of case management experience.
3. A registered nurse licensed in accordance with the North Dakota Nurse Practice Act.
4. A licensed practical nurse licensed in accordance with the North Dakota Nurse Practice Act and has at least six months of case management experience.
5. A health educator with at least a bachelor's degree and at least six months of case management experience.

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6. Licensed Registered Dietitians or Licensed Nutritionists, licensed by the North Dakota Board of Dietetics Practice.
7. If the individual does not have a bachelor's degree, they will be allowed to enroll to provide TCM if they have at least five years of experience working with high risk pregnant women in a supervised, clinical setting.
8. Individuals enrolled and providing targeted case management prior to July 1, 2020 will be deemed qualified to provide targeted case management, as long as they remain actively providing targeted case management services.

Freedom of Choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

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FOR PREGNANT WOMEN AND INFANTS**

- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community, the State makes the following assurances:

- The State assures that the amount, duration, and scope of the case management activities would be documented in an individual's plan of care which includes case management activities prior to and post-discharge, to facilitate a successful transition to the community.
- The State assures that case management is only provided by and reimbursed to community case management providers.
- The State assures that Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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FOR PREGNANT WOMEN AND INFANTS**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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1. Be Medicaid eligible;
2. Determined to be pregnant by medical personnel, a public health agency, or a home pregnancy test. The woman must meet at least one of the following at risk criteria:
 - a. Is age 17 or younger at the time of the assessment;
 - b. Is age 35 or older at the time of the assessment;
 - c. Uses any alcohol during current pregnancy.
 - d. Uses illegal drugs;
 - e. Abuses prescription drugs;
 - f. Previous preterm delivery (before 37 weeks of pregnancy), low birth weight (less than 5 pounds, 8 ounces) or still birth;
 - g. Last birth within one year;
 - h. Multi-fetal gestation - more than one fetus in current pregnancy;
 - i. Uses any tobacco products during current pregnancy;
 - j. Has a developmental disability;
 - k. Has a medical condition such as diabetes, AIDS, HIV, high blood pressure, asthma, anemia, Polycystic ovary syndrome (PCOS), hemorrhagic condition, gestational diabetes, kidney disease, autoimmune disease, thyroid disease, obesity, sexually transmitted disease (STD), ZIKA infection or a heart condition. A woman would qualify as a high-risk of a problem pregnancy if a medical practitioner has certified that a particular medical condition could result in a high-risk pregnancy for the woman;
 - l. Is currently being treated for a mental health disorder or is currently on any psychotropic drugs;
 - m. Known birth defects or genetic conditions in the fetus.
3. Women may also qualify for TCM services if three or more of the following factors are present:
 - a. Has been diagnosed, within the last five years, with a mental health disorder;
 - b. Psychotropic medication use within the last five years;
 - c. Has had a previous high-risk pregnancy;
 - d. Has a family history of genetic disorders that could be passed on to the child;

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- e. Is currently homeless or has had three different living situations during the current pregnancy;
 - f. Has experienced family violence including spousal abuse, child abuse and neglect or sexual abuse;
 - g. Has experienced sexual assault within the last two years;
 - h. Is isolated from a network of people who provide an individual with practical or emotional support;
 - i. Has not initiated prenatal care and pregnancy is in the second or third trimester;
 - j. Has not graduated from high school or received her GED;
 - k. Has two or more children under the age of 5;
 - l. Is residing in any group living arrangement such as a group foster care, residential treatment center or alcohol treatment center;
 - m. First pregnancy;
 - n. Has not visited a dentist in the last year;
 - o. Has been released from a correctional facility within the last six months.
4. For continuing services after the birth of the child, the woman must be living with and providing the primary support system for her infant. Participation in the program ends the last day of the month in which an infant reaches 6 months of age.

Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 60 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions.

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- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
 - taking individual's history;
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 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

Assessments for TCM for High Risk Pregnant Women are allowed once per pregnancy. The number of assessments may be increased based on medical necessity.
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan such as making referrals to providers and scheduling appointments for the individual.
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- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Case monitoring consists of regular contacts between the case manager and the recipient to assist with meetings the goals outlined in the case plan. Monitoring also includes the identification and resolution of daily problems and ongoing assessment of the case plan to determine if the services are meeting the needs of the recipient. The ultimate goal of the targeted case management services for pregnant women is a positive birth outcome and healthy start for the infant.

Case Monitoring should be conducted at a minimum of monthly and must include two face-to-face contacts in the recipient's residence during pregnancy.

- Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Case management services are coordinated with and do not duplicate activities provided as part of institutional services and discharge planning activities.

Qualifications of Providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

In order to meet the above needs the following providers are available to at risk pregnant women.

Agency Providers:

Generic Qualifications for providers serving at risk pregnant women;

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**TARGETED CASE MANAGEMENT SERVICES
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1. Have at least six months experience in delivering services in a community or home setting.
2. Demonstrate the ability to coordinate prenatal care services for individuals, develop relationships with health care and other area agencies in the particular geographical area they are serving, demonstrate experience in assessing the needs of pregnant women and developing case management plans based on the needs of clients and must demonstrate ability to evaluate an at risk pregnant woman's progress in obtaining appropriate medical care and other needed services.
3. Ensure case management staff supervisors have a minimum of a degree in social work, nursing, education, and have at least three years experience in service delivery and supervision.
4. Have in place a training process that will ensure that staff have adequate knowledge relating to at risk pregnancy, parenting and other important issues.
5. Demonstrate the ability to provide 24-hour, 7 day a week crisis services to eligible women who are in need of emergency case management services.

Individuals performing case management services for this category must meet one of the following criteria:

1. An individual with a master's degree in social work.
2. A licensed baccalaureate social worker and at least six months of case management experience.
3. A registered nurse licensed in accordance with the North Dakota Nurse Practice Act.
4. A licensed practical nurse licensed in accordance with the North Dakota Nurse Practice Act and has at least six months of case management experience.
5. A health educator with at least a bachelor's degree and at least six months of case management experience.

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6. Licensed Registered Dietitians or Licensed Nutritionists, licensed by the North Dakota Board of Dietetics Practice.
7. If the individual does not have a bachelor's degree, they will be allowed to enroll to provide TCM if they have at least five years of experience working with high risk pregnant women in a supervised, clinical setting.
8. Individuals enrolled and providing targeted case management prior to July 1, 2020 will be deemed qualified to provide targeted case management, as long as they remain actively providing targeted case management services.

Freedom of Choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
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For plans that provide case management services to assist individuals who reside in medical institutions to transition to the community, the State makes the following assurances:

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Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

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FOR PREGNANT WOMEN AND INFANTS**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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