## **Table of Contents**

State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 21-0001

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 AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



### **Financial Management Group**

April 7, 2021

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

Re: North Dakota 21-0001

Dear Ms. Knapp:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0001. Effective for services on or after January 1, 2021, this amendment implements a 2.5 percent inflationary increase for nursing facility (NF) services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 21-0001 is approved effective January 1, 2021. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,

For
Rory Howe
Acting Director

CENTERS FOR MEDICARE AND MEDICAID SERVICES		OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	21-0001	North Dakota	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECU (MEDICAID)	URITY ACT	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2021		
5. TYPE OF PLAN MATERIAL (Check One):			
, , ,			
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	и итенитени ј	
	a. FFY 2021 \$4,250,050 b. FFY 2022 \$5,723,140		
42 CFR Part 447 Subpart C; 42 CFR 447.252			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):		
Attachment 4.19-D. Subsection 1, page 46	Attachment 4.19-D. Subsection 1, page 46 (TN 20-0001)		
Attachment 4.19-D. Subsection 1, page 47	Attachment 4.19-D. Subsection 1, pag	ge 47 (1N 17-0014)	
10. SUBJECT OF AMENDMENT:			
Amends the State Plan to implement rate increases for Nursing Facility Services.			
11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT	⊠ OTHER, AS SPEC	TEIED.	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Caprice Knapp, Di		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Medical Service		
THE REPORTED WITHIN 43 DATE OF SOMMITTED	Wedlear Bervice	S DIVISION	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	Caprice Knapp, Director Medical Services Division		
13. TYPED NAME:		<b>:</b>	
Caprice Knapp	ND Department of Human So		
14. TITLE:	600 East Boulevard Avenue I	Dept 325	
	Bismarck ND 58505-0250		
Director, Medical Services Division	-		
15. DATE SUBMITTED:  January 20, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:		
January 20, 2021	4/7/21		
PLAN APPROVED – ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20	L:	
January 1, 2021		For	
21. TYPED NAME: Rory Howe	22	roup	
23. REMARKS:			

State: _	North Dakota	Attachment 4.19-D	
		Sub-section 1	

# Section 24 – Adjustment Factors for Direct Care, Other Direct Care and Indirect Care Costs

- 1. An appropriate economic change index may be used for purposes of adjusting historical costs for direct care, other direct care, and indirect care and for purposes of adjusting limitations of direct care costs, other direct care costs, and indirect care costs, but may not be used to adjust property costs.
- 2. For the rate year beginning January 1, 2009 the appropriate economic change index is five percent.
- 3. For the rate year beginning January 1, 2010 the appropriate economic change index is six percent.
- 4. For the rate year beginning January 1, 2011 the appropriate economic change index is six percent.
- 5. For the rate year beginning January 1, 2012 the appropriate economic change index is three percent.
- 6. For the rate year beginning January 1, 2013 the appropriate economic change index is three percent.
- 7. For the rate year beginning January 1, 2014 the appropriate economic change index is three percent.
- 8. For the rate year beginning January 1, 2015 the appropriate economic change index is three percent.
- 9. For the rate year beginning January 1, 2016 the appropriate economic change index is three percent.
- 10. For the rate year beginning January 1, 2020 the appropriate economic change index is two percent.
- 11. For the rate year beginning January 1, 2021 the appropriate economic change index is 2.5 percent.

TN No: 21-0001

Supersedes

TN No: 20-0001

Effective Date: 01-01-2021

State: _	North Dakota	Attachment 4.19-D
		Sub-section 1

#### Section 25 - Rate Limits and Incentives

- 1. Limits - All facilities except those nongeriatric facilities for individuals with physical disabilities or units within a nursing facility providing geropsychiatric services described in Section 5 - Exclusions must be used to establish a limit rate for the Direct Care, Other Direct Care, and Indirect Care cost categories. The base year is the report year ended June 30, 2017. Base year costs may not be adjusted in any manner or for any reason not provided for in this section.
  - a. The limit rate for each of the cost categories will be established as follows:
    - Historical costs for the report year ended June 30, 2017, as adjusted (1) must be used to establish rates for all facilities in the Direct Care, Other Direct Care and Indirect Care cost categories. The rates as established must be ranked from low to high for each cost category.
    - (2) For rates effective January 1, 2021, the limit rate for each cost category is:
      - For the Direct Care cost category, \$204.84; (a)
      - For the Other Direct Care cost category, \$29.84; and (b)
      - (c) For the Indirect Care cost category, \$84.51.

TN No: 21-0001 Approval Date 4/7/21 47 Supersedes Effective Date: 01-01-2021

TN No: 17-0014