

## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 21-0023**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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



**Medicaid & CHIP Operations Group**

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March 24, 2022

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) 21-0023

Dear Ms. Knapp:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 21-0023. This SPA amends the State Plan to update service limits to comply with Mental Health Parity and essential health benefits.

Please be informed that this SPA was approved on March 23, 2022, with an effective date of January 1, 2022. Enclosed are the CMS-179 and SPA pages.

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

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Krista Fremming, [krfremming@nd.gov](mailto:krfremming@nd.gov)  
Stacey Koehly, [skoehly@nd.gov](mailto:skoehly@nd.gov)  
LeeAnn Thiel, [lthiel@nd.gov](mailto:lthiel@nd.gov)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 3

2. STATE

ND

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR PART 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment to Page 1 of Attachment 3.1-A, Attachment to Page 3 of Attachment 3.1-A, Attachment to Page 4 of Attachment 3.1-A, Attachment to Page 6 of Attachment 3.1-A, Supplement 8 to Attachment 3.1-A, Attachment to Page 2 of Attachment 3.1-B, Attachment to Page 3 of Attachment 3.1-B, Attachment to Page 4 of Attachment 3.1-B, Attachment to Page 5 of Attachment 3.1-B, Supplement 8 to Attachment 3.1-B

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION

Attachment to Page 1 of Attachment 3.1-A (TN 16-0016, TN 18-0022), Attachment to Page 3 of Attachment 3.1-A (TN 20-0008), Attachment to Page 4 of Attachment 3.1-A (TN 16-0016), Attachment to Page 6 of Attachment 3.1-A (TN 20-0025), Supplement 8 to Attachment 3.1-A (TN 20-0026), Attachment to Page 2 of Attachment 3.1-B (TN 21-0004), Attachment to Page 3 of Attachment 3.1-B (TN 20-0008), Attachment to Page 4 of Attachment 3.1-B (TN 16-0016 Attachment to Page 5 of Attachment 3.1-B (TN 20-0025), Supplement 8 to Attachment 3.1-B (TN 20-0026)

9. SUBJECT OF AMENDMENT

Amends the State Plan to update service limits to comply with Mental Health Parity and essential health benefits.

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:  
Caprice Knapp, Director  
Medical Services Division

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Caprice Knapp

13. TITLE  
Medical Services Director

14. DATE SUBMITTED  
December 27, 2021 Resubmitted March 10, 2022

15. RETURN TO

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 27, 2021

17. DATE APPROVED  
March 23, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

1. The North Dakota Medicaid Program will limit the number of inpatient rehabilitation days to no more than 30 days for each inpatient rehabilitation stay in a distinct part rehabilitation unit of a general hospital. This limit does not apply to individuals for which the Medicaid Program is obligated to pay for all diagnostic and treatment because they are eligible for the EPSDT program.
- 2.a. Occupational therapy visits for individuals twenty-one years of age and older are limited to no more than 30 sessions per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered by independent occupational therapists.

Physical therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered by independent physical therapists.

Speech therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered by independent speech therapists.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

6.d. (Continued)

**Medication Therapy Management (MTM) Services Performed by a Licensed Pharmacist**

MTM services are a voluntary benefit provided by a licensed pharmacist to a recipient to optimize the therapeutic outcomes of the recipient's medications and prevent medication-related problems.

Pharmacists must have completed continuing education credits approved by the American Council of Pharmaceutical Education as follows: two hours on the delivery of MTM including MTM documentation, two hours on medication adherence, and four hours on the medical condition treated by the medications for which they will be providing MTM services.

MTM services may be provided via tele-pharmacy. Tele-pharmacy services are subject to the same requirements as services that are provided to a recipient in person.

Coverage is limited to one initial encounter and up to five subsequent encounters per recipient per 365-day period. When the treatment duration of a medication is less than six months, coverage is limited to one encounter per month of treatment.

**Nursing Services provided in a School to Children with Complex Medical Needs and provided by a Registered Nurse**

Effective June 1, 2018, the North Dakota Medicaid program will enroll Registered Nurses to provide nursing services to Medicaid-eligible children (under the age of 21) who have complex medical needs and an approved Individualized Education Program that documents medical necessity for nursing services that support the child's needs to access free appropriate public education. The Registered Nurses must be either employed by or under contract through a school and the school shall bill North Dakota Medicaid for the nursing services rendered by the Registered Nurses.

**Services Provided by Licensed Addiction Counselors**

Licensed addiction counselor includes licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction counselors may enroll to furnish non-ASAM services within their scope of practice according to State Law.

**Medical Nutrition Therapy Services provided by Licensed Registered Dietitians**

Medical nutrition therapy services are an evidence-based medical approach to treating certain chronic conditions through the use of an individually-tailored nutrition plan.

Coverage is limited to four hours per calendar year. Additional services may be authorized if determined to be medically necessary.

**Tobacco Cessation Counseling Services**

Coverage is limited to two quit attempts per year; each quit attempt is limited to no more than four counseling sessions. Additional services may be approved if they are medically necessary and the provider requests and receives prior authorization from the department.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Service

- 11.a. Physical therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient hospital setting.
- 11.b. Occupational therapy visits for individuals twenty-one years of age and older are limited to no more than 30 sessions per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient hospital setting.
- 11.c. Speech therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient setting.

## 13d. Rehabilitative Services.

**Definition of Services**

Rehabilitative Services pursuant to 1905(a)(13)(d) of the Act and 42 CFR 440.130(d) include any medical or remedial services and are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice according to state law for maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level.

Services include behavioral intervention services that consist of developing and implementing a regimen that will reduce, modify or eliminate undesirable behaviors and/or introducing new methods to induce alternative positive behaviors and management including improving life skills. Specific services are defined in the table below.

Medicaid-eligible children under EPSDT, are able to receive these and all other medically necessary services.

Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan and for assisting the member's recovery. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner's judgment is not to include the member. The state assures that the following services that include the participation of a family member, collateral, and/or other non-Medicaid eligible individual(s) are provided to, or directed exclusively toward the Medicaid eligible beneficiary:

- Screening, Triage, and Referral Leading to Assessment
- Behavioral Assessment
- Crisis Intervention
- Nursing Assessment and Evaluation
- Behavioral Health Counseling and Therapy
- Individual or Group Counseling
- Intensive in-home for Children
- Skills Integration
- Behavioral Intervention
- Crisis Stabilization
- Transitional Living
- Intensive Outpatient Treatment
- Partial Hospitalization
- Clinically Managed Low-Intensity Residential Care
- Clinically Managed Residential Withdrawal
- Clinically Managed High-Intensity Residential Services
- Medically Monitored Intensive Inpatient Treatment

There is no duplication of billed services.

Rehabilitative Services do not include the following:

- a. Room and board;

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TN No. 21-0023  
Supersedes  
TN No: 20-0025

Approval Date: 03-23-2022

Effective Date: 01-01-2022

- b. Services provided to residents of institutions for mental diseases;
- c. Services that are covered elsewhere in the State Medicaid plan;
- d. Educational, vocational and job training services;
- e. Recreational and social activities;
- f. Habilitation Services; and
- g. Services provided to inmates of public institutions.

Service Name	Definition of Services	Who Provides
Screening, Triage, and Referral Leading to Assessment	This service includes the brief assessment of an individual's need for services to determine whether there are sufficient indications of behavioral health issues to warrant further evaluation. This service also includes the initial gathering of information to identify the urgency of need. This information must be collected through a face-to-face interview with the individual and may include a telephonic interview with the family/guardian as necessary. This service includes the process of obtaining cursory historical, social, functional, psychiatric, developmental, or other information from the individual and/or family seeking services in order to determine whether or not a behavioral health issue is likely to exist and the urgency of the need. Services are available 24 hours per day, seven days per week. This service also includes the provision of appropriate triage and referrals to needed services based on the individual's presentation and preferences as identified in the screening process.	Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Exempt Psychologist, Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC), Behavior Modification Specialist
Behavioral Assessment	Interview with the individual, family, staff or other caregivers, and observation of the individual in the environment to assess identified behavioral excesses or deficits. This service involves operationally defining a behavior, identifying environmental, antecedent and consequent events, and making a hypothesis regarding the likely function or purpose of the behavior as well as formulation of therapeutic recommendations/intervention regimen.	Licensed Exempt Psychologist, Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC)
Crisis Intervention	Emergency behavioral health therapeutic intervention intended to assist in a crisis situation. Crisis situations may be defined as an individual's perception or experience of an event or situation that exceeds the individual's current resources or coping mechanisms. Crisis intervention seeks to stabilize the individual's mental state and prevent immediate harm to the individual or others in contact with that individual. Crisis intervention includes facilitating emotion regulation, safety planning, providing support, providing guidance for preventing future crisis, promoting	Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC), Behavior Modification Specialist



Service Name	Definition of Services	Who Provides
	mobilization of emotion regulation skills, implementing order and providing protection.	
Nursing Assessment and Evaluation	<p>This service requires face-to-face contact with the individual to monitor, evaluate, assess, and/or carry out an order from a licensed practitioner within their scope of practice. This service must be inclusive of all of the following items:</p> <ol style="list-style-type: none"> <li>1. Assessment to observe, monitor, and care for the physical, nutritional and psychological issues, problems or crises manifested in the course of an individual's treatment;</li> <li>2. Assessing and monitoring the individual's response to medication(s) to determine the need to continue medication and/or to determine the need to refer the individual for a medication;</li> <li>3. Assessing and monitoring the individual's medical and other health issues that are either directly related to the mental health disorder, or to the treatment of the disorder; and</li> <li>4. When appropriate, consulting with the individual's family and significant other(s) about medical, nutritional and other health issues related to the individual's mental health disorder.</li> </ol>	Registered Nurse (RN)
Behavioral Health Counseling and Therapy	<p>Behavioral health counseling and therapy provides individual or group counseling by a clinician for children in foster care receiving services through a qualified residential treatment program or in a therapeutic foster care home. Clinicians must be employed by or contracted through the qualified residential treatment program or the therapeutic foster care agency.</p> <p>This service is limited to one hour per child per day of individual counseling and one hour per child per day of group counseling and must be within each practitioner's scope of practice in accordance with licensure and certification. If additional services are medically necessary, the provider may request service authorization from the North Dakota Medicaid Program.</p> <p>Federal financial participation is not available for care or services to Medicaid beneficiaries residing in an IMD.</p> <p>Children in foster care have access to comparable services to children who are not in foster care.</p>	Licensed Addiction Counselor (LAC), Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC)

Service Name	Definition of Services	Who Provides
Individual or Group Counseling	Counseling is a process through which an individual or group works with a trained therapist in a safe, caring, and confidential environment to explore their feelings, beliefs, or behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change.	Licensed Master Social Worker (LMSW), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC)
Intensive in-home for Children	<p>This service provides the Medicaid-eligible child(ren) and his/her family with intensive in-home crisis intervention and family education, to prevent one or more children from being placed in out-of-home care. The service must be for the direct benefit of the Medicaid-eligible child. Services are furnished in the child's home. Providers are on call 24 hours a day, seven days a week. Services are time-limited and providers carry a limited caseload.</p> <p>Family education is the practice of equipping family members to develop knowledge and skills that will enhance their ability to help restore the Medicaid-eligible child to the best possible functional level.</p> <p>A child is at risk if the referring agency documents during the evaluation and determination process that the child is at risk of out-of-home placement and one or more of the following criteria is present:</p> <ul style="list-style-type: none"> <li>• Court determination for need of placement;</li> <li>• Temporary custody transferred from parents with reunification as the plan;</li> <li>• History of significant law violation, physical or sexual abuse and/or neglect, incorrigibility, delinquency, substance abuse, severe mental health issues, etc.;</li> <li>• A referral from the child and family team process;</li> <li>• Prior placement of any child from within the family unit;</li> <li>• Prior placement history of child identified in the referral;</li> <li>• Prevent adoption disruption;</li> <li>• Child protection assessment resulting in a "Services Required"; and/or</li> <li>• Earlier intervention before court order involvement to prevent placement outside the home.</li> </ul>	Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC)

Service Name	Definition of Services	Who Provides
	<p>Situations not covered above will be reviewed by the North Dakota Medicaid Program per a recommendation and proposed care plan from Intensive In-Home Service provider and the referring agency.</p> <p>The length of service is brief, solution-focused and outcome-based. The average length of service is usually two to six months. Services provided beyond six months will require thorough documentation in the child's plan of care and are subject to audit.</p>	
<p>Skills Restoration</p>	<p>Skills restoration is a time-limited service that assists an individual with restoring needed and desired skills such as daily living/independent living skills to improve the functional impairments affected by the individual's behavioral health diagnoses and symptoms to meet rehabilitation goals. Skills restorations is a systematic series of instructional activities, which include a mixture of education, confirmation and demonstration of learned skills and capacity for observed learning over time to ensure lasting results that translate to the living environment.</p> <p>Skills restoration interventions used should be based on evidence-based practice.</p> <p>Skills restoration is considered an individual service and if provided in a group setting, must be billed with the appropriate modifiers.</p>	<p>Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC), Behavior Modification Specialist, Registered Nurse (RN)</p>
<p>Skills Integration</p>	<p>A service designed to assist an individual in the community in their efforts to apply and integrate those life skills that have been learned in their therapy programs. The individual typically requires support for cueing/modeling of appropriate behavioral and life skills in order to maximize their skills and prevent need for higher levels of care. The practitioner cues the individual and models and reinforces the desired behavior and observes the individual in their natural environment performing the behaviors.</p> <p>The service reduces disability and restores an individual to previous functional levels by assisting the individual in ongoing utilization and application of learned skills in</p>	<p>Mental Health Technician, Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC),</p>

Service Name	Definition of Services	Who Provides
	<p>normalized living situations. This strengthens the skill development that has occurred, and promotes skill integration in various life roles.</p> <p>Services are limited to four hours per day and must be within each practitioner’s scope of practice in accordance with licensure and certification. If additional services are medically necessary, the provider may request service authorization from the North Dakota Medicaid Program.</p> <p>Skills integration is considered an individual service and if provided in a group setting, must be billed with the appropriate modifiers.</p>	<p>Behavior Modification Specialist</p>
<p>Behavioral Intervention</p>	<p>Behavioral intervention is a service to identify responsive actions by an individual to stimuli and to develop and facilitate the implementation of an intervention regimen that will reduce, modify, or eliminate undesirable responses. This intervention is a comprehensive rehabilitative service that trains new positive behaviors to replace unwanted behavior through positive reinforcement of the desired behavior (i.e. reducing anxiety through deep breathing, reducing self-harm behavior by reinforcing replacement behavior).</p> <p>This service includes the assessment of the individual and the development a Behavioral Intervention Plan. The plan is to be reviewed and modified as needed to ensure the individual receives appropriate interventions.</p>	<p>Licensed Exempt Psychologist, Behavior Modification Specialist</p>
<p>Assessment for Alleged Abuse and/or Neglect and Recommended Plan of Care</p>	<p>An assessment performed by an accredited children’s advocacy center to determine if a child has experienced abuse and/or neglect. The assessment must be recorded and is designed to elicit a child’s unique information when there are concerns of possible abuse. The assessment should lead to a recommended plan of care.</p>	<p>Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC)</p>
<p>Crisis Stabilization</p>	<p>This is a residential alternative of not more than 16 beds, to prevent or divert from inpatient hospitalization, offering psychiatric stabilization and detoxification services. The service provides medically monitored residential services for the purpose of resolving acute self-harm or suicide risk, risk of harm to others, and acute substance withdrawal through:</p>	

Service Name	Definition of Services	Who Provides
	<ol style="list-style-type: none"> <li>1. Psychiatric medical assessment;</li> <li>2. Crisis assessment, support and intervention including withdrawal management;</li> <li>3. Medication administration, management, and monitoring;</li> <li>4. Brief individual, group and/or family counseling; and</li> <li>5. Linkage to other rehabilitative services as needed.</li> </ol>	
Transitional Living	Transitional Living is a residential alternative of not more than 16 beds, designed to assist individuals in restoring the self-help, socialization and adaptive skills necessary to live independently in their own home. This service includes assistance with restoration of skills related to activities of daily living including grocery shopping and meal preparation, managing money, job skills, community socialization, housekeeping and laundry.	

**SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES**

Substance Use Disorder Treatment Services means ambulatory services provided to an individual with an impairment resulting from a substance use disorder which are provided by a multidisciplinary team of health care professionals and are designed to stabilize the health of the individual. Services for treatment of substance use disorder may be hospital-based or non-hospital-based. In accordance with an individual’s treatment plan, the level of intensity and the amount, duration, and scope of the services may vary based on medical necessity.

Licensed addiction counselors, operating within their scope of practice, performing American Society of Addiction Medicine (ASAM) level 1 services, and practicing within a recognized Indian reservation in North Dakota, are not required to have licensure for Medicaid ASAM level 1 billed services provided within a recognized Indian reservation in North Dakota.

Licensed addiction counselors include licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction programs operating in a border state must provide documentation to the North Dakota Medicaid Program of their state’s approval for the operation of the addiction program.

Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.

Service Name	Definition of Service	Who Provides
Intensive Outpatient Treatment	Intensive outpatient treatment provided to individuals requiring a primary, organized treatment program and who are able to establish abstinence and recovery within the context of the individual's usual environment and daily activities. This level of care will normally be offered in the evening hours to	Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for

	<p>facilitate an individual’s ability to maintain the usual daily activity but may be offered during the day.</p> <p>An intensive outpatient treatment program shall offer no less than eight hours and no more than nineteen hours of programming per week in a structured environment.</p> <p>Intensive outpatient treatment services that are coverable could include: a combination of individual and group therapy; medical and nursing services; referrals for identified treatment needs if such services are not available within the program; and family treatment services if for the benefit of the beneficiary.</p>	<p>intensive outpatient treatment.</p>
<p>Partial Hospitalization</p>	<p>Partial hospitalization is a program that uses multidisciplinary staff and is provided for individuals who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment with the exception of clinically managed low-intensity residential care. This level of care is designed to offer highly structured intensive treatment to individuals whose condition is sufficiently stable so as not to require twenty-four-hour per day monitoring and care, but whose illness has progressed so as to require consistent near-daily treatment intervention.</p> <p>A partial hospitalization program shall offer no less than twenty hours of programming, no less than four days per week in a structured program.</p> <p>Partial hospitalization services that are coverable could include: a combination of individual and group therapy; medical and nursing services; referrals for identified treatment needs if such services are not available within the program; and family treatment services if for the benefit of the beneficiary.</p>	<p>Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for partial hospitalization.</p>
<p>Clinically Managed Low-Intensity Residential Care</p>	<p>Clinically managed low-intensity residential care provides an ongoing therapeutic environment for individuals requiring some structured support in which treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into the worlds of work, education, and family life, adaptive skills that may not have been achieved or have been diminished</p>	<p>Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for clinically managed low-intensity residential care.</p>

	<p>during the individual's active addiction. Such programs must offer at least five hours per week of low-intensity treatment the focus of which will be on issues in ASAM dimensions four, five, six, and three, if appropriate mental health services are available onsite or by contractual arrangement. Clinically managed low-intensity residential care is also designed for the individual suffering from chronic, long-term alcoholism or drug addiction and affords an extended period of time to establish sound recovery and a solid support system.</p> <p>Clinically managed low-intensity residential care services that are coverable could include: Skills restoration to assist an individual with restoring needed and desired skills such as daily living/independent living skills to improve the functional impairments affected by the individual's substance use disorder diagnosis and symptoms to meet rehabilitation goals. Skills restorations is a systematic series of instructional activities, which include a mixture of education, confirmation and demonstration of learned skills and capacity for observed learning over time to ensure lasting results that translate to the living environment; and medication administration.</p> <p>Clinically managed low-intensity residential care must be combined with intensive outpatient services or partial hospitalization services in order for North Dakota Medicaid to reimburse for clinically managed low-intensity residential care.</p> <p>Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.</p>	
Clinically Managed Residential Withdrawal	Clinically managed residential withdrawal provides detoxification in an organized residential nonmedical setting delivered by appropriately trained staff who provide safe, twenty-four-hour monitoring, observation, and support in a supervised environment for an individual to achieve initial recovery from the effects of alcohol or another drug. Clinically managed residential withdrawal is characterized by its	Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for clinically managed residential withdrawal.



	<p>emphasis on peer and social support and it provides care for individuals whose intoxication or withdrawal signs and symptoms are sufficiently severe to require twenty-four-hour structure and support but the full resources of a medically monitored inpatient detoxification are not necessary.</p> <p>Clinically managed residential withdrawal services that are coverable could include: development of an individualized treatment plan; close observation by staff of the beneficiary; referrals for identified treatment needs if the service is not available within the program; a combination of individual and group therapy; and medication administration.</p> <p>Clinically managed residential withdrawal programs must be affiliated with a hospital that provides twenty-four hour medical backup.</p> <p>Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.</p>	
<p>Clinically Managed High-Intensity Residential Services</p>	<p>Clinically managed high-intensity residential services provide a therapeutic community or residential treatment center that offers continuous observation, monitoring, and treatment by allied professional staff designed to treat individuals who are not sufficiently stable to benefit from outpatient treatment no matter how intensive and who have significant psychological and social problems.</p> <p>Clinically managed high-intensity residential services require onsite, twenty-four hour per day clinical staffing by licensed counselors and other practitioners.</p> <p>Clinically managed high-intensity residential services that are coverable could include: development of an individualized treatment plan; a combination of individual and group therapy; motivational enhancement and engagement strategies; random drug screening; referrals for identified treatment needs if the service is not available within the program; family treatment services if for the benefit of the beneficiary; and medication administration.</p>	<p>Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for clinically managed high-intensity residential services.</p>



	<p>Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.</p>	
<p>Medically Monitored Intensive Inpatient Treatment</p>	<p>Medically monitored intensive inpatient treatment is a program that provides a planned regimen of twenty-four-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. This program is appropriate for an individual whose subacute detoxification, withdrawal, biomedical, and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment but who does not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.</p> <p>Medically monitored intensive inpatient treatment services that are coverable could include: development of an individualized treatment plan; a combination of individual and group therapy; medical and nursing services to provide ongoing assessment and care of acute detoxification needs, medical and psychiatric problems; referrals for identified treatment needs if the service is not available within the program; family treatment services if for the benefit of the beneficiary; and medication administration.</p> <p>Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.</p>	<p>Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for medically monitored intensive inpatient treatment.</p>

**PRACTITIONER QUALIFICATIONS**

Other Licensed Practitioners recognized by the Single Medicaid Agency and authorized under Attachment 3.1-A Item 6.d. and Attachment 3.1-B Item 6.d. may bill Medicaid for covered services, including Rehabilitative Services, allowed within their scope of practice.

Practitioners possessing a similar license/certification in a border state and operating within their scope of practice in that state may enroll to provide rehabilitative services upon attesting to the Single State Medicaid Agency of their comparable license/certification.

Practitioners who are governed by a state licensing board must follow the board’s requirements for supervision.

<b>Provider Types</b>	<b>Licensure/ Certification Authority</b>	<b>Education/ Degree Required</b>
Licensed Addiction Counselor, Clinical Addiction Counselor, or Master Addiction Counselor	Requires current licensure as an Addiction Counselor, Clinical Addiction Counselor, or Master Addiction Counselor by the North Dakota Board of Addiction Counseling Examiners.	
Licensed Addiction Programs	Requires current licensure as an addiction program by the Behavioral Health Division of the North Dakota Department of Human Services.	
Licensed Exempt Psychologist	Eligibility for licensure exemption as determined by the North Dakota Board of Psychologist Examiners.	
Behavior Modification Specialist		Master's degree in psychology, social work, counseling, education, child development and family science, human services or communication disorders. Or a bachelors' degree in one of the above fields and two years of work experience in the respective discipline. The work experience must be in a professional setting and supervised by a licensed practitioner in a related field.

Provider Types	Licensure/ Certification Authority	Education/ Degree Required
Licensed Baccalaureate Social Worker (LBSW)	Licensure as a LBSW by the North Dakota Board of Social Work Examiners.	
Licensed Master Social Worker (LMSW)	Licensure as a LMSW by the ND Board of Social Work Examiners.	
Registered Nurse (RN)	Requires licensure as a Registered Nurse by the North Dakota Board of Nursing.	
Licensed Associate Professional Counselor (LAPC)	Licensure as a LAPC by the North Dakota Board of Counselor Examiners.	
Licensed Professional Counselor (LPC)	Licensure as an LPC by the North Dakota Board of Counselor Examiners.	
Mental Health Technician (MHT)	Certification as a Mental Health Technician and supervised by a licensed practitioner within their scope of practice.	

The North Dakota Medicaid Program, through the provider agreement, contracts with entities to provide rehabilitative services. The entities must attest to the North Dakota Medicaid Program that they:

- Maintain case files for each Medicaid-eligible individual;
- Retain evidence of compliance with the practitioner qualifications;
- Notify individuals of any limitations on amount, duration or scope of services and alert individuals when limitations are about to be reached and request authorization from the North Dakota Medicaid Program, as appropriate, for additional services; and
- Provide services according to a plan of care.

Individual practitioners must meet the qualifications detailed in the Provider Qualifications table and must be employed by an entity that has a provider agreement with the North Dakota Medicaid Program. The practitioner is responsible for ensuring services are allowed to be provided within their scope of practice according to state law and is responsible for maintaining the individual qualifications outlined in the Provider Qualifications table.

**Eligibility for Services**

The following requirements must be met before rehabilitative services can be provided through the North Dakota Medicaid Program.

- 1) The individual must be eligible for the Medicaid Program; and
- 2) Other than *Screening, Triage, and Referral Leading to Assessment, Behavioral Assessment, Crisis Intervention* and *Forensic Interview*, the service must be recommended by a practitioner of the healing arts within the scope of their practice under state law; and
- 3) The individual must be in need of mental health or behavioral intervention services that are provided by qualified practitioners.

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Supplement 8 to Attachment 3.1-A

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**State of North Dakota**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(29) \_\_\_\_\_MAT as described and limited in Supplement 8 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

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**State of North Dakota**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The State assures coverage for all formulations of MAT drugs and biologicals for opioid use disorder (OUD) that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, through September 30, 2025, the State assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

MAT Intake – this service assesses the recipient for MAT services. This service shall include a behavioral health assessment by a licensed addiction counselor and medication used during induction.

Individual therapy and group therapy is a service which an individual or group works with a trained therapist to help identify aspects of their lives they would like to change and work toward desired change.

- b) Please include each practitioner and provider entity that furnishes each service and component service.

The behavioral health assessment component within MAT Intake must be furnished by a licensed addiction counselor.

Practitioners in the following table who are enrolled Medicaid providers may furnish individual or group therapy within their scope of practice.

Practitioners possessing a similar license in another state who are enrolled Medicaid providers may furnish individual or group therapy within their scope of practice.

Provider Type	Licensure
Licensed Addiction Counselor	Licensure as an Addiction Counselor, by the North Dakota Board of Addiction Counseling Examiners
Licensed Certified Social Worker (LCSW)	Licensure as a LCSW by the North Dakota Board of Social Work Examiners
Licensed Professional Clinical Counselor (LPCC)	Licensure as a LPCC by the North Dakota Board of Counselor Examiners
Licensed Marriage and Family Therapist (LMFT)	Licensure as a LMFT by the North Dakota Marriage and Family Therapy Board
Nurse Practitioner	Licensure as a Nurse Practitioner by the North Dakota Board of Nursing
Clinical Nurse Specialist (CNS)	Licensure as a CNS by the North Dakota Board of Nursing
Psychologist	Licensure as a Psychologist by the North Dakota State Board of Psychologist Examiners
Psychiatrist	Licensure as a Psychiatrist by the North Dakota Board of Medical Examiners

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Supplement 8 to Attachment 3.1-A

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- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

A practitioner must possess a current DEA-X number or be affiliated with a MAT program accredited by a SAMHSA-Approved Opioid Treatment Program Accrediting Body to prescribe.

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**State of North Dakota**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

  X   The state has drug utilization controls in place. (Check each of the following that apply)

- X   Generic first policy
- X   Preferred drug lists
- X   Clinical criteria
- X   Quantity limits

       The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

MAT drugs are limited to FDA and compendia approved indications and dosing. No prior authorization is required to receive the preferred product(s). Duplication of MAT drug therapy is not allowed. There are no duration limitations and there are no requirements for decreasing dosage.

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Supplement 8 to Attachment 3.1-A

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**State of North Dakota**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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LIMITATIONS ON AMOUNT, DURATION AND SCOPE

1. ....The North Dakota Medicaid Program will limit the number of inpatient rehabilitation days to no more than 30 days for each inpatient rehabilitation stay in a distinct part rehabilitation unit of a general hospital. This limit does not apply to individuals for which the Medicaid Program is obligated to pay for all diagnostic and treatment because they are eligible for the EPSDT program.

2.a. Occupational Therapy visits for individuals twenty-one years of age and older are limited to no more than 30 sessions per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization for the department. This limit applies in combination with services delivered by independent occupational therapists.

Physical therapy visits for individuals twenty-one years of age and older are limited to not more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered by independent physical therapists.

Speech therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization for the department. This limit applies in combination with services delivered by independent speech therapists.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

6.d. (Continued)

**Medication Therapy Management (MTM) Services Performed by a Licensed Pharmacist**

MTM services are a voluntary benefit provided by a licensed pharmacist to a recipient to optimize the therapeutic outcomes of the recipient's medications and prevent medication-related problems.

Pharmacists must have completed continuing education credits approved by the American Council of Pharmaceutical Education as follows: two hours on the delivery of MTM including MTM documentation, two hours on medication adherence, and four hours on the medical condition treated by the medications for which they will be providing MTM services.

MTM services may be provided via tele-pharmacy. Tele-pharmacy services are subject to the same requirements as services that are provided to a recipient in person.

Coverage is limited to one initial encounter and up to five subsequent encounters per recipient per 365-day period. When the treatment duration of a medication is less than six months, coverage is limited to one encounter per month of treatment.

**Nursing Services provided in a School to Children with Complex Medical Needs and provided by a Registered Nurse**

Effective June 1, 2018, the North Dakota Medicaid program will enroll Registered Nurses to provide nursing services to Medicaid-eligible children (under the age of 21) who have complex medical needs and an approved Individualized Education Program that documents medical necessity for nursing services that support the child's needs to access free appropriate public education. The Registered Nurses must be either employed by or under contract through a school and the school shall bill North Dakota Medicaid for the nursing services rendered by the Registered Nurses.

**Services Provided by Licensed Addiction Counselors**

Licensed addiction counselor includes licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction counselors may enroll to furnish non-ASAM services within their scope of practice according to State Law.

**Medical Nutrition Therapy Services provided by Licensed Registered Dietitians**

Medical nutrition therapy services are an evidence-based medical approach to treating certain chronic conditions through the use of an individually-tailored nutrition plan.

Coverage is limited to four hours per calendar year. Additional services may be authorized if determined to be medically necessary.

**Tobacco Cessation Counseling Services**

Coverage is limited to two quit attempts per year; each quit attempt is limited to no more than four counseling sessions. Additional services may be approved if they are medically necessary and the provider requests and receives prior authorization from the department.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Service

- 11.a. Physical therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient hospital setting.
- 11.b. Occupational therapy visits for individuals twenty-one years of age and older are limited to no more than 30 sessions per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient hospital setting.
- 11.c. Speech therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient setting.

## 13d. Rehabilitative Services.

**Definition of Services**

Rehabilitative Services pursuant to 1905(a)(13)(d) of the Act and 42 CFR 440.130(d) include any medical or remedial services and are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice according to state law for maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level.

Services include behavioral intervention services that consist of developing and implementing a regimen that will reduce, modify or eliminate undesirable behaviors and/or introducing new methods to induce alternative positive behaviors and management including improving life skills. Specific services are defined in the table below.

Medicaid-eligible children under EPSDT, are able to receive these and all other medically necessary services.

Therapy and/or treatment to the member's family and/or other non-Medicaid eligible individual(s) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan and for assisting the member's recovery. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner's judgment is not to include the member. The state assures that the following services that include the participation of a family member, collateral, and/or other non-Medicaid eligible individual(s) are provided to, or directed exclusively toward the Medicaid eligible beneficiary:

- Screening, Triage, and Referral Leading to Assessment
- Behavioral Assessment
- Crisis Intervention
- Nursing Assessment and Evaluation
- Behavioral Health Counseling and Therapy
- Individual or Group Counseling
- Intensive in-home for Children
- Skills Integration
- Behavioral Intervention
- Crisis Stabilization
- Transitional Living
- Intensive Outpatient Treatment
- Partial Hospitalization
- Clinically Managed Low-Intensity Residential Care
- Clinically Managed Residential Withdrawal
- Clinically Managed High-Intensity Residential Services
- Medically Monitored Intensive Inpatient Treatment

There is no duplication of billed services.

Rehabilitative Services do not include the following:

- a. Room and board;
- b. Services provided to residents of institutions for mental diseases;

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- c. Services that are covered elsewhere in the State Medicaid plan;
- d. Educational, vocational and job training services;
- e. Recreational and social activities;
- f. Habilitation Services; and
- g. Services provided to inmates of public institutions.

Service Name	Definition of Services	Who Provides
Screening, Triage, and Referral Leading to Assessment	This service includes the brief assessment of an individual's need for services to determine whether there are sufficient indications of behavioral health issues to warrant further evaluation. This service also includes the initial gathering of information to identify the urgency of need. This information must be collected through a face-to-face interview with the individual and may include a telephonic interview with the family/guardian as necessary. This service includes the process of obtaining cursory historical, social, functional, psychiatric, developmental, or other information from the individual and/or family seeking services in order to determine whether or not a behavioral health issue is likely to exist and the urgency of the need. Services are available 24 hours per day, seven days per week. This service also includes the provision of appropriate triage and referrals to needed services based on the individual's presentation and preferences as identified in the screening process.	Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Exempt Psychologist, Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC), Behavior Modification Specialist
Behavioral Assessment	Interview with the individual, family, staff or other caregivers, and observation of the individual in the environment to assess identified behavioral excesses or deficits. This service involves operationally defining a behavior, identifying environmental, antecedent and consequent events, and making a hypothesis regarding the likely function or purpose of the behavior as well as formulation of therapeutic recommendations/intervention regimen.	Licensed Exempt Psychologist, Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC)
Crisis Intervention	Emergency behavioral health therapeutic intervention intended to assist in a crisis situation. Crisis situations may be defined as an individual's perception or experience of an event or situation that exceeds the individual's current resources or coping mechanisms. Crisis intervention seeks to stabilize the individual's mental state and prevent immediate harm to the individual or others in contact with that individual. Crisis intervention includes facilitating emotion regulation, safety planning, providing support, providing guidance for preventing future crisis, promoting mobilization of emotion regulation skills, implementing order and providing protection.	Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC), Behavior Modification Specialist

Service Name	Definition of Services	Who Provides
Nursing Assessment and Evaluation	<p>This service requires face-to-face contact with the individual to monitor, evaluate, assess, and/or carry out an order from a licensed practitioner within their scope of practice. This service must be inclusive of all of the following items:</p> <ol style="list-style-type: none"> <li>1. Assessment to observe, monitor, and care for the physical, nutritional and psychological issues, problems or crises manifested in the course of an individual's treatment;</li> <li>2. Assessing and monitoring the individual's response to medication(s) to determine the need to continue medication and/or to determine the need to refer the individual for a medication;</li> <li>3. Assessing and monitoring the individual's medical and other health issues that are either directly related to the mental health disorder, or to the treatment of the disorder; and</li> <li>4. When appropriate, consulting with the individual's family and significant other(s) about medical, nutritional and other health issues related to the individual's mental health disorder.</li> </ol>	Registered Nurse (RN)
Behavioral Health Counseling and Therapy	<p>Behavioral health counseling and therapy provides individual or group counseling by a clinician for children in foster care receiving services through a qualified residential treatment program or in a therapeutic foster care home. Clinicians must be employed by or contracted through the qualified residential treatment program or the therapeutic foster care agency.</p> <p>This service is limited to one hour per child per day of individual counseling and one hour per child per day of group counseling and must be within each practitioner's scope of practice in accordance with licensure and certification. If additional services are medically necessary, the provider may request service authorization from the North Dakota Medicaid Program.</p> <p>Federal financial participation is not available for care or services to Medicaid beneficiaries residing in an IMD.</p> <p>Children in foster care have access to comparable services to children who are not in foster care.</p>	Licensed Addiction Counselor (LAC), Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC)



Service Name	Definition of Services	Who Provides
Individual or Group Counseling	Counseling is a process through which an individual or group works with a trained therapist in a safe, caring, and confidential environment to explore their feelings, beliefs, or behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change.	Licensed Master Social Worker (LMSW), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC)
Intensive in-home for Children	<p>This service provides the Medicaid-eligible child(ren) and his/her family with intensive in-home crisis intervention and family education, to prevent one or more children from being placed in out-of-home care. The service must be for the direct benefit of the Medicaid-eligible child. Services are furnished in the child's home. Providers are on call 24 hours a day, seven days a week. Services are time-limited and providers carry a limited caseload.</p> <p>Family education is the practice of equipping family members to develop knowledge and skills that will enhance their ability to help restore the Medicaid-eligible child to the best possible functional level.</p> <p>A child is at risk if the referring agency documents during the evaluation and determination process the child is at risk of out-of-home placement and one or more of the following criteria is present:</p> <ul style="list-style-type: none"> <li>• Court determination for need of placement;</li> <li>• Temporary custody transferred from parents with reunification as the plan;</li> <li>• History of significant law violation, physical or sexual abuse and/or neglect, incorrigibility, delinquency, substance abuse, severe mental health issues, etc.;</li> <li>• A referral from the child and family team process;</li> <li>• Prior placement of any child from within the family unit;</li> <li>• Prior placement history of child identified in the referral;</li> <li>• Prevent adoption disruption;</li> <li>• Child protection assessment resulting in a "Services Required"; and/or</li> <li>• Earlier intervention before court order involvement to prevent placement outside the home.</li> </ul>	Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC)

Service Name	Definition of Services	Who Provides
	<p>Situations not covered above will be reviewed by the North Dakota Medicaid Program per a recommendation and proposed care plan from Intensive In-Home Service provider and the referring agency.</p> <p>The length of service is brief, solution-focused and outcome-based. The average length of service is usually two to six months. Services provided beyond six months will require thorough documentation in the child’s plan of care and are subject to audit.</p>	
<p>Skills Restoration</p>	<p>Skills restoration is a time-limited service that assists an individual with restoring needed and desired skills such as daily living/independent living skills to improve the functional impairments affected by the individual’s behavioral health diagnoses and symptoms to meet rehabilitation goals. Skills restorations is a systematic series of instructional activities, which include a mixture of education, confirmation and demonstration of learned skills and capacity for observed learning over time to ensure lasting results that translate to the living environment.</p> <p>Skills restoration interventions used should be based on evidence-based practice.</p> <p>Skills restoration is considered an individual service and if provided in a group setting, must be billed with the appropriate modifiers.</p>	<p>Licensed Master Social Worker (LMSW), Licensed Professional Counselor (LPC), Behavior Modification Specialist, Registered Nurse (RN)</p>
<p>Skills Integration</p>	<p>A service designed to support an individual in the community in their efforts to apply and integrate those life skills that have been learned in their therapy programs. The individual typically requires support for cueing/modeling of appropriate behavioral and life skills in order to maximize their skills and prevent need for higher levels of care.</p> <p>The service reduces disability and restores an individual to previous functional levels by assisting the individual in ongoing utilization and application of learned skills in normalized living situations. This strengthens the skill development that has occurred, and promotes skill integration in various life roles.</p> <p>Services are limited to four hours per day and must be within each practitioner’s scope of practice in accordance with licensure and certification. If additional services are</p>	<p>Mental Health Technician, Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC), Behavior Modification Specialist</p>

Service Name	Definition of Services	Who Provides
	<p>medically necessary, the provider may request service authorization from the North Dakota Medicaid Program.</p> <p>Skills integration is considered an individual service and if provided in a group setting, must be billed with the appropriate modifiers.</p>	
Behavioral Intervention	<p>Behavioral intervention is a service to identify responsive actions by an individual to stimuli and to develop and facilitate the implementation of an intervention regimen that will reduce, modify, or eliminate undesirable responses. This intervention is a comprehensive rehabilitative service that trains new positive behaviors to replace unwanted behavior through positive reinforcement of the desired behavior (i.e. reducing anxiety through deep breathing, reducing self-harm behavior by reinforcing replacement behavior).</p> <p>This service includes the assessment of the individual and the development a Behavioral Intervention Plan. The plan is to be reviewed and modified as needed to ensure the individual receives appropriate interventions.</p>	Licensed Exempt Psychologist, Behavior Modification Specialist
Assessment for Alleged Abuse and/or Neglect and Recommended Plan of Care	<p>An assessment performed by an accredited children’s advocacy center to determine if a child has experienced abuse and/or neglect. The assessment must be recorded and is designed to elicit a child’s unique information when there are concerns of possible abuse. The assessment should lead to a recommended plan of care.</p>	Licensed Baccalaureate Social Worker (LBSW), Licensed Master Social Worker (LMSW), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC)
Crisis Stabilization	<p>This is a residential alternative of not more than 16 beds, to prevent or divert from inpatient hospitalization, offering psychiatric stabilization and detoxification services. The service provides medically monitored residential services for the purpose of resolving acute self-harm or suicide risk, risk of harm to others, and acute substance withdrawal through:</p> <ol style="list-style-type: none"> <li>1. Psychiatric medical assessment;</li> <li>2. Crisis assessment, support and intervention including withdrawal management;</li> <li>3. Medication administration, management, and monitoring;</li> <li>4. Brief individual, group and/or family counseling; and</li> <li>5. Linkage to other rehabilitative services as needed.</li> </ol>	

Service Name	Definition of Services	Who Provides
Transitional Living	Transitional Living is a residential alternative of not more than 16 beds, designed to assist individuals in restoring the self-help, socialization and adaptive skills necessary to live independently in their own home. This service includes assistance with restoration of skills related to activities of daily living including grocery shopping and meal preparation, managing money, job skills, community socialization, housekeeping and laundry.	

**SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES**

Substance Use Disorder Treatment Services means ambulatory services provided to an individual with an impairment resulting from a substance use disorder which are provided by a multidisciplinary team of health care professionals and are designed to stabilize the health of the individual. Services for treatment of substance use disorder may be hospital-based or non-hospital-based. In accordance with an individual’s treatment plan, the level of intensity and the amount, duration, and scope of the services may vary based on medical necessity.

Licensed addiction counselors, operating within their scope of practice, performing American Society of Addiction Medicine (ASAM) level 1 services, and practicing within a recognized Indian reservation in North Dakota, are not required to have licensure for Medicaid ASAM 1 billed services provided within a recognized Indian reservation in North Dakota.

Licensed addiction counselors include licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction programs operating in a border state must provide documentation to the North Dakota Medicaid Program of their state’s approval for the operation of the addiction program.

Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.

Service Name	Definition of Service	Who Provides
Intensive Outpatient Treatment	<p>Intensive outpatient treatment provided to individuals requiring a primary, organized treatment program and who are able to establish abstinence and recovery within the context of the individual's usual environment and daily activities. This level of care will normally be offered in the evening hours to facilitate an individual’s ability to maintain the usual daily activity but may be offered during the day.</p> <p>An intensive outpatient treatment program shall offer no less than eight hours and no more than nineteen hours of programming per week in a structured environment.</p>	Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for intensive outpatient treatment.

	<p>Intensive outpatient treatment services that are coverable could include: a combination of individual and group therapy; medical and nursing services; referrals for identified treatment needs if such services are not available within the program; and family treatment services if for the benefit of the beneficiary.</p>	
<p>Partial Hospitalization</p>	<p>Partial hospitalization is a program that uses multidisciplinary staff and is provided for individuals who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment with the exception of clinically managed low-intensity residential care. This level of care is designed to offer highly structured intensive treatment to individuals whose condition is sufficiently stable so as not to require twenty-four-hour per day monitoring and care, but whose illness has progressed so as to require consistent near-daily treatment intervention.</p> <p>A partial hospitalization program shall offer no less than twenty hours of programming, no less than four days per week in a structured program.</p> <p>Partial hospitalization services that are coverable could include: a combination of individual and group therapy; medical and nursing services; referrals for identified treatment needs if such services are not available within the program; and family treatment services if for the benefit of the beneficiary.</p>	<p>Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for partial hospitalization.</p>
<p>Clinically Managed Low-Intensity Residential Care</p>	<p>Clinically managed low-intensity residential care provides an ongoing therapeutic environment for individuals requiring some structured support in which treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into the worlds of work, education, and family life, adaptive skills that may not have been achieved or have been diminished during the individual's active addiction. Such programs must offer at least five hours per week of low-intensity treatment the focus of which will be on issues in ASAM dimensions four, five, six, and three, if appropriate mental health services are available onsite or by contractual arrangement. Clinically managed low-intensity residential care is also designed for the</p>	<p>Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for clinically managed low-intensity residential care.</p>

	<p>individual suffering from chronic, long-term alcoholism or drug addiction and affords an extended period of time to establish sound recovery and a solid support system.</p> <p>Clinically managed low-intensity residential care services that are coverable could include: Skills restoration to assist an individual with restoring needed and desired skills such as daily living/independent living skills to improve the functional impairments affected by the individual’s substance use disorder diagnosis and symptoms to meet rehabilitation goals. Skills restorations is a systematic series of instructional activities, which include a mixture of education, confirmation and demonstration of learned skills and capacity for observed learning over time to ensure lasting results that translate to the living environment; and medication administration.</p> <p>Clinically managed low-intensity residential care must be combined with intensive outpatient services or partial hospitalization services in order for North Dakota Medicaid to reimburse for clinically managed low-intensity residential care.</p> <p>Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.</p>	
<p>Clinically Managed Residential Withdrawal</p>	<p>Clinically managed residential withdrawal provides detoxification in an organized residential nonmedical setting delivered by appropriately trained staff who provide safe, twenty-four-hour monitoring, observation, and support in a supervised environment for an individual to achieve initial recovery from the effects of alcohol or another drug. Clinically managed residential withdrawal is characterized by its emphasis on peer and social support, and it provides care for individuals whose intoxication or withdrawal signs and symptoms are sufficiently severe to require twenty-four-hour structure and support but the full resources of a medically monitored inpatient detoxification are not necessary.</p> <p>Clinically managed residential withdrawal services that are coverable could include: development of an</p>	<p>Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for clinically managed residential withdrawal.</p>

	<p>individualized treatment plan; close observation by staff of the beneficiary; referrals for identified treatment needs if the service is not available within the program; a combination of individual and group therapy; and medication administration.</p> <p>Clinically managed residential withdrawal programs must be affiliated with a hospital that provides twenty-four hour medical backup.</p> <p>Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.</p>	
<p>Clinically Managed High-Intensity Residential Services</p>	<p>Clinically managed high-intensity residential services provide a therapeutic community or residential treatment center that offers continuous observation, monitoring, and treatment by allied professional staff designed to treat individuals who are not sufficiently stable to benefit from outpatient treatment no matter how intensive and who have significant psychological and social problems.</p> <p>Clinically managed high-intensity residential services require onsite, twenty-four hour per day clinical staffing by licensed counselors and other practitioners.</p> <p>Clinically managed high-intensity residential services that are coverable could include: development of an individualized treatment plan; a combination of individual and group therapy; motivational enhancement and engagement strategies; random drug screening; referrals for identified treatment needs if the service is not available within the program; family treatment services if for the benefit of the beneficiary; and medication administration.</p> <p>Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.</p>	<p>Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for clinically managed high-intensity residential services.</p>
<p>Medically Monitored Intensive Inpatient Treatment</p>	<p>Medically monitored intensive inpatient treatment is a program that provides a planned regimen of twenty-four-hour professionally directed evaluation,</p>	<p>Licensed addiction counselors and licensed addiction programs may enroll</p>

	<p>observation, medical monitoring, and addiction treatment in an inpatient setting. This program is appropriate for an individual whose subacute detoxification, withdrawal, biomedical, and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment but who does not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.</p> <p>Medically monitored intensive inpatient treatment services that are coverable could include: development of an individualized treatment plan; a combination of individual and group therapy; medical and nursing services to provide ongoing assessment and care of acute detoxification needs, medical and psychiatric problems; referrals for identified treatment needs if the service is not available within the program; family treatment services if for the benefit of the beneficiary; and medication administration.</p> <p>Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.</p>	<p>as Medicaid providers for medically monitored intensive inpatient treatment.</p>
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**PRACTITIONER QUALIFICATIONS**

Other Licensed Practitioners recognized by the Single Medicaid Agency and authorized under Attachment 3.1-A Item 6.d. and Attachment 3.1-B Item 6.d. may bill Medicaid for covered services, including Rehabilitative Services, allowed within their scope of practice.

Practitioners possessing a similar license/certification in a border state and operating within their scope of practice in that state may enroll to provide rehabilitative services upon attesting to the Single State Medicaid Agency of their comparable license/certification.

Practitioners who are governed by a state licensing board must follow the board’s requirements for supervision.

<b>Provider Types</b>	<b>Licensure/ Certification Authority</b>	<b>Education/ Degree Required</b>
Licensed Addiction Counselor. Clinical Addiction Counselor, or Master Addiction Counselor	Requires current licensure as an Addiction Counselor, Clinical Addiction Counselor, or Master Addiction Counselor by the North Dakota Board of Addiction Counseling Examiners.	
Licensed Addiction Programs	Requires current licensure as an addiction program by the Behavioral Health Division of the North Dakota Department of Human Services.	
Licensed Exempt Psychologist	Eligibility for licensure exemption as determined by the North Dakota Board of Psychologist Examiners.	

<b>Provider Types</b>	<b>Licensure/ Certification Authority</b>	<b>Education/ Degree Required</b>
Behavior Modification Specialist		Master's degree in psychology, social work, counseling, education, child development and family science, human services or communication disorders. Or a bachelors' degree in one of the above fields and two years of work experience in the respective discipline. The work experience must be in a professional setting and supervised by a licensed practitioner in a related field.
Licensed Baccalaureate Social Worker (LBSW)	Licensure as a LBSW by the North Dakota Board of Social Work Examiners.	
Licensed Master Social Worker (LMSW)	Licensure as a LMSW by the North Dakota Board of Social Work Examiners.	
Registered Nurse (RN)	Requires licensure as a Registered Nurse by the North Dakota Board of Nursing.	
Licensed Associate Professional Counselor (LAPC)	Licensure as a LAPC by the North Dakota Board of Counselor Examiners.	
Licensed Professional Counselor (LPC)	Licensure as an LPC by the North Dakota Board of Counselor Examiners.	
Mental Health Technician (MHT)	Certification as a Mental Health Technician and supervised by a licensed practitioner within their scope of practice.	

The North Dakota Medicaid Program, through the provider agreement, contracts with entities to provide rehabilitative services. The entities must attest to the North Dakota Medicaid Program that they:

- Maintain case files for each Medicaid-eligible individual;
- Retain evidence of compliance with the practitioner qualifications;

- Notify individuals of any limitations on amount, duration or scope of services and alert individuals when limitations are about to be reached and request authorization from the North Dakota Medicaid Program, as appropriate, for additional services; and
- Provide services according to a plan of care.

Individual practitioners must meet the qualifications detailed in the Provider Qualifications table and must be employed by an entity that has a provider agreement with the North Dakota Medicaid Program. The practitioner is responsible for ensuring services are allowed to be provided within their scope of practice according to state law and is responsible for maintaining the individual qualifications outlined in the Provider Qualifications table.

### **Eligibility for Services**

The following requirements must be met before rehabilitative services can be provided through the North Dakota Medicaid Program.

- 1) The individual must be eligible for the Medicaid Program; and
- 2) Other than *Screening, Triage, and Referral Leading to Assessment, Behavioral Assessment, Crisis Intervention* and *Forensic Interview*, the service must be recommended by a practitioner of the healing arts within the scope of their practice under state law; and
- 3) The individual must be in need of mental health or behavioral intervention services that are provided by qualified practitioners.

Enclosure \_\_\_\_

Supplement 8 to Attachment 3.1-B

Page 1

**State of North Dakota**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)

1905(a)(29) \_\_\_\_\_MAT as described and limited in Supplement 8 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

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**State of North Dakota**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The State assures coverage for all formulations of MAT drugs and biologicals for opioid use disorder (OUD) that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

From October 1, 2020, through September 30, 2025, the State assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

MAT Intake – this service assesses the recipient for MAT services. This service shall include a behavioral health assessment by a licensed addiction counselor and medication used during induction.

Individual therapy and group therapy is a service which an individual or group works with a trained therapist to help identify aspects of their lives they would like to change and work toward desired change.

- b) Please include each practitioner and provider entity that furnishes each service and component service.

The behavioral health assessment component within MAT Intake must be furnished by a licensed addiction counselor.

Practitioners in the following table who are enrolled Medicaid providers may furnish individual or group therapy within their scope of practice. Practitioners possessing a similar license in another state who are enrolled Medicaid providers may furnish individual or group therapy within their scope of practice.

Provider Type	Licensure
Licensed Addiction Counselor	Licensure as an Addiction Counselor, by the North Dakota Board of Addiction Counseling Examiners
Licensed Certified Social Worker (LCSW)	Licensure as a LCSW by the North Dakota Board of Social Work Examiners
Licensed Professional Clinical Counselor (LPCC)	Licensure as a LPCC by the North Dakota Board of Counselor Examiners
Licensed Marriage and Family Therapist (LMFT)	Licensure as a LMFT by the North Dakota Marriage and Family Therapy Board
Nurse Practitioner	Licensure as a Nurse Practitioner by the North Dakota Board of Nursing
Clinical Nurse Specialist (CNS)	Licensure as a CNS by the North Dakota Board of Nursing
Psychologist	Licensure as a Psychologist by the North Dakota State Board of Psychologist Examiners
Psychiatrist	Licensure as a Psychiatrist by the North Dakota Board of Medical Examiners

Enclosure \_\_\_\_

Supplement 8 to Attachment 3.1-B

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- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

A practitioner must possess a current DEA-X number or be affiliated with a MAT program accredited by a SAMHSA-Approved Opioid Treatment Program Accrediting Body to prescribe.

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**State of North Dakota**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

  X   The state has drug utilization controls in place. (Check each of the following that apply)

- X   Generic first policy
- X   Preferred drug lists
- X   Clinical criteria
- X   Quantity limits

       The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

MAT drugs are limited to FDA and compendia approved indications and dosing. No prior authorization is required to receive the preferred product(s). Duplication of MAT drug therapy is not allowed. There are no duration limitations and there are no requirements for decreasing dosage.



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Supplement 8 to Attachment 3.1-B

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**State of North Dakota**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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