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State/Territory Name: Northa Dakota

State Plan Amendment (SPA) #: 23-0035

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 11, 2023

Sarah Aker
Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue Dept. 325
Bismarck, ND 58505-0250

Re: North Dakota State Plan Amendment (SPA) 23-0035

Dear Director Aker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-23-0035. This amendment proposes to end the Primary Care Case Management program. There are no reductions in benefits. Medicaid recipients will be attributed to a primary care physician (PCP) as part of the hospital value-based payment program.

We conducted our review of your submittal according to statutory requirements in Section 1937 of the Social Security Act, and 42 CFR Part 438. This letter is to inform you that North Dakota Medicaid SPA 23-0035 was approved on December 8, 2023, with an effective date of January 1, 2024.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at Tyson.Christensen@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: LeeAnn Thiel

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

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 3 5</u>	2. STATE <u>ND</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>January 1, 2024</u>
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5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 438</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-F, page 1</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-F, pages 1-18 (TN 21-0024)</u>
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9. SUBJECT OF AMENDMENT
Amends the State Plan to end the Primary Care Case Management program.

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:
Sarah Aker, Director
Medical Services Division

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Sarah Aker, Director Medical Services Division ND Department of Health and Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250
12. TYPED NAME Sarah Aker	
13. TITLE Medical Services Director	
14. DATE SUBMITTED November 21, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED <u>November 21, 2023</u>	17. DATE APPROVED <u>December 8, 2023</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2024</u>	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL <u>Ruth A. Hughes</u>	21. TITLE OF APPROVING OFFICIAL <u>Acting Director, Division of Program Operations</u>

22. REMARKS

State: North Dakota

Citation

Condition or Requirement

VACATED

TN No. 23-0035
Supersedes
TN No. 21-0024

Approval Date 12-08-2023 Effective Date 01-01-2024