DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	09 - 010	North Dakota
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 735.733 of the Act, 42 CFR 435.832 of the Act, and Statue 1924	7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$ 19,440 b. FFY 2010 \$ 77,760	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	
Supplement 12a to Attachment 2.6-A, Page 8	Supplement 12a to Attachment 2.6-A, Page 8	
10. SUBJECT OF AMENDMENT:		
To amend the State Plan to allow for the increase to the basic personal needs allowance for individuals with a		
developmental disability who reside in an ICF/MR to \$35.00.		
11. GOVERNOR'S REVIEW (Check One):	🛛 OTHER, AS SPEC	IFIFD.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Maggie D. Anderson, Director,	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Medical Services Division	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	Maggie D. Anderson, Director	
Maggie D. Anderson	Division of Medical Services	
14. TITLE:	ND Department of Human Services	
Director, Division of Medical Services	600 East Boulevard Avenue I	Dept 325
15. DATE SUBMITTED:	Bismarck ND 58505-0250	
June 11, 2009 FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18, DATE APPROVED;	
6/11/09	7/24/09	
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20/SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME: Richard C. Alken	22. TITLE: Associate Regional	Administrator
23. REMARKS:		
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SUPPLEMENT 12a To ATTACHMENT 2.6-A Page 8

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE FOR INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY WHO RESIDE IN AN ICF/MR

In addition to the Basic Personal Needs Allowance, individuals with a developmental disability who reside in an ICF/MR would have an additional allowance of: <u>\$35.00</u>.

- Justification for a higher personal needs allowance, based on Title XIX requirements (42 CFR 483.440 Condition of participation: Active treatment services)
 - a) Standard: Active treatment.
 - (1) Each client who resides in an ICF/MR must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services, that is directed toward
 - i. The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and
 - ii. The prevention or deceleration of regression or loss of current optimal functional status.

The obligations under Title XIX participation are very specific for ICF/MR providers:

- a) Ensure clients the opportunity to participate in social, religious and community group activities.
- b) Ensure that clients have the right to retain and use appropriate personal possessions and clothing.
- c) The requirement to facilitate independence of clients is woven throughout the Title XIX regulations including finances.
- 2. Community life justification for a higher personal needs allowance:
 - a) The organization (ICF/MR) has responsibility to promote community life, including leadership roles and responsibilities for people with disabilities.
 - b) The organization (ICF/MR) has responsibility to support people served in developing social networks and involving people in all aspects of community life.

TN No. <u>09-010</u> Supersedes TN No. <u>08-009</u>

Approval Date 7 34/09

Effective Date January 1, 2010