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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-09-017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

October 30, 2009

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

RE: North Dakota #09-017

Dear Ms. Anderson:

This is your official notification that North Dakota State Plan amendment 09-017, "Amend the State Plan to change the limits for ICF/MR providers related to payment for reserve bed days", has been approved effective July 1, 2009.



If you have any questions concerning this amendment, please contact Bernadette Quevedo-Mendoza at (303) 844-7121.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health Operations

CC: Mary Lou Thompson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-017	2. STATE North Dakota
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.40		7. FEDERAL BUDGET IMPACT: a. FFY <u>2009</u> \$ <u>-0-</u> b. FFY <u>2010</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-C, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-C, Page 1	
10. SUBJECT OF AMENDMENT: Amends the State Plan to change the limits for ICF/MR providers related to payment for reserve bed days.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Maggie D. Anderson, Director,</u> <u>Medical Services Division</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Maggie D. Anderson			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: August 31, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 8/31/09		18. DATE APPROVED: 10/30/09	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/09		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STATE: North Dakota

A. Payment for a reserved bed is made:

1. For a recipient absent from a nursing facility:
 - a. 15 days maximum for periods of inpatient hospitalization, and
 - b. 24 days, per rate year, maximum for therapeutic leave of absences

2. For a recipient absent from an intermediate care facility for the mentally retarded:
 - a. 15 days maximum for periods of inpatient hospitalization, and
 - b. 30 days, per calendar year, maximum for absences, other than inpatient hospitalization.

TN No. 09-017
Supersedes
TN No. 02-017

Approval Date: 10/30/09 Effective Date: July 1, 2009