

## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 24-0006**

This file contains the following documents in the order listed:

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

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



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**Financial Management Group**

March 4, 2024

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

Re: North Dakota 24-0006

Dear Sarah Aker:

We have reviewed the proposed amendment to Attachment 4.19-C of your Medicaid State plan submitted under transmittal number (TN) 24-0006. Effective for dates of services on or after January 1, 2024, this amendment increases Nursing Facility (NF) therapeutic leave days from 24 to 30. This revision will be consistent with therapeutic leave days for Intermediate Care Facilities (ICFs).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 24-0006 is approved effective January 1, 2024. The CMS-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at [christine.storey@cms.hhs.gov](mailto:christine.storey@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Rory Howe  
Director

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 6</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  
**January 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 447, Subpart C, 42 CFR 447.252**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 8,073  
b. FFY 2025 \$ 10,194

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-C, page 1**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-C, page 1 (TN 17-0009)**

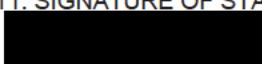
9. SUBJECT OF AMENDMENT

**Amends the State Plan to increase the number of therapeutic leave days for nursing facilities.**

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Sarah Aker

13. TITLE  
Medical Services Director

14. DATE SUBMITTED  
January 18, 2024

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

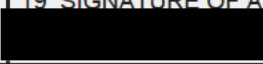
**FOR CMS USE ONLY**

16. DATE RECEIVED: January 18, 2024

17. DATE APPROVED  
March 4, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL: Rory Howe

21. TITLE OF APPROVING OFFICIAL: Director, Financial Management Group (FMG)

22. 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. 30 days, per rate year, maximum for therapeutic leave of absences.
  
2. For a recipient absent from an intermediate care facility for individuals with intellectual disabilities:
  - a. 15 days maximum for periods of inpatient hospitalization, and
  - b. 30 days, per calendar year, maximum for therapeutic leave of absences.