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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 20-0019

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 Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

October 7, 2020

Ms. Caprice Knapp, Medicaid Director North Dakota Department of Health and Human Services 600 E. Boulevard Avenue, Dept. 325 Bismarck, ND 58505-0250

RE: TN 20-0019

Dear Ms. Knapp:

We have reviewed the proposed North Dakota State Plan Amendment (SPA) to Attachment 4.19-B 20-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 23, 2020. This plan amendment provides a yearly inflationary increase for EPSDT services reimbursement rates as of July 1, 2020.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith at 214-767-6453 or <u>Lajoshica.Smith@cms.hhs.gov</u>.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Cc: LeeAnn Thiel

TODANICALITY AND NOTICE OF A DDD OVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF		2. STATE
STATE PLAN MATERIAL	20-0019	North Dakota
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION:	
FOR. CENTERS FOR MEDICARE AND MEDICALD SERVICES	TITLE XIX OF THE SOCIAL SECU	RITY ACT
	(MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	Index 1, 2020	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	umenamenty
o. TEDERAL STATE TERRESCENTION CHATTON.	a. FFY 2019 \$7,508	
42 CED 447 204	b. FFY 2020 \$23,580	
42 CFR 447.204		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
	OR ATTACHMENT (If Applicable):	
	Attachment A 10 D mass 7	
Attachment 4.19-B page 7	Attachment 4.19-B page 7	
10. SUBJECT OF AMENDMENT:		
Amends the State Plan to implement an inflationary increase f	or EPSDT services.	
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	○ OTHER, AS SPEC	IFIED:
, <u> </u>	Caprice Knapp, Director	
COMMENTS OF GOVERNOR S OFFICE ENCLOSED	Caprice Knapp, Di	rector
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12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Caprice Knapp 14. TITLE:	Medical Services 16. RETURN TO: Caprice Knapp, Director Medical Services Division ND Department of Human Se	<u>Division</u>
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STATE: North Dakota Attachment 4.19-B Page 7

33. EPSDT Services

For medically necessary services not otherwise identified in the State Plan* but available to EPSDT participants, reimbursement shall be the lower of submitted charges or the fee schedule as determined by the State Agency.

As authorized by the 2019 Legislative Assembly, North Dakota Medicaid providers will receive a 2.5 percent inflationary increase in reimbursement as of July 1, 2020 and is effective for services provided on or after that date. The agency's fee schedule rate for services covered under this section of the plan will be set as of July 1, 2020 and are effective for services provided on or after that date.

*Services not identified under 1905(a) of the Social Security Act are not reimbursed under this authority.

TN No.: <u>20-0019</u>
Supersedes Approval Date: <u>10/07/2020</u> Effective Date: <u>07-01-2020</u>

TN No.: 19-0011