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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-08-011

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

February 8, 2012

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 #08-011

Dear Ms Anderson

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 08-011. This amendment provides a 3% rate increase under Targeted Case Management for persons in need of Long Term Care.

Please be informed that this State Plan Amendment was approved on January 27, 2012 with an effective date of March 3, 2008. We are enclosing the CMS-179 and the amended plan page(s).


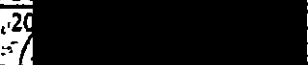
If you have any questions concerning this amendment, please contact Diane Dunstan-Murphy at (303) 844-7040.

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 08-011	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 March 3, 2008	
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 CMS 2237 IFC		7 FEDERAL BUDGET IMPACT a FFY _____ \$ <u>-0-</u> b FFY _____ \$ <u>-0-</u>	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 7 to Attachment 3.1-A, pages 1-6 Supplement 7 to Attachment 3.1-B, pages 1-6 Attach. 4.19 pg. 3d		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 7 to Attachment 3.1-A Supplement 7 to Attachment 3.1-B	
10 SUBJECT OF AMENDMENT. Adds Targeted Case Management for individuals in need of long-term care services to the North Dakota State Plan to reflect the new requirements described in CMS 2237 IFC.			
11 GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <u>delegated to Maggie Anderson, Director, Medical Services Division</u> <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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 June 30, 2008			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED: 6/30/08		18 DATE APPROVED: 1/27/12	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL 3/3/08		20 REGIONAL OFFICIAL: 	
21 TYPED NAME RICHARD C. ALLEN		22 TITLE ARA, DNICHO	
23 REMARKS:			

- 31 For Targeted Case Management Services for Individuals needing Long Term Care services, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in monthly increments. Except as otherwise noted in the plan, the state developed fee schedule rates are the same for both governmental and private providers of case management for individuals needing Long Term Care. The fee schedule and any annual/periodic adjustments to the fee schedule are published on [http // nd gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html](http://nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html)

The agency's fee schedule rate was set as of July 1, 2011 and is effective for services provided on or after that date. All rates are published on the agency's website.

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State Plan under Title XIX of the Social Security Act

State/Territory North Dakota

**TARGETED CASE MANAGEMENT FOR INDIVIDUALS IN
NEED OF LONG TERM CARE SERVICES**

Target Group (42 Code of Federal Regulations 442 18(a)(8)(i) and 441 18(a)(9))

Targeted Case Management for individuals in need of long term care – In order to receive targeted case management services an individual must (1) Be Medicaid Eligible, (2) Not currently be covered under any other targeted case management system, (3) Be considered, as defined by the North Dakota Department of Human Services to have a need for Long Term Care services, (4) Not receiving case management services through an HCBS 1915(c) Waiver *Lives in the community and desires to remain there* Be ready for discharge from a hospital within 7 days Resides in a basic care facility Not reside in a nursing facility unless it is anticipated that a discharge to alternative care within 6 month

For case management services provided to individuals in medical institutions

X Target group is comprised of individuals transitioning to a community setting and case-management services will be made available for up to 180 consecutive days of the covered stay in the medical institution The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of state in which services will be provided

- X Entire State
 Only in the following geographic areas authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide

Comparability of services

- Services are provided in accordance with section 1902(a)(10)(B) of the Act
X Services are not comparable in amount duration and scope

Definition of Services (42 CFR 440.169)

Targeted Case Management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, education and other services Case Management includes the following assistance

- Assessment of an individual to determine the need for any medical, education, social or other services These assessment activities include
 - Taking client history,
 - Identifying the individual's needs and completing related documentation, and

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- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual
- At a minimum includes an initial assessment and six month face-to-face reassessments
- Development (and periodic revision) of a Specific Care Plan that
 - Is based on the information collected through the assessment,
 - Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual,
 - Includes activities such as ensuring the active participation of the eligible Individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals, and
 - Identifies a course of action to respond to the assessed needs of the eligible individual
- Referral and Related Activities
 - To help an eligible individual obtain needed services including activities that help link an individual with
 - Medical, social, educational providers, or
 - Other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual
- Monitoring and Follow-up Activities
 - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met
 - Services are being furnished in accordance with the individual's care plan,
 - Services in the care plan are adequate, and
 - If there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with providers
 - At a minimum this includes an initial assessment to determine need, and if there is a need, ongoing six month face-to-face reassessments

___ Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services

Qualifications of Providers (42 CFR 441 18(a)(8)(v) and 42 CFR 41 18(b))

In order to ensure that care is properly coordinated, TCM services must be delivered by an individual or an agency that have sufficient knowledge and experience relating to the availability of alternative long term care services for elderly and disabled persons

TN No 08-011 Approval Date 1/27/12 Effective Date 03/03/08
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TN No 01-004

Individual case managers must at a minimum must hold a ND social work license or must be a Developmental Disabilities program manager The DD Program manager must be a Qualified Mental Retardation Professional (QMRP) or must have one year experience as a Developmental Disabilities Case Manager in the North Dakota Department of Human Services

Indian Tribes or Indian Tribal Organization Provider Qualifications

Qualifications for staff of federally recognized Indian Tribes or Indian Tribal Organizations performing case management must be able to deliver needed services in a culturally appropriate and relevant manner to enrolled tribal members

Staff must have successfully completed either a) the 120 hour basic Community Health Representative (CHR) Certification Training (provided through Indian Health Service), supplemented by 20 hours of training in Case Management Process and 20 hours of training in Gerontology topics, or b) an approved Tribal College Community Health Curriculum, which includes coursework in Case Management principles and Gerontology

The Case Management Implementer (the individual providing the direct service) must provide services under the supervision of a licensed health professional (Licensed Practical Nurse, Social Worker, Registered Nurse, Physical Therapist, Occupational Therapist, or Medical Doctor)

Medicaid will reimburse a CHR Program for case management services provided by CHR Program staff that have not yet completed the necessary certification requirements so long as case management services are provided under the supervision of a licensed professional (Licensed Practical Nurse, Social Worker, Registered Nurse, Physical Therapist, Occupational Therapist, Registered Dietician, or Medical Doctor) and the CHR Program staff are actively in the process of completing the necessary certification requirements within two years

Freedom of Choice (42 CFR 441 18(a)(1))

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

- 1 Eligible recipients will have free choice of the providers of case management services within the specified geographic area identified in this plan
- 2 Eligible recipients will have free choice of the providers of other medical care under the plan

Freedom of Choice Exception

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness Providers are limited to providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services

Access to Services

The State assures that

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Superseded
TN No 01-004

- Case management services will be provided in a manner consistent with the best interest of recipients and will not be used to restrict an individual's access to other services under the plan, [section 1902 (a)(19)]
- Individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management services, [section 1902 (a)(19)]
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan [42CFR 431 10(e)]

Limitations

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441 169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302 F)

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441 169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following research gathering and completion of documentation required by the foster care program, assessing adoption placements, recruiting or interviewing potential foster care parents, serving legal papers, home investigations, providing transportation, administering foster care subsidies, making placement arrangements (42 CFR 441 18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act (§§1902(a)(25) and 1905(c))

Payment (42 CFR 441 18(a)(4))

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose

Case Records (42 CFR 441 18(a)(7))

Providers maintain case records that document for all individuals receiving case management as follows (i) The name of the individual, (ii) The dates of the case management services, (iii) The name of the provider agency (if relevant) and the person providing the case management service, (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved, (v) Whether the individual has declined services in the care plan, (vi) The need for, and occurrences of, coordination with other case managers, (vii) A timeline for obtaining needed services, (viii) A timeline for reevaluation of the plan

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