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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-09-026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

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



Center for Medicaid , CHIP, and Survey & Certification

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

AUG 24 2010

Re: North Dakota 09-026

Dear Ms. Anderson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 09-026. Effective for services on or after October 1, 2009, this amendment modifies the reimbursement methodology to North Dakota's Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) by creating a supplemental payment to providers who serve behaviorally challenging or medically fragile individuals whose needs exceed normal thresholds based on criteria established by the department.



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 09-026 is approved effective October 1, 2009. The HCFA-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,



Cindy Mann
Director, CMCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-026	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 October 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 Subpart C		7. FEDERAL BUDGET IMPACT: a. FFY <u>2010</u> \$ <u>1,318,169</u> b. FFY <u>2011</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, subsection 2, page 31		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, subsection 2, page 31	
10. SUBJECT OF AMENDMENT: Amends the ND State Plan to create a rate enhancement through a supplemental payment for ICF/MR providers.			
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: Maggie D. Anderson, Director, Medical Services Division	
12. SIGNATURE: 	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: December 18, 2009 REVISED 8-17-2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED: 8-24-10		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT - 1 2009			
21. TYPED NAME: William Lasowski	22. TITLE: Deputy Director, CMCS		
23. REMARKS:			

Section 22 – Supplemental Payment for ICF/MR Providers

North Dakota ICF/MR providers that provide services to one or more individuals who meet state adopted criteria thresholds for being behaviorally challenging or medically fragile shall receive a supplemental payment for costs in excess of the budgeted costs that are included in the interim rate for ICF/MR care.

The state shall provide a supplemental payment to each ICF/MR provider based on a total ICF/MR supplemental allotment of \$1,884,444 for the period ending June 30, 2010. The allotment to each ICF/MR provider for the supplemental payment is based on the number of individuals, receiving services during July 2009, identified as meeting the state adopted criteria for being behaviorally challenged or medically fragile using the Oregon Assessment tool, times the per client allotment amount calculated by dividing the total amount appropriated for the state fiscal year by the total number of clients statewide who meet the criteria and are receiving any developmental disability services.

The supplemental payment will be paid per quarter beginning October 1, 2009 at the rate of 33.33% of each provider's allotment. Supplemental payments received must be offset to allowable salary costs in accordance with Section 12(3)(i) of this subsection when the final rate for the provider is established. The supplemental payment must also comply with the Medicare upper payment limit at 42 CFR 447.272.

The provider allotments for the period ending June 30, 2010 are:

4th Corporation	\$9,439
ABLE, Inc.	\$50,515
Anne Carlsen Center	\$1,138,521
Development Homes, Inc.	\$134,830
Enable, Inc.	\$70,140
Fraser, Ltd.	\$37,853
Friendship, Inc.	\$61,939
Housing, Industry, Training, Inc.	\$36,650
Minot Vocational Adjustment Workshop	\$16,990
Open Door Center	\$121,927
Opportunity Foundation	\$26,526
Red River Human Services Foundation	\$18,878
REM-North Dakota	\$143,246
Tri-City Cares, Inc.	\$16,990