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**State/Territory Name:** North Dakota

**State Plan Amendment (SPA) #:** ND-09-028

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**

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

AUG 25 2010

Re: North Dakota 09-028

Dear Ms. Anderson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 09-028. Effective for services on or after January 1, 2010, this amendment modifies the reimbursement methodology to North Dakota's nursing facility reimbursement section. Specifically, this amendment provides an exception to the application of the 90% occupancy limitation for specialized facilities providing services to individuals with traumatic brain injuries or geropsychiatric needs.

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 09-028 is approved effective January 1, 2010. 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

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|--|--|---------------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b>   | 1. TRANSMITTAL NUMBER:<br><b>09-028</b>  | 2. STATE<br><b>North Dakota</b> |
|  | 3. PROGRAM IDENTIFICATION:<br><b>TITLE XIX OF THE SOCIAL SECURITY ACT<br/>(MEDICAID)</b> |                                 |
| FOR: <b>HEALTH CARE FINANCING ADMINISTRATION</b>   | 4. PROPOSED EFFECTIVE DATE<br><b>January 1, 2010</b>                                     |                                 |
| TO: <b>REGIONAL ADMINISTRATOR<br/>HEALTH CARE FINANCING ADMINISTRATION<br/>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> |  |                                 |

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:<br><b>42 CFR Subpart B 483.1</b>                              | 7. FEDERAL BUDGET IMPACT:<br>a. FFY <u>2010</u> \$ <u>91,783</u><br>b. FFY <u>2011</u> \$ <u>114,721</u>                         |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><b>Attachment 4.19-D, subsection 1, page 48a</b> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><b>Attachment 4.19-D, subsection 1, page 48a</b> |

10. SUBJECT OF AMENDMENT:


**Amends the ND State Plan to provide an exception to the application of the 90% occupancy limitation for specialized nursing facilities providing services to individuals with traumatic brain injuries or geropsychiatric needs.**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Maggie D. Anderson, Director,  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Medical Services Division

|  |  |
|--|--|
| 12. SIGNATURE:  | 16. RETURN TO:<br><b>Maggie D. Anderson, Director<br/>Division of Medical Services<br/>ND Department of Human Services<br/>600 East Boulevard Avenue Dept 325<br/>Bismarck ND 58505-0250</b> |
| 13. TYPED NAME:<br><b>Maggie D. Anderson</b>   |  |
| 14. TITLE:<br><b>Director, Division of Medical Services</b>  |  |
| 15. DATE SUBMITTED:<br><b>December 21, 2009</b>  |  |

**FOR REGIONAL OFFICE USE ONLY**

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|---|--|
| 17. DATE RECEIVED:  | 18. DATE APPROVED:<br><b>8-25-10</b>   |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><b>JAN - 1 2010</b> |  |
| 21. TYPED NAME:<br><b>William Lasowski</b>                      | 22. TITLE:<br><b>Deputy Director, CMCS</b>   |
| 23. REMARKS:  |  |

State: North Dakota

Attachment 4.19-D  
Subsection 1

- (2) Reduced by the number of affected beds, for each day any bed is not in service during the report year, due to a remodeling, renovation, or construction project.
7. The department may waive or reduce the application of paragraph 6 if the facility demonstrates that occupancy below ninety percent of licensed capacity results from the use of alternative home and community services by individuals who would otherwise be eligible for admission to the facility and:
- a. The facility has reduced licensed capacity; or
  - b. The facility's governing board has approved a capacity decreased to occur no later than the end of the rate year which would be affected by subdivision d.
8. The department shall waive the application of paragraph 6 for nongeriatric facilities for individuals with physical disabilities or geropsychiatric facilities or units if occupancy below ninety percent is due to lack of department approved referrals or admissions.

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TN No: 09-028  
Supersedes  
TN No: 06-003

Approval Date: AUG 25 2010  
48a

Effective Date: 1-1-2010