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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-10-012

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

NOV - 2 2010

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

Re: North Dakota 10-012

Dear Ms. Anderson:



We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 10-012. Effective for services on or after July 1, 2010, this amendment modifies the reimbursement methodology to North Dakota's Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) by amending the 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 10-012 is approved effective July 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-012	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 July 1, 2010	
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>329,542</u> b. FFY <u>2011</u> \$ <u>988,626</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: 9/17/2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: NOV - 2 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2010		20. SIGNATURE: 	
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 \$1,955,983 for the period ending June 30, 2011. The allotment to each ICF/MR provider for the supplemental payment is based on the number of individuals, receiving services during July 2010, 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 July 1, 2010 at the rate of 25% 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, 2011 are:

4th Corporation	\$15,775
ABLE, Inc.	\$51,696
Anne Carlsen Center	\$1,144,543
Development Homes, Inc.	\$124,218
Enable, Inc.	\$125,234
Fraser, Ltd.	\$59,290
Friendship, Inc.	\$78,598
Housing, Industry, Training, Inc.	\$29,643
Lake Region Corporation	\$10,471
Minot Vocational Adjustment Workshop	\$28,017
Open Door Center	\$97,627
Opportunity Foundation	\$8,843
Red River Human Services Foundation	\$22,851
REM-North Dakota	\$141,632
Tri-City Cares, Inc.	\$17,545