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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-11-013

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

JUL 22 2011

Re: North Dakota 11-013

Dear Ms. Anderson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-013. Effective for services on or after July 1, 2011, this amendment amends the State plan to define nursing facility evacuation payments as a result of a flood disaster.

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 11-013 is approved effective July 1, 2011. 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: 11-013	2. STATE North Dakota
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2011
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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: 42 CFR 447.272	7. FEDERAL BUDGET IMPACT: a. FFY <u>2011</u> \$ <u>403,935</u> \$1,211,805 b. FFY <u>2012</u> \$ <u>-0-</u> \$807,870
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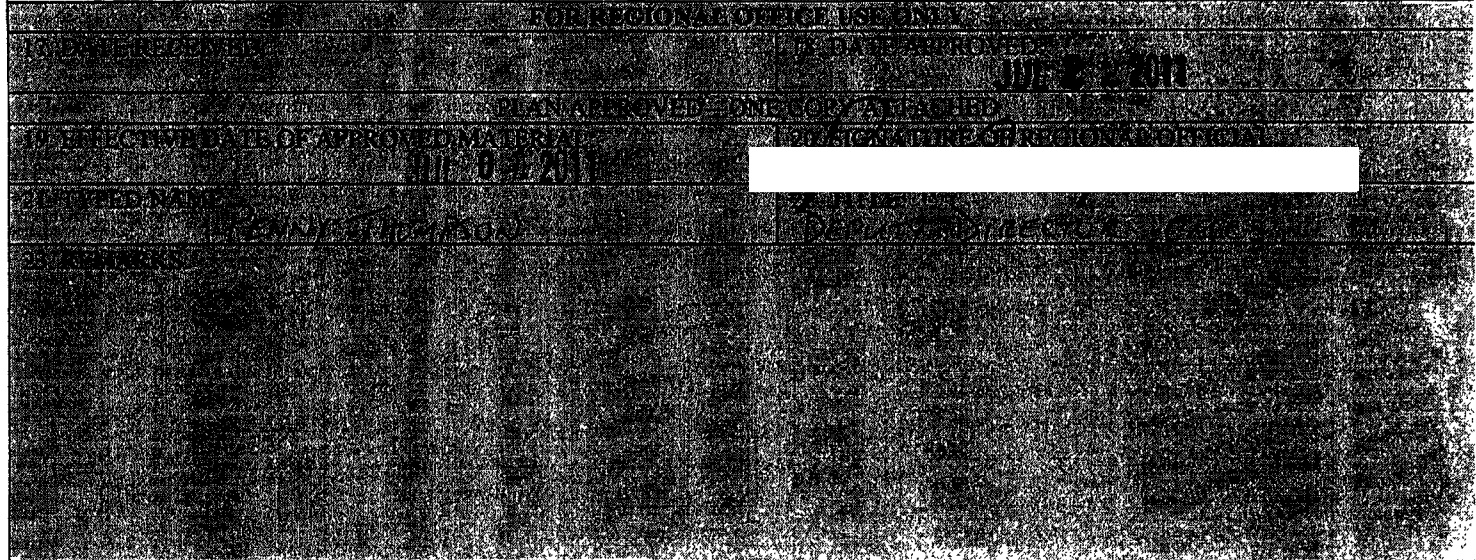
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 58b (new)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
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10. SUBJECT OF AMENDMENT:
Amends the State Plan to define Nursing Facility evacuation payments as a result of a flood related disaster.

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 OF STATE AGENCY OFFICIAL: <i>Maggie D. Anderson</i>	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: 6/29/2011 REVISED 7-12-2011	



State: North Dakota

Attachment 4.19-D
Subsection 1

6. For nursing facility evacuations due to a disaster, the state agency shall make payments to evacuate facilities based on actual allowable costs incurred by the evacuating facilities as a result of the disaster, including payments made to receiving facilities for the care of evacuated residents. The allowable cost for payments made by an evacuating facility to a receiving facility shall be the lesser of actual payments to the receiving facility or the receiving facility's daily rate (based on the resident classification), less the property component of the rate. The allowable cost for payments made by an evacuating facility to a critical access hospital shall be the lesser of actual payments made to the critical access hospital or the Medicaid swing bed rate in effect during the period of the evacuation. The evacuating facility will continue to receive the daily rate (based on the resident classification) for the evacuated residents.

Payments made under this provision will not exceed, in the aggregate, the upper payment limit as defined under 42 CFR 447.272. For the purposes of the upper payment limit calculation, a resident day shall only be counted once for any day that an evacuated resident is not in the evacuating facility but is in another location.

This provision expires November 30, 2011.

TN No. 11-013
Supersedes
TN No. NEW

Approval Date: JUL 22 2011
58b

Effective Date: 07-01-2011