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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-11-022

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 and CHIP Services

OCT 20 2011

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 11-022

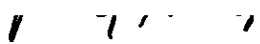
Dear Ms. Anderson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-022. Effective for services on or after July 1, 2011, this amendment updates the State plan to provide for a three percent inflationary rate increase for Medicaid services rendered by Intermediate Care Facilities for the Mentally Retarded.

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 11-022 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:
11-022

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, 2011

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)

5. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.204

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$ 266,569
b. FFY 2012 \$ 799,709

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page A (new)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Amends the State Plan to provide an inflationary increase for ICF services rendered by Medicaid providers.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Maggie D. Anderson, Director,
Medical Services Division

12. SIGNATURE OF STATE AG

13. TYPED NAME:

Maggie D. Anderson

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

9-30-2011

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**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

OCT 8 0 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Penney Thompson

22. TITLE:

Deputy Director, CMCS

23. REMARKS:

State of North Dakota

Attachment 4.19-D
Page A

Provider Inflationary Increases

As set forth in Attachment 4.19-D, Subsection 2, Page A-3; ("Greensheet" Adjustments),
Payments to Intermediate Care Facility Providers will be inflated by three percent, effective for
dates of service July 1, 2011.

TN No. 11-022
Supersedes
TN No. NEW

Approval Date: OCT 20 2011

Effective Date: 07-01-2011