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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-12-016

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

SEP 13 2012

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 12-016

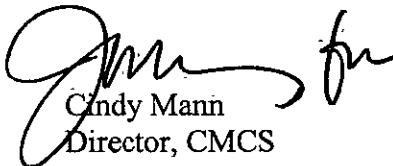
Dear Ms. Anderson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 12-016. Effective for services on or after July 1, 2012, this amendment updates the State plan to define the annual payment pool amount for supplemental payments made to ICF/MR providers.

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 12-016 is approved effective July 1, 2012. 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 FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER. 12-016	2. STATE North Dakota
	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, 2012
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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)

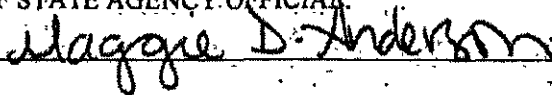
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ <u>347,016</u> b. FFY <u>2013</u> \$ <u>982,231</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Sub-section 2, Page 31	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, Sub-section 2, Page 31
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10. SUBJECT OF AMENDMENT:
Amends the State Plan to provide a supplemental payment for ICF providers.

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: 	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: June 14, 2012	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: SEP 13 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Julie Boughn	22. TITLE: Dr. Advisor

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 \$2,505,531 for the period ending June 30, 2013. The allotment to each ICF/MR provider for the supplemental payment is based on the number of individuals, receiving services during July 2012, 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, 2012 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, 2013 are:

4th Corporation	\$20,188
ABLE, Inc.	\$74,891
Anne Carlsen Center	\$1,214,044
Development Homes, Inc.	\$105,904
Enable, Inc.	\$232,534
Fraser, Ltd.	\$88,613
Friendship, Inc.	\$139,815
Housing, Industry, Training, Inc.	\$125,193
Lake Region Corporation	\$11,536
Minot Vocational Adjustment Workshop	\$82,147
Open Door Center	\$186,635
Opportunity Foundation	\$26,654
Red River Human Services Foundation	\$5,768
REM-North Dakota	\$170,723
Tri-City Cares, Inc.	\$20,886