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## Table of Contents

**State/Territory Name:** North Dakota

**State Plan Amendment (SPA) #:** ND-12-019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



Region VIII

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January 23, 2013

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

RE: North Dakota #12-019

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-019. This SPA concerns clarification language related to preventative services; medical nutrition therapy removing the requirement for prior authorization.

Please be informed that this State Plan Amendment was approved January 23, 2013 with effective date of October 1, 2012. We are enclosing the CMS-179 and the amended plan page(s).


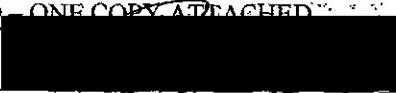
If you have any questions concerning this amendment, please contact Ann Clemens at (303) 844-2125.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid and Children's Health Operations

CC: Mary Lou Thompson

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>12-019</b>	2. STATE <b>North Dakota</b>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 1, 2012</b>	
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:		7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ <u>-0-</u> b. FFY <u>2013</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment to Page 6 of Attachment 3.1-A Attachment to Page 5 of Attachment 3.1-B</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment to Page 6 of Attachment 3.1-A Attachment to Page 5 of Attachment 3.1-B</b>	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan to clarify language related to preventative services; medical nutrition therapy.</b>			
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: <u>Maggie D. Anderson, Director,</u> <u>Medical Services Division</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
13. TYPED NAME: <b>Maggie D. Anderson</b>			
14. TITLE: <b>Director, Division of Medical Services</b>			
15. DATE SUBMITTED: <b>October 30, 2012</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>10/30/12</b>		18. DATE APPROVED: <b>1/23/13</b>	
PLAN APPROVED ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>10/1/12</b>		20. REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>RICHARD C. ALLEN</b>		22. TITLE: <b>ARA, DMCHO</b>	
23. REMARKS:			

State: North Dakota

Attachment to Page 6 of  
Attachment 3.1-A

**13.c Preventive Services**

- The North Dakota Medicaid program will provide payment for medical nutrition therapy if the service is ordered by a North Dakota Medicaid enrolled physician, nurse practitioner, physician's assistant, or clinical nurse specialist. Services do not require prior authorization, but must be provided by a North Dakota Medicaid enrolled licensed registered dietitian.

Medical nutrition therapy will be limited to an initial visit and three follow-up visits (total of four visits per calendar year). Additional visits may be provided if they are prior approved by the Department. Additional visits must be ordered by a North Dakota Medicaid enrolled physician, nurse practitioner, physician assistant, or clinical nurse specialist and will be approved if it can be demonstrated that progress is being made in diet control and there is ample evidence that a recipient will continue to need additional visits in order to benefit from the services of a licensed registered dietitian. The number of additional visits may vary based on the individual needs of each recipient.

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TN #: 12-019  
Supercedes  
TN#: 94-018

Approval Date: 1/23/13

Effective Date: 10-01-2012

State: North Dakota

Attachment to Page 5 of  
Attachment 3.1-B

**13.c Preventive Services**

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