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**State/Territory Name:** North Dakota

**State Plan Amendment (SPA) #:** ND-13-0021-MM5

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Region VIII**

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December 10, 2015

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 #13-0021

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-0021. This amendment concerns the Residency requirements established in the Affordable Care Act.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2014. We are enclosing the summary page (formerly the CMS-179) and the amended plan page(s).

If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Divisions for Medicaid & Children's Health Operations

cc: Maggie Anderson, ND  
Kathy Rodin, ND

# Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **North Dakota**

**Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

13-0021

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435.403

**Federal Budget Impact**

|             | Federal Fiscal Year | Amount |
|-------------|---------------------|--------|
| First Year  | 2014                | \$0.00 |
| Second Year | 2015                | \$0.00 |

**Subject of Amendment**

Affordable Care Act - Medicaid Eligibility State Plans - Residency - Bucket 5 (S88)

**Governor's Office Review**

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

• **Other, as specified**

Describe:

Single State Agency is responsible for review and submission of state plan amendments without review by the Governor's office.

**Signature of State Agency Official**

Submitted By: **Maggie Anderson**  
Last Revision Date: **Nov 21, 2015**  
Submit Date: **Oct 23, 2013**



# Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: 13 - 00 - 0021

Expiration date: 10/31/2014

## Non-Financial Eligibility State Residency

S88

42 CFR 435.403

### State Residency

- The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
  - Intends to reside in the state, including without a fixed address, or
  - Entered the state with a job commitment or seeking employment, whether or not currently employed.
- Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
  - Residing in the state, with or without a fixed address, or
  - The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
  - Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
  - Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
  - If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- IV-E eligible children living in the state, or
- Otherwise meet the requirements of 42 CFR 435.403.



# Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

Yes  No

The state has interstate agreements with the following selected states:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Alabama              | <input checked="" type="checkbox"/> Illinois      | <input checked="" type="checkbox"/> Montana        | <input checked="" type="checkbox"/> Rhode Island   |
| <input checked="" type="checkbox"/> Alaska               | <input checked="" type="checkbox"/> Indiana       | <input checked="" type="checkbox"/> Nebraska       | <input checked="" type="checkbox"/> South Carolina |
| <input checked="" type="checkbox"/> Arizona              | <input checked="" type="checkbox"/> Iowa          | <input checked="" type="checkbox"/> Nevada         | <input checked="" type="checkbox"/> South Dakota   |
| <input checked="" type="checkbox"/> Arkansas             | <input checked="" type="checkbox"/> Kansas        | <input checked="" type="checkbox"/> New Hampshire  | <input checked="" type="checkbox"/> Tennessee      |
| <input checked="" type="checkbox"/> California           | <input checked="" type="checkbox"/> Kentucky      | <input checked="" type="checkbox"/> New Jersey     | <input checked="" type="checkbox"/> Texas          |
| <input checked="" type="checkbox"/> Colorado             | <input checked="" type="checkbox"/> Louisiana     | <input checked="" type="checkbox"/> New Mexico     | <input checked="" type="checkbox"/> Utah           |
| <input checked="" type="checkbox"/> Connecticut          | <input checked="" type="checkbox"/> Maine         | <input type="checkbox"/> New York                  | <input checked="" type="checkbox"/> Vermont        |
| <input checked="" type="checkbox"/> Delaware             | <input checked="" type="checkbox"/> Maryland      | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Virginia       |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota              | <input checked="" type="checkbox"/> Washington     |
| <input checked="" type="checkbox"/> Florida              | <input checked="" type="checkbox"/> Michigan      | <input checked="" type="checkbox"/> Ohio           | <input checked="" type="checkbox"/> West Virginia  |
| <input checked="" type="checkbox"/> Georgia              | <input checked="" type="checkbox"/> Minnesota     | <input checked="" type="checkbox"/> Oklahoma       | <input checked="" type="checkbox"/> Wisconsin      |
| <input checked="" type="checkbox"/> Hawaii               | <input checked="" type="checkbox"/> Mississippi   | <input checked="" type="checkbox"/> Oregon         | <input type="checkbox"/> Wyoming                   |
| <input checked="" type="checkbox"/> Idaho                | <input checked="" type="checkbox"/> Missouri      | <input checked="" type="checkbox"/> Pennsylvania   |  |

The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- Are IV-E eligible
- Are in the state only for the purpose of attending school
- Are out of the state only for the purpose of attending school
- Retain addresses in both states
- Other type of individual

|          | Name of Type   | Description   |          |
|----------|----------------|---|----------|
| <b>+</b> | Long Term Care | Allow individuals to retain residency when entering a nursing home in Minnesota, for the first 24 months. | <b>X</b> |

The state has a policy related to individuals in the state only to attend school.

Yes  No



# Medicaid Eligibility

Provide a description of the policy:

An individual who is a full-time student, age 18 through 22, who is attending post-secondary or higher education in North Dakota and does not intend to live in North Dakota when their education has been completed, will not be considered a resident of North Dakota.

- Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

Yes  No

Provide a description of the definition:

An individual may be temporarily absent from the State and maintain North Dakota residency if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined that the person is a resident there for Medicaid purposes.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140115