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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-13-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 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



SEP 12 2013

Ms. Julie Schwab, Director
Division of Medical Services
Department of Human Services
600 East Boulevard Avenue
Department 325
Bismarck, ND 58505-0250

Re: North Dakota 13-006

Dear Ms. Schwab:




We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-006. Effective for services on or after April 15, 2013, this amendment amends the State plan to define nursing facility mandatory evacuation payments as a result of a 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 13-006 is approved effective April 15, 2013. 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13 - 006	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 April 15, 2013	
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: 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> \$ <u>\$13,211.00</u> b. FFY <u>2014</u> \$ <u>\$-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 58b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 58b of Attachment 4.19-D	
10. SUBJECT OF AMENDMENT: Amends the State Plan to define Nursing Facility evacuations in a disaster.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <u>Maggie D. Anderson, Director,</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Medical Services Division</u>			
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		17. DATE RECEIVED:	
14. TITLE: Director, Division of Medical Services		18. DATE APPROVED: SEP 12 2013	
15. DATE SUBMITTED: June 24, 2013		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 15 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: 		22. TITLE: Director, Policy & Financial Mgt. CMCS	
23. REMARKS:			

State: North Dakota

Attachment 4.19-D
Subsection 1

6. For facilities evacuated in a disaster due to a mandatory evacuation order, 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 fifty percent of 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 fifty percent of 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.

TN No. 13-006
Supersedes
TN No. 11-013

SEP 12 2013
Approval Date: _____
58b

Effective Date: 4/15/2013