Table of Contents

State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-13-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

TN: ND-13-010 Approval Date: 01/16/14 Effective Date: 07/01/13

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



JAN 16 2014

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

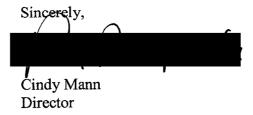
Re: North Dakota 13-010

Dear Ms. Schwab:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-010. Effective for services on or after July 1, 2013, this amendment updates the reimbursement methodology for Nursing Facilities by providing for a three percent inflationary increase.

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 13-010 is approved effective July 1, 2013. The HCFA-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.



TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13-010	North Dakota
	3. PROGRAM IDENTIFICATION:	
FOR: HEALTH CARE FINANCING ADMINISTRATION	7. PROGRAM IDENTIFICATION. TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 4. PROPOSED EFFECTIVE DATE	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	Inky 1 2012	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
		5
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	 ☐ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
O. I IDD Did to Still O . Division of Still	a. FFY 2013 \$ 1,213,364.	<u>00</u>
42 CED 445	b. FFY 2014 \$_4,892,672.	
42 CFR 447	A PACE NUMBER OF THE CURER	SEDED DI AN SECTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
	44 7 7 4 4	
Attachment 4.1-D, Subsection 1	Attachment 4.1-D, Subsection 1	
10. SUBJECT OF AMENDMENT:		
Amends the State Plan to identify one-time adjustmen	nto annuoved by the legislativ	ze accembly.
Amends the State Plan to identify one-time adjustmen	nts approved by the legislativ	e assembly.
11. GOVERNOR'S REVIEW (Check One):	MOTHER ACCRE	CIEIED:
GOVERNOR'S OFFICE REPORTED NO COMMENT		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Medical Services	S DIVISION
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	Maggie D. Anderson, Director	
Maggie D. Anderson	Division of Medical Services	
	ND Department of Human S	Services
14, TITLE:	600 East Boulevard Avenue	Dent 325
Executive Director, ND Dept. of Human Services		Dept 323
15. DATE SUBMITTED:	Bismarck ND 58505-0250	
August 2, 2013		
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Attachment 4.19-D Subsection 1

STATE: North Dakota

- 5. Adjustment for One-time adjustments for legislatively approved cost increases:
 - a. The department shall increase rates otherwise established by this section for one-time adjustments to historical costs by three percent effective July 1, 2013.
 - b. The increase in rates shall be a pass through rate not subject to any cost category limitation.
 - c. For the rate year following a one-time adjustment the pass through rate established for the prior year shall be increased by one-half the adjustment factor set forth in paragraph 2.c(1) of Section 24 Adjustment Factors for Direct Care, Other Direct Care and Indirect Care Costs.
 - d. Any additional funds provided by the one-time adjustments must be used for the legislatively prescribed purpose and are subject to audit. If the department determines that the funds were not used for the intended purpose, an adjustment must be made in accordance with Section 26 Rate Adjustments.

TN No. <u>13-010</u> Supersedes TN No. <u>09-012</u>