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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-14-0014

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

DEC 10 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 14-014

Dear Ms. Schwab:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 14-014. Effective for services on or after July 1, 2014, this amendment provides for a three percent inflationary increase for Intermediate Care Facilities (ICF); and, updates the payment pool and individual provider allotment amounts for the ICF supplemental payment provision for State Fiscal Year 2015.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 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 14-014 is approved effective July 1, 2014. The HCFA-179 and the amended plan pages are attached.

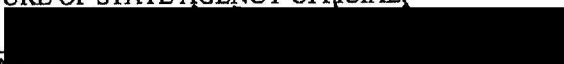
If you have any questions, please contact Christine Storey at (303) 844-7044.


Sincerely,



Timothy Hill
Director

A handwritten signature in black ink, appearing to be "JH", written over the printed name and title.

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-014	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 July 1, 2014	
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 Part 447 Subpart C; 42 CFR 447.204		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$ <u>614,411</u> b. FFY <u>2015</u> \$ <u>2,134,516</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Subsection 2, page A Attachment 4.19-D, Subsection 2, Page 31		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, Subsection 2, page A Attachment 4.19-D, Subsection 2, Page 31	
10. SUBJECT OF AMENDMENT: Amends the State Plan to update the supplemental payment and to identify an increase for Intermediate Care Facilities and Services.			
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, Executive Director,</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Department of Human Services</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Maggie D. Anderson, Executive Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Maggie D. Anderson			
14. TITLE: Executive Director, ND Dept. of Human Services			
15. DATE SUBMITTED: September 15, 2014			

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: DEC 10 2014
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2014	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Kristina FAN	22. TITLE: Deputy Director, FMC
23. REMARKS:	

State of North Dakota

Attachment 4.19-D
Subsection 2
Page A

Provider Inflationary Increases

As set forth in Attachment 4.19-D. Subsection 2, Page A-3; ("Greensheet" Adjustments),
Payments to Intermediate Care Facility Providers will be inflated by three percent, effective for
dates of service July 1, 2014.

TN No. 14-014
Supersedes
TN No. 13-014

Approval Date: DEC 10 2014

Effective Date: 07-01-2014

Section 22 – Supplemental Payment for Intermediate Care Facility (ICF) Providers

North Dakota ICF 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 care.

The state shall provide a supplemental payment to each ICF provider based on a total ICF supplemental allotment of 2,585,007 for the period ending June 30, 2015. The allotment to each ICF provider for the supplemental payment is based on the number of individuals, receiving services during June 2014 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, 2014 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, 2015 are:

4th Corporation	\$22,544
ABLE, Inc.	\$67,046
Anne Carlsen Center	\$1,251,063
Development Homes, Inc.	\$111,914
Enable, Inc.	\$173,962
Fraser, Ltd.	\$171,769
Friendship, Inc.	\$215,962
Housing, Industry, Training, Inc.	\$161,637
Lake Region Corporation	\$9,759
Minot Vocational Adjustment Workshop	\$66,460
Open Door Center	\$134,504
Opportunity Foundation	\$25,911
Red River Human Services Foundation	\$4,879
REM-North Dakota	\$149,006
Tri-City Cares, Inc.	\$18,591