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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-14-004

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

November 18, 2014

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

RE: North Dakota #14-004

Dear Ms. Schwab:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-004. This amendment clarifies coverage for Private Duty Nursing and will establish a monthly service limit that would be allowed in combination with the limit on home health services.

Please be informed that this State Plan Amendment was approved November 12, 2014 with an effective date of January 1, 2014. 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/

Mary Marchioni
Acting Associate Regional Administrator
Division for Medicaid and Children's Health Operations

CC: Maggie Anderson, ND
Kathy Rodin, ND

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-004	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 January 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 440.80		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$0.00 b. FFY <u>2015</u> \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 3a Attachment to page 3 of Attachment 3.1-A, Attachment to page 3a of Attachment 3.1-A Attachment 3.1-B page 4 Attachment to page 3 of Attachment 3.1-B Attachment to page 4 of 3.1-B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A page 3a Attachment to page 3 of Attachment 3.1-A New Attachment 3.1-B page 4 Attachment to page 3 of Attachment 3.1-B New	
10. SUBJECT OF AMENDMENT: Clarify coverage for Private Duty Nursing, including limitations.			
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>Delegated to Single State Medicaid agency</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: March 27, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/27/14		18. DATE APPROVED: 11/12/14	
PLAN APPROVED -- ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: Mary Marchioni		22. TITLE: Acting ARA, DMCHO	
23. REMARKS:			

- 6e. Effective July 1, 2006 professionals who can order restraint or seclusion for children and adolescents in a psychiatric residential treatment facility are physicians, nurse practitioners and physician assistants who are trained in the use of emergency safety interventions.

A face-to-face assessment of the physical and psychological well being of an individual who is restrained or secluded, must be completed within one hour of the initiation of the restraint or seclusion by a licensed healthcare professional or practitioner who is trained in the use of safety emergency interventions.

7. Home Health Services

Payment for Home Health Care Services will be limited to no more, on an average monthly basis, to the equivalent of one hundred seventy-five visits.

The limit for home health care services is in combination with the limit for private duty nursing.

The limit may be exceeded in cases where it is determined there is medical necessity for exceeding the limit. Prior authorization must be obtained from the Medical Services Division before the limit can be exceeded.

Home Health Telemonitoring will be covered within the same limits noted above. Home Telemonitoring is not allowed for the initial Home Health evaluation visit or for the discharge visit. In addition, Home Health Telemonitoring is limited to no more than forty percent (40%) of the total visits during each certification period. Practitioners who provide Home Health services by telemonitoring must be employed by a Medicare certified Home Health facility.

The state of North Dakota provides Home Health services in accordance with 42 CFR 440.70.

STATE: North Dakota

Attachment to Page 3a of
Attachment 3.1-A

Private Duty Nursing Services

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The state of North Dakota covers private duty nursing in accordance with 42 CFR 440.80. Services are limited to the home of the recipient.

TN No: 14-004

Supersedes

TN No: NEW

Approval Date 11/12/14

Effective Date: 01-01-2014

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STATE: North Dakota

Attachment to Page 4 of
Attachment 3.1-B

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