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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-14-010

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

September 10, 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 #14-010

Dear Ms. Schwab:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-010. This amendment updates the levels of care for ambulatory behavioral health services with the American Society of Addiction Medicine (ASAM) and to update the annual limit of Medicaid-covered, outpatient ambulatory behavioral services.

Please be informed that this State Plan Amendment was approved on September 8, 2014 with an effective date of July 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: 14-010	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: 1905 (a)(2) SSA and 42 CFR 440.20		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$-1,782.57 b. FFY <u>2015</u> \$-7,130.27	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment to Page 1 of Attachment 3.1-A Attachment to Page 2 of Attachment 3.1-B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment to Page 1 of Attachment 3.1-A Attachment to Page 2 of Attachment 3.1-B	
10. SUBJECT OF AMENDMENT: To update the levels of care for ambulatory behavioral health services with the American Society of Addiction Medicine (ASAM) and to update the annual limit of Medicaid-covered, outpatient, ambulatory behavioral 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>Delegated to Single State Medicaid agency</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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: July 8, 2014 REVISED 8-26-2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: July 8, 2014		18. DATE APPROVED: September 8, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: Mary Marchioni		22. TITLE: Acting ARA, DMCHO	
23. REMARKS:			

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

1. The North Dakota Medicaid Program will limit the number of inpatient psychiatric days to no more than 21 days for each inpatient psychiatric stay in a distinct part psychiatric unit of a general hospital and to no more than 45 days per calendar year. This limit does not apply to individuals for which the Medicaid Program is obligated to pay for all diagnostic and treatment because they are eligible for the EPSDT program.

The North Dakota Medicaid Program will limit the number of inpatient rehabilitation days to no more than 30 days for each inpatient rehabilitation stay in a distinct part rehabilitation unit of a general hospital. This limit does not apply to individuals for which the Medicaid Program is obligated to pay for all diagnostic and treatment because they are eligible for the EPSDT program.

- 2.a. The North Dakota Medicaid program will limit the number of days for which payment can be made for Ambulatory Behavioral Health Care (Partial Hospitalization) services to a level meeting the following criteria.

American Society of Addiction Medicine (ASAM) II.5: This level of Ambulatory Behavioral Health Care requires a treatment program of 4 to 11 hours per day for 3 to 7 days per week. Three or more licensed professionals (disciplines) must be treating the individual under the supervision of a psychiatrist. There will be a limit of 45 days per calendar year for ASAM II.5.

American Society of Addiction Medicine (ASAM) II.1: This level of Ambulatory Behavioral Health Care requires a treatment program of 3 hours per day for 2 to 7 days per week. Three or more licensed professionals (disciplines) must be treating the individual under the supervision of a psychiatrist. There will be a limit of 30 days per calendar year for ASAM II.1.

American Society of Addiction Medicine (ASAM) I: This level of Ambulatory Behavioral Health Care requires a treatment program for chemical dependency services of less than 3 hours per day and up to 3 days per week. At least one licensed professional (discipline) must be treating the individual under the supervision of a psychiatrist. There will be a limit of 20 calendar days per year for ASAM I. An additional ten days may be approved by the department on a case-by-case basis.

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Effective January 1, 2004, the North Dakota Medicaid Program will limit the number of occupational therapy visits to no more than 20 sessions per recipient per calendar year unless the provider requests and receives prior authorization for the Department. This limit applies in combination with services delivered by independent occupational therapists.

Effective January 1, 2004, the North Dakota Medicaid Program will limit the number of physical therapy visits to not more than 15 visits per recipient per calendar year unless the provider requests and receives prior authorization from the Department. This limit applies in combination with services delivered by independent physical therapists.

Effective January 1, 2004, the North Dakota Medicaid Program will limit the number of speech therapy visit to no more than 30 visits per recipient per calendar year unless the provider requests and receives prior authorization for the Department. This limit applies in combination with services delivered by independent speech therapists.