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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-15-0009

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

October 8, 2015

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

RE: North Dakota #15-0009

Dear Ms Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0009. This SPA amends the State Plan to identify a Behavioral Health Encounter for Federally Qualified Health Care Centers

Please be informed that this State Plan Amendment was approved today with an effective date of August 1, 2015. We are enclosing the CMS-179 and the amended plan page(s).


If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,

/s/

Richard C. Allen
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: 15-0009	2. STATE North Dakota
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4 PROPOSED EFFECTIVE DATE August 1, 2015	
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		7 FEDERAL BUDGET IMPACT: a FFY <u>2015</u> \$ <u>9,885</u> b. FFY <u>2016</u> \$ <u>59,666</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 6a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 6a	
10 SUBJECT OF AMENDMENT. Amends the State Plan to identify a Behavior Health Encounter for FQHCs.			
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 August 28, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 28, 2015		18. DATE APPROVED: October 8, 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

4. Upon the FQHC's application, the medical or dental APM rates shall be adjusted to reflect any increase or decrease in the scope of services furnished by the FQHC.

5. Rate-Setting for New FQHCs

For the purpose of this Section, a "new FQHC" is an FQHC that meets all applicable licensing or enrollment requirements, and qualifies as an FQHC on or after April 1, 2012. Sites of an existing FQHC that are newly recognized by the Health Resources and Services Administration (HRSA) are not new FQHCs.

- (a) Establishment of Interim Rate: The state shall pay new FQHCs under the methodology effective for services provided on or after the effective date the provider is an enrolled provider. The new FQHC shall choose between two options for interim medical and dental APM rates that shall be effective until new APM rates are established:
 - i. 90% of the average medical APM rate and average dental APM rate for all FQHCs in North Dakota, or
 - ii. A rate based on an actual or *pro forma* cost report.
- (b) Establishment of APM Rates: The FQHC's medical and dental APM rates will be determined according to subsection B.1 and shall be effective on the first day of the second full fiscal year of operations.
- (c) Reconciliation: Payments made to an FQHC under the interim rate described in subsection B.5 shall be subject to cost settlement, and the FQHC shall be entitled to receive the reasonable cost of providing covered services during the first two fiscal years of operation

6. Behavioral Health Services Encounter

A behavioral health services encounter provided at a FQHC may be rendered by a licensed provider, within their scope of practice and who meets the provider qualifications for rehabilitative services under Attachment to Page 6 of Attachment 3.1-A and Attachment to Page 5 of Attachment 3.1-B.

The rate for a behavioral health encounter shall be equal to the medical APM rate. A behavioral health encounter may be reimbursed in addition to a separate medical encounter on the same day.