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**State/Territory Name:** North Dakota

**State Plan Amendment (SPA) #:** ND-15-0023

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**

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March 29, 2016

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

RE: North Dakota #15-0023

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0023. This amends the North Dakota State Plan for Targeted Case Management for individuals with a Serious Mental Illness or a Serious Emotional Disturbance.

Please be informed that this State Plan Amendment was approved March 29, 2016 with an effective date of October 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,



Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Maggie Anderson, ND  
Kathy Rodin, ND

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>15-0023</b>	2. STATE <b>North Dakota</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		4. PROPOSED EFFECTIVE DATE <b>October 1, 2015</b>	
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: <b>42 CFR 440.169</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$ no fiscal impact expected b. FFY <u>2017</u> \$ no fiscal impact expected	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Page 8 Attachment 3.1-B, Page 7 Supplement 1 to Attachment 3.1-A Pages 1 - 7 Supplement 1 to Attachment 3.1-B Pages 1 - 7 Attachment 4.19-B, Page 3d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A, Page 8 Attachment 3.1-B, Page 7 Supplement 1 to Attachment 3.1-A pages 1-5 Supplement 1 to Attachment 3.1-B pages 1-5 Attachment 4.19-B, Page 3d, <del>2-22</del>	
10. SUBJECT OF AMENDMENT: Amends the North Dakota State Plan for Targeted Case Management for individuals with a Serious Mental Illness or a Serious Emotional Disturbance.			
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:  <b>Maggie D. Anderson, Executive Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
13. TYPED NAME: <u>06</u> <b>Maggie D. Anderson</b>			
14. TITLE: <b>Executive Director, Department of Human Services</b>			
15. DATE SUBMITTED: <b>December 31, 2015 Revised 3-29-2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: December 31, 2015 Revised March 29, 2016		18. DATE APPROVED:      March 29, 2016	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2015		20.  CIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:  <b>Changes made to box 9 at request of state. (km)</b>			

30. For Targeted Case Management Services for individuals with a serious mental illness or serious emotional disturbance, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in 15 minute increments. As authorized by the 2015 Legislative Assembly, North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement as of July 1, 2015 and is effective for services provided on or after that date. The fee schedule and any annual/periodic adjustments are published at <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html>
31. For Targeted Case Management Services for individuals served in the child welfare system, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in 15 minute increments. As authorized by the 2015 Legislative Assembly, North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement as of July 1, 2015 and is effective for services provided on or after that date. The fee schedule and any annual/periodic adjustments to the fee schedule are published at <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html>
32. For Targeted Case Management Services for Individuals needing Long Term Care services, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in monthly increments. Except as otherwise noted in the plan, the state developed fee schedule rates are the same for both governmental and private providers of case management for individuals needing Long Term Care. The fee schedule and any annual/periodic adjustments to the fee schedule are published on <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html>.  
  
The agency's fee schedule rate was set as of July 1, 2015 and is effective for services provided on or after that date. All rates are published on the agency's website.
33. For Targeted Case Management Services for Pregnant women and infants, payment will be based on the lower of the provider's actual billed charge or the fee schedule established per the procedure code definition. Except as otherwise noted in the plan, the state developed fee schedule rates are the same for both governmental and private providers of case management for pregnant women and infants. The fee schedule and any annual/periodic adjustments to the fee schedule are published on <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html>. The agency's fee schedule rate was set as of July 1, 2015 and is effective for services provided on or after that date. All rates are published on the agency's website. The payment methodology in this section, TCM for Pregnant women and infants, is effective on or after October 5, 2015.

State Plan under Title XIX of the Social Security Act  
State/Territory: North Dakota

**TARGETED CASE MANAGEMENT SERVICES**  
**Individuals with a serious mental illness or serious emotional disturbance**

Target Group (42 Code of Federal Regulations 441.18(a) (8) (i) and 441.18(a) (9)):

**Target Group**

To be eligible for this service, individuals

**(A) Adults with a serious mental illness (SMI) must:**

- Be Medicaid eligible; and
- Be 18 years of age or over; and
- Be chronically mentally ill in accordance with N.D.C.C. 57-38-01 which states:

"**Chronically mentally ill**" means a person who, as a result of a mental disorder, exhibits emotional or behavioral functioning which is so impaired as to interfere substantially with the person's capacity to remain in the community without verified supportive treatment or services of a long-term or indefinite duration. This mental disability must be severe and persistent, resulting in a long-term limitation of the person's functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment, and recreation.

The mental disorder must be an identifiable disorder defined in the most current Diagnostic and Statistical Manual (DSM) or the International Classification of Disease (ICD) equivalent with the exception of 'V' codes, substance use disorders, and developmental disabilities unless they co-occur with another diagnosable mental disorder; and

- The condition is expected to be of a duration of a year or longer; and
- The individual must demonstrate at least a moderate level of functional deficit and disability severity as measured by the most current version of the World Health Organization Disability Assessment Schedule (WHODAS). The self-administered version is required; however, the proxy or clinician-administered versions will be accepted with a documented reason; and
- In addition to the clinical diagnostic and functioning requirements above, **one** of the following is required:
  - Individual has undergone psychiatric treatment more intensive than outpatient services more than once related to their mental illness; or
  - Individual has a history of documented problems resulting from mental illness for at least one year verified by family or local provider; or
  - Individual has experienced a single episode of continuous structured supportive residential care other than hospitalization for at least two months.

**(B) Children with a serious emotional disturbance (SED must):**

- Be Medicaid Eligible; and
- Be less than 21 years of age; and

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Supersedes \_\_\_\_\_ Approval Date: March 29, 2016 Effective Date: 10-01-2015

TN No. 90-01, 99-013, and 00-007

State Plan under Title XIX of the Social Security Act  
State/Territory: North Dakota

**TARGETED CASE MANAGEMENT SERVICES**

**Individuals with a serious mental illness or serious emotional disturbance**

- Have a mental disorder defined in the most current Diagnostic and Statistical Manual (DSM) or the ICD equivalent with the exception of 'V' codes, substance use disorders, and developmental disabilities unless they co-occur with another diagnosable mental disorder; and
- The condition is expected to be of a duration of a year or longer; and
- The child must demonstrate a functional impairment of 50 or less on the Global Assessment of Functioning (GAF) or the WHODAS-Child score which indicates substantial interference with or limits the child's role of functioning in school, home, or community activities.  
Children who would have met functional impairment criteria during the prior year without the benefit of treatment or other support services are included in this definition; and
- Has service needs involving two or more community agencies such as mental health, substance use, health, special education, juvenile justice, child welfare; and
- Be determined:
  - a. To be having a psychiatric crisis or emergency which requires emergency intervention to prevent institutional placement; or
  - b. To be in need of long-term mental health services.

Exclusions for the Target Populations

Functional impairments that are temporary and expected responses to stressful events in the environment are not included.

For case management services provided to the target populations in medical institutions:

Target group is comprised of individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

Areas of State in which services will be provided (§1915(g) (1) of the Act):

- Entire State  
 Only in the following geographic areas: [Specify areas]

Comparability of services (§§1902(a) (10) (B) and 1915(g) (1))

- Services are provided in accordance with §1902(a) (10) (B) of the Act.  
 Services are not comparable in amount duration and scope (§1915(g) (1)).

Definition of services (42 CFR 440.169):

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

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State Plan under Title XIX of the Social Security Act  
State/Territory: North Dakota

**TARGETED CASE MANAGEMENT SERVICES**  
**Individuals with a serious mental illness or serious emotional disturbance**

**Comprehensive assessment** and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include

- taking client history;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

**Development (and periodic revision) of a specific care plan** based on the information collected through the assessment that

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual;

**Referral and related activities** (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including

- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

**Monitoring and follow-up activities**

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - services are being furnished in accordance with the individual's care plan;
  - services in the care plan are adequate; and
  - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

The care plan is reviewed and updated every six months to reflect the accomplishments and changing needs.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes

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**State Plan under Title XIX of the Social Security Act  
State/Territory: North Dakota**

**TARGETED CASE MANAGEMENT SERVICES  
Individuals with a serious mental illness or serious emotional disturbance**

of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

For Case management services to assist individuals who reside in medical institutions to transition to the community, case management services are coordinated with and do not duplicate activities provided as part of institutional services and discharge planning activities.

**Qualifications of Providers:**

Providers of case management for eligible individuals are limited to regional human service centers or North Dakota federally recognized Indian Tribes or Indian Tribal Organizations.

**Qualifications of Individuals providing case management:**

1. Regional Human Service Centers

• Effective October 1, 2015

For individuals hired and providing case management services effective October 1, 2015 or thereafter, case managers must have a bachelor's degree in social work, psychology, counseling, nursing, occupational therapy, vocational rehabilitation, therapeutic recreation, or human resources, and two years of experience working with special population groups in a direct care setting; or a master's degree in one of the fields listed above.

• Prior to October 1, 2015

For individuals hired and providing case management services prior to October 1, 2015, case managers must: 1) possess a Bachelor's or Master's Degree in social work, psychology, counseling, or occupational therapy; or 2) be a registered nurse; or 3) be a licensed physician, psychologist, social worker, or addiction counselor; or 4) possess a Bachelor's Degree in vocational rehabilitation, physical therapy, child development and family science, human resource management, communication disorders, severely multi-handicapped, special education, sociology, or criminal justice with at least two courses in mental illness; or 5) possess a Bachelor's degree and have the equivalent of three full years (36 months) of direct experience in providing services to individuals who are chronically mentally ill.

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State/Territory: North Dakota**

**TARGETED CASE MANAGEMENT SERVICES**

**Individuals with a serious mental illness or serious emotional disturbance**

Additional Requirements for Regional Human Service Center staff:

Individuals providing case management to adults with SMI must successfully complete the ND Department of Human Services current approved e-learning modules within six months of employment to provide case management.

Individuals providing case management to children with SED must:

- a) Successfully complete the Department of Human Services Wraparound Certification training, or be in "Provisionally Certified" status of successfully completing Wraparound Certification training within nine months of beginning to provide case management.
- b) Maintain Wraparound Certification status by attending a Department of Human Services approved Wraparound Recertification training at least once every two years.

**2. North Dakota federally recognized Indian Tribes or Indian Tribal Organizations Serving Children with Serious Emotional Disturbances(SED)**

Individuals providing case management to children with SED must:

- a) Successfully complete the Department of Human Services wraparound Certification training, or be in "Provisionally Certified" status of successfully completing Wraparound Certification training within nine months of beginning to provide case management.
- b) Maintain Wraparound Certification status by attending a Department of Human Service's approved Wraparound Recertification training at least once every two years.
- c) Demonstrate they possess the necessary cultural sensitivity and background knowledge to provide appropriate services to the Native American population they are serving; and
- d) Be supervised by someone with a bachelor's degree in social work, psychology or other human service field. The supervisor must also:
  - a. Successfully complete the Department of Human Services approved wraparound Certification training, or be in "Provisionally Certified" status of successfully completing Wraparound Certification training within nine months of beginning to supervise those providing case management.
  - b. Maintain Wraparound Certification status through attending a Department of Human Services approved Wraparound Recertification training at least once every two years.

**Freedom of choice (42 CFR 441.18(a) (1)):**

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

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**State Plan under Title XIX of the Social Security Act  
State/Territory: North Dakota**

**TARGETED CASE MANAGEMENT SERVICES  
Individuals with a serious mental illness or serious emotional disturbance**

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

**Freedom of Choice Exception (§1915(g) (1) and 42 CFR 441.18(b)):**

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Regional Human Service Centers (HSC) have oversight by a medical director with specialty in psychiatry, and all cases are staffed by a Ph.D. Clinical Psychologist and two other professional disciplines such as psychiatry, social work, nursing, or advance clinical specialist. Training of staff is targeted to mental health diagnosis, functioning, and evidence-based interventions.

Case Managers for the Target Populations have access to multidisciplinary resources (psychiatry, psychology, substance abuse, vocational rehabilitation), all of which are accessible within the same HSC. The North Dakota Department of Human Services is given legislative authority through North Dakota Administrative Code 25-10-01.1 which defines a unified delivery system. North Dakota Century Code 50-06-05.2 requires that human services be delivered through Regional Human Service Centers.

Case management for adults is anchored in the recovery-focused model based on the concepts of strengths and empowerment. Recovery from mental illness and the individual obtaining their highest level of functioning are the goals. Case management for children with serious emotional disturbances is anchored in the wraparound process where individualized services are 'wrapped' around the child to increase functioning.

**Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):**

The State assures the following:

- a) Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- b) Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

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- c) Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

**Payment (42 CFR 441.18(a) (4)):**

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

**Case Records (42 CFR 441.18(a) (7)):**

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

**Limitations:**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a) (25) and 1905(c))

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**TARGETED CASE MANAGEMENT SERVICES**

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For individuals hired and providing case management services effective October 1, 2015 or thereafter, case managers must have a bachelor's degree in social work, psychology, counseling, nursing, occupational therapy, vocational rehabilitation, therapeutic recreation, or human resources, and two years of experience working with special population groups in a direct care setting; or a master's degree in one of the fields listed above.

• Prior to October 1, 2015

For individuals hired and providing case management services prior to October 1, 2015, case managers must: 1) possess a Bachelor's or Master's Degree in social work, psychology, counseling, or occupational therapy; or 2) be a registered nurse; or 3) be a licensed physician, psychologist, social worker, or addiction counselor; or 4) possess a Bachelor's Degree in vocational rehabilitation, physical therapy, child development and family science, human resource management, communication disorders, severely multi-handicapped, special education, sociology, or criminal justice with at least two courses in mental illness; or 5) possess a Bachelor's degree and have the equivalent of three full years (36 months) of direct experience in providing services to individuals who are chronically mentally ill.

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**State Plan under Title XIX of the Social Security Act  
State/Territory: North Dakota**

**TARGETED CASE MANAGEMENT SERVICES**

**Individuals with a serious mental illness or serious emotional disturbance**

Additional Requirements for Regional Human Service Center staff:

Individuals providing case management to adults with SMI must successfully complete the ND Department of Human Services current approved e-learning modules within six months of employment to provide case management.

Individuals providing case management to children with SED must:

- a) Successfully complete the Department of Human Services Wraparound Certification training, or be in "Provisionally Certified" status of successfully completing Wraparound Certification training within nine months of beginning to provide case management.
- b) Maintain Wraparound Certification status by attending a Department of Human Services approved Wraparound Recertification training at least once every two years.

**2. North Dakota federally recognized Indian Tribes or Indian Tribal Organizations Serving Children with Serious Emotional Disturbances(SED)**

Individuals providing case management to children with SED must:

- a) Successfully complete the Department of Human Services wraparound Certification training, or be in "Provisionally Certified" status of successfully completing Wraparound Certification training within nine months of beginning to provide case management.
- b) Maintain Wraparound Certification status by attending a Department of Human Service's approved Wraparound Recertification training at least once every two years.
- c) Demonstrate they possess the necessary cultural sensitivity and background knowledge to provide appropriate services to the Native American population they are serving; and
- d) Be supervised by someone with a bachelor's degree in social work, psychology or other human service field. The supervisor must also:
  - a. Successfully complete the Department of Human Services approved wraparound Certification training, or be in "Provisionally Certified" status of successfully completing Wraparound Certification training within nine months of beginning to supervise those providing case management.
  - b. Maintain Wraparound Certification status through attending a Department of Human Services approved Wraparound Recertification training at least once every two years.

**Freedom of choice (42 CFR 441.18(a) (1)):**

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

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State/Territory: North Dakota**

**TARGETED CASE MANAGEMENT SERVICES  
Individuals with a serious mental illness or serious emotional disturbance**

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

**Freedom of Choice Exception (§1915(g) (1) and 42 CFR 441.18(b)):**

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Regional Human Service Centers (HSC) have oversight by a medical director with specialty in psychiatry, and all cases are staffed by a Ph.D. Clinical Psychologist and two other professional disciplines such as psychiatry, social work, nursing, or advance clinical specialist. Training of staff is targeted to mental health diagnosis, functioning, and evidence-based interventions.

Case Managers for the Target Populations have access to multidisciplinary resources (psychiatry, psychology, substance abuse, vocational rehabilitation), all of which are accessible within the same HSC. The North Dakota Department of Human Services is given legislative authority through North Dakota Administrative Code 25-10-01.1 which defines a unified delivery system. North Dakota Century Code 50-06-05.2 requires that human services be delivered through Regional Human Service Centers.

Case management for adults is anchored in the recovery-focused model based on the concepts of strengths and empowerment. Recovery from mental illness and the individual obtaining their highest level of functioning are the goals. Case management for children with serious emotional disturbances is anchored in the wraparound process where individualized services are 'wrapped' around the child to increase functioning.

**Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):**

The State assures the following:

- a) Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- b) Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

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State/Territory: North Dakota

**TARGETED CASE MANAGEMENT SERVICES**  
**Individuals with a serious mental illness or serious emotional disturbance**

- c) Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

**Payment (42 CFR 441.18(a) (4)):**

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

**Case Records (42 CFR 441.18(a) (7)):**

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

**Limitations:**

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a) (25) and 1905(c))

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NORTH DAKOTA

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the groups specified in, Supplement 1, Supplement 2, Supplement 4, and Supplement 7 to ATTACHMENT 3.1-A (in accordance with section 1905 (a) (19) or section 1915 (g) of the Act).

Provided:  With limitations\*

Not provided.

- b. Special tuberculosis (TB) related services under section 1902 (z) (2) (F) of the Act.

Provided:  With limitations\*

Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60<sup>th</sup> day falls.

Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

State/Territory: NORTH DAKOTA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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19. Case management services and Tuberculosis related services
- a. Case management services as defined in, and to the groups specified in, Supplement 1, Supplement 2, Supplement 4, and Supplement 7 to ATTACHMENT 3.1-A (in accordance with section 1905 (a) (19) or section 1915 (g) of the Act).
- Provided:  With limitations\*
- Not provided.
- b. Special tuberculosis (TB) related services under section 1902 (z) (2) (F) of the Act.
- Provided:  With limitations\*
- Not provided.
20. Extended services for pregnant women.
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60<sup>th</sup> day falls.
- Provided:  Additional coverage <sup>+</sup> <sup>++</sup>
- b. Services for any other medical conditions that may complicate pregnancy.
- Provided:  Additional coverage <sup>+</sup> <sup>++</sup>  Not provided.
21. Certified pediatric or family nurse practitioners' services.
- Provided:  No limitations  With limitations\*
- Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.