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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-15-0024

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

March 18, 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 #15-0024

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0024. This amendment amends the North Dakota State Plan for Targeted Case Management for individuals served by the Child Welfare System.

Please be informed that this State Plan Amendment was approved March 18, 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0024	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 October 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 440.169		7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$ <u>no fiscal impact expected</u> b. FFY <u>2017</u> \$ <u>no fiscal impact expected</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 4 to Attachment 3.1-A, pages 1 – 6 Supplement 4 to Attachment 3.1-B, pages 1 – 6 Attachment 4.19-B, Page 3e (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 4 to Attachment 3.1-A, pages 1 – 3 Supplement 4 to Attachment 3.1-B, pages 1 – 3 Supplement 5 to Attachment 3.1-A, pages 1 – 3 Supplement 5 to Attachment 3.1-B, pages 1 – 3	
10. SUBJECT OF AMENDMENT: Amends the North Dakota State Plan for Targeted Case Management for individuals served by the Child Welfare System.			
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, Department of Human Services			
15. DATE SUBMITTED: December 31, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 31, 2015		18. DATE APPROVED: March 18, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2015		20.  ICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

30. 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>

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

TARGETED CASE MANAGEMENT SERVICES
Children served by the Child Welfare System

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

Target Group

Individuals eligible for this service must:

- Be Medicaid eligible; and
- Be a child who is the victim of an abuse or neglect report with a finding of 'Services Required' or 'No Services Required'; or
- Be a child receiving services dictated by a court order or voluntarily; and
- Be a child served by the Department of Human Services, a County Social Service Board, North Dakota Division of Juvenile Services, a North Dakota federally recognized Indian tribe or Indian Tribal Organization
OR
- Be Medicaid eligible; and
- Be a child placed in North Dakota pursuant to the Interstate Compact for the Placement of children who are placed by an agency from another state.

The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

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:

- **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

TN No. 15-0024

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TN No. 99-011

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**TARGETED CASE MANAGEMENT SERVICES
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- 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 at least quarterly to reflect the accomplishments and changing needs of the eligible child.

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

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TARGETED CASE MANAGEMENT SERVICES
Children served by the Child Welfare System

Case management services are coordinated with and do not duplicate activities provided as part of institutional services and discharge planning activities.

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

1. Agencies must meet all of the following criteria:

- a) Have in place a training process that will ensure that staff have adequate knowledge relating to children involved in unsafe, crisis, and/or unstable situations; and
- b) Demonstrate the ability to be available 24 hours, 7 days a week to eligible clients who are in need of emergency case management services; and
- c) Ensure supervisors of case management staff have a minimum of a bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice; and
 - 1) Successfully complete the Department of Human Services approved Wraparound Certification training, or be in "Provisionally Certified" status of successfully completing Wraparound Certification training within twelve months of beginning to provide case management.
 - 2) Maintain Wraparound Certification status through attending a Department of Human Services approved Wraparound Recertification training at least once every two years.

2. In order to meet the case management needs, two separate categories of individuals are available to children served by the child welfare system.

- a) **Individuals who are not employed by a North Dakota federally recognized Indian Tribe or North Dakota Indian Tribal Organizations, and are providing case management services must meet all of the following criteria:**
 - 1) Bachelor's degree in social work, psychology, sociology, counseling, human development, elementary education, early childhood education, special education, child development and family science, human resource management (human service track), or criminal justice. Previously enrolled individuals with a Bachelor's degree in a closely related field will be allowed to remain enrolled and eligible to provide case management. The Department of Human Services may approve future individuals with a Bachelor's degree in a closely related field at the Department's discretion.

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

b) Individuals performing case management services for North Dakota federally recognized Indian Tribes or North Dakota Indian Tribal Organizations must meet all of the following criteria:

- 1) Have at least six months experience in delivering services in a community or home setting to children involved in the child welfare system; and
- 2) Demonstrate they possess the necessary cultural sensitivity and background knowledge to provide appropriate services to the Native American population they are serving; and
- 3) Successfully complete the Department of Human Service's required Wraparound Certification training, or be in "Provisionally Certified" status of successfully completing Wraparound Certification training within twelve months of beginning to provide case management; and
- 4) Maintain Wraparound Certification status through attending a ND Department of Human Service's 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.

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)):

_____ 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:

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

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**TARGETED CASE MANAGEMENT SERVICES
Children served by the Child Welfare System**

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
- 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))

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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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