
Table of Contents

State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-16-0001

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

July 7, 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 #16-0001

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0001. This amendment would allow for the enrollment of Licensed Marriage and Family Therapists and Licensed Professional Clinical counselors; and clarifies the application of limits on psychological services throughout the plan.

Please be informed that this State Plan Amendment was approved July 7, 2016 with an effective date of January 1, 2016. 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: 16-0001	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 January 1, 2016
---	--

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60 and 42 CFR 440.130	7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$ <u>40,000</u> b. FFY <u>2017</u> \$ <u>80,000</u>
--	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment to Page 3 of Attachment 3.1-A Attachment to Page 3 of Attachment 3.1-B Attachment to Page 6 of Attachment 3.1-A, page 13d-16 Attachment to Page 5 of Attachment 3.1-B, page 13d-16 Attachment 3.1-A Page 6 Attachment 3.1-B Page 5 Attachment 4.19-B, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment to Page 3 of Attachment 3.1-A Attachment to Page 3 of Attachment 3.1-B Attachment to Page 6 of Attachment 3.1-A, page 13d-16 Attachment to Page 5 of Attachment 3.1-B, page 13d-16 Attachment 3.1-A Page 6 Attachment 3.1-B Page 5 Attachment 4.19-B, Page 3
--	---

10. SUBJECT OF AMENDMENT:
Amends the North Dakota State Plan to allow for the enrollment of Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors, and clarifies the application of limits on psychological services throughout the plan.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Maggie D. Anderson, Executive Director,
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Department of Human Services

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: January 20, 2016	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: January 20, 2016	18. DATE APPROVED: July 7, 2016

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016	20. OFFICIAL:  ARA, DMCHO
21. TYPED NAME: Richard C. Allen	

23. REMARKS:

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Service

6.b. Effective July 1, 2009, individuals 21 years of age and older are limited to one refractive examination no more often every two years after the initial examination paid under Medicaid unless more frequent examinations are prior approved as medically necessary by the department's optometric consultant. The same will apply to subsequent examinations in relation to a two-year cycle following an examination.

Individuals under 21 years of age are limited to one refractive examination no more often than one year after the initial examination paid under Medicaid unless more frequent examinations are prior approved as medically necessary by the department's optometric consultant. The same will apply to subsequent examinations in relation to a one-year cycle following an examination.

6.c. Chiropractic services. Effective January 1, 2004, the North Dakota Medicaid program will limit the number of spinal manipulation treatment services to no more than twelve treatments and two radiologic examinations per recipient per year unless the provider requests and receives prior authorization from the department.

6.d. Other practitioner's services.
Effective April 1, 1992 the department shall provide for services provided by licensed psychologists.

Effective June 1, 2004, the North Dakota Medicaid program will limit the number of psychological services to no more than 40 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. The 40-visit limit is a combined limit that includes services provided by psychologists, Licensed Independent Certified Social Workers, and effective January 1, 2016, Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors.

Effective October 1, 2003, the North Dakota Medicaid Program will pay for services provided by Certified Registered Nurse Anesthetists.

Effective April 1, 2004, the North Dakota Medicaid Program will pay for the services of Nurse Practitioners who meet North Dakota's advanced educational and clinic practice requirements and who are certified in specialties in addition to family and pediatric nurse practitioner services.

Effective June 1, 2004, the North Dakota Medicaid Program will pay for services provided by Licensed Independent Certified Social Workers (LICSW's).

Effective July 1, 2011, the North Dakota Medicaid Program will pay for services provided by licensed and registered pharmacists.

Effective September 17, 2012, the North Dakota Medicaid Program will enroll licensed Physician Assistants and Clinical Nurse Specialists.

Effective September 17, 2012, the North Dakota Medicaid Program will enroll Registered Nurses for the purposes of administering vaccines.

Effective January 1, 2016, the North Dakota Medicaid Program will enroll Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Service

6.b. Effective July 1, 2009, individuals 21 years of age and older are limited to one refractive examination no more often every two years after the initial examination paid under Medicaid unless more frequent examinations are prior approved as medically necessary by the department's optometric consultant. The same will apply to subsequent examinations in relation to a two-year cycle following an examination.

Individuals under 21 years of age are limited to one refractive examination no more often than one year after the initial examination paid under Medicaid unless more frequent examinations are prior approved as medically necessary by the department's optometric consultant. The same will apply to subsequent examinations in relation to a one-year cycle following an examination.

6.c. Chiropractic services. Effective January 1, 2004, the North Dakota Medicaid program will limit the number of spinal manipulation treatment services to no more than twelve treatments and two radiologic examinations per recipient per year unless the provider requests and receives prior authorization from the department.

6.d. Other practitioner's services.
Effective April 1, 1992 the department shall provide for services provided by licensed psychologists.

Effective June 1, 2004, the North Dakota Medicaid program will limit the number of psychological services to no more than 40 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. The 40-visit limit is a combined limit that includes services provided by psychologists, Licensed Independent Certified Social Workers, and effective January 1, 2016, Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors.

Effective October 1, 2003, the North Dakota Medicaid Program will pay for services provided by Certified Registered Nurse Anesthetists.

Effective April 1, 2004, the North Dakota Medicaid Program will pay for the services of Nurse Practitioners who meet North Dakota's advanced educational and clinic practice requirements and who are certified in specialties in addition to family and pediatric nurse practitioner services.

Effective June 1, 2004, the North Dakota Medicaid Program will pay for services provided by Licensed Independent Certified Social Workers (LICSW's).

Effective July 1, 2011, the North Dakota Medicaid Program will pay for services provided by licensed and registered pharmacists.

Effective September 17, 2012, the North Dakota Medicaid Program will enroll licensed Physician Assistants and Clinical Nurse Specialists.

Effective September 17, 2012, the North Dakota Medicaid Program will enroll Registered Nurses for the purposes of administering vaccines.

Effective January 1, 2016, the North Dakota Medicaid Program will enroll Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors.

State: NORTH DAKOTA

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

b. Screening services.

Provided: No limitations With limitations*
 Not provided.

c. Preventive services.

Provided: No limitations With limitations*
 Not provided.

d. Rehabilitative services.

Provided: No limitations With limitations*
 Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided: No limitations With limitations*
 Not provided.

b. Skilled nursing facility services.

Provided: No limitations With limitations*
 Not provided.

c. Intermediate care facility services.

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

- a) An individual must be at risk of entering or reentering a mental health facility or hospital. Eligibility is determined by the Department of Human Services.
 - b) An individual who requires medication management and consultation to ensure the maintenance of his/her best functioning level. Eligibility is determined by the Department of Human Services, and
- 2) The recipient must be from a family that is in crisis and at risk of major dysfunction that could lead to disruption of the current family makeup or in a family that has experienced a disruption that has resulted in disruption of the family or
 - 3) The recipient is in need of mental health, substance abuse or behavioral intervention and management services that are provided by qualified entities.
 - 4) The recipient has recently been released from the State Mental Facility into a transitional residential setting of not more than 16 beds.

Limitations

Services to families in crisis and at risk of disruption are limited to no more than six months of services unless prior approval is received from the Department of Human Services. Limits on psychological services are in combination with limits on other psychological services within the state plan and can be exceeded if additional services are medically necessary and the provider requests and receives prior authorization from the department.

State: NORTH DAKOTA

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

- c. Prosthetic devices.
X Provided: X No limitations With limitations*
- d. Eyeglasses.
X Provided: No limitations X With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
X Provided: X No limitations With limitations*
- b. Screening services.
X Provided: X No limitations With limitations*
- c. Preventative services.
X Provided: No limitations X With limitations*
- d. Rehabilitative services.
X Provided: No limitations X With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
X Provided: X No limitations With limitations*
- b. Skilled nursing facility services.
 Provided: No limitations With limitations*

*Description provided on attachment.

- a) An individual must be at risk of entering or reentering a mental health facility or hospital. Eligibility is determined by the Department of Human Services.
 - b) An individual who requires medication management and consultation to ensure the maintenance of his/her best functioning level. Eligibility is determined by the Department of Human Services, and
- 2) The recipient must be from a family that is in crisis and at risk of major dysfunction that could lead to disruption of the current family makeup or in a family that has experienced a disruption that has resulted in disruption of the family or
 - 3) The recipient is in need of mental health, substance abuse or behavioral intervention and management services that are provided by qualified entities.
 - 4) The recipient has recently been released from the State Mental Facility into a transitional residential setting of not more than 16 beds.

Limitations

Services to families in crisis and at risk of disruption are limited to no more than six months of services unless prior approval is received from the Department of Human Services. Limits on psychological services are in combination with limits on other psychological services within the state plan and can be exceeded if additional services are medically necessary and the provider requests and receives prior authorization from the department.

State: NORTH DAKOTA

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

b. Screening services.

Provided: No limitations With limitations*
 Not provided.

c. Preventive services.

Provided: No limitations With limitations*
 Not provided.

d. Rehabilitative services.

Provided: No limitations With limitations*
 Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided: No limitations With limitations*
 Not provided.

b. Skilled nursing facility services.

Provided: No limitations With limitations*
 Not provided.

c. Intermediate care facility services.

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

- a) An individual must be at risk of entering or reentering a mental health facility or hospital. Eligibility is determined by the Department of Human Services.
 - b) An individual who requires medication management and consultation to ensure the maintenance of his/her best functioning level. Eligibility is determined by the Department of Human Services, and
- 2) The recipient must be from a family that is in crisis and at risk of major dysfunction that could lead to disruption of the current family makeup or in a family that has experienced a disruption that has resulted in disruption of the family or
 - 3) The recipient is in need of mental health, substance abuse or behavioral intervention and management services that are provided by qualified entities.
 - 4) The recipient has recently been released from the State Mental Facility into a transitional residential setting of not more than 16 beds.

Limitations

Services to families in crisis and at risk of disruption are limited to no more than six months of services unless prior approval is received from the Department of Human Services. Limits on psychological services are in combination with limits on other psychological services within the state plan and can be exceeded if additional services are medically necessary and the provider requests and receives prior authorization from the department.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE:

- 18. Covered outpatient drugs submitted on a professional claim form will be reimbursed at the lower of the fee schedule established by the state agency or the estimated acquisition cost for the national drug code as outlined on page 2a item 15 of Attachment 4.19-B.
- 19. Nurse Practitioners are paid at the lower of billed charges or 75% of the professional services fee schedule. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2015, for services reimbursed from the Professional Services Fee Schedule, as authorized and appropriated by the 2015 Legislative Assembly.
- 20. Other Practitioner Services, unless otherwise specified, are paid at the lower of billed charges or 75% of the professional services fee schedule. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2015, for services reimbursed from the Professional Services Fee Schedule. The fee schedule was last updated on July 1, 2015 and is effective for dates of service on or after that date.
- 21. Vacated
- 22. Vacated
- 23. Personal Care Services
 - a. Authorized personal care services provided to an individual who receives personal care services from a provider on less than a 24-hour-a-day-seven-day-a-week basis shall be paid based on a maximum 15-minute unit rate established by the department. Rates will be established for individual and agency providers.

North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly. Providers who travel at least twenty-one miles round-trip to provide personal care services to individuals in rural areas, will receive a rate adjustment effective for dates of service January 1, 2015.
 - b. Authorized personal care service provided to an individual by a provider who provides personal care services on a 24-hour-a-day-seven-day-a-week basis shall be paid using a prospective per diem rate for each day personal care services are provided.
 - 1) The maximum per diem rate for an individual or agency provider shall be established using the provider's allowable hourly rate established under paragraph a. multiplied times the number of hours per month authorized in the individual's care plan times twelve and divided by 365. The provider may bill only for days in which at least 15 minutes of personal care service are provided to the individual. The maximum per diem rate for an individual or agency may not exceed the maximum per diem rate for a residential provider as established in subparagraph 2.