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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-16-0016

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 24, 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 #16-0016

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0016. The amendment updates the North Dakota State Plan regarding limits on physical, occupational and speech therapy for individuals under 21 years of age.

Please be informed that this State Plan Amendment was approved October 24, 2016 with an effective date of November 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,



Trinia J. Hunt
Acting 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 FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 16-0016	2. STATE North Dakota
		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 November 1, 2016	
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 440.110		7. FEDERAL BUDGET IMPACT: a. FFY <u>2017</u> \$ <u>minimal</u> b. FFY <u>2018</u> \$ <u>minimal</u>	
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 Attachment to Page 4 of Attachment 3.1-A Attachment to Page 4 of Attachment 3.1-B Attachment 3.1-A Page 3a Attachment 3.1-B Page 4		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 Attachment to Page 4 of Attachment 3.1-A Attachment to Page 4 of Attachment 3.1-B Attachment 3.1-A Page 3a Attachment 3.1-B Page 4	
10. SUBJECT OF AMENDMENT: The amendment updates the North Dakota State Plan regarding limits on physical, occupational and speech therapy for individuals under 21 years of age.			
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: October 6, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: October 6, 2016		18. DATE APPROVED: October 24, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: November 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Trinia J. Hunt		22. TITLE: Acting ARA, DMCHO	
23. REMARKS:			

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

2.a. (Continued)

Occupational therapy visits for individuals twenty-one years of age and older are limited to no more than 20 sessions per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered by independent occupational therapists.

Physical therapy visits for individuals twenty-one years of age and older are limited to no more than 15 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered by independent physical therapists.

Speech therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered by independent speech therapists.

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 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.

Occupational Therapy visits for individuals twenty-one years of age and older are limited to no more than 20 sessions per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization for the department. This limit applies in combination with services delivered by independent occupational therapists.

Physical therapy visits for individuals twenty-one years of age and older are limited to not more than 15 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered by independent physical therapists.

Speech therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization for the department. This limit applies in combination with services delivered by independent speech therapists.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Service

- 11.a. Physical therapy visits for individuals twenty-one years of age and older are limited to no more than 15 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient hospital setting.
- 11.b. Occupational therapy visits for individuals twenty-one years of age and older are limited to no more than 20 sessions per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient hospital setting.
- 11.c. Speech therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient setting.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Service

- 11.a. Physical therapy visits for individuals twenty-one years of age and older are limited to no more than 15 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient hospital setting.
- 11.b. Occupational therapy visits for individuals twenty-one years of age and older are limited to no more than 20 sessions per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient hospital setting.
- 11.c. Speech therapy visits for individuals twenty-one years of age and older are limited to no more than 30 visits per recipient per calendar year unless additional services are medically necessary and the provider requests and receives prior authorization from the department. This limit applies in combination with services delivered in an outpatient setting.

State/Territory: North Dakota

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

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations With limitations*

Not provided.

8. Private duty nursing services.

Provided: No limitations With limitations*

Not provided.

*Description provided on attachment.

State/Territory: NORTH DAKOTA

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

8. Private duty nursing services.
 Provided: No limitations With limitations*
9. Clinic services.
 Provided: No limitations With limitations*
10. Dental services.
 Provided: No limitations With limitations*
11. Physical therapy and related services.
a. Physical therapy.
 Provided: No limitations With limitations*
- b. Occupational therapy.
 Provided: No limitations With limitations*
- c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.
 Provided: No limitations With limitations*
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
a. Prescribed drugs.
 Provided: No limitations With limitations*
- b. Dentures.
 Provided: No limitations With limitations**

*Description provided on attachment.

**Denture limits described on Attachment to Page 4 of 3.1-B