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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-17-0017

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Financial Management Group

SEP 18 2017

Ms. Maggie Anderson, Executive Director
Division of Medical Services
Department of Human Services
600 East Boulevard Avenue
Department 325
Bismarck, ND 58505-0250

Re: North Dakota 17-0017

Dear Ms. Anderson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 17-0017. Effective for services on or after July 1, 2017, this amendment extends the quarterly supplemental payments for Intermediate Care Facilities (ICFs) for State Fiscal Year (SFY) 2018.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 17-0017 is approved effective July 1, 2017. The HCFA-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,

[redacted]

Kristin Fan
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-0017	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 July 1, 2017	

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:	7. FEDERAL BUDGET IMPACT:
42 CFR Part 447.272	a. FFY 2017 $641,443 b. FFY 2018 $1,924,328
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19-D, Subsection 2, Page 31	Attachment 4.19-D, Subsection 2, Page 31

10. SUBJECT OF AMENDMENT:
Amends the State Plan to update the supplemental payment for Intermediate Care Facilities.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Maggie D. Anderson, Director, Medical Services Division

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	16. RETURN TO:
13. TYPED NAME: Maggie D. Anderson	Maggie D. Anderson, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250
14. TITLE: Director, Medical Services Division	
15. DATE SUBMITTED: 06/27/2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: SEP 18 2017
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2017	20. SIGNATURE OF REGIONAL OFFICIAL: [redacted]
21. TYPED NAME: Kristin FAW	22. TITLE: Director, FMCO

23. REMARKS:

Section 22 – Supplemental Payment for Intermediate Care Facility (ICF) Providers

North Dakota ICF providers that provide services to one or more individuals who meet state adopted criteria thresholds for being behaviorally challenging or medically fragile shall receive a supplemental payment for costs in excess of the budgeted costs that are included in the interim rate for ICF care.

The state shall provide a supplemental payment to each ICF provider based on a total ICF supplemental allotment of $2,565,771 for the period ending June 30, 2018. The allotment to each ICF provider for the supplemental payment is based on the number of individuals, receiving services during May 2017 identified as meeting the state adopted criteria for being behaviorally challenged or medically fragile using the Oregon Assessment tool, times the per client allotment amount calculated by dividing the total amount appropriated for the state fiscal year by the total number of clients statewide who meet the criteria and are receiving any developmental disability services.

The supplemental payment will be paid per quarter, for three quarters, beginning July 1, 2017 at the rate of 25% of each provider's annual allotment. Supplemental payments received must be offset to allowable salary costs in accordance with Section 12(3)(i) of this subsection when the final rate for the provider is established. The supplemental payment must also comply with the Medicare upper payment limit at 42 CFR 447.272.

The provider annual allotments for the period ending June 30, 2018 are:

4th Corporation	$34,400
ABLE, Inc.	$72,554
Alpha Opportunity	$4,207
Anne Carlsen Center	$1,263,899
Development Homes, Inc.	$130,291
Enable, Inc.	$110,418
Fraser, Ltd.	$163,875
Friendship, Inc.	$178,674
Housing, Industry, Training, Inc.	$156,096
Lake Region Corporation	$18,025
Minot Vocational Adjustment Workshop	$95,693
Open Door Center	$108,496
Opportunity Foundation	$28,543
Red River Human Services Foundation	$27,347
REM-North Dakota	$143,803
Tri-City Cares, Inc.	$29,450