
Table of Contents

State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-17-0020

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 14, 2017

Maggie Anderson, 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 #17-0020

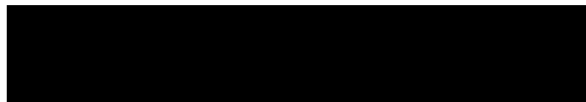
Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0020. This amendment provides for reimbursement for EPSDT services covered under 1905(a) of the Act, including Autism Spectrum Disorder Services.

Please be informed that this State Plan Amendment was approved today with an effective date of June 1, 2017. We are enclosing the CMS-179 and the amended plan page(s).

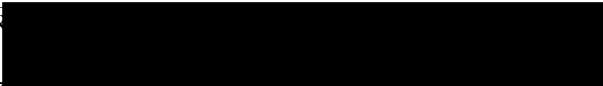

If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,



Mary Marchioni
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Melissa Rosales

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0020	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 June 1, 2017	
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 440.130 (c)		7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$ 1,282,614 b. FFY 2018 \$ 3,717,920	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 7 Attachment 4.19-B, Page 7a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 7 Attachment 4.19-B, Page 3d	
10. SUBJECT OF AMENDMENT: Amends the North Dakota State Plan to provide payment methodology for EPSDT services, including Autism Spectrum Disorder Services.			
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, Medical Services Director,</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Department of Human Services</u>			
12. SIGNATURE: 		16. RETURN TO: Maggie D. Anderson, Medical Services Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Maggie D. Anderson			
14. TITLE: Medical Services Director			
15. DATE SUBMITTED: June 27, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 27, 2017		18. DATE APPROVED: July 14, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Mary Marchioni		22. TITLE: Acting ARA, DMCHO	
23. REMARKS:			

33. *EPSDT Services*

For medically necessary services not otherwise identified in the State Plan* but available to EPSDT participants, reimbursement shall be the lower of submitted charges or the fee schedule as determined by the State Agency.

The agency's fee schedule rate for services covered under this section of the plan were set as of June 1, 2017 and are effective for services provided on or after that date.

*Services not identified under 1905(a) of the Social Security Act are not covered under this authority.

34. 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 agency's fee schedule rate was set as of July 1, 2015 and is effective for services on or after that date.
35. 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 agency's fee schedule rate was set as of July 1, 2015 and is effective for services on or after that date.
36. 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. The agency's fee schedule rate was set as of July 1, 2015 and is effective for services provided on or after that date.
37. 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. The agency's fee schedule rate was set as of October 5, 2015 and is effective for services provided on or after that date.