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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 18-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

August 9, 2018

Maggie Anderson, Medicaid Director
Division of Medical Services
North Dakota Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0008. This amendment removes coverage for the Medicaid Health Management program.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2018. 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,

A solid black rectangular box used to redact the signature of the sender.

Richard C. Allen
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: 18-0008	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, 2018	
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: 1932(a)(1)(A) and 42 CFR 438		7. FEDERAL BUDGET IMPACT: a. FFY <u>2018</u> (\$91,161) b. FFY <u>2019</u> (\$364,644)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 6 Attachment 3.1-B Page 5 Attachment to Page 6 of Attachment 3.1-A Attachment to Page 5 of Attachment 3.1-B Attachment 4.19-B, Page 3b-2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Page 6 Attachment 3.1-B Page 5 Attachment to Page 6 of Attachment 3.1-A Attachment to Page 5 of Attachment 3.1-B Attachment 4.19-B, Page 3b-2	
10. SUBJECT OF AMENDMENT: Amends the State Plan to remove coverage for the Medicaid Health Management program.			
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, Director,</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Medical Services Division</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Maggie D. Anderson			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: 7/19/2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: July 19, 2018		18. DATE APPROVED: August 9, 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

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.

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: X No limitations 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.

State: North Dakota

Attachment to Page 6
of Attachment 3.1-A

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Services

13c. Preventive Services (continued)

VACATED

TN No. 18-0008

Approval Date 8/9/2018 Effective Date July 1, 2018

Supersedes

TN No. 12-004

State: North Dakota

Attachment to Page 5
of Attachment 3.1-B

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

Services

13c. Preventive Services (continued)

VACATED

TN No. 18-0008

Approval Date 8/9/2018

Effective Date July 1, 2018

Supersedes

TN No. 12-004

26. For diagnostic, screening, preventive and rehabilitative services... (continued)

VACATED