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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 20-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th Street, Suite 355
Kansas City, MO 64106



Medicaid & CHIP Operations Group

December 2, 2020

Caprice Knapp, 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 State Plan Amendment (SPA) 20-0007

Dear Ms. Knapp:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 20-0007. This SPA amends the State Plan to remove the restriction on providers who can enroll to render targeted case management (TCM) for individuals with a serious mental illness (SMI) or serious emotional disturbance (SED).

Please be informed that this SPA was approved on October 8, 2020 with an effective date of May 1, 2020. Enclosed is the CMS-179 and SPA pages.

Should you have any questions about this amendment, please contact Curtis Volesky at (303) 844-7033.



Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

Digitally signed by James
G. Scott -S
Date: 2020.12.02 15:57:57
-06'00'

James G. Scott, Director
Division of Program Operations

cc: Krista Fremming, krfremming@nd.gov
Stacey Koehly, skoehly@nd.gov
LeeAnn Thiel, lthiel@nd.gov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 20-0007	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 May 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.18; 42 CFR 440.169		7. FEDERAL BUDGET IMPACT: a. FFY <u>2020</u> \$729,897 b. FFY <u>2021</u> \$1,834,002	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A, pages 1 through 6 Supplement 1 to Attachment 3.1-B, pages 1 through 6 Attachment 4.19-B Page 7a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 1 to Attachment 3.1-A, pages 1 through 7 (TN 15-0023) Supplement 1 to Attachment 3.1-B, pages 1 through 7 (TN 15-0023) Attachment 4.19-B Page 7a (TN 19-0011)	
10. SUBJECT OF AMENDMENT: Amends the State Plan to remove the restriction on providers who can enroll to render targeted case management (TCM) for individuals with a serious mental illness (SMI) or serious emotional disturbance (SED).			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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>Caprice Knapp, 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: Caprice Knapp, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Caprice Knapp			
14. TITLE: Director, Medical Services Division			
15. DATE SUBMITTED: Original Date: April 9, 2020 Resubmission Date: August 31, 2020			
17. DATE RECEIVED: April 9, 2020			
17. DATE RECEIVED: April 9, 2020		18. DATE APPROVED: October 8, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL:  <small>Digitally signed by James G. Scott -S Date: 2020.12.02 15:58:38 -06'00'</small>	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	

23. REMARKS:

Pen and ink change to add superseded TNs in box 9, as approved by state. (cv)

State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a serious mental illness or serious emotional disturbance

Target Group (42 Code of Federal Regulations 441.18(a) (8) (i) and 441.18(a) (9)):

Target Group

To be eligible for this service, individuals

(A) Adults with a serious mental illness (SMI) must:

- Be Medicaid eligible; and
- Be 18 years of age or over; and
- Be chronically mentally ill in accordance with N.D.C.C. 57-38-01 which states:

"**Chronically mentally ill**" means a person who, as a result of a mental disorder, exhibits emotional or behavioral functioning which is so impaired as to interfere substantially with the person's capacity to remain in the community without verified supportive treatment or services of a long-term or indefinite duration. This mental disability must be severe and persistent, resulting in a long-term limitation of the person's functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment, and recreation.

The mental disorder must be an identifiable disorder defined in the most current Diagnostic and Statistical Manual (DSM) or the International Classification of Disease (ICD) equivalent with the exception of 'V' and 'Z' codes, substance use disorders, and developmental disabilities unless they co-occur with another diagnosable mental disorder; and

- The condition is expected to be of a duration of a year or longer; and
- The individual must demonstrate at least a moderate level (25 or more) of functional deficit and disability severity as measured by the most current version of the World Health Organization Disability Assessment Schedule (WHODAS). The self-administered version is required; however, the proxy or clinician-administered versions will be accepted with a documented reason; and
- In addition to the clinical diagnostic and functioning requirements above, **one** of the following is required:
 - Individual has undergone psychiatric treatment more intensive than outpatient services more than once related to their mental illness; or
 - Individual has a history of documented problems resulting from mental illness for at least one year verified by family or local provider; or
 - Individual has experienced a single episode of continuous structured supportive residential care other than hospitalization for at least two months.

(B) Children with a serious emotional disturbance (SED must):

- Be Medicaid eligible;
- Be less than 21 years of age;

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Supersedes

TN No. 15-0023

Approval Date: 10/08/2020 Effective Date: 05-01-2020

State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a serious mental illness or serious emotional disturbance

- Have a mental disorder defined in the most current Diagnostic and Statistical Manual (DSM) or the ICD equivalent with the exception of 'V' and 'Z' codes, substance use disorders, and developmental disabilities unless they co-occur with another diagnosable mental disorder;
- Be expected to have a mental disorder for a duration of a year or longer;
- Demonstrate a functional impairment of 25 or more on the WHODAS-Child, which indicates substantial interference with or limits the child's role of functioning in school, home, or community activities; and
- Be determined:
 - a. To be having a psychiatric crisis or emergency which requires emergency intervention to prevent institutional placement; or
 - b. To be in need of long-term mental health services.

Exclusions for the Target Populations

Functional impairments that are temporary and expected responses to stressful events in the environment are not included.

For case management services provided to the target populations in medical institutions:

Target group is comprised of individuals transitioning to a community setting and case management services will be made available for up to 180 consecutive days of the covered stay in the medical institution.

Areas of State in which services will be provided (§1915(g) (1) of the Act):

- Entire State
 Only in the following geographic areas: **[Specify areas]**

Comparability of services (§§1902(a) (10) (B) and 1915(g) (1))

- Services are provided in accordance with §1902(a) (10) (B) of the Act.
 Services are not comparable in amount duration and scope (§1915(g) (1)).

Definition of services (42 CFR 440.169):

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted case management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include

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State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES

Individuals with a serious mental illness or serious emotional disturbance

- taking individual's history;
- identifying the individual's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

Development (and periodic revision) of a specific care plan based on the information collected through the assessment that

- a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- b. includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- c. identifies a course of action to respond to the assessed needs of the eligible individual;

Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including

- d. activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

Monitoring and follow-up activities

- e. activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

The care plan is reviewed and updated every six months to reflect the accomplishments and changing needs.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

**State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota**

**TARGETED CASE MANAGEMENT SERVICES
Individuals with a serious mental illness or serious emotional disturbance**

For case management services to assist individuals who reside in medical institutions to transition to the community, case management services are coordinated with and do not duplicate activities provided as part of institutional services and discharge planning activities.

Qualifications of Agencies:

For dates of service on or after May 1, 2020, an agency must meet all of the following criteria:

1. Demonstrate the ability to be available 24 hours, 7 days a week to individuals who are in need of emergency targeted case management services.
2. Ensure supervisors of targeted case management staff have a minimum of a bachelor's degree in social work, psychology, nursing, sociology, counseling, human development, special education, child development and family science, human resource management (human service track), criminal justice, occupational therapy, communication science/disorders or vocational rehabilitation. The Department of Human Services may approve other degrees in a closely related field at the Department's discretion.
3. Attest that individuals providing targeted case management have reviewed the competencies or standards of practice in one of the following:
 - a. The Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies for Integrated Behavioral Health and Primary Care; or
 - b. The Case Management Society of America standards of practice.
4. Attest that individuals providing targeted case management have general knowledge, training and/or experience working with individuals with SMI and/or SED.
5. For North Dakota federally recognized Indian Tribes or Indian Tribal Organizations, attest that individual case managers enrolled with ND Medicaid possess the necessary cultural sensitivity and background knowledge to provide appropriate services to the Native American population served.

Qualifications of Individuals providing targeted case management:

Individuals providing TCM:

- Must have a bachelor's degree in social work, psychology, nursing, sociology, counseling, human development, special education, child development and family science, human resource management (human service track), criminal justice, occupational therapy, communication science/disorders or vocational rehabilitation, and two years of experience working with special population groups in a direct care setting; or a master's degree in one of the fields listed above. ND Medicaid may approve other degrees in a closely related field at its discretion.
- If the individual does not have a bachelor's degree, they will be allowed to enroll to provide TCM if they have at least five years of experience working with individuals with SMI/SED in a supervised, clinical setting.

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State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a serious mental illness or serious emotional disturbance

Individuals enrolled and providing targeted case management prior to May 1, 2020 will be deemed qualified to provide targeted case management, as long as they remain actively providing targeted case management services.

Freedom of choice (42 CFR 441.18(a) (1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g) (1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- a) Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- b) Individuals will not be compelled to receive case management services, and the state will not condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- c) Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a) (4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a) (7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care

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State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a serious mental illness or serious emotional disturbance

plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a) (25) and 1905(c))

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The mental disorder must be an identifiable disorder defined in the most current Diagnostic and Statistical Manual (DSM) or the International Classification of Disease (ICD) equivalent with the exception of 'V' and 'Z' codes, substance use disorders, and developmental disabilities unless they co-occur with another diagnosable mental disorder; and

- The condition is expected to be of a duration of a year or longer; and
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(B) Children with a serious emotional disturbance (SED must):

- Be Medicaid eligible;
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TARGETED CASE MANAGEMENT SERVICES

Individuals with a serious mental illness or serious emotional disturbance

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- Be expected to have a mental disorder for a duration of a year or longer;
- Demonstrate a functional impairment of 25 or more on the WHODAS-Child, which indicates substantial interference with or limits the child's role of functioning in school, home, or community activities; and
- Be determined:
 - a. To be having a psychiatric crisis or emergency which requires emergency intervention to prevent institutional placement; or
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State Plan under Title XIX of the Social Security Act
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TARGETED CASE MANAGEMENT SERVICES

Individuals with a serious mental illness or serious emotional disturbance

- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

Development (and periodic revision) of a specific care plan based on the information collected through the assessment that

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
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- activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

Monitoring and follow-up activities

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
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X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

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1. Demonstrate the ability to be available 24 hours, 7 days a week to individuals who are in need of emergency targeted case management services.
2. Ensure supervisors of targeted case management staff have a minimum of a bachelor's degree in social work, psychology, nursing, sociology, counseling, human development, special education, child development and family science, human resource management (human service track), criminal justice, occupational therapy, communication science/disorders or vocational rehabilitation. ND Medicaid may approve other degrees in a closely related field at its discretion.
3. Attest that individuals providing targeted case management have reviewed the competencies or standards of practice in one of the following:
 - a. The Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies for Integrated Behavioral Health and Primary Care; or
 - b. The Case Management Society of America standards of practice.
4. Attest that individuals providing targeted case management have general knowledge, training and/or experience working with individuals with SMI and/or SED.
5. For North Dakota federally recognized Indian Tribes or Indian Tribal Organizations, attest that individual case managers enrolled with ND Medicaid possess the necessary cultural sensitivity and background knowledge to provide appropriate services to the Native American population served.

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Individuals providing TCM:

- Must have a bachelor's degree in social work, psychology, nursing, sociology, counseling, human development, special education, child development and family science, human resource management (human service track), criminal justice, occupational therapy, communication science/disorders or vocational rehabilitation, and two years of experience working with special population groups in a direct care setting; or a master's degree in one of the fields listed above. ND Medicaid may approve other degrees in a closely related field at its discretion.
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State Plan under Title XIX of the Social Security Act
State/Territory: North Dakota

TARGETED CASE MANAGEMENT SERVICES
Individuals with a serious mental illness or serious emotional disturbance

- Individuals enrolled and providing targeted case management prior to May 1, 2020 will be deemed qualified to provide targeted case management, as long as they remain actively providing targeted case management services.

Freedom of choice (42 CFR 441.18(a) (1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a) (23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g) (1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- a) Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- b) Individuals will not be compelled to receive case management services, and the state will not condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- c) Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a) (4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a) (7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care

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plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a) (25) and 1905(c))

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.
- a. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. State government provider rates are set as of July 1, 2019 and are effective for services provided on or after that date. Providers will be notified of the rates, via letter and/or email correspondence.
- b. As authorized by the 2019 Legislative Assembly, North Dakota Medicaid providers will receive a two percent inflationary increase in reimbursement as of July 1, 2019 and is effective for services provided on or after that date. The agency's fee schedule for non-state government providers will be set as of July 1, 2019 and is effective for services on or after that date. The agency's fee schedule for private providers will be set as of May 1, 2020 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 2019 Legislative Assembly, North Dakota Medicaid providers will receive a two percent inflationary increase in reimbursement as of July 1, 2019 and is effective for services provided on or after that date. The agency's fee schedule rate will be set as of July 1, 2019 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. As authorized by the 2019 Legislative Assembly, North Dakota Medicaid providers will receive a two percent inflationary increase in reimbursement as of July 1, 2019 and is effective for services provided on or after that date. The agency's fee schedule rate will be set as of July 1, 2019 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. As authorized by the 2019 Legislative Assembly, North Dakota Medicaid providers will receive a two percent inflationary increase in reimbursement as of July 1, 2019 and is effective for services provided on or after that date. The agency's fee schedule rate will be set as of July 1, 2019 and is effective for services provided on or after that date.