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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 20-0018

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

October 5, 2020

Ms. Caprice Knapp, Medicaid Director
North Dakota Department of Health and Human Services
600 E. Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

RE: TN 20-0018

Dear Ms. Knapp:

We have reviewed the proposed North Dakota State Plan Amendment (SPA) to Attachment 4.19-B 20-0018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 23, 2020. This plan amendment provides a yearly inflationary increase for targeted case management reimbursement rates as of July 1, 2020.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.


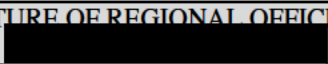
If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith at 214-767-6453 or Lajoshica.Smith@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Cc: LeeAnn Thiel

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 20-0018	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 July 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 447.204		7. FEDERAL BUDGET IMPACT: a. FFY <u>2019</u> <u>\$1,251</u> b. FFY <u>2020</u> <u>\$3,930</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B page 7a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B page 7a	
10. SUBJECT OF AMENDMENT: Amends the State Plan to implement an inflationary increase for Targeted Case Management Services.			
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: July 23, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 07/23/2020		18. DATE APPROVED: 10/5/2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2020		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS: On 09/28/20, the State authorized a pen & ink change to the CMS-179 – box 7: FFY 2020 - \$1,251 & FFY 2021 – \$3,930.			

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, 2020 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 2.5 percent inflationary increase in reimbursement as of July 1, 2020 and is effective for services provided on or after that date. The agency's fee schedule for non-state government providers and private providers will be set as of July 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 2.5 percent inflationary increase in reimbursement as of July 1, 2020 and is effective for services provided on or after that date. The agency's fee schedule rate will be set as of July 1, 2020 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 2.5 percent inflationary increase in reimbursement as of July 1, 2020 and is effective for services provided on or after that date. The agency's fee schedule rate will be set as of July 1, 2020 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 2.5 percent inflationary increase in reimbursement as of July 1, 2020 and is effective for services provided on or after that date. The agency's fee schedule rate will be set as of July 1, 2020 and is effective for services provided on or after that date.