

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 29, 2021

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) 21-0020

Dear Ms. Knapp:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 21-0020. This SPA amends the State Plan to identify minimum requirements for non-emergency transportation providers.

Please be informed that this SPA was approved on December 29, 2021, with an effective date of December 27, 2021. Enclosed are the CMS-179 and SPA page.

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 area of the letter.

Digitally signed by James G.
Scott -S
Date: 2021.12.29 13:15:15
-06'00'

James 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 & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 1 — 0 0 2 0

2. STATE
ND

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
December 27, 2021

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-D page 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
NEW

9. SUBJECT OF AMENDMENT

Amends the State Plan to identify minimum requirements for non-emergency transportation providers.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL
Caprice Knapp

12. TYPED NAME
Caprice Knapp

13. TITLE
Medical Services Director

14. DATE SUBMITTED
December 27, 2021

15. RETURN TO
Caprice Knapp, Director
Medical Services Division
ND Department of Human Services
600 East Boulevard Avenue Dept 325
Bismarck ND 58505-0250

FOR CMS USE ONLY

16. DATE RECEIVED
December 27, 2021

17. DATE APPROVED
December 29, 2021

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
December 27, 2021

19. SIGNING OFFICIAL
Digitally signed by James G. Scott -S
Date: 2021.12.29 13:16:08 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

- L. The State Medicaid Agency assures that all minimum requirements outlined in section 1902(a)(87) of the Consolidated Appropriations Act, 2021 are met. Those requirements include the following:
1. Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
 2. Each such individual driver has a valid driver's license;
 3. Each such provider has in place a process to address any violation of a state drug law; and
 4. Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

The State Medicaid Agency will verify the requirements for items 1 through 4 above for all individual transportation providers. The State Medicaid Agency will verify that all group providers are not excluded from participation as outlined in item 1 above. The group provider will attest that items 2, 3 and 4 are met. The group provider will attest that individual drivers are not excluded from participation as outlined in item 1 above.