

## **Table of Contents**

**State/Territory Name: ND**

**State Plan Amendment (SPA) #: 22-0013**

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



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**Financial Management Group/ Division of Reimbursement Review**

September 9, 2022

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

**RE: North Dakota State Plan Amendment TN: 22-0013**

Dear Director Knapp:

We have reviewed the proposed North Dakota State Plan Amendment, TN: 22-0013 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 15, 2022. This State Plan Amendment supersedes TN: 21-0018 on the 4.19-B page 7. which implements an inflationary increase of 1/4th% (.25%) for EPSDT services effective July 1, 2022.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. 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 Matthew Klein at 214-767-4625 or [matthew.klein@cms.hhs.gov](mailto:matthew.klein@cms.hhs.gov)

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 3

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

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.204

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 2,010  
b. FFY 2023 \$ 5,799

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 7

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B page 7 (TN 21-0018)

9. SUBJECT OF AMENDMENT

Amends the State Plan to implement an inflationary increase for EPSDT services.

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

12. TYPED NAME  
Caprice Knapp

13. TITLE  
Medical Services Director

14. DATE SUBMITTED  
July 15, 2022

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  
July 15, 2022

17. DATE APPROVED  
September 9, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd, McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement and Review

22. REMARKS

35. *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.

As authorized by the 2021 Legislative Assembly, North Dakota Medicaid providers will receive a one-fourth percent inflationary increase in reimbursement as of July 1, 2022 and is effective for services provided on or after that date. The agency's fee schedule rate for services covered under this section of the plan will be set as of July 1, 2022 and are effective for services provided on or after that date.

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