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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 24-0012

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

August 13, 2024

Sarah Aker
Director
ND Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

Re: North Dakota 24-0012

Dear Sarah Aker:

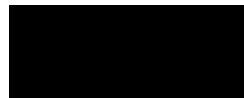
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed North Dakota state plan amendment (SPA) to Attachment 4.19-D, ND 24-0012, which was submitted to CMS on June 5, 2024. This plan amendment provides for a two percent inflationary increase for Intermediate Care Facility (ICFs) services.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

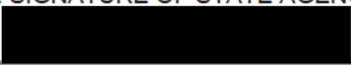

If you have any additional questions or need further assistance, please contact Christine Storey at Christine.storey@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 1 2</u></p>	<p>2. STATE <u>ND</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447.204</u></p>		<p>4. PROPOSED EFFECTIVE DATE <u>July 1, 2024</u></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-D, Subsection 2, Page A</u></p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>363,285</u> b. FFY <u>2025</u> \$ <u>1,032,143</u></p>	
<p>9. SUBJECT OF AMENDMENT <u>Amends the State Plan to implement an inflationary increase of two percent for ICF Services.</u></p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-D, Subsection 2, Page A (TN 23-0021)</u></p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="radio"/> OTHER, AS SPECIFIED: <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO Sarah Aker, Executive Director Medical Services Division ND Department of Health and Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</p>		
<p>12. TYPED NAME Sarah Aker</p>	<p>17. DATE APPROVED August 13, 2024</p>		
<p>13. TITLE Medical Services Director</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>		
<p>14. DATE SUBMITTED June 5, 2024</p>	<p>21. TITLE OF APPROVING OFFICIAL: Director, Financial Management Group (FMG)</p>		
FOR CMS USE ONLY			
<p>16. DATE RECEIVED: June 5, 2024</p>	<p>18. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2024</p>		
PLAN APPROVED - ONE COPY ATTACHED			
<p>20. TYPED NAME OF APPROVING OFFICIAL: Rory Howe</p>		<p>22. REMARKS</p>	

PROVIDER INFLATIONARY INCREASES

Payments to Intermediate Care Facility Providers will be inflated by two percent effective for dates of service on or after July 1, 2024.