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State/Territory Name: ND

State Plan Amendment (SPA) #: 24-0013

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

07/01/2024

Sarah Aker, Executive Director
Medical Services Division
North Dakota Department of Human Services
600 E. Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

RE: TN 24-0013

Dear Director Aker,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed North Dakota State Plan Amendment (SPA) to Attachment 4.19-B TN: #24-0013, which was submitted to CMS on June 5, 2024. This plan amendment proposes an increase of three percent for 1915(i) 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 pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or via email at matthew.klein@cms.hhs.gov

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER

2 4 — 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, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.204

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 2,691
b. FFY 2025 \$ 7,646

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B pages 13-16

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B pages 13-16 (TN 23-0022)

9. SUBJECT OF AMENDMENT

Amends the State Plan to implement an increase of three percent for 1915(i) 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

[Redacted Signature]

12. TYPED NAME

Sarah Aker

13. TITLE

Medical Services Director

14. DATE SUBMITTED

June 5, 2024

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

FOR CMS USE ONLY

16. DATE RECEIVED

June 5, 2024

17. DATE APPROVED

July 1, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective July 1, 2024 as authorized and appropriated by the 2023 Legislative Assembly. The agency's fee schedule rates for all the following services will be set as of July 1, 2024 and will be effective for services provided on or after that date. The rates will be published at the State's website,

[Medicaid Provider Fee Schedules | Health and Human Services North Dakota](#)

<input checked="" type="checkbox"/>	HCBS 1915i Case Management
	Care Coordination is a 15-minute unit rate.
	The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.
	Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.
	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.
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
	HCBS Habilitation
<input checked="" type="checkbox"/>	HCBS Respite Care
	The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.
	Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.
	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.
	Other Services (specify below)
	<p>Peer Support - The rates were established by comparing the services to similar covered Medicaid services. The peer support rate will be the same as the rate for benefits planning, supported education, prevocational training, supported employment, and housing supports. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.</p> <p>Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.</p> <p>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.</p>
	<p>Housing Supports - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.</p> <p>Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.</p> <p>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.</p>
	<p>Supported Employment - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.</p> <p>Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.</p> <p>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.</p>

	<p>Training and Supports for Unpaid Caregivers - The rates were established by comparing the services to similar covered Medicaid services and the State's parent aide service which are very similar. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.</p> <p>There are two parts to this service and a separate rate for each. Provision of this service is available as:</p> <ol style="list-style-type: none">1) Rate #1: A service based on a unit rate for one-on-one or group training and support by an approved service provider, i.e. parent aide, mental health technician, etc., as identified in the Provider Qualifications below, and: and2) Rate #2: A service that reimburses for the costs of registration/conference training fees, books and supplies associated with the training and support needs. <p>Note: The daily maximum applicable to the unit service rate #1 above is not applicable to this non-hourly, reimbursement of cost of training service rate #2. For example, the unpaid caregiver may be approved to attend a conference to receive training on how to address her child's behaviors. It does not matter if the conference is 12 hours per day and exceeds the maximum hours limit of rate #1, as only the cost of the actual training is reimbursed to the care giver for their attendance at the training.</p> <p>Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.</p> <p>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.</p>
	<p>Non-Medical Transportation - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.</p> <p>Rate: Unit Rate – Driver with Vehicle – This service is a per 15-minute unit rate. The unit rate is based on the average paid to a driver providing transportation using their person vehicle in ND, according to the US Bureau of Labor and Statistics.</p> <p>Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.</p> <p>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.</p>

	<p>Community Transition Services - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.</p> <p>Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.</p> <p>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.</p>
	<p>Supported Education - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.</p> <p>Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.</p> <p>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.</p>
	<p>Pre-Vocational Training - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.</p> <p>Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.</p> <p>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.</p>
	<p>Benefits Planning - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency.</p> <p>Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency.</p> <p>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.</p>