

Table of Contents

State/Territory Name: ND

State Plan Amendment (SPA) #: 22-0016

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/ Division of Reimbursement Review

September 9, 2022

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

RE: North Dakota State Plan Amendment TN: 22-0016

Dear Caprice Knapp:

We have reviewed the proposed North Dakota State Plan Amendment (SPA) 22-0016, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 15, 2022. This state plan amendment will supersede SPA ND-21-0013 and updates an inflationary increase of 1/4th% (.25%) for 1915i Services rendered by North Dakota Medicaid Providers.

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 plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or 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 6 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
Social Security Act Section 1915(i) (State Plan Amendment)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 1,340
b. FFY 2023 \$ 3,866

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)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 21-0013)


9. SUBJECT OF AMENDMENT

Amends the State Plan to implement an inflationary increase for 1915i 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**

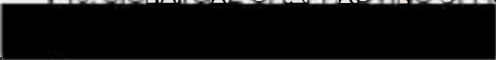
FOR CMS USE ONLY

16. DATE RECEIVED
7/15/2022

17. DATE APPROVED
September 9, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/2022

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

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 one-fourth percent inflationary increase in reimbursement effective July 1, 2022 as authorized and appropriated by the 2021 Legislative Assembly. The agency’s fee schedule rates for all the following services will be set as of July 1, 2022 and will be effective for services provided on or after that date. The rates will be published at the State’s website, <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html>

<input checked="" type="checkbox"/>	<p>HCBS 1915i Case Management</p> <p>Care Coordination is a 15-minute unit rate.</p> <p>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>
<input type="checkbox"/>	<p>HCBS Homemaker</p>
<input type="checkbox"/>	<p>HCBS Home Health Aide</p>
<input type="checkbox"/>	<p>HCBS Personal Care</p>
<input type="checkbox"/>	<p>HCBS Adult Day Health</p>
<input type="checkbox"/>	<p>HCBS Habilitation</p>
<input checked="" type="checkbox"/>	<p>HCBS Respite Care</p> <p>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</p>

	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. 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. 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: and

	<p>2) Rate #2: A service that reimburses for the costs of registration/conference training fees, books and supplies associated with the training and support needs. 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 – Drive with Vehicle – This code is limited to a flat rate per round-trip of one (1) unit.</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>