north dakota
department of
human services

Medical Services
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Provider Relations (701) 328-4030

Jack Dalrymple, Governor
Carol K. Olson, Executive Director

June 14, 2012

Ms. Dori Junker
IHS Resource Mgmt Bus Office
Aberdeen Area I.H.S. Office
115 4th Ave SE Rm 309
Aberdeen SD 57401

Dear Ms. Junker:

This letter is regarding the Tribal Consultation Policy established between the North Dakota Department of Human Services (Department) and the North Dakota Indian Tribes. This consultation process was established to ensure Tribal governments are included in the decision making process when changes in the Medicaid or Children's Health Insurance Program (s) will affect items such as cost or reductions and additions to the program. The North Dakota Department of Human Services engages Tribal consultation when a State Plan Amendment, waiver proposal or amendment, or demonstration project proposal directly impacts the North Dakota Tribes and/or their Tribal members.

The purpose of this letter is to notify you of (1) an amendment to the Developmental Disabilities waiver and (2) an amendment to the Medicaid State Plan related to medical nutrition therapy.

The Department's Developmental Disabilities (DD) Division intends to submit a 1915 (c) waiver amendment to the Centers for Medicare and Medicaid (CMS) to clarify policy concerning In Home Supports services and Equipment and Supplies services information for DD waiver recipients. The anticipated effective date of the proposed amendment is October 1, 2012.

The 1915 (c) Waiver amendment is available for your review on the Department's website at the following link: http://www.nd.gov/dhs/services/disabilities/dd.html. If you are unable to access this document via the web, a copy can be mailed to you.

Please be aware that the posted waiver amendment is a draft. The final document will be posted on the Department's website when it is approved by CMS.

If you have any comments or questions on the waiver amendment, please contact Marella Krein, Program Administrator at mkrein@nd.gov, or mail a written response to 1237 West Divide Avenue Suite 1A, Bismarck, ND 58501, or by calling 701-328-8977. Comments will be accepted until 5 p.m. on August 10, 2012.

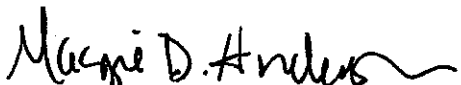
600 East Boulevard Avenue Department 325 -- Bismarck, ND 58505-0250
www.nd.gov/dhs

The Department is also planning to submit a Medicaid State Plan Amendment related to medical nutrition therapy. This is not a new service; however, the language in the Plan is being modified to clarify process and to remove language related to certain conditions that are eligible for medical nutrition therapy. A copy of the proposed amendment is enclosed.

The Department expects the effective date of this amendment to be August 1, 2012. If you have input or comments related to the amendment, please contact me at manderson@nd.gov or via telephone at 701-328-1603. Comments on the amendment will be accepted through July 20, 2012.

The Department appreciates the continuing opportunity to work collaboratively with you to achieve the Department's mission, which is: "To provide quality, efficient, and effective human services, which improve the lives of people."

Sincerely,



Maggie D. Anderson, Director
Medical Services Division

MDA/mlt

Enclosure

13.c Preventive Services

The North Dakota Medicaid program will provide payment for medical nutrition therapy if the service is ordered ~~recommended~~ by a North Dakota Medicaid enrolled physician, nurse practitioner, physician assistant, or clinical nurse specialist. Services do not require ~~without~~ prior authorization, but must be provided by ~~to~~ a North Dakota Medicaid enrolled licensed registered dietitian. ~~by the State of North Dakota for the following diagnosis or conditions:~~

~~1. Diabetes (Insulin/Non-Insulin Dependent and Pregnancy Related)~~
~~2. Cardiovascular Conditions including Hyperlipidemia~~
~~3. Eating Disorders (Morbid Obesity, Anorexia Nervosa and Bulimia)~~

~~All other diagnosis will require prior authorization. The request for prior approval must include a recommendation for the service from a physician and documentation must be present that demonstrates the medical necessity for the service. The medical consultant will review the information and approve or disapprove the service based on a determination that the proposed service will reduce or limit the progression of the particular disease or condition.~~

~~All nutritional services~~ Medical nutrition therapy will be limited to an initial visit and three follow-up visits (total of four visits per calendar year). Additional visits may be provided if they are prior ~~authorized~~ approved by the ~~medical consultant~~ Department. Additional visits must be ordered ~~recommended~~ by a North Dakota Medicaid enrolled physician, nurse practitioner, physician assistant, or clinical nurse specialist and will be approved if it can be demonstrated that progress is being made in diet control and there is ample evidence that a recipient will continue to need additional visits in order to benefit from the services of a licensed registered dietitian. The number of additional visits may vary based on the individual needs of each recipient.

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