



Medical Services
(701) 328-2321
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ND Relay TTY 1-800-366-6888
Provider Relations (701) 328-4030

Jack Dalrymple, Governor
Maggie D. Anderson, Interim Executive Director

April 13, 2013

Ms Carolyn Cavanaugh, Business Office Manager
Spirit Lake Health Center
PO Box 309
Fort Totten, ND 58335

Re: Potential Modification to North Dakota Medicaid Services

Dear Ms. Cavanaugh:

As you know, in recent years, North Dakota has experienced flooding in different areas throughout the state. In 2011, the North Dakota Medicaid program worked with the Centers for Medicare and Medicaid Services (CMS) to secure certain flexibilities for clients and providers with regard to Medicaid and Children's Health Insurance Program operations during the flooding period. The 2011 letter outlining the flexibilities is enclosed for your review.

This letter serves as a notice of expedited consultation. If flooding should occur this spring, it is expected that the Department may need to submit a modification to requirements of the various Medicaid services, and waivers. The Department would expect any changes to be consistent with the changes made in 2011.

This consultation letter will be made available on the ND Medicaid/Tribal Health website at <http://www.nd.gov/dhs/services/medicalserv/medicaid/tribal-health.html>

If you have comments or recommendations, please contact me via email at manderson@nd.gov or via telephone at 701-328-2617.

Sincerely,


Maggie D. Anderson, Director
Medical Services Division

MDA

Enclosure



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Jack Dalrymple, Governor
Carol K. Olson, Executive Director

April 1, 2011

Mr. Richard Allen
Associate Regional Administrator
Division of Medicaid and Children's Health
Centers for Medicare and Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202

Dear Mr. Allen: *Richard*

RE: 2011 Flood Preparations – ND Medicaid and CHIP

As you know, during the 2009 flooding in North Dakota, the Department of Human Services (Department), Medical Services Division received approval under Section 1115 for certain flexibilities needed to ensure continuity of eligibility and services for Medicaid and Children's Health Insurance Program (CHIP) clients.

The Centers for Medicare and Medicaid Services (CMS) has advised the Department that we are not to submit a Section 1115 Demonstration request for any flexibilities that may be needed in 2011; as the authorities would be covered under a Section 1135 Waiver (should the 1135 Waiver become necessary) and under Section 1915(c), Appendix K, as applicable, for each 1915 (c) waiver.

You requested a list of the flexibilities the Department of Human Services would expect to utilize under Section 1135. Those flexibilities are assumed to be for counties impacted by the flooding and for facilities and/or individuals impacted by flooding:

Annual Redeterminations of Eligibility. The State may continue Medicaid, CHIP, and 1915(c) waiver eligibility without a redetermination for affected individuals in a county impacted by the disaster. Eligibility may continue for up to 3 months after a Public Health Emergency is declared, or until information is received that warrants a redetermination, whichever is earlier.

Service Plans. For annual service plans due on or after the declaration of a Public Health Emergency, the State may extend, to the extent necessary, existing service plans for no more than 90 days, for persons receiving services through the 1915(c) waivers and the state plan that require a service plan and who are residing in a county impacted by the disaster county and are impacted by the flooding.

April 1, 2011
Mr. Richard Allen
Page 2

Continuity of Care Requirement. For purposes of eligibility, the State may treat individuals as institutionalized, or receiving home and community-based services, even though they receive less than 30 days of continuous care in the respective setting.

Primary Care Case Management (PCCM) Program. The gatekeeper responsibilities of the PCCM program operated under the Medicaid State plan may be lifted, to the extent necessary, for persons residing in any county impacted by the flooding.

Provider Types. The definition of provider types under State Plan Personal Care is expanded to include legally responsible persons, relatives, and legal guardians.

Respite Care. Clients served through the Developmental Disabilities (DD)/ Mental Retardation (MR) 1915(c) waivers may receive short-term respite care in a community care residential facility approved by the State that is not a private residence.

Level of care determinations. The requirement for completion of annual level of care determinations may be temporarily modified not to exceed the established time period identified during the natural disaster.

Provider Qualifications. Temporarily modify licensure or other requirements for settings where ICF/MR services are furnished. Settings licensed will obtain approval from the Department staff to continue to provide services in alternative settings.

Incident Reporting Requirements. During an emergency, the web-based incident reporting system or phones may not be accessible. Notification of reportable incidents to the required entities need to be completed as soon as reasonably possible, not to exceed 24 hours – immediate emergency risk management steps must be implemented immediately to ensure the health and safety of individuals involved. This would apply to Developmental Disability clients receiving services through an Intermediate Care Facility or through Personal Care.

Expand Settings. The Department may grant approval to temporarily expand where services can be provided to a person receiving Personal Care and Intermediate Care Facility services. Additional settings where service may be provided include: hotels, American Red Cross sponsored shelters, state sponsored shelters or non-affected providers.

Out of State Settings. The Department may grant approval to temporarily expand where services can be provided for a Personal Care or Intermediate Care Facility recipient because of displacement brought on by the flood emergency including allowing services to be provided out of state.

April 1, 2011
Mr. Richard Allen
Page 3

Preadmission Screening and Resident Review (PASRR): PASRR Level I and Level II screenings, evaluations, and determinations as required by 42 CFR 483 Subpart C, for individuals located in, or relocated to or from, the disaster area upon admission to a nursing facility would not be required. The State would ensure the performance of PASRR within 30 days after admission to a nursing facility. Specifically, the Level I screening, and if needed the Level II evaluation and determinations, would take place no later than the 30th day after admission to a nursing facility.

Resident Assessments: Resident Assessment (also known as an MDS assessment) as required by 42 CFR 483.20 would not be required for individuals located in, or relocated to and from, the disaster area, to the extent that the resident assessment takes place no later than the 30th day after admission to a facility.

Therapeutic Leave Day: The Department may temporarily grant approval to allow for therapeutic leave days for a resident transferred to a basic care facility due to a disaster declaration.

Adjustments for Unforeseeable Expenses: The Department will allow nursing facilities which are located in a disaster area and evacuate residents because of the disaster to utilize the Adjustments for Unforeseeable Expenses provisions of the Nursing Home Rate Setting section of the ND State Plan Amendment (Attachment 4.19-D Sub-section 1) to claim increased costs associated with the costs of relocation and care provided at the facilities to which the individuals are relocated.

Thank you for your consideration of these flexibilities. If you have questions or if you would like to discuss any of the items, please contact me at 701-328-1603 or via e-mail at manderson@nd.gov

Sincerely,



Maggie D. Anderson, Director
Medical Services Division