

**Section 24 – Adjustment Factors for Direct Care, Other Direct Care and Indirect Care Costs**

1. An adjustment factor shall be used for purposes of adjusting historical costs for direct care, other direct care, and indirect care and for purposes of adjusting limitations of direct care costs, other direct care costs, and indirect care costs, but may not be used to adjust property costs.
2. For the rate year beginning January 1, 2020 the adjustment factor is 2 percent.
3. For the rate year beginning January 1, 2021 the adjustment factor is 2.5 percent.
4. For the rate year beginning January 1, 2022, the adjustment factor is 4.5 percent.
5. For the rate year beginning January 1, 2023, the maximum adjustment factor is 3.75 percent.
6. For the rate year beginning January 1, 2024, the maximum adjustment factor is 3.2 percent.
7. For the rate year beginning January 1, 2025, the maximum adjustment factor is 3 percent.
- 7.8. For the rate year beginning January 1, 2026, the maximum adjustment factor is 3.2 percent.

**Section 32 – Classifications**

1. A facility shall complete a resident assessment for any resident occupying a licensed facility bed, except a respite care, ~~hospice inpatient respite care, or hospice general inpatient care~~ resident.
2. A resident must be classified ~~in one of forty-eight classifications~~ based on the resident assessment. If a resident assessment is not performed in accordance with subsection 3, except for a respite care, ~~hospice inpatient respite care, or hospice general inpatient care~~ resident, the resident must be included in ~~group AAA, not classified~~ the default classification, until the next required resident assessment is performed in accordance with subsection 3. ~~For purposes of determining standardized resident days, any resident day classified as group AAA must be assigned the relative weight of one.~~ A resident, except for a respite care ~~hospice inpatient respite care or hospice general inpatient care~~ resident, who has not been classified, must be billed at the ~~group AAA~~ default classification established rate. The case-mix weight for establishing the rate for is ~~.4564~~. Days for ~~a~~ a respite care, ~~hospice inpatient respite care, or hospice general inpatient care~~ resident who is not classified must be given a weight of one when determining standardized resident days. Therapeutic, hospital, or institutional leave days that are resident days must be given a weight of ~~.45~~ .64 when determining standardized resident days.
3. Resident assessments must be completed as follows:
  - a. The facility shall assess the resident within the first fourteen days after any admission or return from an acute hospital stay. The day of admission or return is counted as day one. The assessment reference date must be between day seven and day fourteen.
  - b. The facility shall assess the resident quarterly after any admission or return from an acute hospital stay. The quarterly assessment period ends on the day of the third subsequent month corresponding to the day of admission or return from an acute hospital stay, except if that month does not have a corresponding date, the quarterly assessment period ends on the first day of the next month. The assessment reference period begins seven days prior to the ending date of a quarterly assessment period. The assessment reference date (A2300) on the MDS must be within the assessment reference period.
  - ~~c. An assessment must be submitted upon initiation of rehabilitation therapy if initiation of rehabilitation therapy occurs outside of the quarterly assessment reference period established in subdivision b.~~

5. The daily rate is established by dividing actual allowable costs plus an inflation factor of ~~three-two~~ percent by ~~in-house~~ census days effective for dates of service January 1, ~~2025~~2026.
6. A PRTF dissatisfied with the results of a final rate determination may request a reconsideration of the final rate within 30 days of the written notification of a final rate. A PRTF dissatisfied with the results of the Department's decision regarding the request for a reconsideration determination may file an appeal within 30 days of the written notice of the Department's decision regarding the reconsideration determination.
7. Payments to out-of-state PRTFs shall be made based on the rate for comparable services established by the Medicaid agency in the state where the facility is located. If no rate is established by the Medicaid agency in that state, then the per diem rate payable to the out-of-state PRTF shall be the lower of billed charges or the average of the per diem rates in effect for in-state PRTFs at the time of the services are first provided by the out-of-state PRTF, except that a per diem rate higher than the average per diem rate may be negotiated by the state for extraordinary or unusual circumstances on a case by case basis. Negotiated per diem rates may not exceed the cost of the service provide by the PRTF.

STATE: North Dakota

A. Payment for a reserved bed is made:

1. For a recipient absent from a nursing facility:
  - a. 15 days maximum for periods of inpatient hospitalization, and
  - b. 30 days, per rate year, maximum for therapeutic leave of absences. Therapeutic leave of absences are included in the recipient's plan of care.
2. For a recipient absent from an intermediate care facility for individuals with intellectual disabilities:
  - a. 15 days maximum for periods of inpatient hospitalization, and
  - b. 30 days, per calendar year, maximum for therapeutic leave of absences. Therapeutic leave of absences are included in the recipient's plan of care.
3. For a recipient absent from a psychiatric residential treatment facility:
  - a. 15 days maximum for periods of inpatient hospitalization.
  - a-b. 15 days, per certification of need period, maximum for therapeutic leave of absences. Therapeutic leave of absences are included in the recipient's plan of care.

## 13d. Rehabilitative Services.

**Definition of Services**

Rehabilitative Services pursuant to 1905(a)(13)(d) of the Act and 42 CFR 440.130(d) include any medical or remedial services and are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice according to state law for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level.

Services include behavioral intervention services that consist of developing and implementing a regimen that will reduce, modify or eliminate undesirable behaviors and/or introducing new methods to induce alternative positive behaviors and management including improving life skills. Specific services are defined in the table below.

Medicaid-eligible children under EPSDT, are able to receive these and all other medically necessary services.

Therapy and/or treatment that involves the participation of a family member/collateral and/or other non-Medicaid eligible individual(s) is for the direct benefit of the member, in accordance with the member's needs and treatment goals identified in the member's treatment plan and for assisting the member's recovery. The general expectation is that the member would be present for the service with the non-member; however, there may be some treatment session(s) where the practitioner's judgment is not to include the member. The state assures that the following services that include the participation of a family member, collateral, and/or other non-Medicaid eligible individual(s) are provided to, or directed exclusively toward the Medicaid eligible beneficiary:

- Screening, Triage, and Referral Leading to Assessment
- Behavioral Assessment
- Crisis Intervention
- Nursing Assessment and Evaluation
- Behavioral Health Counseling and Therapy
- Individual or Group Counseling
- Intensive in-home for Children
- Skills Training and Integration
- Behavioral Intervention
- Crisis Stabilization
- Transitional Living
- Intensive Outpatient Treatment
- Partial Hospitalization
- Clinically Managed Low-Intensity Residential Care
- Clinically Managed Residential Withdrawal
- Clinically Managed High-Intensity Residential Services
- Medically Monitored Intensive Inpatient Treatment

There is no duplication of billed services.

Rehabilitative Services do not include the following:

- a. Room and board;

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- b. Services provided to residents of institutions for mental diseases;
- c. Services that are covered elsewhere in the State Medicaid plan;
- d. Educational, vocational and job training services;
- e. Recreational and social activities;
- f. Habilitation Services; and
- g. Services provided to inmates of public institutions.

Service Name	Definition of Services	Who Provides
Screening, Triage, and Referral Leading to Assessment	This service includes the brief assessment of an individual's need for services to determine whether there are sufficient indications of behavioral health issues to warrant further evaluation. This service also includes the initial gathering of information to identify the urgency of need. This information must be collected through a face-to-face interview with the individual and may include a telephonic interview with the family/guardian as necessary. This service includes the process of obtaining cursory historical, social, functional, psychiatric, developmental, or other information from the individual and/or family seeking services in order to determine whether or not a behavioral health issue is likely to exist and the urgency of the need. Services are available 24 hours per day, seven days per week. This service also includes the provision of appropriate triage and referrals to needed services based on the individual's presentation and preferences as identified in the screening process. <u>This service must include triage level determination within 24 hours of contact with individual. Screening tools should guide risk classification.</u>	Licensed Baccalaureate Social Worker (LBSW), <del>Licensed Master Social Worker (LMSW)</del> , Licensed Exempt Psychologist, Licensed Associate Professional Counselor (LAPC), Behavior Modification Specialist, Registered Nurse (RN), Behavior Analyst
Behavioral Assessment	Interview with the individual, family, staff or other caregivers, and observation of the individual in the environment to assess identified behavioral excesses or deficits. This service involves operationally defining a behavior, identifying environmental, antecedent and consequent events, and making a hypothesis regarding the likely function or purpose of the behavior as well as formulation of therapeutic recommendations/intervention regimen.	Licensed Exempt Psychologist, <del>Licensed Master Social Worker (LMSW)</del> , Behavior Analyst, Licensed Associate Professional Counselor (LAPC)
Crisis Intervention	Emergency behavioral health therapeutic intervention intended to assist in a crisis situation. Crisis situations may be defined as an individual's perception or experience of an event or situation that exceeds the individual's current resources or coping mechanisms. Crisis intervention seeks to stabilize the individual's mental state and prevent immediate harm	Licensed Baccalaureate Social Worker (LBSW), <del>Licensed Master Social Worker (LMSW)</del> , Licensed Associate

Service Name	Definition of Services	Who Provides
	to the individual or others in contact with that individual. Crisis intervention includes facilitating emotion regulation, safety planning, providing support, providing guidance for preventing future crisis, promoting mobilization of emotion regulation skills, implementing order and providing protection. <u>Documentation must include crisis outcome and reassessment plan within 24-48 hours. Crisis plan should include stabilization method, referral action, and safety planning. Providers rendering crisis intervention services must be available 24 hours per day, 7 days per week, if the individual needs further follow-up services.</u>	Professional Counselor (LAPC) Behavior Modification Specialist, <u>Registered Nurse (RN).</u>
Nursing Assessment and Evaluation	This service requires face-to-face contact with the individual to monitor, evaluate, assess, and/or carry out an order from a licensed practitioner within their scope of practice. This service must consider all of the following items: <ol style="list-style-type: none"> <li>1. Assessment to observe, monitor, and care for the physical, nutritional and psychological issues, problems or crises manifested in the course of an individual's treatment, <u>and must include vital signs;</u></li> <li>2. Assessing and monitoring the individual's response to medication(s) to determine the need to continue medication and/or to determine the need to refer the individual for a medication;</li> <li>3. Assessing and monitoring the individual's medical and other health issues that are either directly related to the mental health disorder, or to the treatment of the disorder; and</li> <li><u>4.</u> When appropriate, consulting with the individual's family and significant other(s) about medical, nutritional and other health issues related to the individual's mental health disorder.</li> </ol> <u>Follow-up should occur at least weekly for high-risk individuals.</u>	Registered Nurse (RN)
Behavioral Health Counseling and Therapy	Behavioral health counseling and therapy provides individual or group counseling by a clinician for children in foster care receiving services through a qualified residential treatment program or in a therapeutic foster care home. Clinicians must be employed by or contracted through the qualified residential treatment program or the therapeutic foster care agency.	Licensed Addiction Counselor (LAC), Licensed Baccalaureate Social Worker (LBSW), <u>Licensed Master Social Worker (LMSW)</u> , Licensed Associate

Service Name	Definition of Services	Who Provides
	<p><u>Measurable progress towards goals must be documented within eight sessions. If no improvement is seen, plan must be revised.</u></p> <p>This service is limited to one hour per child per day of individual counseling and one hour per child per day of group counseling and must be within each practitioner's scope of practice in accordance with licensure and certification. If additional services are medically necessary, the provider may request service authorization from the North Dakota Medicaid Program.</p> <p>Federal financial participation is not available for care or services to Medicaid beneficiaries residing in an IMD.</p> <p>Children in foster care have access to comparable services to children who are not in foster care.</p>	Professional Counselor (LAPC)
Individual or Group Counseling	<p>Counseling is a process through which an individual or group works with a trained therapist in a safe, caring, and confidential environment to explore their feelings, beliefs, or behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change.</p> <p><u>Measurable progress towards goals must be documented within eight sessions. If no improvement is seen, plan must be revised.</u></p>	Licensed Baccalaureate Social Worker (LBSW), <del>Licensed Master Social Worker (LMSW)</del> , Licensed Associate Professional Counselor (LAPC)
Intensive in-home for Children	<p>This service provides the Medicaid-eligible child(ren) and his/her family with intensive in-home crisis intervention and family education, to prevent one or more children from being placed in out-of-home care. The service must be for the direct benefit of the Medicaid-eligible child. Services are furnished in the child's home. Providers are on call 24 hours a day, seven days a week. Services are time-limited and providers carry a limited caseload.</p> <p>Family education is the practice of equipping family members to develop knowledge and skills that will enhance their ability to help restore the Medicaid-eligible child to the best possible functional level.</p>	Licensed Baccalaureate Social Worker (LBSW), <del>Licensed Master Social Worker (LMSW)</del> , Licensed Associate Professional Counselor (LAPC)



Service Name	Definition of Services	Who Provides
	<p>A child is at risk if the referring agency documents during the evaluation and determination process that the child is at risk of out-of-home placement and one or more of the following criteria is present:</p> <ul style="list-style-type: none"> <li>• Court determination for need of placement;</li> <li>• Temporary custody transferred from parents with reunification as the plan;</li> <li>• History of significant law violation, physical or sexual abuse and/or neglect, incorrigibility, delinquency, substance abuse, severe mental health issues, etc.;</li> <li>• A referral from the child and family team process;</li> <li>• Prior placement of any child from within the family unit;</li> <li>• Prior placement history of child identified in the referral;</li> <li>• Prevent adoption disruption;</li> <li>• Child protection assessment resulting in a "Services Required"; and/or</li> <li>• Earlier intervention before court order involvement to prevent placement outside the home.</li> </ul> <p>Situations not covered above will be reviewed by the North Dakota Medicaid Program per a recommendation and proposed care plan from Intensive In-Home Service provider and the referring agency.</p> <p>The length of service is brief, solution-focused and outcome-based. The average length of service is usually two to six months. Services provided beyond six months will require thorough documentation in the child's plan of care and are subject to audit.</p> <p><u>Plan must define start, milestones, and discharge readiness.</u></p>	
Skills Training and Integration	<p>A service designed to assist an individual in the community in their efforts to apply and integrate life skills learned in their therapy programs. The individual typically requires support for cueing/modeling of appropriate behavioral and life skills to maximize their skills and prevent need for higher levels of care. The practitioner cues the individual and models and reinforces the desired behavior and observes the</p>	<p>Mental Health Technician, Licensed Baccalaureate Social Worker (LBSW), <del>Licensed Master Social Worker (LMSW)</del>, Licensed Associate</p>

Service Name	Definition of Services	Who Provides
	<p>individual in their natural environment performing the behaviors.</p> <p><u>Goal domains must be defined (social, vocational, emotional regulation). Skill generalization progress required within 6 weeks.</u></p> <p>The service reduces disability and restores an individual to previous functional levels by assisting the individual in ongoing utilization and application of learned skills in normalized living situations. This strengthens the skill development that has occurred, and promotes skill integration in various life roles.</p> <p>Services are limited to four hours per day and must be within each practitioner's scope of practice in accordance with licensure and certification. If additional services are medically necessary, the provider may request service authorization from the North Dakota Medicaid Program.</p> <p>Skills training and integration is considered an individual service and if provided in a group setting, must be billed with the appropriate modifiers.</p>	Professional Counselor (LAPC), Behavior Modification Specialist, Behavior Analyst, Registered Nurse (RN)
Behavioral Intervention	<p>Behavioral intervention is a service to identify responsive actions by an individual to stimuli and to develop and facilitate the implementation of an intervention regimen that will reduce, modify, or eliminate undesirable responses. This intervention is a comprehensive rehabilitative service that trains new positive behaviors to replace unwanted behavior through positive reinforcement of the desired behavior (i.e. reducing anxiety through deep breathing, reducing self-harm behavior by reinforcing replacement behavior).</p> <p>This service includes the assessment of the individual and the development a Behavioral Intervention Plan. The plan is to be reviewed and modified <u>as needed at least monthly</u> to ensure the individual receives appropriate interventions. <u>The plan must include stimulus control, reinforcement strategies, and generalization plans.</u></p>	Licensed Exempt Psychologist, Behavior Modification Specialist, Behavior Analyst
Assessment for Alleged Abuse and/or	An assessment performed by an accredited children's advocacy center to determine if a child has	Licensed Baccalaureate Social

Service Name	Definition of Services	Who Provides
Neglect and <del>Recommended Plan of Care</del> Behavioral Health Screening (formerly known as Forensic Interview)	experienced abuse and/or neglect. The assessment must be recorded, <del>and</del> is designed to elicit a child's unique information when there are concerns of possible abuse, <u>and includes a screening for the need of behavioral health services. The assessment should lead to a recommended plan of care.</u>	Worker (LBSW), <del>Licensed Master Social Worker (LMSW)</del> , Licensed Associate Professional Counselor (LAPC)
Crisis Stabilization	This is a residential alternative of not more than 16 beds, to prevent or divert from inpatient hospitalization, offering psychiatric stabilization and detoxification services. The service provides medically monitored residential services for the purpose of resolving acute self-harm or suicide risk, risk of harm to others, and acute substance withdrawal through: <ol style="list-style-type: none"> <li>1. Psychiatric medical assessment;</li> <li>2. Crisis assessment, support and intervention including withdrawal management;</li> <li>3. Medication administration, management, and monitoring;</li> <li>4. Brief individual, group and/or family counseling; and</li> <li>5. Linkage to other rehabilitative services as needed.</li> </ol>	Licensed Baccalaureate Social Worker (LBSW), <del>Licensed Master Social Worker (LMSW)</del> , Licensed Associate Professional Counselor (LAPC), Behavior Modification Specialist
Transitional Living	Transitional Living is a residential alternative of not more than 16 beds, designed to assist individuals in restoring the self-help, socialization and adaptive skills necessary to live independently in their own home. This service includes assistance with restoration of skills related to activities of daily living including grocery shopping and meal preparation, managing money, being employed, community socialization, housekeeping and laundry.	Registered Nurse (RN), Licensed Baccalaureate Social Worker (LBSW), <del>Licensed Master Social Worker (LMSW)</del> , Licensed Associate Professional Counselor (LAPC), Behavior Modification Specialist, Behavior Analyst, Mental Health Technician

**SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES**

Substance Use Disorder Treatment Services means ambulatory services provided to an individual with an impairment resulting from a substance use disorder which are provided by a multidisciplinary team of health care professionals and are designed to stabilize the health of the individual. Services for treatment of substance use disorder may be hospital-based or non-hospital-based. In accordance with an individual's treatment plan, the level of intensity and the amount, duration, and scope of the services may vary based on medical necessity.

Licensed addiction counselors include licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction programs operating in a border state must provide documentation to the North Dakota Medicaid Program of their state's approval for the operation of the addiction program.

Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.

Service Name	Definition of Service	Who Provides
Intensive Outpatient Treatment	<p>Intensive outpatient treatment provided to individuals requiring a primary, organized treatment program and who are able to establish abstinence and recovery within the context of the individual's usual environment and daily activities. This level of care will normally be offered in the evening hours to facilitate an individual's ability to maintain the usual daily activity but may be offered during the day.</p> <p>An intensive outpatient treatment program shall offer no less than eight hours and no more than nineteen hours of programming per week in a structured environment.</p> <p>Intensive outpatient treatment services that are coverable could include: a combination of individual and group therapy; medical and nursing services; referrals for identified treatment needs if such services are not available within the program; and family treatment services if for the benefit of the beneficiary.</p>	Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for intensive outpatient treatment.
Partial Hospitalization	<p>Partial hospitalization is a program that uses multidisciplinary staff and is provided for individuals who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment with the exception of clinically managed low-intensity residential care. This level of care is designed to offer highly structured intensive treatment to individuals whose condition is sufficiently stable so as not to require twenty-four-hour per day monitoring and care, but whose illness has progressed so as to require consistent near-daily treatment intervention.</p> <p>A partial hospitalization program shall offer no less than twenty hours of programming, no less than four days per week in a structured program.</p>	Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for partial hospitalization.

Service Name	Definition of Service	Who Provides
	<p>Partial hospitalization services that are coverable could include: a combination of individual and group therapy; medical and nursing services; referrals for identified treatment needs if such services are not available within the program; and family treatment services if for the benefit of the beneficiary.</p>	
Clinically Managed Low-Intensity Residential Care	<p>Clinically managed low-intensity residential care provides an ongoing therapeutic environment for individuals requiring some structured support in which treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual into the worlds of work, education, and family life, adaptive skills that may not have been achieved or have been diminished during the individual's active addiction. Such programs must offer at least five hours per week of low-intensity treatment the focus of which will be on issues in ASAM dimensions four, five, six, and three, if appropriate mental health services are available onsite or by contractual arrangement. Clinically managed low-intensity residential care is also designed for the individual suffering from chronic, long-term alcoholism or drug addiction and affords an extended period of time to establish sound recovery and a solid support system.</p> <p>Clinically managed low-intensity residential care services that are coverable could include: Skills restoration to assist an individual with restoring needed and desired skills such as daily living/independent living skills to improve the functional impairments affected by the individual's substance use disorder diagnosis and symptoms to meet rehabilitation goals. Skills restorations is a systematic series of instructional activities, which include a mixture of education, confirmation and demonstration of learned skills and capacity for observed learning over time to ensure lasting results that translate to the living environment; and medication administration.</p> <p>Clinically managed low-intensity residential care must be combined with intensive outpatient services or partial hospitalization services in order for North Dakota Medicaid to reimburse for clinically managed low-intensity residential care.</p>	<p>Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for clinically managed low-intensity residential care.</p>

Service Name	Definition of Service	Who Provides
	Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.	
Clinically Managed Residential Withdrawal	<p>Clinically managed residential withdrawal provides detoxification in an organized residential nonmedical setting delivered by appropriately trained staff who provide safe, twenty-four-hour monitoring, observation, and support in a supervised environment for an individual to achieve initial recovery from the effects of alcohol or another drug. Clinically managed residential withdrawal is characterized by its emphasis on peer and social support and it provides care for individuals whose intoxication or withdrawal signs and symptoms are sufficiently severe to require twenty-four-hour structure and support but the full resources of a medically monitored inpatient detoxification are not necessary.</p> <p>Clinically managed residential withdrawal services that are coverable could include: development of an individualized treatment plan; close observation by staff of the beneficiary; referrals for identified treatment needs if the service is not available within the program; a combination of individual and group therapy; and medication administration.</p> <p>Clinically managed residential withdrawal programs must be affiliated with a hospital that provides twenty-four hour medical backup.</p> <p>Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.</p>	Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for clinically managed residential withdrawal.
Clinically Managed High-Intensity Residential Services	Clinically managed high-intensity residential services provide a therapeutic community or residential treatment center that offers continuous observation, monitoring, and treatment by allied professional staff designed to treat individuals who are not sufficiently stable to benefit from outpatient treatment no matter how intensive and who have significant psychological and social problems.	Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for clinically managed

Service Name	Definition of Service	Who Provides
	<p>Clinically managed high-intensity residential services require onsite, twenty-four hour per day clinical staffing by licensed counselors and other practitioners.</p> <p>Clinically managed high-intensity residential services that are coverable could include: development of an individualized treatment plan; a combination of individual and group therapy; motivational enhancement and engagement strategies; random drug screening; referrals for identified treatment needs if the service is not available within the program; family treatment services if for the benefit of the beneficiary; and medication administration.</p> <p>Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.</p>	high-intensity residential services.
Medically Monitored Intensive Inpatient Treatment	<p>Medically monitored intensive inpatient treatment is a program that provides a planned regimen of twenty-four-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. This program is appropriate for an individual whose subacute detoxification, withdrawal, biomedical, and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment but who does not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.</p> <p>Medically monitored intensive inpatient treatment services that are coverable could include: development of an individualized treatment plan; a combination of individual and group therapy; medical and nursing services to provide ongoing assessment and care of acute detoxification needs, medical and psychiatric problems; referrals for identified treatment needs if the service is not available within the program; family treatment services if for the benefit of the beneficiary; and medication administration.</p>	Licensed addiction counselors and licensed addiction programs may enroll as Medicaid providers for medically monitored intensive inpatient treatment.



Service Name	Definition of Service	Who Provides
	Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.	

**PRACTITIONER QUALIFICATIONS**

Other Licensed Practitioners recognized by the Single Medicaid Agency and authorized under Attachment 3.1-A Item 6.d. and Attachment 3.1-B Item 6.d. may bill Medicaid for covered services, including Rehabilitative Services, allowed within their scope of practice.

Practitioners possessing a similar license/certification in a border state and operating within their scope of practice in that state may enroll to provide rehabilitative services upon attesting to the Single State Medicaid Agency of their comparable license/certification.

Practitioners who are governed by a state licensing board must follow the board's requirements for supervision.

Provider Types	Licensure/ Certification Authority	Education/ Degree Required
Licensed Addiction Counselor, Clinical Addiction Counselor, or Master Addiction Counselor	Requires current licensure as an Addiction Counselor, Clinical Addiction Counselor, or Master Addiction Counselor by the North Dakota Board of Addiction Counseling Examiners.	
Licensed Addiction Programs	Requires current licensure as an addiction program by the Behavioral Health Division of the North Dakota Department of Human Services.	
Licensed Exempt Psychologist	Eligibility for licensure exemption as determined by the North Dakota Board of Psychologist Examiners.	
Behavior Modification Specialist		Master's degree in psychology, social work, counseling, education, child development and family science, human services, <u>marriage and family therapy</u> , <u>applied behavioral analysis</u> , <u>speech pathology</u> , <u>therapeutic recreation</u> , <u>occupational therapy</u> ,



Provider Types	Licensure/ Certification Authority	Education/ Degree Required
		<u>behavioral health</u> , or communication disorders. Or a bachelors' degree in one of the above fields and two years of work experience in the respective discipline. The work experience must be in a professional setting and supervised by a licensed practitioner in a related field. <u>ND Medicaid may approve related degrees at its discretion.</u>
Behavior Analyst	Licensure as a Board-Certified Behavior Analyst by the Board of Integrative Health Care	Behavior Analyst
Licensed Baccalaureate Social Worker (LBSW)	Licensure as a LBSW by the North Dakota Board of Social Work Examiners.	
<del>Licensed Master Social Worker (LMSW)</del>	<del>Licensure as a LMSW by the ND Board of Social Work Examiners.</del>	
Registered Nurse (RN)	Requires licensure as a Registered Nurse by the North Dakota Board of Nursing.	
Licensed Associate Professional Counselor (LAPC)	Licensure as a LAPC by the North Dakota Board of Counselor Examiners.	
Mental Health Technician (MHT)	Certification as a Mental Health Technician or a Registered Behavior Technician and supervised by a qualified and licensed practitioner within their scope of practice.	
<u>Behavioral Health Technician</u>	<u>Certification as a Behavioral Health Technician and supervised by a licensed practitioner within their scope of practice.</u>	

The North Dakota Medicaid Program, through the provider agreement, contracts with entities to provide rehabilitative services. The entities must attest to the North Dakota Medicaid Program that they:

- Maintain case files for each Medicaid-eligible individual;
- Retain evidence of compliance with the practitioner qualifications;

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- Notify individuals of any limitations on amount, duration or scope of services and alert individuals when limitations are about to be reached and request authorization from the North Dakota Medicaid Program, as appropriate, for additional services; and
- Provide services according to a plan of care.

Individual practitioners must meet the qualifications detailed in the Provider Qualifications table and must be employed by an entity that has a provider agreement with the North Dakota Medicaid Program. The practitioner is responsible for ensuring services are allowed to be provided within their scope of practice according to state law and is responsible for maintaining the individual qualifications outlined in the Provider Qualifications table.

### **Eligibility for Services**

Members must meet medical necessity criteria before rehabilitative services can be provided through the North Dakota Medicaid Program.

- 1) The individual must be eligible for the Medicaid Program; and
- 2) The service must be recommended by a practitioner of the healing arts within the scope of their practice under state law; and
- 3) The individual must need mental health or behavioral intervention services that are provided by qualified practitioners.

LIMITATIONS ON AMOUNT, DURATION AND SCOPEService

- 6.b. Effective July 1, 2009, individuals 21 years of age and older are limited to one refractive examination no more often every two years after the initial examination paid under Medicaid unless more frequent examinations are prior approved as medically necessary by the department's optometric consultant. The same will apply to subsequent examinations in relation to a two-year cycle following an examination.

Individuals under 21 years of age are limited to one refractive examination no more often than one year after the initial examination paid under Medicaid unless more frequent examinations are prior approved as medically necessary by the department's optometric consultant. The same will apply to subsequent examinations in relation to a one-year cycle following an examination.

- 6.c. Chiropractic services. Effective January 1, 2022, the North Dakota Medicaid program will limit the number of spinal manipulation treatment services to no more than twenty treatments and two radiologic examinations per recipient per year unless the provider requests and receives prior authorization from the department.

- 6.d. Other practitioner's services.

Services of a licensed psychologist practicing within the scope of practice according to state law.

Services of a licensed Certified Registered Nurse Anesthetist practicing within the scope of practice according to state law.

Services of licensed Nurse Practitioners who meet North Dakota's advanced educational and clinic practice requirements and who are certified in specialties in addition to family and pediatric nurse practitioner services practicing within the scope of practice according to state law.

Services of a Licensed Clinical Social Worker (LCSW) practicing within the scope of practice according to state law.

Services of a licensed and registered pharmacist practicing within the scope of practice according to state law.

Services of licensed Physician Assistants and Clinical Nurse Specialists practicing within the scope of practice according to state law.

Services of a licensed Registered Nurse for the purposes of administering vaccines practicing within the scope of practice according to state law.

Services of Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors practicing within the scope of practice according to state law.

Services of a Licensed Professional Counselor practicing within the scope of practice according to state law.

Services of a Licensed School Psychologist who has obtained a specialist degree in school psychology from a national association of school psychology-accredited institution or who has achieved the national certification of school psychologist certification, practicing within the scope of practice according to state law.

Services of a Licensed Master Social Worker practicing within the scope of practice according to state law.

LIMITATIONS ON AMOUNT, DURATION AND SCOPE

6.d. (Continued)

**Nursing Services provided in a School to Children with Complex Medical ~~Needs and provided by a Registered Nurse~~**

Effective ~~June-January 1, 2018~~2026, the North Dakota Medicaid program will enroll licensed Registered Nurses ~~and Licensed Practical Nurses~~ to provide nursing services to Medicaid-eligible children (under the age of 21) who have complex medical needs and a plan that documents medical necessity for nursing services to support the child's needs to access free appropriate public education. The Registered Nurses ~~and Licensed Practical Nurses~~ must be either employed by or under contract through a school and the school shall bill North Dakota Medicaid for the nursing services rendered by the ~~Registered Nnurses~~.

**Services Provided by Licensed Addiction Counselors**

Licensed addiction counselor includes licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction counselors may enroll to furnish services within their scope of practice according to State Law.

**Medical Nutrition Therapy Services provided by Licensed Registered Dietitians**

Medical nutrition therapy services are an evidence-based medical approach to treating certain chronic conditions through the use of an individually-tailored nutrition plan.

Coverage is limited to four hours per calendar year. Additional services may be authorized if determined to be medically necessary.

**Tobacco Cessation Counseling Services provided by Licensed Practitioners**

Coverage is limited to two quit attempts per year; each quit attempt is limits to no more than four counseling sessions. Additional services may be approved if they are medically necessary and the provider requests and receives prior authorization from the department. The service must be provided by a licensed practitioner, such as a nurse practitioner or physician assistant, within their scope of practice according to State law.