NORTH Dakota | Health & Human Services
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Medical Services Division

1915(i) Member Rights and Responsibilities

Instructions

This form is reviewed with the 1915(i) member and their Care Coordinator at the initial meeting and annually thereafter. The member and Care Coordinator will sign the form as acknowledgment of the review and understanding of the information. A copy is provided to the member, and the Care Coordinator maintains the original in the member's file.

Member or Legal Decision Maker responsibility

As a Member or Legal Decision Maker, it is your responsibility to:

- Contact the Care Coordinator if you move to a new location or change your phone number
- Contact the Care Coordinator if your service needs to be increased or decreased
- Contact the Care Coordinator if you want to change providers
- Be available for scheduled visits with providers
- Participate in all care plan meetings with your Care Coordinator
- Contact your Coordinator to discuss any problems or concerns you have with 1915(i)services

1915(i) Member Rights

1915(i) Members have the right to:

- Confidentiality
- Receive the services you need if you are eligible
- Timely notice of eligibility decisions
- Notification if services are denied, reduced, or terminated
- Direct your plan of care, within guidelines
- Choose who is involved in your person-centered team
- Choose the times and location of meetings
- Choose your service providers
- Privacy, dignity, and respect
- Be free from discrimination
- Be free from abuse, neglect, and exploitation
- Have your property treated with care
- Be free from coercion
- Be free from restraints
- Voice complaints and concerns

- Right to request a fair hearing

Appeals

Medicaid applicants and members who are dissatisfied with a decision made by the Human Service Zone or Department of Health and Human Services, or who have not had their application acted on with reasonable promptness, may file an appeal.

Filing an Appeal

An appeal can be filed verbally over the phone or in written format by email, fax, or mail. A request to appeal must be filed no later than 30 days from the date the notice of action is mailed.
You can use SFN 162: Request for Hearing to file the appeal, but it is not required. A signature is not required to submit the appeal request. SFN 162: Request for Hearing can be accessed at https://www.nd.gov/eforms/Doc/sfn00162.pdf.
If you do not use SFN 162: Request for Hearing, please provide your name, contact information, program decision or error that you are appealing, and reason for disagreement with the decision.

Contact information

- Mail: Appeals Supervisor, Legal Advisory Unit
  Department of Health and Human Services
  600 E Boulevard Avenue, Dept. 325
  Bismarck, ND 58505-0250
- Phone: (701) 328-2311
- Toll Free: (800) 472-2622
- 711 (TTY)
- Fax: (701) 328-2173
- Email: dhslau@nd.gov
- Website: www.nd.gov/dhs/services/medicalserv/medicaid/appeal.html

Language Assistance and Auxiliary Aids and Services are available at no cost.

Care Coordinator Responsibilities

It is Your Care Coordinator's Responsibility to:

- Respond to requests for information in a timely manner
- Allow you to direct your care plan, within program guidelines
- Allow you to choose your service providers

- Report any suspected fraud, concealment, or misrepresentation of information provided by you or your legal representative as it relates to eligibility for 1915(i)
- Treat you with dignity and respect
- Respect the privacy of confidential information
- Assist you with addressing your complaints or concerns with services

If a member is uncomfortable reporting any problems or concerns to their care coordinator, they may contact the Medical Services Division by emailing nd1915i@nd.gov or calling 701-328-7068 or contacting Protection & Advocacy Project by calling 701-328-2950.

Suspecting Fraud or Abuse

If you suspect fraud or abuse, report it to Medicaid. A fraud or abuse report may be filed verbally over the phone or in written format by email, fax, or mail. You can use SFN 20: Suspected Fraud Referral to report suspected fraud or abuse, but it is not required. SFN 20: Suspected Fraud Referral can be accessed at https://www.nd.gov/eforms/Doc/sfn00020.pdf.
If you do not use SFN 20: Suspected Fraud Referral, please provide your name, contact information, and narrative of suspected fraud or abuse.

Contact information:

- Mail: Fraud, Waste and Abuse Administrator
  Medical Services Division
  600 E Boulevard Avenue, Dept. 325
  Bismarck, ND 58505-0250
- Phone: (701) 328-4024
- Toll Free: (800) 755-2604
- 711 (TTY)
- Fax: (701) 328-1544
- Email: medicaidfraud@nd.gov

My signature acknowledges that the information contained in this form was reviewed with me, and I understand my rights and responsibilities or have been informed of who I can go to with my questions.

Member Printed Name _____

Member Signature _____

Date _____

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Parent or Legal Guardian Printed Name _____

Parent or Legal Guardian Signature _____

Date _____

Care Coordinator Printed Name _____

Care Coordinator Signature _____

Date _____