

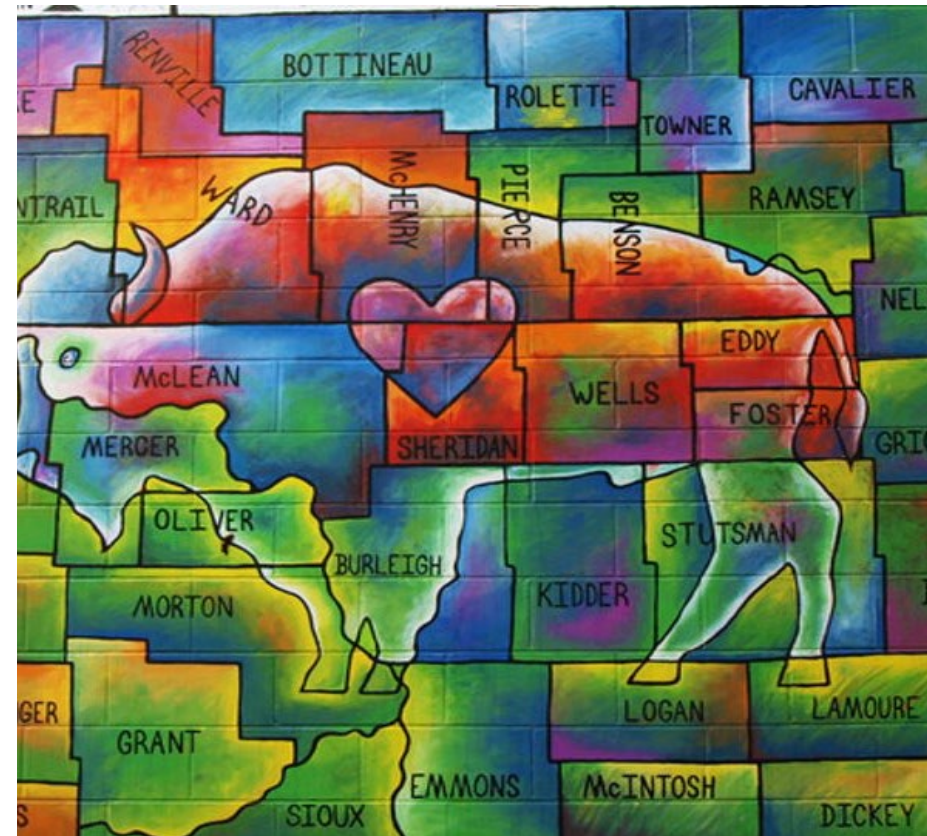
This presentation covers:

1915(i) Medicaid State Plan

1915(i) Eligibility Criteria

1915(i) Eligibility Process

Revised 2/1/23



1915(i) Medicaid State Plan

Allows North Dakota Medicaid to pay for Home and Community Based Services for eligible individuals with certain behavioral health conditions.

The 1915(i) is an amendment to North Dakota's Medicaid State Plan. It is not a waiver.

1915(i) Services

Care
Coordination

Training and
Supports for
Unpaid
Caregivers

Respite

Community
Transition
Service

Non-Medical
Transportation

Housing
Supports

Supported
Employment

Supported
Education

Benefits
Planning

Peer Support

Family Peer
Support

Pre-Vocational
Training

1915(i) Eligibility Criteria

An applicant is eligible for the 1915(i) Medicaid State Plan if all of the following criteria are met:

1. Age 0+
2. Recipient of Traditional Medicaid or Medicaid Expansion
3. Federal Poverty Level is at 150% or below
4. Qualifying 1915(i) Behavioral Health Diagnosis
5. Qualifying WHODAS Score of 25 or above

At any point an individual doesn't meet one of the eligibility criteria, they are not eligible.

Criteria #1: Age 0+

All ages may be served by the 1915(i).

Criteria #2: Traditional or Expansion Recipient

A 1915(i) applicant must be a recipient of Traditional Medicaid or Medicaid Expansion to qualify for the 1915(i).

Criteria #3: Federal Poverty Level

A 1915(i) applicant must meet the federal poverty level at 150% or below.

The 1915(i) federal poverty level table is found on the 1915(i) website.

- [Federal Poverty Level](#)

Criteria #4: WHODAS Score

The World Health Organization Disability Assessment Schedule (WHODAS) is the tool for assessment of needs-based eligibility and is required as part of the 1915(i) eligibility determination process.

A qualifying WHODAS score of 25 or above is required for 1915(i) eligibility.

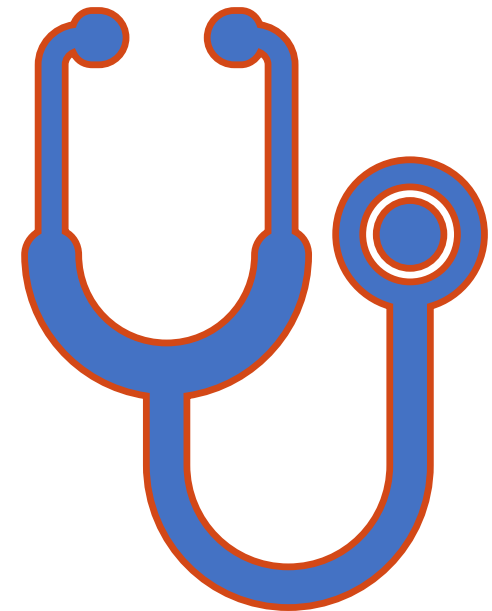
WHODAS Requirements

1. Section 4: WHODAS Assessment of the eligibility application must be completed entirely and signed by the WHODAS administrator (electronic signatures are not acceptable).
2. The WHODAS assessment must be conducted via face-to-face interview or face-to-face interview by proxy; self-administered is not acceptable. A face-to-face assessment may include assessments performed by telemedicine.
3. The WHODAS must have been completed within 90 calendar days prior to the date of eligibility application submission.
4. WHODAS assessment documentation is required in one of the following ways in order to be deemed complete for 1915(i) eligibility:
 - Human Service Center electronic health record containing the WHODAS scores; or
 - WHODAS Interview Assessment AND Complex Scoring Sheet; or
 - WHODAS Proxy Assessment AND Complex Scoring Sheet.

Criteria #5: Qualifying Diagnosis

1915(i) applicants must possess one or more of the qualifying diagnoses approved for 1915(i) eligibility.

The list of approved diagnoses are on the SFN 741 1915(i) Eligibility Application.



The Zone is the entry point for all 1915(i) referrals.

The SFN 741 1915(i) Eligibility Application is submitted. Zone will sign and date the SFN 741 under the 1915(i) Eligibility Request section. Eligibility to be determined within 5 business days.

All 1915(i) eligibility criteria is verified.
Zone will schedule a WHODAS and conduct assessment if not completed.

1915(i) eligibility is determined.

The eligibility determination is entered into the 1915(i) Web System.

An eligibility letter is generated from the web system. An eligible member is provided with a list of enrolled 1915(i) care coordination agencies to choose from along with a fact sheet for individuals deemed eligible.

It is the responsibility of the member to contact the care coordination agency of their choice to begin the person-centered planning process.

1915(i) Eligibility Process

SFN 741) 1915(i) Eligibility Application

1915(i) Eligibility Form

Purpose of the SFN: To collect the Diagnostic and WHODAS information required for 1915(i) eligibility to be determined.

Diagnosis Section: Must be completed by the clinical professional providing the member's diagnosis.

WHODAS Section: Must be completed by the "trained, qualified practitioner" completing the WHODAS assessment.

The completed form is given to the 1915(i) Zone Eligibility Worker, and eligibility is determined.

Eligibility Notification

- Inform the individual (and family/guardian if applicable) of the eligibility determination and/or closure in eligibility. This includes sending eligibility approval, denial, or closure letters generated from the 1915(i) Web System.
- Inform an eligible individual of their right to choose their care coordination provider and provide them with a list of providers. This list is located on the 1915(i) website.
- Provide an eligible individual with a “Fact Sheet for Individuals Deemed Eligible” which provides the individual with a list of services and identifies their next steps to accessing services. This fact sheet is located on the 1915(i) website.

Client Rights Notification

Inform the client of their rights.

This information is included on the eligibility letter generated in the web system:

As an individual, you have the right to:

- ✓ Be involved in the development of your Plan of Care (POC) and to choose who will be involved in the plan development
- ✓ Choose each of your service providers specified in the plan of care
- ✓ Change service providers at any time

Client Rights (cont.)

- ✓ Timely and adequate notice of decisions about eligibility
- ✓ Confidentiality
- ✓ Privacy, dignity, and respect
- ✓ Freedom from unlawful discrimination
- ✓ Freedom from abuse, neglect, and exploitation
- ✓ Freedom from coercion and restraint
- ✓ Receive services completed as agreed upon in the POC
- ✓ Voice complaints and concerns
- ✓ Appeal service determinations

Appeal Rights

The North Dakota Department of Health & Human Services provides an opportunity for an appeal to any person whose claim for 1915(i) assistance is denied or not acted upon promptly.

The 1915(i) Eligibility Worker is required to inform individuals who are denied eligibility of their right to appeal.

There is “Appeal Rights” language included in the “denial of eligibility” letter generated from the web system.

Request of Information

After approval of 1915(i) eligibility, the care coordinator will send a Request of Information (ROI) to the Zone.

Upload the ROI into Filenet (Shortname 88) and provide the following to the care coordinator:

- SFN 741 Eligibility Application
- WHODAS assessment and scoresheet
- 1915(i) eligibility dates
- Identify if the individual is on Traditional or Expansion coverage; provide the Medicaid Expansion number if applicable

Eligibility for each 1915(i) individual must be redetermined at least annually.

NDDHHS, the Care Coordinator, or individual may request a reevaluation prior to the annual timeframe if the individual's needs change or a change in circumstance deem it necessary.

The process for the annual eligibility redetermination is the same as the initial evaluation described above.

Specific Zone employees have been identified to generate and send out 30-day advance notification of 1915(i) eligibility reevaluations or redeterminations.

If the individual doesn't follow through, then the same designated Zone employee will generate and sent out the 1915(i) closure letter.

1915(i) Annual Eligibility Redeterminations

1915(i) Eligibility Worker Qualifications

Requires one of the following:

- Completion of the eligibility worker one-year certificate program.
- Completion of 90 semester hours or 135 quarter hours of a bachelor's degree program.
- Graduation from high school or GED and three years of work experience involving processing of claims, loans, financial eligibility benefits, credit reviews, abstracts, taxes, or housing assistance, or working in the clerical, accounting, bookkeeping, legal, financial, business, teaching, investments/financial planning, computer/data processing fields.
- Three years of any combination of education and experience listed above.

What Needs
To Be
Communicated
between
SPACES & the
1915(i) Web
System?

When any of the following occurs in SPACES, the 1915(i) Web System must be manually updated:

- Transfer from Traditional Medicaid to Expansion
- Transfer from Expansion to Traditional Medicaid
- Medicaid ineligibility
- Changes in FPL, member income, and household number
- Changes in living arrangements

Resources



1915(i) Eligibility Process Flow:
[Individual Eligibility Process Flow](#)

Website:
<https://www.behavioralhealth.nd.gov/1915i>

Email:
nd1915i@nd.gov