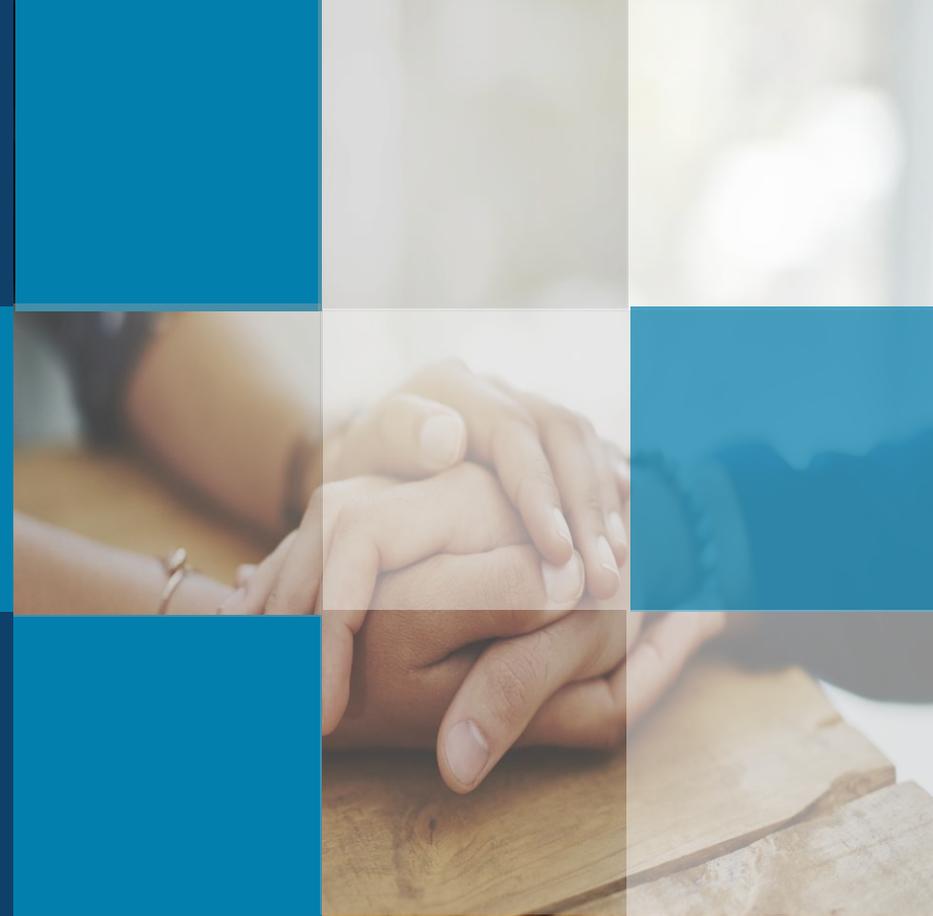# Plan of Care & Referrals to Service Providers
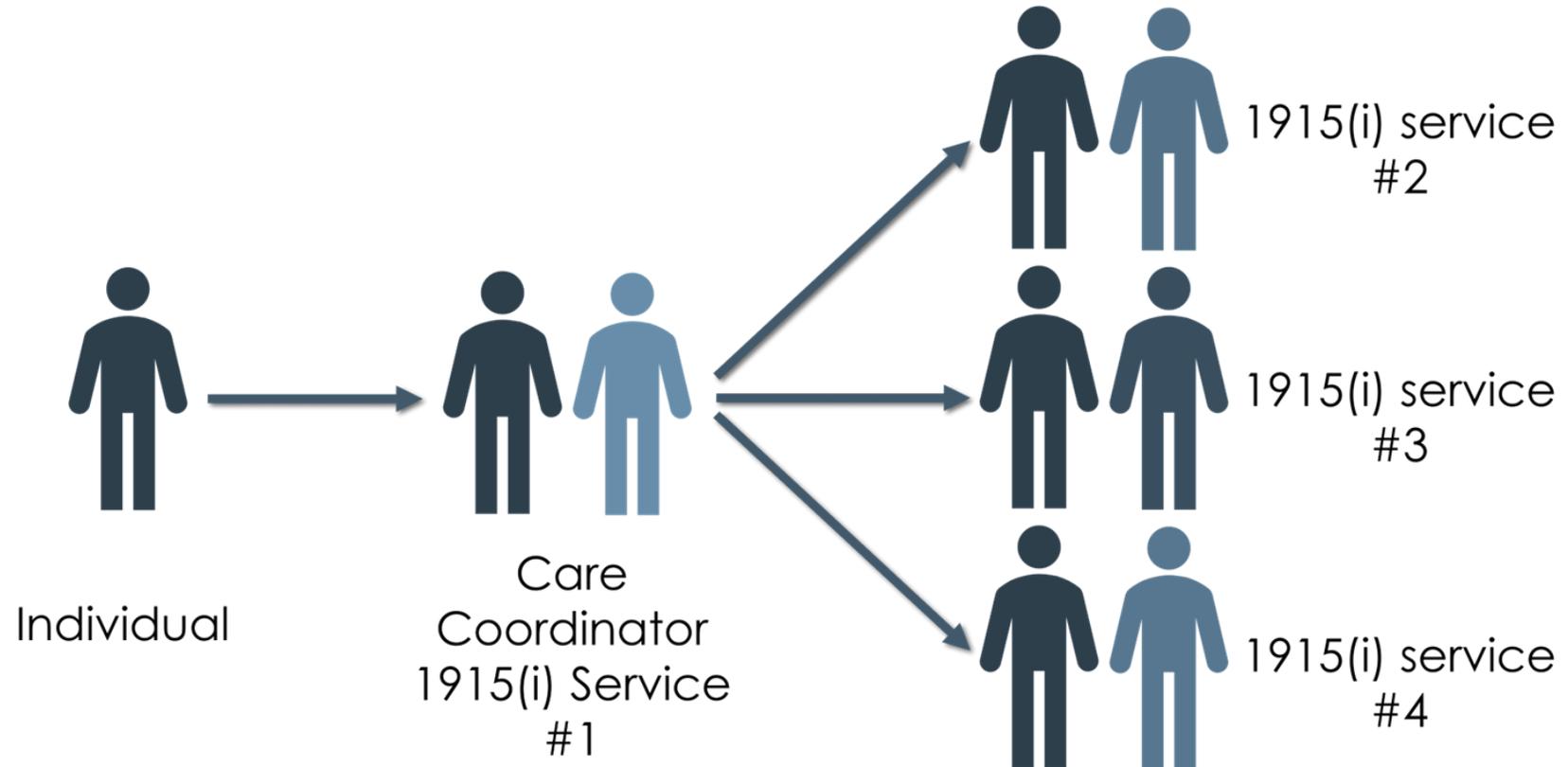
NORTH
Dakota Be Legendary.

Health & Human Services

Care Coordination

Individual → Care Coordinator 1915(i) Service #1 → 1915(i) service #2, 1915(i) service #3, 1915(i) service #4

Justification for 1915(i) Services

- Required by Medicaid to establish "medical necessity"… this is why Medicaid agrees to pay for 1915(i) services

- Provided by the Care Coordinator on the Person-Centered Plan of Care

- Ongoing assessments/re-assessments ensure services remain justifiable

- If Medicaid determines claims were paid for services not justified as medically necessary, providers risk repayment

How is a Service "Justified?"

```
Needs        Goals        Services  →
```

- Needs are assessed (WHODAS; supported by self-assessment, conversation with individual, collateral contacts)

- SMART Goals are established to help the individual address assessed needs

- Services are requested on behalf of the individual, **with consideration to the scope of each service requested**

- ALL GOALS on the Plan of Care must be SMART and fall within the established scope of the related service

Scope: Non-Medical Transportation

Service Definition (Scope)

The non-medical transportation service assists 1915(i) individuals with gaining access to 1915(i) and other community services, activities, and resources as specified in the individual's person-centered plan of care. Non-medical transportation may be provided to meet the individual's needs as determined by the individual's assessed needs and goals. Examples where this service may be requested include transportation to 1915(i) services, a job interview, college fair, a wellness seminar, or a GED preparatory class, as identified in the plan of care.

Does the goal align with the scope?

"I want non-medical transportation so that I can save money on cabs and busses."

No- it needs to be more specific, indicating what this service will assist the individual to access.

How about…

"I need assistance with transportation to social activities in the community over the next 12 months so that I can work on coping with my anxiety in social situations."

Scope: Peer Support

Service Definition (Scope)

Peer Support Services activities include engagement and bridging; coaching and enhancing a recovery-oriented attitude; supporting self-advocacy, self-efficacy, empowerment, and skill development; and assisting to build community connections and natural supports for the purpose of achieving increased community inclusion and participation, independence, and productivity.

Does the goal align with the scope?

"I want a Peer Support Specialist so I don't get so lonely."

No- Peer Support Specialists are not paid friends.

How about…

"I want a Peer Support Specialist so I can have someone support me to explore social opportunities in my community over the next year."

→ Scope: Housing Support

Service Definition (Scope)

Housing supports help individuals' access and maintain stable housing in the community. Services are flexible, individually tailored, and involve collaboration between service providers, property managers, and tenants to engage in housing, preserve tenancy, and resolve crisis situations that may arise. Housing support services include pre-tenancy and tenancy.

Does the goal align with the scope?

"I need someone to clean my apartment."

No- Housing Support providers are not housekeepers.

How about…

"I want a Housing Support Specialist so I can have someone help me with a plan to keep my apartment organized and clean through the end of my lease."

1915(i) REQUEST FOR SERVICE PROVIDER
North Dakota Department of Health & Human Services
Medical Services Division
Rev (8/2022)

SUBMIT FORM VIA EMAIL TO:
Selected Service Provider

This form is utilized by the care coordinator to request service providers as identified by the member. The information contained in this request is identified in the plan of care. Please attach the 1915(i) Comprehensive Person-Centered Plan of Care draft to this form and send to each provider identified in the plan of care. Submit one Request for Service Provider form for each service requested.

The selected service provider must respond within two (2) business days to the care coordinator with an acceptance or denial of this request.

Client Information	
Name (Last, First, MI)	Phone Number

Medicaid Type
  Traditional ☐
  Expansion ☐
	Traditional or Expansion Medicaid ID #

Service Requested
☐ Care Coordination
☐ Benefits Planning Services
☐ Family Peer Support
☐ Housing Support (Pre-tenancy)
☐ Housing Support (Tenancy)
☐ Non-Medical Transportation
☐ Peer Support
☐ Pre-Vocational Training
☐ Respite Care
☐ Supported Education
☐ Supported Employment
☐ Training and Support for Unpaid Caregivers*
    ☐ H0039 code/15 minutes and/or ☐ T2025 code/per service

*If both 15 minute and per service are selected, please identify units/dollar amount, frequency, and duration for each.

Units or Dollar Amount Requested:	Frequency Limit Requested:	Duration Limit Requested:

Care Coordinator		
Care Coordinator	Phone	Email
Signature	Date Request Sent	

- **Send with a signed Release of Information**

- **Include a draft copy of the Plan of Care**

- **Units/frequency/duration on the Request form must match the Plan of Care**

Request for Service Provider Form

More Information

nd1915i@nd.gov   hhs.nd.gov/1915i