

1915(i) Community Transition Service

NORTH
Dakota Be Legendary.

Health & Human Services

What are 1915(i) Home and Community Based Behavioral Health Services?

Allow North Dakota Medicaid to pay for additional home and community-based services to support eligible children and adults with behavioral health conditions which substantially interfere with their ability to function in the family, school, or community.

The 1915(i) offers an array of services and supports delivered in the home or other community setting that promote the independence, health, well-being, self-determination, and community inclusion of Medicaid members of any age who have significant behavioral health needs.

1915(i) services target Medicaid members who struggle with mental illness, substance abuse disorders, and/or brain injury.

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

Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from a NF, ICF/IID, or PRTF to a living arrangement in a private residence where the person is directly responsible for their own living expenses.

Community Transition Services may be authorized up to 90 consecutive days prior to the individual being determined eligible for the 1915(i) and 90 consecutive days from the date the individual became eligible for the 1915(i).

This service cannot be provided to an individual at the same time as another service that is the same in nature and scope regardless of source, including Federal, state, local, and private entities.

Service Limit: This service is limited to one service request and a \$3,000 limit per participant per lifetime to occur within the 180 consecutive day window.

Community Transition Service

Case Manager

The community transition service must be administered by the case manager responsible for coordinating the individual's discharge planning.

A case manager can not be:

- related by blood or marriage to the member receiving the service, or any paid caregiver of the member receiving the service;
- financially responsible for the member receiving services; or
- empowered to make financial or health-related decisions on behalf of the member receiving the service.

The case manager must continue to provide oversight of the community transition service funding for an additional 90 consecutive days past the date of 1915(i) eligibility or until the duration of the service request has expired.

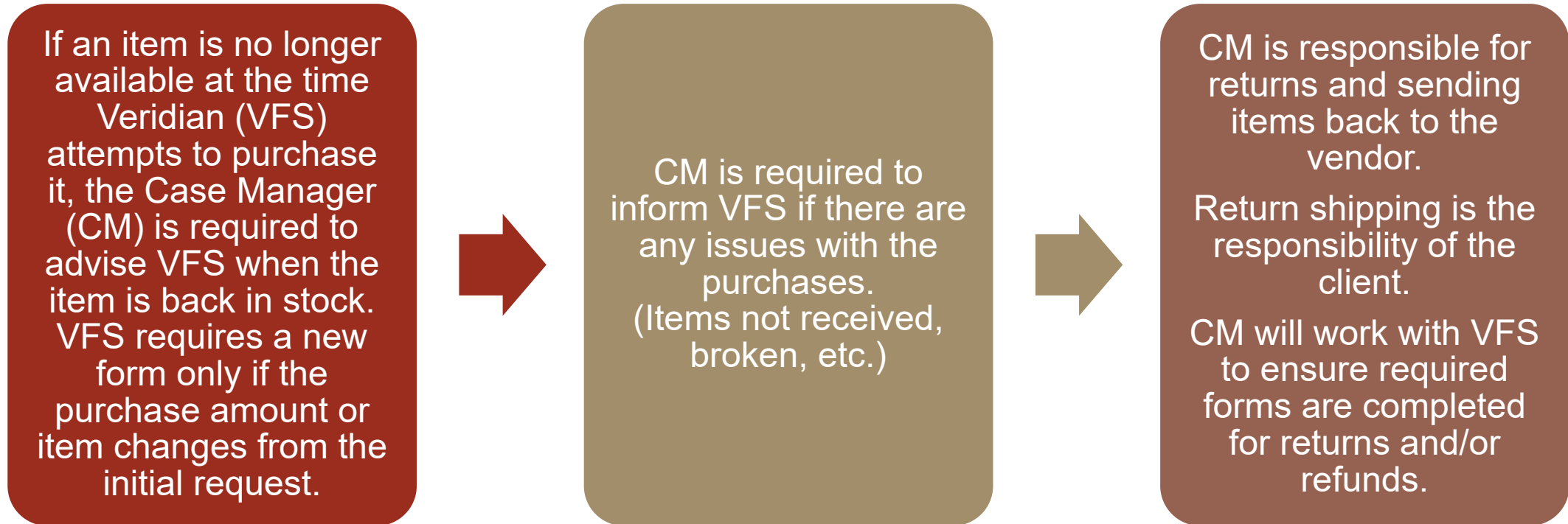
Allowable Expenses

Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and may include:

- security deposits that are required to obtain a lease on an apartment or home;
- essential household furnishings and moving expenses required to occupy and use a community domicile including furniture, window coverings, food preparation items, and bed/bath linens;
- set-up fees or deposits for utility or service access including telephone, electricity, heating and water;
- services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy;
- moving expenses;
- necessary home accessibility adaptations; and,
- activities to assess need, arrange for and procure needed resources.

Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan of care, and the person is unable to meet such expense or when the services cannot be obtained from other sources. Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

Items purchased via this service are the property of the individual.



Purchases, Returns, Refunds



Veridian Fiscal Services is the third-party fiscal agent for the 1915(i) Community Transition Service.



After the community transition service is approved by the State, the case manager will work directly with Veridian to ensure the appropriate forms are completed prior to purchasing allowable expenses.



Visit [Veridian Fiscal Solutions](#) for training on Veridian Fiscal Service's requirements for the community transition service. Veridian's contact email is NorthDakota1915i@veridiancu.org.

Veridian Fiscal Services

Eligibility

1915(I) ELIGIBILITY

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

- Age 0+
- Recipient of Traditional Medicaid or Medicaid Expansion
- Federal Poverty Level is at 150% or below
- Qualified 1915(i) Behavioral Health Diagnosis
- Overall score of 25 or higher on the WHODAS 2.0 Assessment

COMMUNITY TRANSITION ELIGIBILITY

To be eligible for the community transition service funding, all the following must be present:

- Individual is currently residing in a ND Medicaid Institution;
- Individual has resided in the ND Medicaid Institution for a minimum of 30 consecutive days;
- An anticipated discharge date has been established;
- The individual will be discharged to a living arrangement in a private residence where he/she is directly responsible for his or her own living expenses;
- Individual will be receiving Medicaid or Medicaid Expansion upon discharge from the institution;
- Individual will have a federal poverty level of 150% or below upon discharge from the institution;
- Individual has a qualifying 1915(i) diagnosis;
- Individual has a WHODAS complex score of 25 or higher; and
- Individual is reasonably expected to be eligible for and enroll in the 1915(i) within 90 days of the approval of the community transition service.

1915(i) COMMUNITY TRANSITION PLAN OF CARE AND REQUEST FOR FUNDS

North Dakota Department of Human Services
Medical Services Division
1915(i) Form 4

The 1915(i) Community Transition Service (CTS) funding is for non-recurring set-up expenses for individuals who are transitioning from a nursing facility (NF), intermediate care facility for individuals with intellectual disabilities (ICF/IID), or psychiatric residential treatment facility (PRTF) to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

Instructions for Completing the Form:

This form must be completed by the case manager responsible for oversight of the CTS funding and for coordinating the individual's discharge planning. The form is submitted to the Medical Services 1915(i) Administrator to request approval for the CTS. The requestor will be informed by Medical Services of the approval or denial of the request. If approved, the requestor will complete Veridian Financial Service's requirements for community transition purchases.

The "begin" date of the service approval request must be 90 days or less prior to member's discharge from the institution.

The "proposed-end date" of the service approval request will be 180 days past the "begin" date.

The service approval will automatically void when any of the following occur:

- It is determined the client will not be discharged to their own home.
- The individual has not been discharged by the end of the 90 day period.
- The individual has not been found eligible for the 1915(i) by the end of the 90 day period.
- The individual is not living in their own home by the end of the 90 day period.
- The maximum approved money has been spent.
- At midnight on the "end" date which is a maximum of 180 days since the begin date.

The service approval will remain effective for up to an additional consecutive 90 days past the date of 1915(i) eligibility if all of the following are present:

- The individual has not spent the maximum authorized funding; and,
- The originating case manager agrees to continue to provide oversight of the CTS funding during the 90 day post-discharge period; and,
- The individual has been discharged from the institution; and,
- The individual has been found eligible for the 1915(i); and,
- The individual is living in their private home; and,
- The individual continues to have a need for the funding.

Phone:	Email:	Zip Code:
Diagnosis	Diagnosing Clinician Information	
Date of Diagnosis:	Name:	
1915(i) Qualifying Diagnosis and ICD Code:	Title:	Phone:
	Phone:	Email:
	Email:	
WHODAS 2.0 - Domain Scores & Overall Complex Score		
	<i>Domain</i>	<i>Score</i>
Communication		
Mobility		
Getting Along		
Self-Care		
Life Activities		
Participation		
WHODAS 2.0 - Overall Complex Score:		
Date WHODAS 2.0 Assessment Completed:		
Name of WHODAS Administrator:		

g, all the following must be present at the time the
tion at the time of service authorization;
for a minimum of 30 consecutive days;
ment in a private residence where he/she is directly
ansion upon discharge from the institution;
r below upon discharge from the institution;
her; and
I enroll in the 1915(i) within 90 days of the approval

edicaid ID Number:
ipated Discharge Date:
y Name:
Zip Code:

LAST:
 As the case manager completing this form, I agree to conduct discharge planning with the individual, complete all requirements associated with the community transition funding, and continue oversight until the duration of the CTS request has expired.
Case Manager Signature:
Date:

associated with the CTS:
assessment this goal helps to address (select all that apply):
achieve this goal: Yes No
asonable and necessary. Your explanation must rule out the
d also rule out that another service is available to pay for the
their identified need(s)?
/ Proposed Service Approval End Date (Must be 180 days
from begin date):
ted to Veridian when any of the following occur. Check all
rged to their own home.
he end of the 90 day period.
or the 1915(i) by the end of the 90 day period.
ne by the end of the 90 day period.
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ximum of 180 days since the begin date.
thin the begin date and actual end date.

Plan of Care

The 1915(i) Community Transition Plan of Care and Request for Funds form must be completed by the case manager responsible for coordinating the individual's discharge planning. The form is submitted to the Medical Services 1915(i) Administrator to request approval of the community transition service.

The requestor will be informed by Medical Services of the approval or denial of the request. If approved, the requestor will receive the forms necessary to request purchases from Veridian Fiscal Services.

Service Approval Dates

The “begin” date of the service request must be 90 days or less prior to the member’s discharge from the institution.

The “proposed-end date” of the service request will be 180 days past the “begin” date.

The service approval will automatically void when any of the following occur:

- It is determined the client will not be discharged to their own home.
- The individual has not been discharged by the end of the 90 day period.
- The individual has not been found eligible for the 1915(i) by the end of the 90 day period.
- The individual is not living in their own home by the end of the 90 day period.
- The maximum approved money has been spent.
- At midnight on the “end” date which is a maximum of 180 days since the begin date.

The service approval will remain effective for up to an additional 90 consecutive days past the date of 1915(i) eligibility if all of the following are present:

- The individual has not spent the maximum authorized funding; and,
- The originating case manager agrees to continue to provide oversight of the CTS funding during the 90 day post-discharge period; and,
- The individual has been discharged from the institution; and,
- The individual has been found eligible for the 1915(i); and,
- The individual is living in their private home; and,
- The individual continues to have a need for the funding.

Step 1 of Community Transition Process

1. The institutional case manager will conduct a “pre” eligibility screening verifying the following:
 - Individual is currently residing in a ND Medicaid Institution;
 - Individual has resided in the ND Medicaid Institution for a minimum of 30 consecutive days;
 - An anticipated discharge date has been established;
 - The individual will be discharged to a living arrangement in a private residence where he/she is directly responsible for his or her own living expenses;
 - Individual will be receiving Traditional Medicaid or Medicaid Expansion upon discharge from the institution;
 - Individual will have a federal poverty level of 150% or below upon discharge from the institution;
 - Individual has a qualifying 1915(i) diagnosis;
 - Individual has a WHODAS complex score of 25 or higher; and
 - Individual is reasonably expected to be eligible for and enroll in the 1915(i) within 90 days of the approval of the community transition service.

STEP 2



Case Manger will complete a 1915(i) **Community Transition Plan of Care** which contains verification of “pre” eligibility.



Case Manager submits form to State via email for authorization.

State Contact
Addresses:
nd1915i@nd.gov



State approves funding.



State informs Case Manager and Veridian that the community transition service is approved.

STEP 3

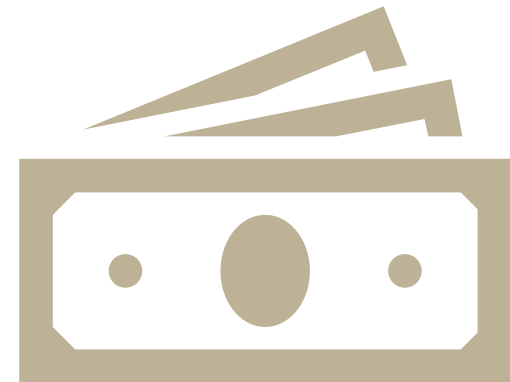
Case Manager and individual identify necessary purchases and work directly with Veridian to ensure correct forms are completed.

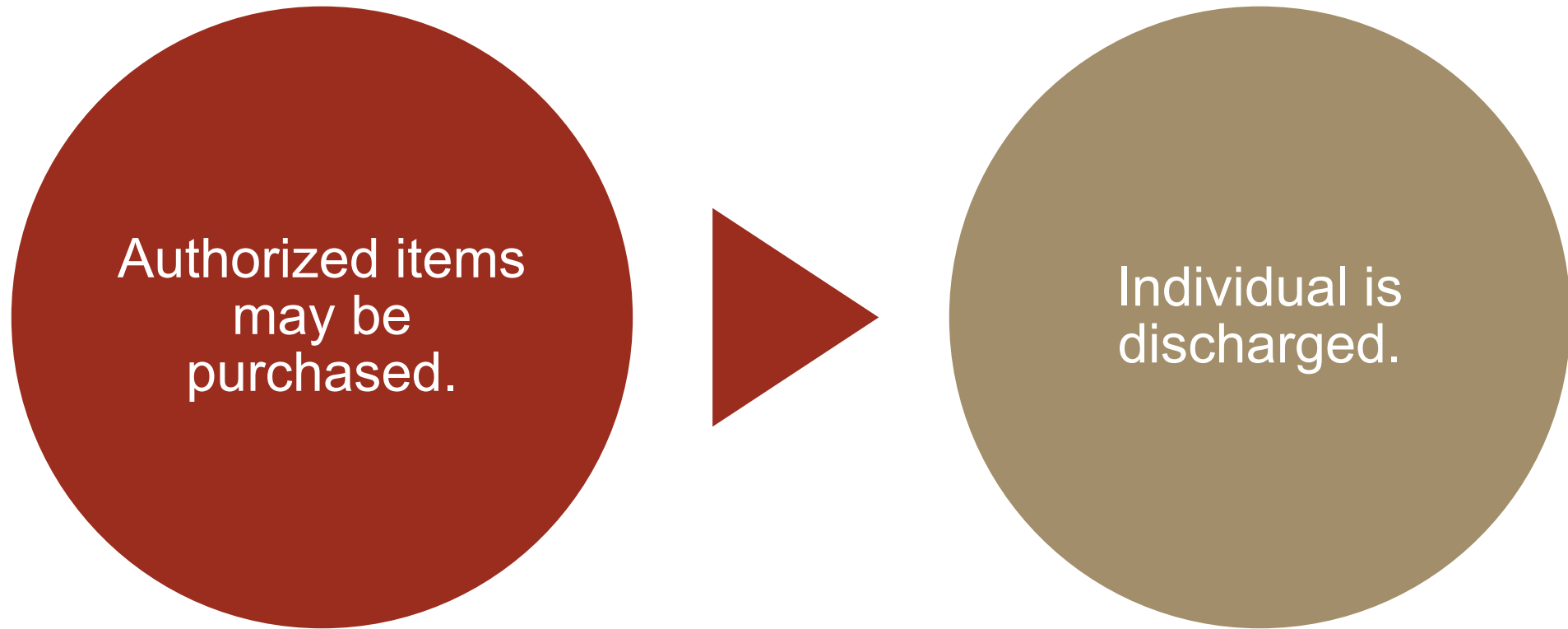
Case Manager submits required forms to Veridian via email at NorthDakota1915i@veridiancu.org.

STEP 4

Veridian will review and approve or deny request.

After approval, Veridian will issue payment for the authorized items and issue a check as requested.





The case manager must continue to provide oversight of the community transition service funding if the duration of the service request extends into the post-discharge period (maximum 90 days).

STEP 5

Visit [VFS link to website] for training on Veridian Fiscal Service's requirements.



Community Transition Service Process Flow
[insert link]

Resources

For Questions Contact:

Email: nd1915i@nd.gov

