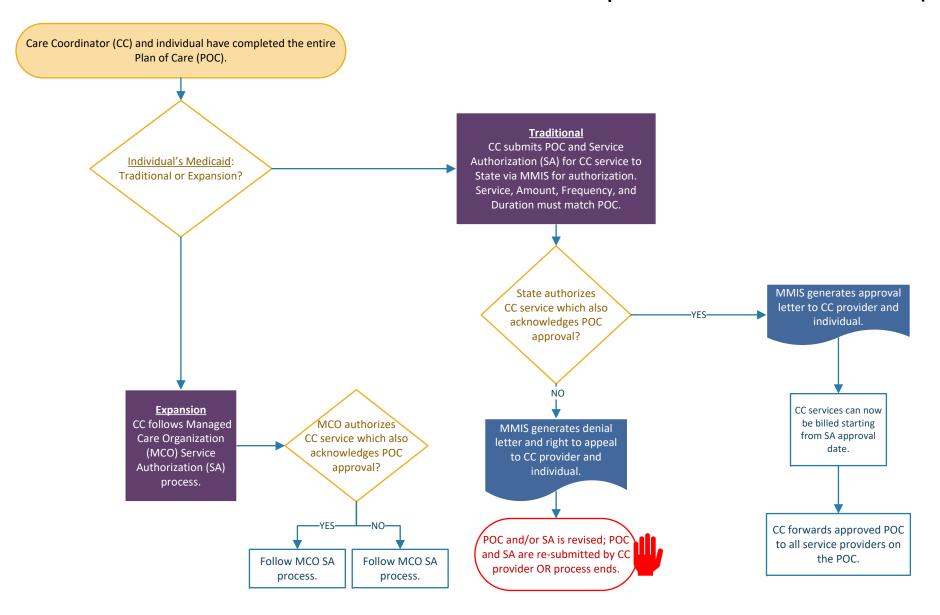
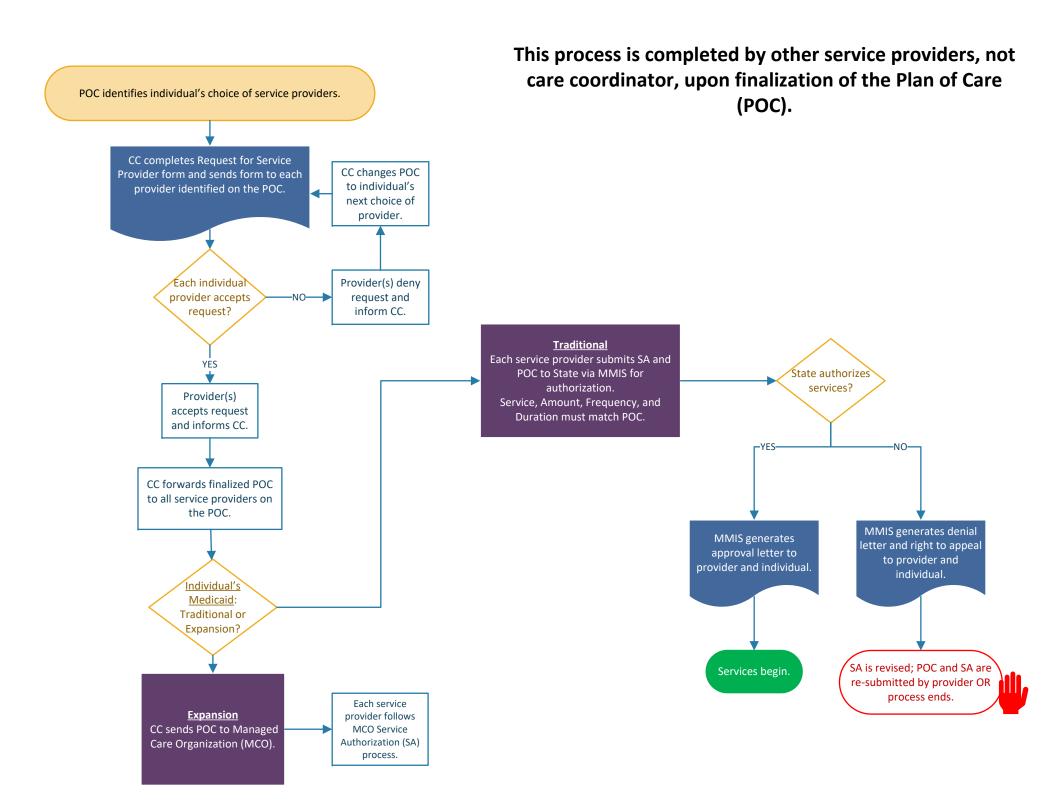
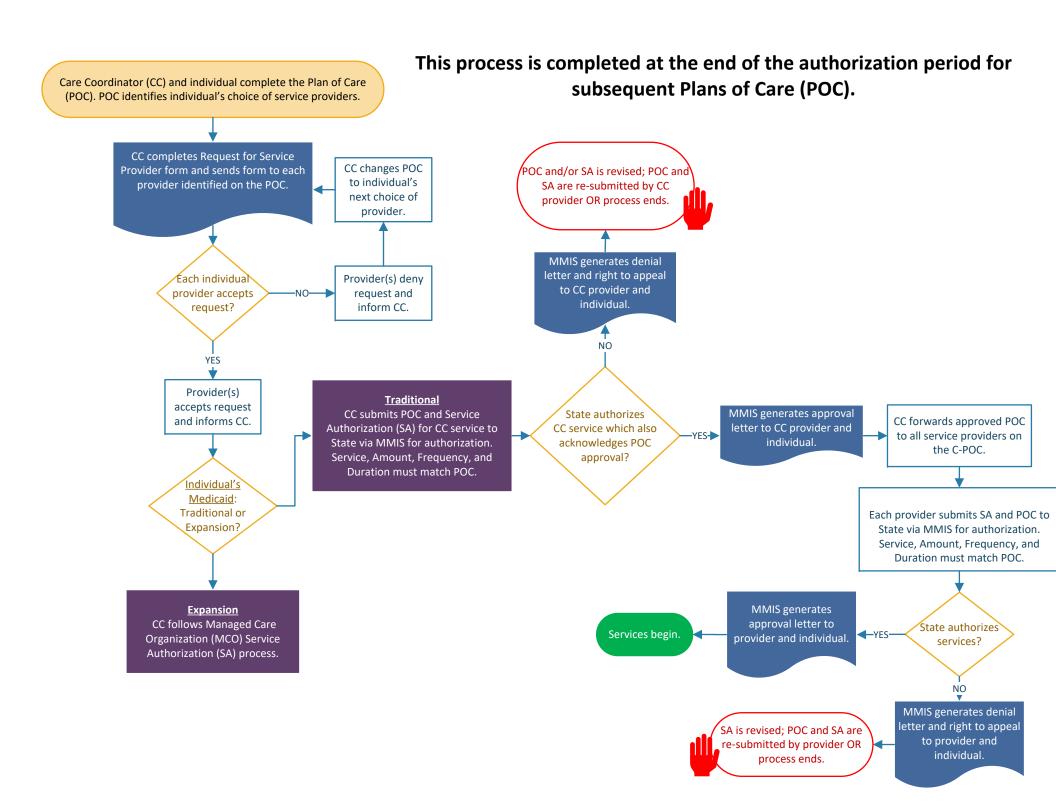
1915(i) Service Authorization Process Flows

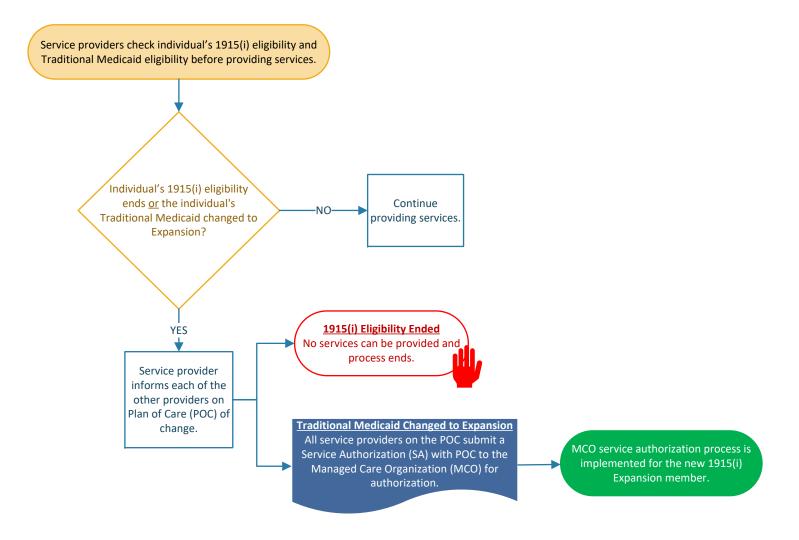
This process is completed by the care coordinator upon finalization of the Plan of Care (POC).



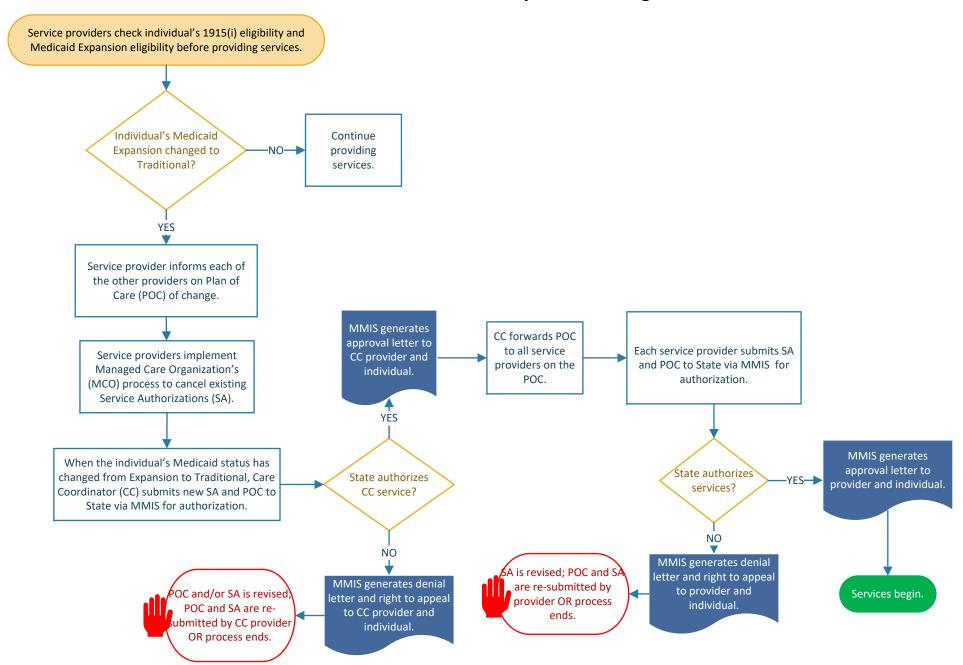


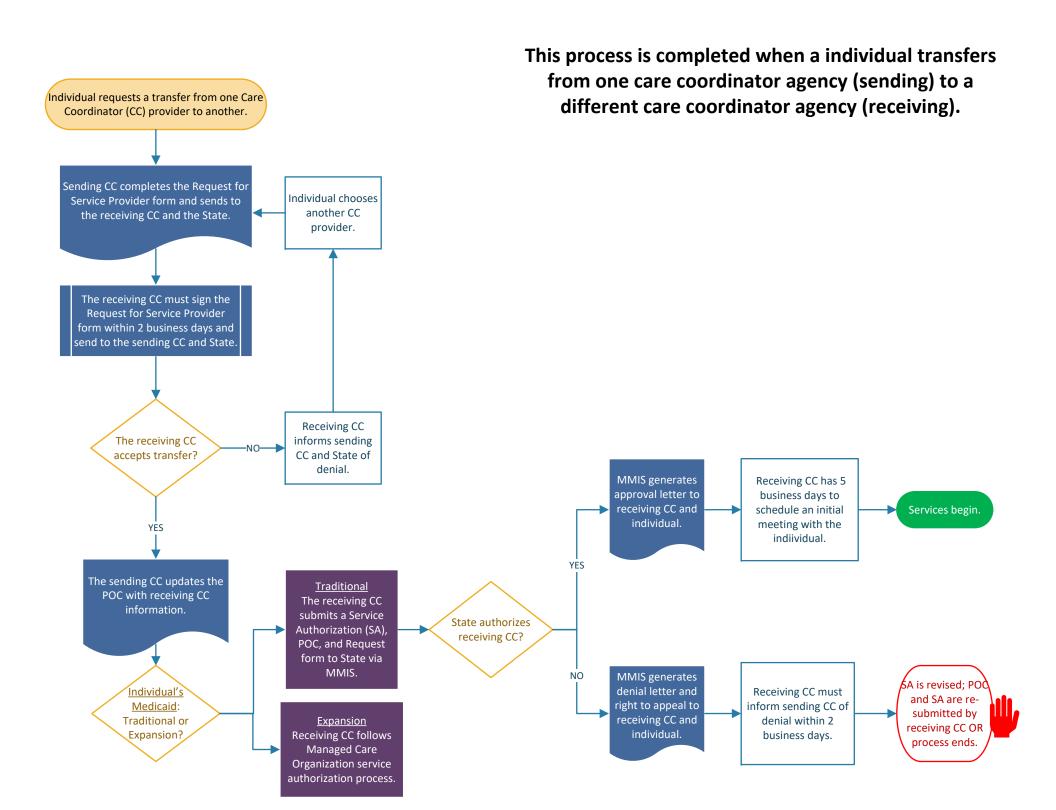


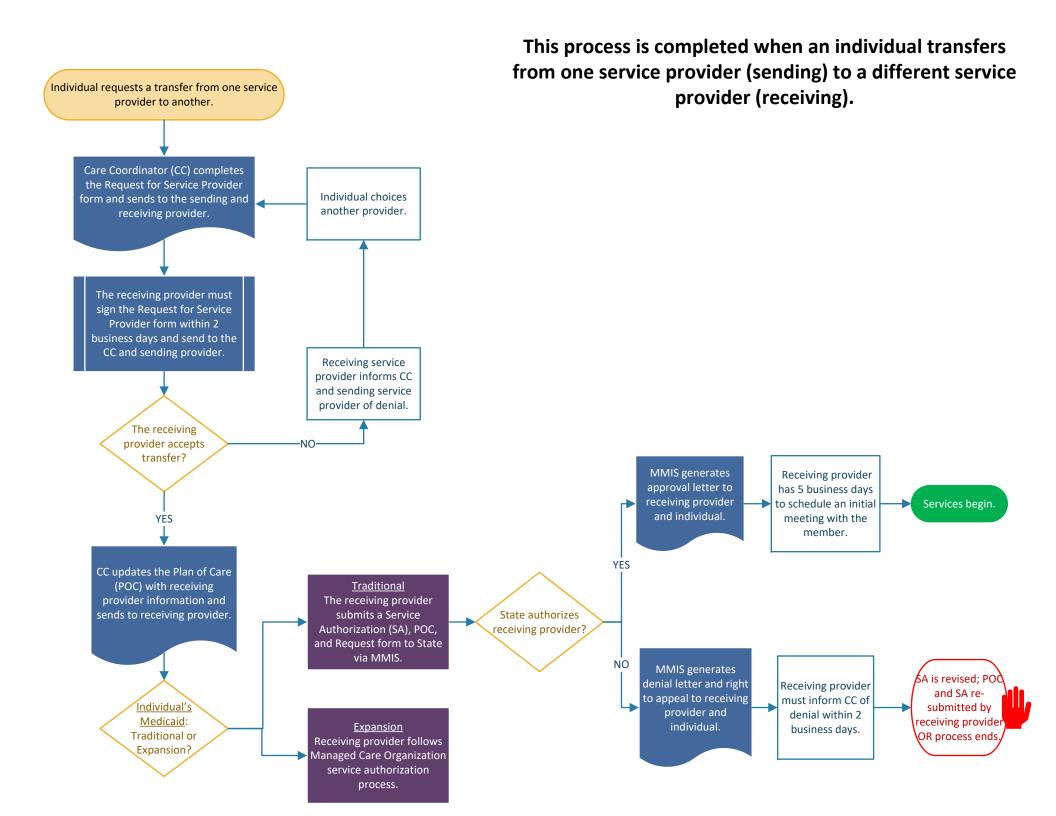
This process is completed when an individual's 1915(i) eligibility ends OR Traditional Medicaid changes to Medicaid Expansion.



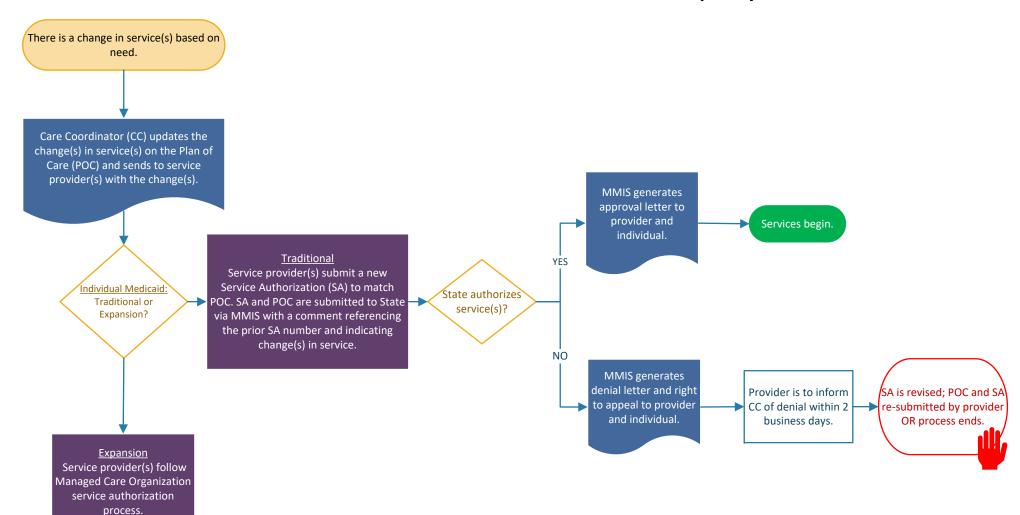
This process is completed when individual's Medicaid Expansion changes to Traditional Medicaid.







This process is completed when there is a change in service name, amount, frequency, or duration on the POC.



There is a need for service(s) to This process is completed when there is a request exceed the maximum service limit. for a service to exceed the maximum limit. Care Coordinator (CC) updates the Plan of Care (POC) to increase service(s) and includes justification for exceeding the limit. **Expansion** ndividual Medicaid Follow Managed Traditional or Care Organization Expansion? process. **Traditional** CC submits POC to State via email at nd1915i@nd.gov referencing service(s) that will exceed limit. CC sends updated State submits State informs POC to service MMIS generates State approves **HEAT** ticket to CC when HEAT provider exceeding approval letter to request? allow for excess ticket is limit and informs Services begin. provider and service. complete. them HEAT ticket is indiivdual. completed. NO YES Provider exceeding the limit submits Service Authorization (SA) and State informs CC of updated POC to State via State authorizes denial. MMIS with a comment service? referencing the prior SA number and indicating increase in service. NO MMIS generates SA is revised: POC denial letter and Provider is to POC is revised and reand SA are reright to appeal to inform CC of submitted by CC OR process submitted by provider and denial within 2 ends. provider or process individual. business days. ends.

