North Dakota 1915(i) Medicaid Academy

- Session 2: Services Participant Enrollment
- Thursday, October 12th, 2023
- 11am-1 pm CT

CSH

NORTH Dakota | Behavioral Health
Be Legendary. HEALTH & HUMAN SERVICES

Your Training Team

Marcella Maguire

(she, her, hers)

Ambrosia Crump

(she, her, hers)

Eva Lerner

(she, her, hers)

Medicaid Academy Schedule:

Please note the dates and times below for the sessions you should be attending depending on your agency role:

| Training Topics	Team Member	Date	Tools
1. Orientation and Provider Enrollment	All Leads	Oct. 3, 2023 11:00 AM-1 PM	Provider Enrollment Guide
2. Services Participant Enrollment	**Executive and Program**	**Oct 12, 2023 11:00 AM-1 PM**	**Participant Eligibility Tracker**
3. Staffing and Budgeting	Executive, Program, and Fiscal	Oct. 19, 2023 11:00 AM-1 PM	Services Budget Tool Time Study Materials
4. Policies and Procedures	Executive and Program	Oct. 26, 2023 11:00 AM-1 PM	Sample Policy and Procedures
5. Documentation and Billing	Program, Fiscal and Quality	Nov. 2, 2023 11:00 AM-1 PM	Billing Guide
6. Ensuring Quality Services	Program and Quality	Nov. 7, 2023 11:00 AM-1 PM	

Your Team Today Includes:

Executive Lead*

Program Lead*
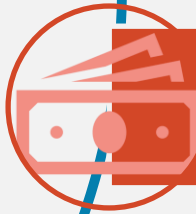
Fiscal Lead

Quality Lead

Purpose of Medicaid Academy Learning Sessions

DHS provides the "WHAT"/ Policy Requirements

The TA Team helps with "HOW" so you can develop a plan for your agency

Each session will include:

| Helpful tips and tools provided by the TA team | Opportunities for sharing experiences across agencies | Coaching for your agency |

Shared Tools and Materials

Medicaid Academy Materials

- [1915(i) Trainings | Health and Human Services North Dakota](#)
- Web site will include:
  - Recordings of these trainings
  - Slide Decks

Tools

- Tool for today- the [participant eligibility tracker](#)

What is impacted at the agency-level when becoming a Medicaid provider?

Programmatic
- Service Provision
- Staffing and Training

Strategic
- Business Partnerships
- Strategic long-term planning

Analytical
- Data Management
- Quality Assurance

Logistic
- Financial Operations
- Legal Agreements
- HR Considerations

For Housing Services Eligibility

Traditional Medicaid or Medicaid Expansion, household income up to 150% of FPL

+

Qualifying Behavioral Health Diagnosis

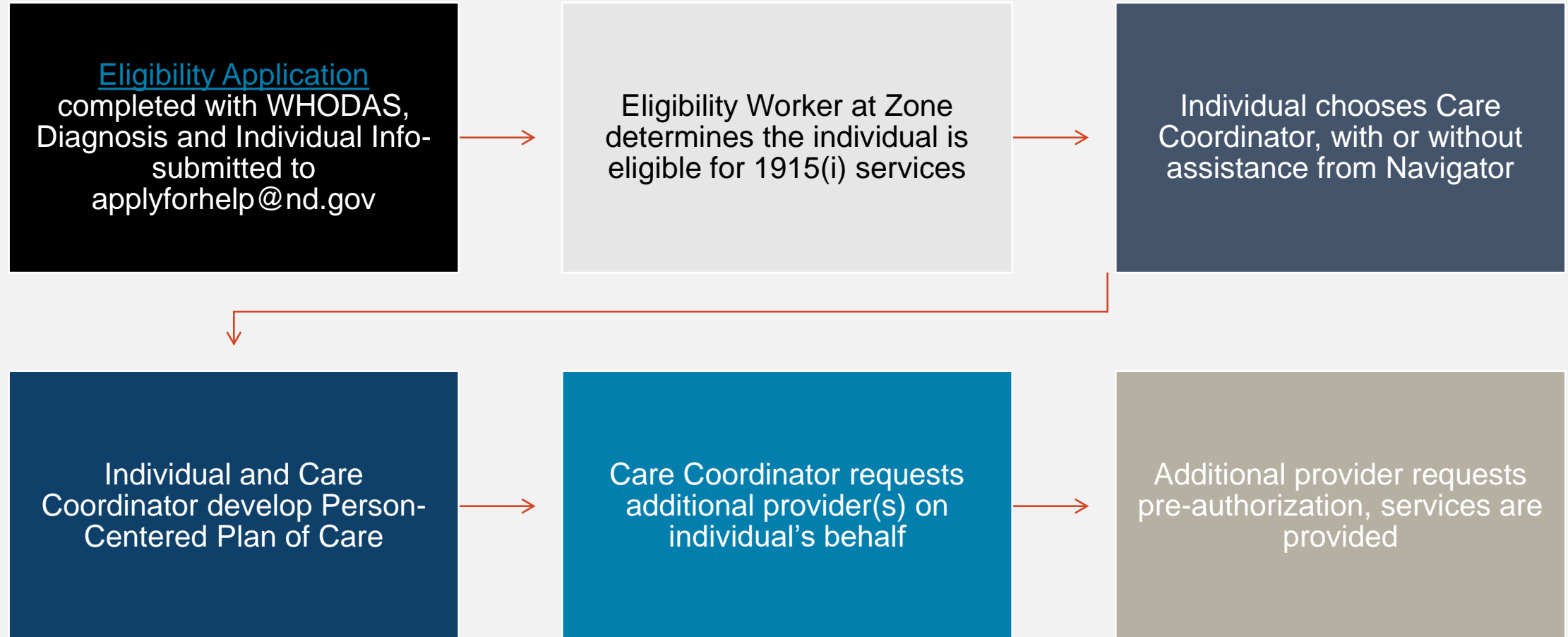**+**

WHODAS Score of 25 or higher

+

Homeless, at risk of homelessness or living in a higher LOC than necessary, or at risk of institutionalization

+

6 months prior to a person's 18th Birthday

Process

Eligibility Application completed with WHODAS, Diagnosis and Individual Info- submitted to applyforhelp@nd.gov	Eligibility Worker at Zone determines the individual is eligible for 1915(i) services	Individual chooses Care Coordinator, with or without assistance from Navigator
Individual and Care Coordinator develop Person-Centered Plan of Care	Care Coordinator requests additional provider(s) on individual's behalf	Additional provider requests pre-authorization, services are provided

All Starts with the HUMAN SERVICE ZONES

- Human Service Zones determine Medicaid eligibility AND

- Determine eligibility for the 1915(i) services

- [MAP of ND Human Services Zones](#)

Medicaid Eligibility Determination

- Individuals should apply for Medicaid if they:
  - Are 65 years old or older, or
  - Receive Supplemental Security Income (SSI) benefits, or
  - Have Medicare coverage, or
  - Have a low income and no health care coverage
- Individuals can apply:
  - <u>Online</u>, or by mailing, faxing or e-mailing the printable application to <u>applyforhelp@nd.gov</u>
  - <u>Find Human Service Zone contact information here</u>
- Individuals whose household income is above 150% may be categorically eligible for Medicaid BUT NOT eligible for the 1915(i) services.
  - <u>1915(i) Federal Poverty Level Chart</u>
- An individual's Medicaid Eligibility Worker and 1915(i) Eligibility Worker may or may not be the same person
- When a person has chosen your agency as a provider, you need to check eligibility regularly via the <u>MMIS system</u> for individuals who have Traditional Medicaid or <u>Availity</u> for Medicaid Expansion
  - Please note, Providers cannot use these sites <u>*until they are Medicaid Enrolled providers.*</u>

1915(i) Eligibility Determination

- Medicaid or Medicaid Expansion Enrolled
- Qualifying WHODAS 2.0 Assessment score of 25+
  - Human Service Zones administer the WHODAS Assessments for 1915(i); the WHODAS is also utilized at the regional Human Service Centers and by some other clinicians
  - Other trained, independent individuals also may administer
- Qualifying Household Income
- Residence is compliant with Home and Community Based Settings (HCBS) Final Rule requirements
- Qualifying Behavioral Health Diagnosis
  - Qualifying Diagnosis List
  - Must be verified by a clinician licensed to provide a diagnosis, **OR** a printout from an Electronic Health Record (EHR) which contains all information required on the 1915(i) individual application

1915 (i) Eligibility Application

[SFN 741](#)

1915(i) ELIGIBILITY APPLICATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES
SFN 741 (8-2023)

Clear Fields

The North Dakota Medicaid 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for home and community- based services to support individuals with behavioral health conditions.

To be approved for the 1915(i), applicants must:
- be currently enrolled in ND Medicaid or Medicaid Expansion; and
- have a household income at or below 150% of the Federal Poverty Level; and
- have a qualifying behavioral health diagnosis; and
- receive a WHODAS score of 25 or above; and
- not reside in an institution.

This application consists of several sections:
- Section 1: Applicant Information (completed by the applicant or parent/legal guardian)
- Section 2: Signatures (completed by the applicant or parent/legal guardian and Human Service Zone)
- Section 3: 1915(i) Diagnosis (completed by diagnosing professional)
- Section 4: WHODAS 2.0 Assessment (can be completed at the Human Service Zone or by any independent, trained and qualified WHODAS administrator)

See Pages 10-11 for detailed instructions on completion of this application.

Submit the completed application to the Human Service Zone in person or by using one of the following methods: email to applyforhelp@nd.gov, mail to the Customer Support Center, P.O. Box 5562, Bismarck, ND 58506, or fax to 701-328-1006.

Section 1: Applicant Information

Applicant Information

Name (Last, First, MI)		Date of Birth	ND Medicaid ID Number	
Address		City	State	ZIP Code
Home Number	Cell Number	Work Number	Email	

How were you referred to 1915(i) services?	☐ Human Service Center ☐ Provider ☐ Eligibility Redetermination ☐ Other, please explain:
Do you prefer the use of a translator?	☐ YES ☐ NO If yes, what language:
Do you need TTY Services?	☐ YES ☐ NO

Currently enrolled in ND Medicaid? If answered no, the applicant must first enroll in ND Medicaid before applying for the 1915(i).
☐ Yes ☐ No

Has a household income at or below 150% of the Federal Poverty Level (FPL)? (The Human Service Zone eligibility worker can assist in identifying this qualification. The 150% FPL table can be found here or go to www.hhs.nd.gov/1915i/resources). If answered no, the applicant is not eligible for the 1915(i).

☐ Yes ☐ No

Will reside in a setting meeting the federal home and community-based setting requirements. (The following are not compliant home and community-based settings: jail or prison, nursing facility, institution for mental diseases (like the State hospital), an intermediate care facility for individuals with intellectual disabilities, qualified residential treatment program, or psychiatric residential treatment facility.) If answered no, the applicant is not eligible for the 1915(i).

☐ Yes ☐ No

1915 (i) Eligibility Application

[SFN 741](#)

If the applicant has a parent/legal guardian acting on their behalf, complete the following section.

Parent/Legal Guardian Information

Parent/Legal Guardian Name

Address or ☐ Address same as applicant.	City	State	ZIP Code

Home Number	Cell Number	Work Number	Email

Alternate Contact Information

An alternate contact may be a family member, friend, someone assisting you with completion of the eligibility application, or someone who knows the applicant's situation. If no other alternate contact exists, a 1915(i) provider may serve as the alternate contact on the initial eligibility application. By completing the following section, you grant permission for the ND Department of Health and Human Services, its Managed Care Organization, and the Human Service Zone to contact the alternate contact identified on this application.

Name	Relationship or Organization		
Address	City	State	ZIP code
Home Number	Cell Number	Work Number	Email

Section 2: Signatures

If you would like the Department to communicate with you through email regarding this application and your eligibility, please be aware that all Department emails are unencrypted (unsecured). The privacy and security of email cannot be guaranteed. There is a risk that any protected health information (PHI) contained in an email may be misdirected, disclosed to, or intercepted by an unauthorized recipient. You should not agree to email communications unless you are willing to accept these risks. The Department is not liable for emails that are not received due to technical failure or for improper disclosures of PHI that are not a result of our negligence. The Department is not responsible for any fees imposed by your email service provider. Email communications may be included in your Department record.

I understand that unencrypted (unsecure) means the added security protections that help safeguard the contents of email communications are removed. I consent to receive unencrypted (unsecure) email communications from the Department.

1915(i) Eligibility Request

As the applicant or parent/legal guardian, I am requesting eligibility for the 1915(i) by signing, dating, and submitting this application to the Human Service Zone.

Applicant Signature	Date Submitted	
Parent/Legal Guardian Signature (if applicable)	Relationship	Date Submitted

As the Human Service Zone 1915(i) Eligibility Worker, I verify this 1915(i) Eligibility Application was received and eligibility determined on the dates specified below.

Human Service Zone 1915(i) Eligibility Worker Signature	Date Application Received	Date Eligibility Determined

1915 (i) Eligibility Application

SFN 741

Section 3: 1915(i) Diagnosis

The diagnosis section of this application must be completed and signed by the diagnosing professional providing the applicant's diagnosis; or, a printout of the individual's official medical record may be attached to the application. The printout must be dated within the prior year from the date of application submission.

Applicants must possess one or more of the qualified ICD-10 diagnoses approved for 1915(i) eligibility as identified on this application (Pages 5-9). Identify all qualifying diagnoses that apply. No other diagnoses codes may be used.

ICD-10 Diagnosis

Identify the individual's ICD-100 diagnosis code(s) from the diagnosis list on Pages 5-9 of this application and enter the exact ICD-100 code(s) in the box(es) below.

1. ICD-10 Code	2. ICD-10 Code	3. ICD-10 Code

Date of Applicant's Diagnosis

Diagnosing Professional Information

Name	Clinical Licensure
Telephone Number	Email Address
Signature	Date

1915 (i) Eligibility Application

SFN 741

Section 4: WHODAS 2.0 Assessment

The World Health Organization Disability Assessment Schedule (WHODAS) is the tool used for assessment of needs-based eligibility and is required as part of the 1915(i) eligibility determination process. The WHODAS assessment must be completed via a face-to-face interview or face-to-face interview by proxy if necessary.

Individuals completing this section must meet the requirements of an "independent, trained and qualified" administrator as defined by the State. If the diagnosing professional is not an "independent, trained and qualified" WHODAS administrator, please refer the applicant to a Human Service Zone for completion of the WHODAS assessment.

The application must contain the overall WHODAS 2.0 complex score; date administered; and name, contact information, verification of "independent, trained and qualified" status, and signature of the WHODAS administrator. The WHODAS 2.0 assessment and 1915(i) scoring sheet must accompany the application. A printout of the applicant's Human Service Center Electronic Health Record containing the WHODAS scores may be attached to the application as a substitute for the required 1915(i) score sheet.

See the instruction guide on Page 11 of this application and visit www.hhs.nd.gov/1915i/trainings for links to the correct scoring sheet and specific instructions for completing the WHODAS assessment.

Overall Score

Overall WHODAS 2.0 Complex Score	Date WHODAS 2.0 Assessment Administered

☐ Attach a copy of the WHODAS 2.0 assessment and scoring sheet.

1915(i) Qualified WHODAS Administrator

☐ *I hereby verify I meet the criteria above for the definition of an independent, trained and qualified 1915(i) WHODAS administrator.*

Name of Qualified 1915(i) WHODAS Administrator	Title	Agency
Telephone Number	Email Address	
Signature	Date	

BREAK

How does one find a 1915(i) Care Coordination provider?

1915(i) Enrolled Provider List

Conflict of Interest (COI) requirements

- In many cases, the provider. agency who does the care coordination and who delivers the services are not allowed to be the same provider.
- There are exceptions including
  - For culturally specific care, such as Native American tribes
  - For provider shortage areas
- Check with your state leads (Monica and Jennifer) to see if you are covered by one of these exceptions

1915(i)
Provider Links

- [ND DHS 1915(i) web site](#)

- Processes
  - Provider enrollment
    - [ND DHHS 1915(i) Website](#)
  - Individual enrollment
    - [ND 1915(i) Medicaid Individual Enrollment Overview](#)
  - Maintaining eligibility and enrollment
  - [MCO Information/Links](#) for Expansion Members
  - Service Authorizations for Traditional Members
    - [Policy](#)
    - [Entering Service Authorizations in MMIS](#)
  - Billing for Traditional Members
    - [Policy](#)
    - [Billing Claims in MMIS](#)

Home and Community Based Services: The Path to Providing 1915(i) Care Coordination

Care Coordinator and individual develop a Person-Centered Plan of Care (POC) determining goals based on needs assessed by the WHODAS and other tools, and request other services based on what type of support will help the individual achieve their goals

Care Coordinator completes and sends to each provider identified on the POC a Request for Service Provider form

Care Coordinator submits the POC and a Service Authorization Request via the state's Medicaid Management Information System or MMIS for those who are Traditional Medicaid and to BC/BS for those who are Medicaid Expansion.

Home and Community Based Services: The Path to Providing Additional, Non- Care Coordination 1915(i) Services

Agency receives the Request for Service Provider form from the Care Coordination agency

Agency submits a Service Authorization Request via MMIS (Traditional Medicaid) or Availity (Medicaid Expansion)HS training on this topic

Services delivered according to the Plan of Care

Service delivery documented

Claim submitted to either the state or BCBSND. All claims documentation must include the Service Authorization number.

Break out!
Add to your agency's workplan

-Who are you serving and what is their Medicaid Enrollment status?

-How will your agency track this information?

-Who will collect the information described above?

- What else needs to be added to our work plan to address what we learned today?

[Sample Work Plan](#)

15 minutes in your agency groups!

BREAKOUT SESSIONS

Next Steps for your team:

Find out- Who are we **currently serving** using other funds that **might be eligible** for 1915(i) services?

Up Next:

- **Thursday**
- **Oct. 19th**
- **11am-1pm**

Session 3: Staffing and Budgeting

Session 4: Policies and Procedures

- **Thursday**
- **Oct. 26th**
- **11am-1pm**

Thank you!

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