

North Dakota 1915(i) Services Participant Enrollment

November 1st , 2022

ND Medicaid Academy

This presentation is not a substitute for official guidance from the North Dakota Department of Human Services.



Your Training TEAM



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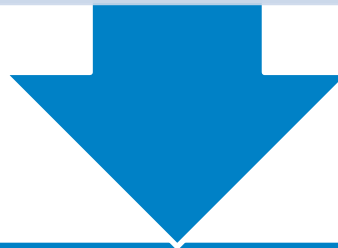
Your
Team
Today
Includes:



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

Medicaid Academy Schedule

Topic	Date	Tools
Orientation and Provider Enrollment	10/25/22	Provider Enrollment Guide
Provider Enrollment Q&A	10/27/22	
Services Participant Enrollment	11/1/22	Participant Eligibility Tracker
Services Participant Enrollment Q&A	11/3/22	
Staffing and Budgeting	11/8/22	Services Budget Tool, Time Study Materials
Staffing and Budgeting Q&A	11/10/22	
Policies and Procedures	11/15/22	Sample Policies and Procedures
Policies and Procedures Q&A	11/17/22	
Documentation and Billing	11/29/22	Billing Guide
Documentation and Billing Q&A	12/1/22	
Quality Assurance	12/6/22	
Quality Assurance Q&A	12/8/22	

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

- Programmatic
 - Service provision
 - Staffing & Training
- Strategic
 - Business partnerships
 - Strategic long-term planning
- Analytical
 - Data management
 - Quality Assurance
- Logistic
 - Financial operations
 - Legal agreements
 - HR considerations



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](#)

From 10/27/22 Q&A Session

- Therap: When will it be available to providers for 1915(i)? Will there be any related trainings to sign up for, for new organizations as well as users?
 - Therap is currently being used by Care Coordination agencies, but **only** to create the Plan of Care right now.
 - As agencies become enrolled Monica will connect you to Therap to get set up and trained on the internal administration of their agency's Therap account.
 - Monica is doing the onboarding training with each new Care Coordinator so they have all the information they need and to perform their duties overall, including creating the Plan of Care.
 - State also has a created a 34-page step by step guide with screenshots called "Creating the 1915(i) Plan of Care in Therap."
 - We will be rolling all provider types on to Therap in the next 6 months or so with the same process
- Medicaid 101 should be on the web site shortly.
- Medical Provider Number: How do I get one? Who issues it?
 - Noridian for DHHS will notify your agency at the email you shared when your provider enrollment is approved. That notification will include their Medicaid Provider number, as well as their logon information for the MMIS website.

For 1915(i) Services Eligibility

Accessing 1915(i) services



NOTE: **different** age qualifications for different services!

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

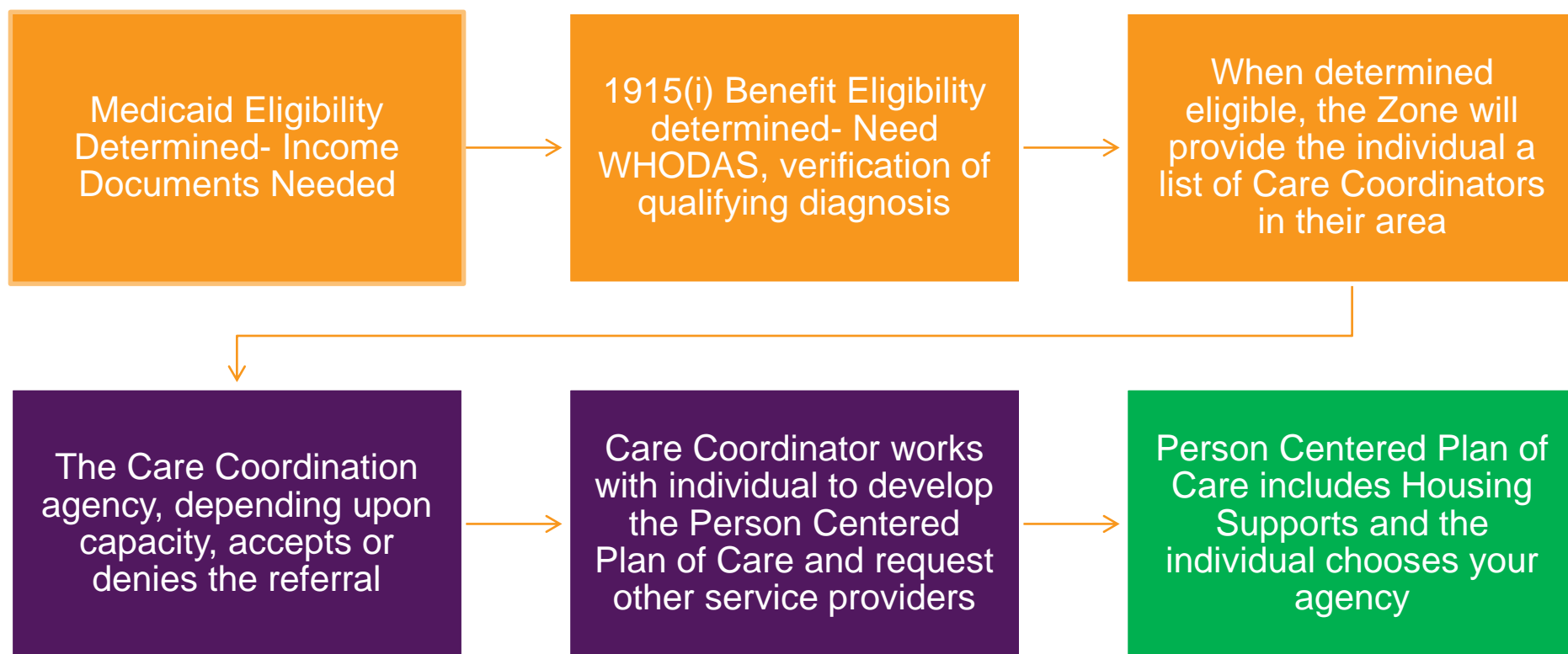


Homeless, at risk of
homelessness or
living in a higher LOC
than necessary, or at
risk of
institutionalization



6 months prior to a
person's 18th Birthday

Process



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:
 - Online, or by mailing, faxing or e-mailing the printable application to the Human Service Zone
 - [Find Human Service Zone contact information here](#)
- Individuals whose household income is above 150% may be categorically eligible for Medicaid BUT NOT eligible for the 1915(i) services.
 - [1915\(i\) Federal Poverty Level Chart](#)
- 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 [AVRS system](#) for individuals who have Traditional Medicaid or [Availity](#) for Medicaid Expansion
 - Please note, Providers cannot use these sites until they are Medicaid Enrolled providers.
 - [DHS on who's eligible for Medicaid Expansion coverage](#)

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 lists the individual's diagnoses may be submitted

1915 (i) Eligibility Application

[SFN 741](#)



1915(i) ELIGIBILITY APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 741 (6-2022)

Clear Form

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 must be completed and submitted to a Human Service Zone where eligibility will be determined. 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.

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
Do you prefer the use of a translator?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what language:	
Do you need TTY Services?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Currently enrolled in ND Medicaid? If answered no, the applicant must first enroll in ND Medicaid before applying for the 1915(i). <input type="checkbox"/> Yes <input type="checkbox"/> 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.behavioralhealth.nd.gov/1915i .) If answered no, the applicant is not eligible for the 1915(i). <input type="checkbox"/> Yes <input type="checkbox"/> No
Will reside in a setting meeting the federal home and community-based setting requirements. (The statute specifies that home and community-based settings do not include a nursing facility, institution for mental diseases, or an intermediate care facility for individuals with intellectual disabilities.) If answered no, the applicant is not eligible for the 1915(i). <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Address same as applicant.	City	State	ZIP Code
Home Number	Cell Number	Work Number	Email	

An alternate contact is an individual, other than a parent/legal guardian, identified to assist with any questions relating to the application. By completing the following section, you grant permission for the ND Department of Human Services, its Managed Care Organization, and the Human Service Zone to contact the alternate contact identified on this form.

Alternate Contact Information			
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 (unsecure). 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.

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-10 diagnosis code(s) from the diagnosis list on Pages 5-9 of this application and enter the exact ICD-10 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 and must complete the WHODAS 2.0 User Agreement. 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 WHODAS 2.0 assessment and scoring information; 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.behavioralhealth.nd.gov/1915i 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

Domain	Score	Domain	Score
<u>Cognition</u> understanding & communicating		<u>Getting along</u> interacting with other people	
<u>Participation</u> joining in community activities		<u>Mobility</u> moving & getting around	
<u>Life activities</u> domestic responsibilities, leisure, work & school		<u>Self-care</u> hygiene, dressing, eating & staying alone	

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

1915(i) Qualified WHODAS Administrator		
<input type="checkbox"/> 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:
10
minutes



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)

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.



Breakout Room Questions: Add to your Agency's Work Plan

15 minutes in
your agency
groups

- 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?

BREAKOUT

SESSIONS

Next Steps for your team:

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

Up Next:

- **Thursday,
Nov. 3rd**
- **10-11am CT**

**Q&A on Participant
Enrollment**

**Session 3: Staffing,
Budgeting, and
Revenue Projection**

- **Tuesday,
Nov. 8th**
- **2-4pm CT**

**Need your
Executive,
Program and
Fiscal leads!**

THANK YOU!



stay connected



csh.org