

# 1915(i) Grievance Policy

## PURPOSE

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This policy outlines the grievance process for individuals applying for or receiving 1915(i) behavioral health supports and services, referred to as “1915(i)” in this policy. The policy ensures that 1915(i) applicants and participants can voice concerns about services, supports, or decisions. It also emphasizes the commitment to a fair and timely resolution process in accordance with applicable laws and regulations.

## APPLICABILITY

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This policy applies to individuals applying for or receiving 1915(i) behavioral health supports and services, individuals advocating for or assisting applicants, Human Service Zone “Zone” staff, 1915(i) Care Coordinators, or 1915(i) support staff involved in the grievance process.

### Grievance/Complaint Process

Individuals receiving or applying for, 1915(i) services have the right to submit a grievance/complaint. The types of grievances/complaints that a member and/or legal decision maker may submit includes, but is not limited to, issues with provider staff, provider performance, service delivery, quality, and non-compliance with Home and Community Based Setting (HCBS) rules. Providers must ensure that people experience the benefits of living, working, and participating in the most integrated setting; have maximum choice and control over their lives; and rights are respected and promoted. This includes, but is not limited to, dignity, privacy, and respect; freedom from restraints; community involvement; making own life choices; access to personal money and possessions.

At any time, preferably within 30 days, a member and/or legal decision maker can submit a grievance/complaint to the 1915(i) Administrator by telephone, mail, in person, or email. The grievance/complaint should include the member's name, contact information, a detailed description of the issue or concern, and relevant dates and supporting documents if available. Within ten (10) business days, the 1915(i) Administrator will review and determine the mechanisms that are needed to resolve the grievance/complaint and other entities who may need to be involved to assist in resolution.

### Contact Information

1915(i) Administrator  
600 E Boulevard Ave, Dept 325

Bismarck ND 58505  
701.239-8987  
[nd1915i@nd.gov](mailto:nd1915i@nd.gov)

Care Coordinators will notify members and/or legal decision makers of their rights to submit a grievance/complaint, at a minimum, initially and annually during the development of the plan of care, and whenever a person communicates concern regarding services. The care coordinator may aid the client and/or legal decision maker in the grievance/complaint process.

### **Provider Incident Reporting Process**

A 1915(i) provider will submit an incident report through the General Event Reports (GER) module in Therap. The GER module is designed for agencies, and individual providers to report suspected, and actual, incidents of abuse, neglect, exploitation or self-neglect of a 1915(i) member. They will also use this module to report when a member has deceased.

Individuals, who are mandatory reporters, must still also report a concern about possible abuse, neglect, exploitation or self-neglect of someone who might be a vulnerable adult, to [North Dakota Adult Protective Services](#).

## **DEFINITIONS**

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*Alternate contact* – means an individual, other than the applicant, identified to assist with the application. Alternate contacts may be family members, friends or someone who is familiar with the applicant. The only purpose of an alternate contact is to assist in providing the applicant's contact information.

*Applicant* – means an individual applying for 1915(i) or “an individual properly seeking services” on behalf of another individual. Individuals seeking services on behalf of someone else must be of sufficient maturity and understanding to act responsibly on behalf the individual for whom they are applying. “Individuals properly seeking services” may be an applicant's parent or guardian.

*Authorized Representative* means an individual who is designated to act on behalf of an applicant or participant. This designation can be made through formal documentation, or at the choosing of the application or member. The authorized representative may assist in advocating for the applicant's rights.

*Home and Community Based Setting (HCBS)* - means a member's own home or community rather than institutions or other isolated settings.

*Institution* – means nursing facilities (NF), intermediate care facilities for individuals with intellectual disabilities (ICF/IID), Qualified Residential Treatment Programs (QRTPs), Psychiatric Residential Treatment Facilities (PRTF), IMDs, hospitals, and jails/prisons.

*Needs-based assessment* – means the WHODAS 2.0 or DLA-20 assessment tool.

*Non-compliant setting* – means the setting where services are received is not a home and community-based setting.

## REFERENCES

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- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

## FREQUENTLY ASKED QUESTIONS

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## CONTACT

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Medical Services  
600 East Boulevard Ave  
Bismarck, ND 58505-0250  
Phone: [\(701\) 328-2310](tel:7013282310)  
Email: [dhsmedicalservices@nd.gov](mailto:dhsmedicalservices@nd.gov)

## POLICY UPDATES

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Section	Summary
<b>Provider Incident Reporting Process</b>	Added details on how providers are to report incidents.