New 1915(i) Care Coordination Provider Onboarding Guide

(*Nothing in this guide countermands anything in any 1915i policy. This guide is subject to periodic updates*)

1. If you are not very familiar with 1915(i), or need a review of the program, start with the *What is 1915(i)?* video guide located on the main 1915(i) webpage.
2. Watch the How to Apply for 1915(i) video. It is located on the 1915(i) webpage, where it states, "Watch This Video on How to Apply."
3. Go to the main 1915(i) webpage. From this webpage you can access the available online resources for 1915(i). The 1915(i) application is found on the 1915(i) webpage, by clicking on the "Apply Now" button.
4. Also, on the 1915i webpage is the Providers tab, clicking on this tab will take you to the 1915(i) Provider's webpage. As a provider this is where you are going to find a lot of the information you need. Specifically, you access the following resources:
    A. **How to become a 1915(i) provider:** Review the 1915(i) Provider Enrollment webpage. This webpage details the steps all new providers need to take to get set up as a provider for 1915(i) services. When it states Individual Enrollment, that would be the staff members of an agency that will be providing the 1915(i) services. You must do all of the steps on this webpage to get your agency, and any staff that will be providing 1915(i) services, set up as Medicaid providers.
    B. **Guidance and Policies:** has all 1915(i) policies on it. Make sure to read all the 1915(i) policies, and all of the service policies. This will familiarize you with all program requirements and allow you to know what is available for members. The Care Coordination policy is fundamental to understanding how 1915(i) works. This webpage also has detailed information on how to submit 1915(i) billing, information on how to administer the WHODAS, and the many how-to guides we have for Therap. There are other resources on here as well.
    C. **Trainings & Information Sessions**: Take the online 1915(i) Care Coordinator Onboarding located on the 1915(i) Provider Trainings & Information Sessions webpage, under the On-Demand Training Opportunities section. This will go over what a 1915(i) care coordinator's duties and responsibilities are. This is important to understand, as every 1915(i) member needs to have a care coordinator. This webpage also has the information for our 1915(i) office hours (which are held on the first and third Wednesday of the Month), copies of the monthly 1915(i) newsletter, live training opportunities, and on-demand trainings. Make sure to come back to this page often as trainings and guidance are updated on a regular basis.
    D. **Blue Cross Blue Shield of North Dakota (BCBSND) Provider Page**: has information specific to BCBSND requirements for Medicaid Expansion members on 1915(i).
    E. **Find a 1915(i) Provider:** takes you to the Find a Provider webpage. There are two tools on this webpage. The top tool is to locate what 1915(i) care coordination providers are in each county, and the bottom one details the 1915(i) service providers (and services) for each county.
    F. **The Submit to Add/Change Request for the 1915(i) provider list:** is the form you fill out to be added to, or have your information changed, on the 1915(i) provider list (this is the Find a 1915(i) Provider mentioned in the previous paragraph). This form is also linked on the 1915(i) Provider Enrollment webpage.
    G. **The new member care coordination form**: is the online form you will fill out when a member chooses your agency for care coordination, and you accept them as their care

coordination provider. It is often called the Care Coordination Request Report form or the CCRR.

H. **The termination of member services form:** This is the form you fill out when you need to terminate a member's 1915(i) services. The reasons for termination are detailed in the 1915(i) Transfer and Termination Services Policy, located on the Guidance and Policies webpage mentioned earlier.

I. **The 1915(i) newsletter:** is a good source of monthly updates for 1915(i), sign up for it on the main webpage.

5. After you have reviewed items 1-4, if you want more guidance, email nd1915i@nd.gov to set up a time to meet with the 1915(i) Administrator via Teams. At this meeting the 1915(i) Administrator will answer any questions you may have.
6. Once you have done everything listed above, you should be set up as a 1915(i) provider. When you have a member that wants to select your agency as their care coordination agency, you need to confirm that they are approved for 1915(i) services. The best way to confirm, is to see the letter of approval that they are mailed. You can also ask for a secure email be sent to you from nd1915i@nd.gov then once you have the secure email to respond to, respond to it with a release of information signed by the member allowing 1915(i) admins to confirm if the member is approved for 1915(i). The Multi-Party Authorization to Disclose Information (SFN 970) is located on the 1915(i) Provider Guidance and Policies webpage.
7. Once you have the confirmation, you have to fill out the New Member Care Coordination form. This form is located on the bottom of the 1915(i) Providers webpage. Make sure to answer all the questions on this form. Once the 1915(i) Navigator receives this form, they will create the member's profile and Individual Demographic Form (IDF) in Therap and assign your agency as the member's case manager in Therap (in Therap, the role that 1915(i) care coordinators are assigned is case manager, this wording is due to how Therap is structured). The 1915(i) Navigator will notify you when the member is assigned to you in Therap.
8. At this point you are to create the members' plan of care. You will want to familiarize yourself with all of the Therap guides that we have on the 1915(i) Provider Guidance and Policies webpage. The first one you need to understand is the Plan of Care Creation (How-To). This guide will walk you through all of the steps to create the plan of care. Make sure to read over the care coordination policy, as it details the timeframe that the plan of care needs to be created in. The Meeting Attendee Signature, Member Rights and Responsibilities, and Member and Care Coordinator Signatures & Acknowledgements forms are all located under the Care Coordination Policy and Forms section on the 1915(i) Provider Guidance and Policies webpage.
9. As you are working with the members, you will need to case note all of the work that you are doing. How to enter case notes is detailed in the Therap Case Notes (How-To) located in the Therap section of the 1915(i) Provider Guidance and Policies webpage. There is also a Documentation Best Practices guide on the 1915(i) Provider Trainings & Information Sessions webpage, under the On-Demand Training Opportunities section.
10. You will need to review the policies for the services your member is wanting. Those can all be found on the 1915(i) Provider Guidance and Policies webpage. Once you have done that, and it comes time to make the referral, you need to review the Therap Referrals (How-To) guide and training video. Both of them are found in the Therap section of the 1915(i) Provider Guidance and Policies webpage.
11. The care coordinator has 30 days from the initial date of contact to create a plan of care with the member and submit it to 1915i Admins for approval. While the care coordinator is working on the plan of care, they are sending out referrals in Therap to the 1915i service agencies the member wants to work with.

You will be sending them draft versions of the plan of care. Once the referrals are accepted and finalized, the care coordinator wraps up the plan of care and submits it for approval.

12. The plan of care is reviewed by the admins. Once the admins (either state admin or BCBSND admin for Expansion members) approve the initial plan of care, the care coordinator can back date billing up to 30 calendar days (to the date of initial contact, this is only done on the initial plan of care). The other services can start billing from the date the plan of care was submitted, once it is approved.
13. When it comes time to submit billing you will want to go to the 1915(i) Provider Guidance and Policies webpage and look under the Billings & Claims Guidance section. There are guides for how to submit your billing for Traditional Medicaid members in MMIS, and for submitting billing for Medicaid Expansion members in Availity. It is up to your agencies to decide when and how often to submit your 1915(i) claims. Make sure that you are following the Timely Filing Policy because "ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service." We are in the process of changing how billing is done. The new process will be billing through Therap, and it will generate the claims based off of your case notes. Beyond being a policy requirement that case notes are done in Therap, developing a good case note practice now, will allow for the transition to billing in Therap to be smother. Once the time comes for the billing transition, we will have trainings for the new billing process. Until then, if you need help with the billing (beyond the guides) email nd1915i@nd.gov, and we will set you up with one-on-one guidance.