

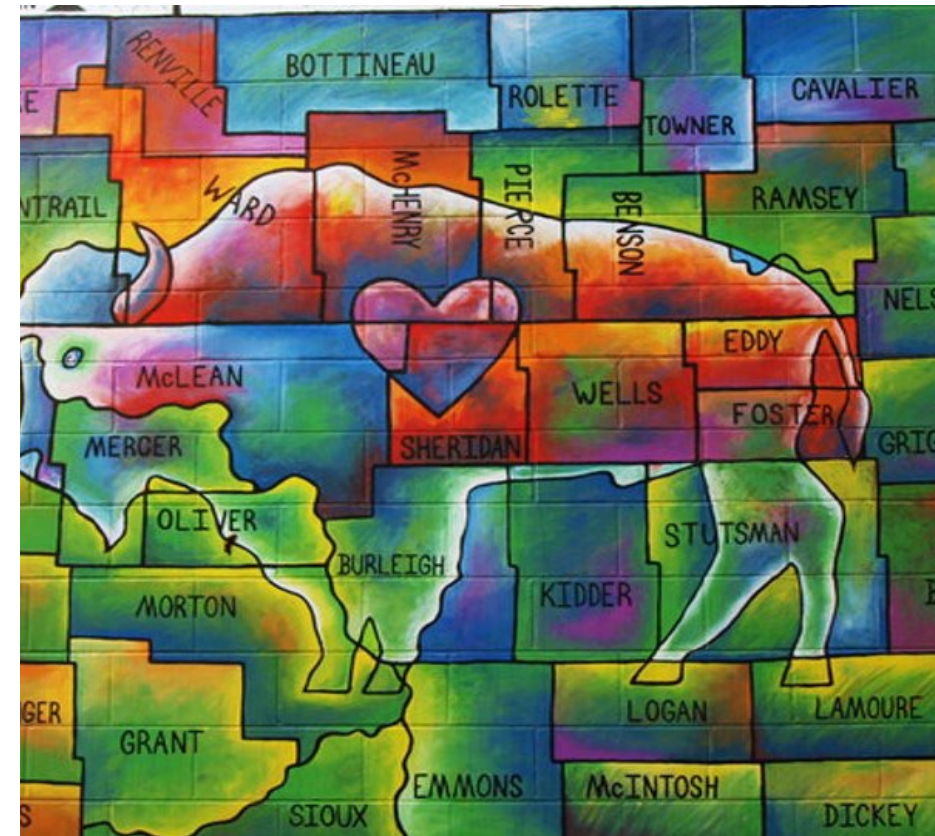
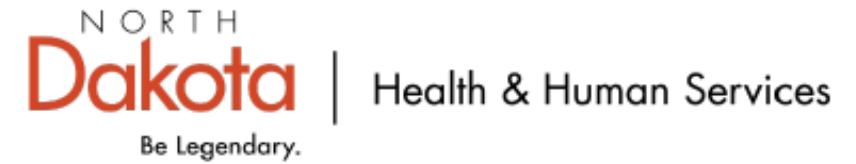
This presentation covers:

1915(i) Medicaid State Plan

1915(i) Eligibility Criteria

1915(i) Eligibility Process

Revised 2/1/24



1915(i) Medicaid State Plan

Allows North Dakota Medicaid to pay for Home and Community Based Services for eligible individuals with certain behavioral health conditions.

The 1915(i) is an amendment to North Dakota's Medicaid State Plan. It is not a waiver.

1915(i) Services

Care
Coordination

Training and
Supports for
Unpaid
Caregivers

Respite

Community
Transition
Service

Non-Medical
Transportation

Housing
Supports

Supported
Employment

Supported
Education

Benefits
Planning

Peer Support

Family Peer
Support

Pre-Vocational
Training

1915(i) Eligibility Criteria

An applicant is eligible for the 1915(i) Medicaid State Plan if all of the following criteria are met:

1. Age 0+
2. Recipient of Traditional Medicaid or Medicaid Expansion
3. Federal Poverty Level is at 150% or below
4. Qualifying 1915(i) Behavioral Health Diagnosis
5. Qualifying WHODAS Score of 25 or above, or a score of 5 or lower on the DLA
6. Resides in a compliant HCBS setting

At any point an individual doesn't meet one of the eligibility criteria, they are not eligible.

Criteria #1: Age 0+

All ages may be served by the 1915(i).

Criteria #2: Traditional or Expansion Recipient

A 1915(i) applicant must be a recipient of Traditional Medicaid or Medicaid Expansion to qualify for the 1915(i).

Criteria #3: Federal Poverty Level

A 1915(i) applicant must meet the federal poverty level at 150% or below.

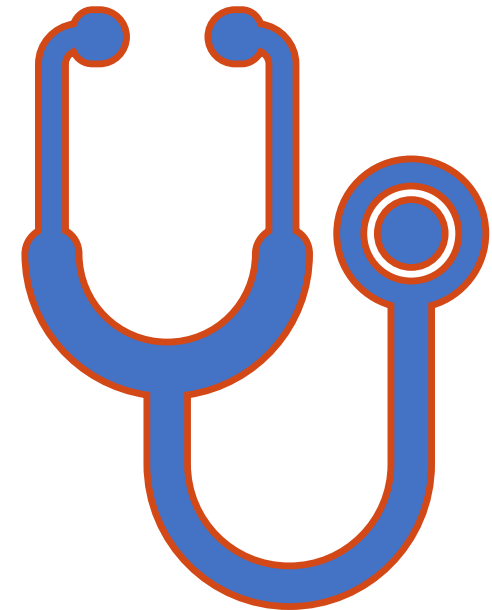
The 1915(i) federal poverty level table is found on the 1915(i) website.

- [Federal Poverty Level](#)

Criteria #4: Qualifying Diagnosis

1915(i) applicants must possess one or more of the qualifying diagnoses approved for 1915(i) eligibility.

The list of approved diagnoses are on the SFN 741 1915(i) Eligibility Application.



Criteria #5: WHODAS

The World Health Organization Disability Assessment Schedule (WHODAS) is one of the tools for assessment of needs-based eligibility.

A qualifying WHODAS score of 25 or above is required for 1915(i) eligibility.

WHODAS Requirements

1. The WHODAS assessment must be conducted via face-to-face interview or face-to-face interview by proxy; self-administered is not acceptable. A face-to-face assessment may include assessments performed by telemedicine.
2. The WHODAS must have been completed within 90 calendar days prior to the date of eligibility application submission.
3. WHODAS assessment documentation is required in one of the following ways to be deemed complete for 1915(i) eligibility:
 - Human Service Center Electronic Health Record WHODAS Assessment; or
 - Human Service Center WHODAS Scoring Sheet; or
 - WHODAS Interview Assessment AND Complex Scoring Sheet; or
 - WHODAS Proxy Assessment AND Complex Scoring Sheet

Criteria #5: DLA

The Daily Living Activities (DLA) 20 Assessment is one of the tools for assessment of needs-based eligibility.

The DLA must have been completed within 90 calendar days prior to the date of eligibility application submission.

A qualifying DLA score of 5 or lower is required for 1915(i) eligibility.

Should the results of the DLA be that an individual is not eligible for the 1915(i), the WHODAS assessment will be administered. Should the WHODAS demonstrate that the individual is eligible for the 1915(i), eligibility will be approved or continued participation granted for those already enrolled in the program.

Criteria #6: Compliant Home and Community-Based (HCBS) Setting

The HCBS Settings Rule requires 1915(i) services be furnished to individuals in their homes and community, not in an institution; and, to ensure all individuals have personal choice and are integrated in and have full access to their communities including opportunities to engage in community life, work, attend school in integrated environments, and control their own personal resources.

Non-compliant HCBS settings are defined as: incarceration (jail or prison), nursing facility (NF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Qualified Residential Treatment Program (QRTP), Psychiatric Residential Treatment Facility (PRTF), Institutions for Mental Disease (IMD, like the State Hospital), and hospitals. Individuals in these settings are receiving 24/7 institutional level services; therefore, 1915(i) services would be considered duplication of services.

The Zone is the entry point for all 1915(i) referrals.

The SFN 741 1915(i) Eligibility Application is submitted. Zone will sign and date the SFN 741 under the 1915(i) Eligibility Request section. Eligibility to be determined within 5 business days.

All 1915(i) eligibility criteria is verified.
Zone will schedule a WHODAS and conduct assessment if no assessment has been completed.

1915(i) eligibility is determined.

The eligibility determination is entered into the 1915(i) Web System.

An eligibility letter is generated from the web system. An eligible member is provided with a fact sheet explaining the next steps.

It is the responsibility of the member to contact the care coordination agency of their choice to begin the person-centered planning process. The 1915(i) Navigator can help with connecting the member.

1915(i) Eligibility Process

SFN 741 1915(i) Eligibility Application

1915(i) Eligibility Application

Purpose of the SFN: To collect the Diagnostic and needs-based assessment information required for 1915(i) eligibility to be determined.

Diagnosis Section: Must be completed by the diagnosing professional or verifying staff person.

Needs-Based Assessment Section: Must contain a qualifying score of one of the following assessments: WHODAS or DLA

The completed form is given to the Zone and eligibility is determined.

Eligibility Notification

- The Zone informs the individual (and family/guardian if applicable) of the eligibility determination and/or closure in eligibility. This includes sending eligibility approval, denial, or closure letters generated from the 1915(i) Web System.
- The Zone informs an eligible individual of their right to choose their care coordination provider.
- The Zone provides an eligible individual with a “Fact Sheet for Individuals Deemed Eligible” which provides the individual with a list of services and identifies their next steps to accessing services. This fact sheet is located on the 1915(i) website.

Client Rights Notification

The Zone informs the client of their rights.

This information is included on the eligibility letter generated in the web system:

As an individual, you have the right to:

- ✓ Be involved in the development of your Plan of Care (POC) and to choose who will be involved in the plan development
- ✓ Choose each of your service providers specified in the plan of care
- ✓ Change service providers at any time

Client Rights (cont.)

- ✓ Timely and adequate notice of decisions about eligibility
- ✓ Confidentiality
- ✓ Privacy, dignity, and respect
- ✓ Freedom from unlawful discrimination
- ✓ Freedom from abuse, neglect, and exploitation
- ✓ Freedom from coercion and restraint
- ✓ Receive services completed as agreed upon in the POC
- ✓ Voice complaints and concerns
- ✓ Appeal service determinations

Appeal Rights

The North Dakota Department of Health & Human Services provides an opportunity for an appeal to any person whose claim for 1915(i) assistance is denied or not acted upon promptly.

The 1915(i) Eligibility Worker is required to inform individuals who are denied eligibility of their right to appeal.

There is “Appeal Rights” language included in the “denial of eligibility” letter generated from the web system.

Request of Information

After approval of 1915(i) eligibility, the care coordinator will send a Request of Information (ROI) to the Zone.

Upload the ROI into Filenet (Shortname 88) and the web system, and provide the following to the care coordinator:

- SFN 741 Eligibility Application
- WHODAS assessment and scoresheet, or DLA assessment
- 1915(i) eligibility dates
- Identify if the individual is on Traditional or Expansion coverage

Eligibility for each 1915(i) individual must be redetermined at least annually.

NDDHHS, the Care Coordinator, or individual may request a reevaluation prior to the annual timeframe if the individual's needs change or a change in circumstance deem it necessary.

The process for the annual eligibility redetermination is the same as the initial evaluation described above.

The State will generate and send out 30-day advance notification of 1915(i) eligibility reevaluations or redeterminations.

If the individual doesn't follow through, then the State will generate and send out the 1915(i) closure letter.

1915(i) Annual Eligibility Redeterminations

What Needs
To Be
Communicated
between
SPACES & the
1915(i) Web
System?

When any of the following occurs in SPACES, the 1915(i) Web System must be manually updated:

- Transfer from Traditional Medicaid to Expansion
- Transfer from Expansion to Traditional Medicaid
- Medicaid ineligibility
- Changes in FPL affecting eligibility
- Changes in living arrangements affecting eligibility

Resources



1915(i) Eligibility Process Flow:
[Individual Eligibility Process Flow](#)

Website:
www.hhs.nd.gov/1915i

Email:
nd1915i@nd.gov