

Application for Assistance Guidebook



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General Information

What programs can I apply for?

You may apply for any or all of these programs with this application:

- Temporary Assistance for Needy Families(TANF)
- Child Care Assistance Program(CCAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Health Care Coverage(HCC)
 - ▶ Medicaid including Medicaid Expansion and Optional Children's Group formerly known as Healthy Steps,
 - ▶ Medicare Savings Programs,
 - ▶ Refugee Medical Assistance, and
- Basic Care Assistance Program (BCAP)

The 'Application For Assistance' can also be found online at www.nd.gov/dhs/info/pubs/application.html or you may contact your Human Service Zone office to apply or to request an application by mail.

If you need help applying for assistance, you may have a friend, relative or someone else help you apply. Your Human Service Zone office can also help you apply for assistance.

What do you do with my information?

The information you provide is held in confidence and is used solely for the purpose of program administration.

What information do I need to provide?

To speed up the processing of your application, include the following "Proof of" items with your application or bring them to your interview. Your eligibility worker may be able to help you obtain these things if needed.

Proof of Alien or Citizenship Status (original documents required if applying for Health Care Coverage):

- | | |
|--|--|
| • Resident Alien Card (Form I-551) | • Temporary Resident Card (Form I-688) |
| • Employment Authorization Card (Form I-668A) | • Arrival-Departure Record (Form I-94) |
| • American Indian/Alaskan Native Tribal Document | • Passport |
| | • Birth Certificate (if born in the United States) |

You will be asked to provide information about the Social Security number (SSN) and citizenship or immigration status for all persons for whom you want to receive assistance. This information may be subjected to verification by the United States Citizenship and Immigration Service (USCIS), and the information received from USCIS may affect the household's eligibility and level of benefits. For HCC, verification will be required if not available electronically.

- For CCAP, HCC, and SNAP: if an individual in the household does not want to give information about their citizenship or immigration status, they will not be eligible for benefits. Individuals who do not provide citizenship or immigration status information must still provide their financial information to determine eligibility for other household members. Other household members may still get benefits if they are otherwise eligible. The Department will not share Immigration Status or citizenship information about non-applicants with the United States Citizenship and Immigration Service (USCIS).
- For TANF: if an individual who is required to be included in the TANF household does not want to give information about their SSN, citizenship or immigration status, the entire household will be ineligible to receive benefits.

Proof of the value of current assets such as:

- Annuities
- Business Accounts
- Certificates of Deposit
- Checking/Savings Accounts
- IRA/401K/KEOGH plans
- Cash Value of Life Insurance
- Real Property (Land, Rental Property, etc.)
- Savings Bonds
- Stocks/Bonds/Mutual Funds
- Trusts

If only applying for CCAP or HCC for children and family coverage or Medicaid Expansion, you may not need to report or bring records of your assets.

Proof of most current expenses such as:

- Child/Dependent Care
- Court Ordered Payments (Child Support, Spousal Support, Health Insurance, Other Support)
- Medical or Health Insurance Premiums (If applying for SNAP only, you do not need to provide information for household members under age 60 unless they are disabled.)
- Utility/Shelter Expenses (If applying for SNAP)
 - ▶ Heating and Cooling Costs
 - ▶ Home Owner's Insurance
 - ▶ House Payment
 - ▶ Other Utility Bills
 - ▶ Property Taxes
 - ▶ Rent (Receipt, Lease Agreement)
 - ▶ Housing Assistance (Contract, Federal Income Tax Forms)
 - ▶ Telephone Bills

If only applying for HCC for children and family coverage or Medicaid Expansion, you do not need to provide expense information.

Proof of most current income (last month and this month) such as:

- Bonuses
- Child Support
- Commissions
- Lease Income
- Money from Friends, Relatives or Others
- Pay (Pay Stubs or Employer Statement)
- Pension/Retirement Benefits
- Rental Income
- Self-Employment Income - Most recent copy of Federal Income Tax Form
- Social Security Benefits
- Spousal Support
- SSI-Supplemental Security Income
- Unemployment Benefits
- Veterans'/Military Benefits
- Workers Compensation

Proof of other information such as:

- Identity (Birth Certificate, Driver's License or non-driver photo identification card, Work or School ID, American Indian/Alaskan Native Tribal Document, Passport - original documents required if applying for HCC)
- Age (Birth Certificate, Driver's License or non-driver photo identification card)
- Relationship (Birth Certificate)
- Residence (Rent Receipts, Utility Bills, Lease, Property Tax Statement)
- Social Security number (card or proof of application for SSN)
- Verification of Pregnancy

Do I have to provide my Social Security number and how is it used?

You will be asked to provide a Social Security number (SSN) for all individuals who want assistance, except for the Child Care Assistance Program. For help getting a SSN, call 1-800-772-1213 or visit www.socialsecurity.gov. If you are applying only for emergency Medicaid, you do not need to give us information about your SSN.

SSNs are used to check income and other information to see who's eligible for help. The Social Security number is also used to check the identity of the household members, to prevent duplicate participation, to monitor compliance with program regulations, for claim collection, for official examinations by Federal or State agencies. The Social Security number is also used to check information in our records against other Federal, State or local government computer matching systems participating in the Income and Eligibility Verification System, including the Internal Revenue Service, Social Security Administration, and the Department of Labor, which may affect eligibility and the level of benefits.

Disclosure of SSNs for the Child Care Assistance Program is voluntary and is requested for purpose of accurate identification. Failure to disclose SSNs will not affect participation in the Child Care Assistance Program.

Use of Social Security numbers provided for SNAP and TANF benefits may be disclosed to law enforcement for purposes of apprehending fleeing felons.

For SNAP, the collection of information on the application, including the SSN of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. Information requested may also be used and verified through collateral contacts when discrepancies are found.

We will not share your SSN with the United States Citizenship and Immigration Services (USCIS).

What are my program rights?

You have the right to:

- Review HCC, SNAP, TANF, CCAP, LIHEAP policy. The manuals are located at <http://www.nd.gov/dhs/policymanuals/home/>
- Withdraw your application at any time, prior to receiving benefits.
- Appeal and request a hearing before the North Dakota Department of Human Services if you disagree with any decision to deny, reduce or terminate your benefits. Contact your Human Service Zone office for instructions on how to request a hearing.
 - Health Care Coverage (HCC) requests may be made in writing, over the telephone, internet, mail, in-person or through other commonly available electronic means within 30 days from the mail date on the notice of action.
 - Supplemental Nutrition Assistance Program (SNAP) appeals must be requested either verbally or in writing within 90 days of the notice date. Your case may be presented by a household member or a representative, such as legal counsel, a relative, a friend or other spokesperson.
 - Temporary Assistance for Needy Families (TANF), Child Care Assistance Program (CCAP), or Basic Care Assistance Program requests must be made in writing within 30 days from the date of the notice of adverse action.
 - Low Income Home Energy Assistance Program (LIHEAP) requests must be made in writing within 30 days from the date of the notice of adverse action. You also have the right to appeal if you do not receive a written notice of action taken on your LIHEAP application within 45 days from the date your application is received.

Contact your eligibility worker for specific information on how to request an appeal or fair hearing.

Is there additional important information for immigrants?

If you or members of your household are eligible immigrants, refugees or person granted asylum and use Child Care Assistance, SNAP, Health Care Coverage or Basic Care, it will not affect the immigration status and ability to get a green card for members of your household. However, if you use long-term institutional care, such as a nursing home, it may impact your immigration status. Talk to an agency that helps immigrants with legal questions before you apply for long-term institutional care.

Acceptance of TANF benefits may impact your immigration status, especially if the benefits are your household's only income. Talk to an agency that helps immigrants with legal questions before you apply.

If you would like more information, please contact your Human Service Zone office.



Notice of Privacy Practices – Effective 02-01-2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Meaning of certain terms. In this Notice, when we say “we” or “us,” we mean the staff of the Department of Human Services. When we say “Department,” we mean the Department of Human Services. When we say “you” or “your,” we are referring to the individual who is the subject of the protected health information (PHI) and a person who has authority to act on behalf of an individual in making decisions related to health care.

Understanding Your Protected Health Information (PHI). PHI covered by this Notice is any information that identifies you or could be used to identify you, that is created or received by the Department and that relates to your past, present, or future physical or mental health condition, including health care services provided to you and payment for such health care services. PHI may include your name, address, birth date, phone number, Social Security number, Medicare or Medicaid number, health information, diagnoses, treatments received, and information regarding your health insurance policies.

Department’s Confidentiality Commitment. We are required under applicable state and federal law to maintain the privacy and security of PHI. We are required to provide you with this Notice about our privacy practices, our legal duties, and your rights regarding your PHI. We must follow the privacy practices described in this Notice while it is in effect. We reserve the right to change our privacy practices and this Notice at any time, provided such changes are permitted by law. We reserve the right to make changes to our privacy practices and the new terms of this Notice are effective for all PHI we maintain, including PHI created or received before we made the changes. Prior to making significant changes in our privacy practices, we will change this Notice, post it in the common areas of our facilities, on our website at www.nd.gov/dhs/misc/clientrights.html, and make it available to our clients and others upon request. A copy may also be obtained by contacting the Privacy Officer. We will notify you in the event a breach of your unsecured PHI occurs and is discovered.

How Information is Used and Disclosed by the Department. The following describes the ways we may use and disclose PHI. Except for the purposes described below, we will only use and disclose your PHI with your written authorization or written authorization of an individual with the legal authority to act on your behalf:

For Treatment. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose your PHI to a physician who needs the information to treat you.

For Payment. We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or third party, for the treatment and services you received. For example, we may disclose your PHI to the Medicaid or Medicare program or health plan payor to determine if they will make payment, to get prior approval, and to support any claim or bill. The disclosure may include information that identifies you, your diagnosis, or other necessary information for accurate payment.

For Health Care Operations. We may use and disclose PHI for health care operation purposes. These uses and disclosures are necessary to make sure that individuals receive quality care and to operate and manage our services and programs. For example, we may use and disclose your PHI to make sure the treatment or healthcare services you receive are of the highest quality.

Permitted or as Required by Law. We will use and disclose your PHI if state or federal laws permit or require it, including with the Secretary of Health and Human Services, Office of Civil Rights, for a compliance review or complaint investigation. Unless an exemption or restriction exists, we are required to disclose your PHI to you or to an individual with the legal authority to act on your behalf, specifically when you request access to, or an accounting of disclosures of, your PHI.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose PHI to contact you to remind you of an appointment with us and to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Research. We may use and disclose PHI for research in limited circumstances where the PHI will be protected by the researchers.

Business Associates and Qualified Service Organizations. We may disclose PHI to our business associates or qualified service organizations that perform functions on our behalf or provide us with services, if the information is necessary for such functions or services.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include licensure, inspections, investigations, audits, or facility accreditation. These activities are necessary to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement or Other Agencies. We may disclose PHI to law enforcement personnel or other agencies for specific purposes, including reporting any suspected child abuse or neglect; domestic violence; or for the protection of vulnerable adults. We may also disclose PHI if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises or against our staff; (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime; and (7) is necessary to identify or apprehend an individual because of a statement by the individual admitting participation in a violent crime or the individual escaped from a correctional institution or lawful custody.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures will only be made to a person or persons who may be able to help prevent the threat, including the target of the threat.

Public Health Risks. We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths, report suspected child abuse or neglect, report reactions to medications or problems with products, notify people of recalls of products they may be using, and the appropriate government authority if we believe a person has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Workforce Safety and Insurance. We may disclose PHI for Workforce Safety and Insurance or similar programs that provide benefits for work-related injuries or illness.

National Security and Intelligence Activities. We may disclose PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Military and Veterans. If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We also may disclose your PHI to the appropriate foreign military authority if you are a member of a foreign military.

Protective Services for the President and Others. We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of law enforcement personnel, we may disclose your PHI to the correctional institution or law enforcement personnel if the disclosure is necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or the safety and security of the correctional institution.

Lawsuits and Disputes. We may disclose PHI in response to a court or administrative order, or if we are a party to litigation or potential litigation. We also may disclose PHI in response to a subpoena, discovery

request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Business Partners. We may disclose PHI to our business partners who perform case management, coordination of care, other assessment activities, or payment activities, and who must abide by the same confidentiality requirements.

De-identified Information. We may disclose your information in a manner that does not identify you if there is no reasonable basis to believe that the information can be used to identify you.

Best Interest. We may disclose PHI in certain circumstances if, in the exercise of professional judgment, the disclosure is in your best interest.

Organ and Tissue Donation. If you are an organ donor, we may use or disclose your PHI to organizations that handle organ procurement or other entities engaged in procurement, banking, or transportation of organs, eyes, or tissues to facilitate organ, eye, or tissue donation and transplantation.

Coroners, Medical Examiners, and Funeral Directors. We may disclose PHI to a coroner or medical examiner to identify a deceased person or determine cause of death. We may also disclose PHI to a funeral director as necessary.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment for health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your PHI to disaster relief organizations that seek your information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever it is practical to do so.

Fundraising. Federal regulations require us to notify you that you have the option to opt out of fundraising contacts. However, we do not engage in fundraising activities.

Uses and Disclosures Requiring Written Authorization. We must obtain written authorization for the use and disclosure of your PHI for marketing purposes, disclosures that constitute the sale of your PHI, and for the use or disclosure of psychotherapy notes. We do not create or manage a public client directory.

Your Rights. You or an individual with the legal authority to act on your behalf, have the following rights regarding your PHI.

Right to Inspect and Copy. You have a right to inspect and obtain a copy of your PHI that may be used to make decisions about your health care or payment for your health care. This includes medical and billing records, other than psychotherapy notes. To inspect or obtain a copy of your PHI, you must make your request in writing. We have up to 30 calendar days from receiving your request to make your PHI available to you. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you requested, the information will be provided in either a readable hard copy or other form and format as agreed to. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may limit or deny your request in certain limited circumstances. You may have the right to request a review of the denial. We will notify you if we deny your request and tell you how to request a review of the denial, if applicable.

If we are unable to provide access to your PHI within 30 calendar days from receiving your request, we may extend the time by no more than 30 additional days. If we need to extend your access request, we will inform you, in writing, of the reasons for the delay and the date by which we will provide access.

Right to Direct PHI to a Third Party. You have the right to request that your PHI be sent to an individual or entity, designated by you. You must make your request in writing. Your written request must clearly identify the designated individual or entity and where to send the PHI. We will make every effort to provide the PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format that you request, the PHI will be provided in either a readable hard copy or other form or format as agreed to.

Right to Amend. If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we maintain the information. To

request an amendment, you must make your request in writing. In certain situations, we may deny your request. If we deny your request, you may have a statement of your disagreement added to your record.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your health care or the payment for your health care, like a family member or friend. To request a restriction, you must make your request in writing. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a non-Medicaid health plan for payment or health care operation purposes, and the information you wish to restrict pertains solely to a health care item or service for which you have paid the non-sliding fee “out of pocket” expense in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment or the disclosure is required by law.

Right to Revoke Permission. You have the right to cancel or revoke an authorization you signed for the use or disclosure of your PHI, except to the extent we have already acted based on your authorization.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of your PHI for purposes other than treatment, payment, health care operations, or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing. We will account for disclosures we have made of your PHI for up to six years prior to the date on which the accounting is requested but not before April 14, 2003. We will not charge a fee for the first accounting given to you in a 12-month period. We may charge a reasonable cost-based fee for an additional accounting requested if 12 months have not passed since your last request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health care matters in a certain way or at a certain location, or both. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice upon request. You may request a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our web site, www.nd.gov/dhs/misc/clientrights.html, or you may obtain a paper copy of this Notice at all our facilities or by contacting the Privacy Officer.

To Exercise Your Rights. The above rights may be exercised only by written communication to us, in the form and manner prescribed by the Department, unless the written requirement is waived by the Department. Applicable forms may be obtained at any Department location or facility or on the Department’s website: <http://www.nd.gov/eforms/?type=p&agency=3250>, and returned to any Department location or facility.

Applicable Forms:

SFN 91:	Revocation of Authorization to Disclosure Information
SFN 725:	Request for Accounting of Disclosures
SFN 1977:	Request for Confidential Communication by Alternative means or Alternative Location
SFN 1978:	Request to Transmit Protected Health Information (PHI) to Third Party
SFN 1979:	Request to Access Confidential Information
SFN 1980:	Request to Restrict the Use and Disclosure of Protected Health Information (PHI)
SFN 1981:	Request to Amend Records – Protected Health Information (PHI)

For More Information. If you have questions and would like additional information, you may contact the Administrative Assistant, toll-free at 1-800-472-2622, ND Relay TTY toll-free at 1-800-366-6888 (711), or by mail to: North Dakota Department of Human Services, State Capitol, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250.

To File a Complaint. If you believe that your privacy rights have been violated, you may file a complaint with the unit of the Department where you received services. All complaints must be made, in writing, by filing SFN 934, “Request for Informal Privacy Conference.” If you need additional information on how to file a privacy complaint

involving a unit of the Department, you may contact the Department's Privacy Officer, toll-free at 1-800-472-2622, ND Relay TTY toll-free at 1-800-366-6888 (711), or by mail to: Privacy Officer, North Dakota Department of Human Services, State Capitol, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250. You may also file a complaint with the Secretary of Health and Human Services by writing to or calling: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, toll-free at 1-800-368-1019, TDD toll-free at 1-800-537-7697, or email: ocrmail@hhs.gov.

There will be no retaliation against you for filing a complaint.

Additional Notice Regarding Confidentiality of Substance Use Disorder Patient Records. The confidentiality of substance use disorder patient records maintained by Substance Use Disorder Programs is protected by Federal law and regulations. Generally, a Substance Use Disorder Program may not inform any person outside the Substance Use Disorder Program that a patient attends the program, or disclose any information identifying a patient as having or having had a substance use disorder unless:

1. The patient consents in writing;
2. The disclosure is allowed by a proper court order;
3. The disclosure is made to medical personnel in a medical emergency;
4. The disclosure is made to qualified personnel for research, audit, or program evaluation;
5. The patient commits or threatens to commit a crime on the premises of the program or against program personnel;
6. The disclosure is made to the appropriate state or local authorities to initially report suspected child abuse or neglect; or
7. Federal law or regulations allow the disclosure of such information.

Minor Patients. Federal law and regulations, along with North Dakota State Law, restrict the disclosure of information regarding a minor, 14 years of age or older with sufficient capacity, unless the minor has consented in writing to the disclosure. This includes any disclosure of patient identifying information to the parent or guardian of a minor, 14 years of age or older, for the purpose of obtaining financial reimbursement.

Federal law and regulations, along with North Dakota State law, restrict the disclosure of information regarding a minor, 13 years of age or younger with sufficient capacity, unless both the minor and his or her parent, guardian, or other person authorized under State law to act in the minor's behalf, have consented in writing to the disclosure.

Violations. Violation of Federal law and regulations by a Substance Use Disorder Program is a crime. In accordance with Federal regulations, suspected violations may be reported to one of the United States Attorney's Office for District of North Dakota at:

Quentin N. Burdick United States Courthouse
U.S. Attorney's Office
655 First Avenue North, Suite 250
Fargo, ND 58102-4932
Phone: 1-888-716-7395
Fax: (701) 297-7405
TTY Phone: (701) 297-7444

William L. Guy Federal Building
U.S. Attorney's Office
220 East Rosser Ave, Room 372
Bismarck, ND 58502-0699
Phone 1-888-828-8050
Fax: (701) 530-2421
TTY Phone: (701) 530-2441

Or to the Substance Abuse and Mental Health Services Administration (SAMHSA) at:

Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
Phone: 877-726-4727
800-487-4889 (TDD)

See 42 U.S.C 290dd-2(g) for federal law; 42 CFR Part 2 for federal regulations governing the Confidentiality of Substance Use Disorder Patient Records; and North Dakota Century Code Sections 50-06-15 and 14-10-17.



Do Not Share Your Personal Information

You may be aware that there are many scams where you are asked for personal information. This information may include your **Social Security number, date of birth, bank account numbers, credit card numbers**, and other personal information. **Never disclose this information unless you know exactly who is asking for the information.**

Human Service Zone and State staff often call applicants and recipients of assistance programs for information. If you are not positive that it is a Human Service Zone or staff member asking for the information, do not respond to the caller. Instead, hang up and call the Human Service Zone or State and speak with your worker to make sure you are speaking to someone with a need to know your information.

If you receive phone calls asking for information and you do not know who is asking for the information, you can call the Consumer Protection Division of the N.D. Attorney General's Office at 701-328- 3404, toll free 800-472-2600 or ND Relay TTY 711 to report the call.



Temporary Assistance For Needy Families (TANF)

What is TANF?

TANF makes a payment on behalf of needy children residing in North Dakota.

Who may be eligible?

If you are a relative taking care of a child, you and the child may be eligible if the child is:

- Under age 18 or will graduate from high school by age 19; and
- Without parental support because of a parent's death, physical or mental disability, age or continued absence from home.

You may also be eligible if you are in your third trimester of pregnancy.

A child born after July 1, 1998, who was conceived while the parent received benefits, will not be eligible, unless the child is conceived as a result of rape or incest.

Effective with all TANF applications received on or after April 1, 2009 for four (4) months, beginning with the month of application, the initial TANF grant for a month will include benefits for the child(ren) only, unless the caretaker is not required to participate in the Job Opportunity and Basic Skills (JOBS) Program or is participating in the Tribal NEW Program.

NOTE: Benefits for the caretaker during the first four (4) months of TANF eligibility can only be paid (as a supplement), when your eligibility worker receives verification from the JOBS Employment Contractor that the caretaker has met their work participation requirements in the JOBS program.

If you are a fleeing felon or in violation of your parole or probation, you may not get benefits.

What are the income and asset limits?

Monthly income from wages, child support, Social Security, pensions, veterans' benefits, or other sources must be less than the TANF income limits. Please contact your Human Service Zone office for the current limits.

The assets limits are \$3,000 for one individual, \$6,000 for a household of two individuals, and an additional \$25 per person for households of three or more.

Some assets are not counted such as:

- The home you live in
- One car
- Your household goods and furniture
- Your personal belongings and clothing

When will I receive my benefits?

If you are eligible, you will get your benefits no later than 30 days from the date your Human Service Zone office receives your signed application.

After your application is approved, your benefits will be available on the 1st working day of each month.



How do I receive my benefits?

You will receive an Electronic Payment Card (EPC) in the mail. The EPC is a prepaid debit card. Benefits are deposited into your EPC account, much like a bank account. (See the ND TANF EPC Cardholder Handbook for more information. You may view this handbook online at <http://www.nd.gov/dhs/info/pubs/docs/way-two-go-debit-card-handbook.pdf> or obtain a copy from your local Human Service Zone office.)

Where can I use my TANF Electronic Payment Card (EPC)?

You can use your TANF Electronic Payment Card (EPC) to make purchases at millions of places that Mastercard debit cards are accepted such as:

- Grocery Stores
- Gas Stations
- Restaurants
- Department and Discount Stores
- Online Stores or Sites
- To pay bills for doctors, dentists, utility companies etc.

Note: Federal Law prohibits the use of the TANF EPC at:

- Liquor Stores
- Casinos, gambling casinos or gaming establishments
- Any retail establishment which provides adult-orientated entertainment in which performers disrobe or perform in an unclothed state for entertainment.

How long can I receive TANF benefits?

You may receive TANF up to 60 months. There are some exceptions for families to go beyond 60 months. You may contact your Human Service Zone office about these exceptions.

What is Diversion Assistance?

Diversion Assistance provides short-term emergency benefits and services to families during a 'specific crisis or episode of need'. These benefits and services are designed to deal with a specific crisis situation or episode of need, are not intended to meet recurrent or ongoing needs, and will not extend beyond four months in a 12 month period. This will allow individuals to clear up problems that might push them further into poverty. TANF rules that do not apply to Diversion Assistance will be explained during your interview with your eligibility worker.

What is Transition Assistance?

Transition Assistance promotes job retention by providing an extended period of cash assistance to qualified TANF households. TANF households with earnings from employment exceeding the allowable standard of need for their household size may remain eligible for Transition Assistance for up to six months. Transition Assistance provides a safety net of financial support during this six-month period to assist households in attaining self-sufficiency; thereby eliminating the need for future government benefits.

What are the program rules?

Before you can receive benefits you must:

- Complete and submit an application to your Human Service Zone office.
- Complete SFN74 - Child Support Information and DN 403 - Acknowledgment of Nonrepresentation form which will be provided by your Human Service Zone.
- Be in compliance with the Child Support Division requirements.
- Comply with JOBS/Tribal NEW requirements.
- Be a resident of North Dakota.

Once you are eligible you must:

- Cooperate with the Child Support Division (See the Child Support section for more information.). If you are interested in receiving TANF and your cooperation with Child Support might not be in the best interest of your child (example: domestic violence situation), you may claim “good cause.” If you claim “good cause,” you will need to provide additional information so “good cause” can be established. Refusal to cooperate, without good cause, will result in less benefits and could result in case closure.
- Cooperate with the JOBS/Tribal NEW Program. (See the JOBS Section for more information.)

Are there Additional Financial Incentives available to my Household?

Individuals under age 21 who are eligible for Medicaid and TANF and screened through the preventive health program known as Health Tracks, are eligible for a \$25.00 incentive per individual. The incentive is available after the completion of the initial screening and each annual Health Tracks screening. Completion of the screening, for this purpose, does not include the follow-up appointments or referrals to other physicians that are generated from a screening.

Do I get my child support while I receive TANF?

All child support that becomes due while your family is receiving TANF is assigned to the State of North Dakota. North Dakota will keep assigned child support up to the amount of TANF benefits your family received.

If you receive a child support payment from any source other than the North Dakota Child Support Division (such as directly from the absent parent or from another state’s child support agency), you must immediately give the payment to the Child Support Division. Failure to do so is fraud and prosecution through the state’s attorney’s office will be pursued.

Do I get my child support when I stop receiving TANF?

After you stop receiving TANF, the State of North Dakota will not keep any child support payments, unless the payment received is for a month in which you received TANF. Child support received for a month in which you did not receive TANF will be sent to you.

What if I have more questions about my child support?

See the Child Support section for more information. You may also contact Child Support or your Human Service Zone office.

What information do I need to report if I am eligible?

Once you are eligible, the following changes must be reported within 5 days of the time you learn of the change. Report changes in:

- | | |
|----------------------------------|------------------------------|
| • Gross monthly unearned income. | Gross monthly earned income. |
| Examples of unearned income: | Examples of earned income: |
| ▶ Child Support | ▶ Wages |
| ▶ Social Security Benefits | ▶ Salary |
| ▶ Spousal Support | ▶ Earnings from a |
| ▶ Unemployment Compensation | ▶ Self-Employment |
| ▶ Veteran’s/Military Benefits | |
| ▶ Workers Compensation | |

You will also need to report:

- Changes in the source of income (a new job, a job loss, receipt or loss of unearned income).
- Changes in persons moving in and/or out of your home. This includes friends, family, relatives etc.
- If you are moving to a new address.
- Changes in your household assets (vehicles, home, etc.)

What happens if I give false information on purpose?

If you:

- Give false information on purpose or misuse your TANF Electronic Payment Card (EPC) it may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits, take money back from you or you might not get benefits for 1 year for the first time, 2 years for the second time and forever for the third time.
- Give false information about who you are or where you live, you may not get TANF for 10 years.

Family Violence Screening

What you need to know

This option is available to parents who are seeking Temporary Assistance for Needy Families (TANF) benefits. It provides alternative ways for individuals to fulfill their TANF work requirements.

What is The Family Violence Option?

Specialized services for victims of domestic violence who are receiving TANF in North Dakota.

The Family Violence Option in North Dakota mandates screening for domestic violence. It provides referrals for specialized services, and may provide temporary exemptions from program requirements to enable victims of domestic violence to have the time, services and support they need to address domestic violence as a barrier to self-sufficiency.

A TANF recipient in North Dakota is considered a victim of domestic violence if she/he has experienced domestic violence as defined in North Dakota Century Code 14-07.1.

Domestic violence includes: physical harm, bodily injury, sexual activity compelled by physical force, assault, or the infliction of fear of any of the above.

Voluntary Information

A TANF recipient may choose to discuss abuse with a TANF eligibility worker at any time, and the Family Violence Option will be explained. This information will remain confidential. The client will be referred to a local domestic violence program where an advocate will discuss available services and options.

Choosing not to discuss domestic violence with a TANF eligibility worker will NOT result in the denial of any of the basic benefits provided by TANF.

Note: Domestic violence advocates may be required by law to report any disclosure of child abuse or neglect.

Duties of TANF Recipients:

Parents must participate in activities leading to self-sufficiency. But if working or looking for work results in danger of physical, emotional or sexual abuse, an appropriate work alternate plan is possible.

TANF recipients must assist the Child Support Division to obtain a child support order. However, if the child was conceived because of rape or incest or the child may be in danger of physical, emotional or sexual abuse, a TANF recipient may not have to meet this requirement.

A TANF recipient who is underage 18 (minor) and who is pregnant or raising a child must live with a parent or in an approved living arrangement. *But if the recipient is under 18, she does not have to be in any living arrangement in which she or her child would be in danger of physical or sexual violence.*

Relationships in which domestic violence can happen

Physical, emotional and sexual abuse can occur between family members, household members, or people in a dating relationship.

Duties of State Agency: NDCC 50-09

The State agency shall:

- Inform all TANF applicants and recipients of the options available under the domestic violence option.
- Screen all applications to determine who are past or present victims of domestic violence or at risk of further domestic violence
- Refer these individuals to a local domestic violence sexual assault organization for safety planning and supportive services
- Determine if 'good cause' exists to waive work requirements or time limits on receipt of benefits.

Following is a listing of agencies providing services for abused individuals who choose to seek services on their own:

North Dakota Council on Abused Women's Services/Coalition Against Sexual Assault in North Dakota

418 E. Rosser Ave. Suite #320
Bismarck, ND 58501
1-888-255-6240 or (701) 255-6240

DEVILS LAKE:

SAFE Alternatives for Abused Families PO Box
646, Devils Lake, ND 58301-0646
(701) 662-7378
Crisis Line: (701) 662-7378; 1-888-662-7378

DICKINSON:

Domestic Violence and Rape Crisis
Center PO Box 1081, Dickinson, ND
58602-1081
Crisis Line: (701) 225-4506; 1-888-225-4506
After Hours: (701) 662-5323

BISMARCK:

Abused Adult Resource Center
PO Box 5003, Bismarck, ND 58502-5003
(701) 222-8370
Crisis Line: 1-866-341-7009

BOTTINEAU:

Family Crisis Center
PO Box 371, Bottineau, ND 58318-0371
(701) 228-2028
Crisis Line: 1-800-398-1098

JAMESTOWN:

Safe
Shelter PO
Box 1934
Jamestown, ND 58402-1934
Crisis Line: (701) 251-2300; 1-888-353-7233

GRAFTON:

Domestic Violence and Abuse Center, Inc.
PO Box 308, Grafton, ND 58237-0308
(701) 352-4242
Crisis Line: (701) 352-4242; (701) 435-7490

GRAND FORKS:

Community Violence Intervention Center
211 S. 4th St., Grand Forks, ND 58201-4766
(701) 746-0405
Crisis Line: (701) 746-8900; 1-866-746-8900

MCLEAN COUNTY:

McLean Family Resource
Center PO Box 506
Washburn, ND 58577-0506
Crisis Line: (701) 462-8643; 1-800-651-8643

MERCER COUNTY:

Women's Action and Resource
Center PO Box 940
Beulah, ND 58523
Crisis Line: (701) 873-2274

MINOT:

Domestic Violence Crisis Center, Inc.
PO Box 881
Minot, ND 58702
(701) 852-2258
Crisis Line: 1-800-398-1098

ELLENDALE:

Kedish House
PO Box 322
Ellendale, ND 58436-0322
(701) 349-4729
Crisis Line: (701) 349-5118; 1-877-349-4729

FARGO:

Rape and Abuse Crisis Center
PO Box 2984
Fargo, ND 58108-2984
Crisis Line: (701) 293-7273; 1-800-344-7273

FORT BERTHOLD:

TAT Victim Services
PO Box 970
New Town, ND 58763-0970
(701) 627-4171
Crisis Line: (701) 627-3617

RANSOM COUNTY:

Abused Resource Network
PO Box 919
Lisbon, ND 58054-0919
Crisis Line: (701) 683-5061

SPIRIT LAKE:

Spirit Lake Victim Assistance
Box 297, Ft. Totten, ND 58335-0297
(701) 766-1816
Crisis Line: (701) 766-1816; 1-866-723-3032

STANLEY:

Domestic Violence Program, NW ND PO
Box 538, Stanley, ND 58784-0538
Crisis Line: (701) 628-3233; 1-800-273-8232

TURTLE MOUNTAIN RESERVATION:

Hearts of Hope
PO Box 900, Belcourt, ND 58316-0900
(701) 477-0002
Crisis Line: (701) 477-0002

VALLEY CITY:

Abused Persons Outreach Center
PO Box 508
Valley City, ND 58702-0508
(701) 845-0078
Crisis Line: (701) 845-0072

WAHPETON:

Three Rivers Crisis Center
509 Dakota Ave., Ste B.
Wahpeton, ND 58075-4431
Crisis Line: (701) 642-2115; 1-800-627-3659

WILLISTON:

Family Crisis Shelter
PO Box 1893
Williston, ND 58802-1893
(701) 572-0757
Crisis Line: (701) 572-0757; 1-800-231-7724

Job Opportunities and Basic Skills (JOBS) Program/Tribal Native Employment Works (Tribal NEW) Program

What is JOBS/Tribal NEW Program?

The JOBS/Tribal NEW Program is the employment and training part of the TANF Program. The goal of JOBS/Tribal NEW Program is to help individuals who receive TANF to become self-sufficient by participating in work or other approved work activities.

If you are enrolled in or eligible for enrollment in a federally recognized tribe, and are attending college, vocational education or GED classes, you may be eligible to work with one of the Tribal NEW programs in the State to meet your TANF work requirements. Contact your Human Service Zone office to find out if you are eligible to be in the Tribal NEW Program.

Do I have to work or do work activities to receive TANF?

If you are caretaker or child who receives a TANF benefit, you may need to work or do work activities unless:

- You are over 65 years of age;
- You are in receipt of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits;
- You are caring for a child who is under two months of age; or
- You are a child receiving TANF, over age 16 and in school.

Effective with all TANF applications received on or after April 1, 2009, for four (4) months, beginning with the month of application, the initial TANF grant for a month will include benefits for the child(ren).

NOTE: Benefits for the caretaker during the first four (4) months of TANF eligibility can only be paid (as a supplement) when your eligibility worker receives verification from the JOBS Employment Contractor that the caretaker has met their work participation requirements in the JOBS program.

What will I have to do?

You must cooperate by:

- Contacting the JOBS/Tribal NEW worker and scheduling an appointment within 7 days from the date you are referred.
- Keeping your appointment as scheduled.
- Arranging for child care and transportation to allow you to attend appointments and work activities.
- Meeting with the JOBS/Tribal NEW worker to review the requirements of the JOBS/Tribal NEW Program and completing a plan that outlines work requirements.
- Attending appointments.
- Working when scheduled.
- Participating in approved work activities.
- Accepting job offers and not quitting a job or reducing hours.

What happens if I do not cooperate?

If you do not contact a JOBS/Tribal NEW worker within 7 days from the date of your referral to schedule an appointment for orientation and complete your orientation as scheduled, your TANF application will be denied and you will need to reapply for TANF.

After your TANF application has been approved, if you do not cooperate with requirements of the JOBS/Tribal NEW Program, your TANF or SNAP benefits may be reduced. If you continue to not cooperate, your TANF case may be closed.

If you think you have a good reason to not participate in the JOBS/Tribal NEW Program, please contact your Human Service Zone office.

Is there financial help available for work activities?

Financial help may be available for you to get a job or do work activities, including money for:

- Fuel
- Car repairs
- Taxi, bus fares or paying others for rides
- Interview expenses, such as clothing or haircut
- Relocation assistance
- Child Care (See the Child Care Assistance Program section for more information.)

What happens if I cannot get to work?

If you have problems arranging child care or transportation, you must show how you tried to resolve them. You must follow through and cooperate with suggestions from your JOBS/Tribal NEW worker or TANF worker.

What if I am not ready to work?

Work requirements may be delayed if you are not able to work or do other work activities.

Consideration may be requested when:

- You are unable to participate due to serious illness or disability
- You must care for a household member who is seriously ill or disabled
- You are unable to find child care even though you made several attempts to do so

TANF Kinship Care

What is TANF Kinship Care?

North Dakota's TANF Kinship Care Program provides an alternative to out of home foster care by placing children in the homes of relatives. TANF Kinship caregivers take on the responsibility of caring for their relative's children and may experience unexpected costs. TANF Kinship Care is available to help offset such costs.

TANF Kinship Care placements are usually temporary until the child is reunited with parents or moves into a more permanent living situation.

How Do I Qualify?

In order to be considered for the TANF Kinship Care Program, children and relative caregivers must meet the following criteria:

Qualified Children

- Be in a foster care under the care, custody and control of the Human Service Zone, Division of Juvenile Services, or a tribal agency within North Dakota
- Be under age 18 (unless the child is enrolled in high school full time and is expected to graduate before age 19)
- Cannot receive Supplemental Security Income

Qualified Relative Caregivers

- Must be a grandparent, aunt, uncle, sibling (over age 16) or a cousin (age 18 or older) of the child
- Must complete a TANF Kinship Care Agreement and participate in required background checks
- Complete an application for TANF benefits and complete an interview. Households will have to pass an income test that is based on the child only
- Cooperate with the Child Support Division to pursue support from the legally responsible parents

What are the Benefits of Participating in the Program?

TANF Kinship Care benefits help relatives address the unexpected financial expenses that arise when caring for a child.

Participating in the program may provide the following supports:

- Assistance with childcare costs
- Clothing allowance
- May assist with legal fees associated with obtaining guardianship status.
- School and community activity fees (uniforms, activity fees, school pictures, transportation, etc.)
- Transportation costs
- Other Emergency Needs

Please note that reimbursement for the above mentioned costs require approval from the TANF Kinship Care program prior to purchasing.

Foster children enrolled as a recipient of TANF Kinship Care may also qualify for health care coverage under Medicaid.

How Do I Apply?

For more information on the TANF Kinship Care Program please contact your Local Human Service Zone office.

As a relative caregiver, you must work with the child's foster care case manager to begin the process of applying for TANF Kinship Care.

You will be referred to a local eligibility worker who will guide you through the application process for TANF Kinship Care benefits and will continue to work with you once determined eligible.



Child Care Assistance Program (CCAP)

What is the Child Care Assistance Program (CCAP)?

The Child Care Assistance program (CCAP) helps low income families pay for child care while they work and/or attend any education or training activity.

For more information including income limits and how to apply, visit <https://www.nd.gov/dhs/services/financialhelp/childcare.html>

Who may be eligible?

If you are working or attending an education or training activity and incur child care costs due to participation in that activity, you may be eligible for help with those costs. If you are experiencing homelessness, CCAP may still be able to help with your child care costs while you are looking for an employment, education or training activity.

Once determined eligible, each child may be assigned a 'Level of Care' which is based on the time you are participating in your activity and the time the child actually needs care. There are two levels of care which include full time and part time.

How do I find a child care provider?

Child Care Licensing

Child care licensing regulations are designed to protect and promote child safety and well-being in child care settings. Licensing is one form of consumer protection. Licensed child care offers parents the knowledge that providers are regulated through standards and monitoring.

For more information on licensing regulations and how to become a provider, visit <https://www.nd.gov/dhs/services/childcare/>

Child Care Resource and Referral (CCR&R) Agencies

The Department of Human Services contracts with Child Care Aware to offer the following services:

Services to Families

- Help families find childcare. The online search option provides families with information on providers who are currently accepting children, the quality rating of the provider, inspection and monitoring reports and more
- Search for providers online at <https://ndchildcare.org/parents/find-child-care/search.html>.
- Offer referrals to licensed and registered child care programs
- Call 800-997-8515 or email Referral@ndchildcare.org.
- Offer resources to families including tips for choosing care _ <https://ndchildcare.org/parents/choose.html>

Services to Providers

- Offers help in starting a licensed child care program, professional development and training to child care providers in the areas of child development, health and safety, infant and toddler care, and business practices.

Bright and Early

Bright & Early ND is North Dakota's Quality Rating & Improvement System (QRIS).

Bright & Early ND is an initiative led by the ND Department of Human Services (DHS) to ensure that North Dakota's children receive the quality child care and early education they need for success in school and life. They recognize talented child care and early education programs for going above and beyond, and we deliver professional rewards for a job well done.

For more information on identifying quality rated providers, visit <https://www.brightnd.org/>

Developmental Screenings

The first five years of a child's life are filled with exciting milestones. A developmental screening is a quick and simple check of how your child is growing and developing.

For information on when and who to contact to set up a screening, visit https://ndchildcare.org/file_download/620cb53f-1d45-4cbb-addd-e35706b0aa6f

Immunizations

Child care facilities require that all children in their care are up to date on their immunizations, unless they meet exemption requirements. For information on Child Care Facility Immunization Requirements in North Dakota, visit: <https://www.ndhealth.gov/Immunize/Schools-ChildCare/>. For additional information on immunization resources, immunization schedules and financial assistance in obtaining immunizations, visit: <http://www.ndhealth.gov/immunize/>.

How are payments issued?

CCAP may not cover the entire cost your child care bill. In most instances a household is assigned a co-payment amount, which is based on the household's total countable income and the size of the household. This co-payment amount is then applied to the amount that the state can pay. The state can pay up to a maximum rate which is determined by the type of child care provider, the age of the child and the child's level of care. You will be responsible to pay any costs not covered by CCAP.

Payments for child care services must be submitted monthly by using an SFN 616 Child Care Payment Request Form or your child care provider may submit payment requests online. Payment requests must be submitted within two months from the month the care was provided.

What information do I need to report if I am eligible?

- If your household's income exceeds the program's maximum income limit;
- If you are no longer participating in your allowable activity;
- If you are no longer residing in the state.

What happens if I give false information on purpose?

If you give false information on purpose it could result in us taking legal action against you. It may also mean we reduce your benefit or take money back from you. Additionally, you may not get benefits for 1 year for the first time, 2 years for the second time and forever for the third time.

Need help with additional resources?

If you are experiencing homelessness, need help finding a job, or are in need of additional resources, please refer to the Community Resources section of this handbook. Your local Human Service Zone offices office may also be able to refer to you additional resources.

How Does CCAP Define Homeless?

CCAP uses the McKinney-Vento Act definition of homeless. According to this act, the term homeless means an individual who lacks a fixed, regular, and adequate nighttime residence; and includes individuals who;

- Share the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals or awaiting foster care placement;
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as regular sleeping accommodations for human beings;
- Live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Are migratory and live in any of the circumstances as described above.

How to File a Complaint

If you suspect a parent or provider is misusing funds from the Child Care Assistance Program, contact 1-800-755-2716 or email dhseap@nd.gov.

For other child care concerns, contact your local Early Childhood Services Specialist at <https://www.nd.gov/dhs/services/childcare/docs/nd-ecs-map.pdf>.



Crossroads

What is the Crossroads Program?

The Crossroads Program supports parents while they continue their education

Who may be eligible?

- North Dakota resident
- Pursuing an educational activity
- Under the age of 21
- Male or female - married or unmarried
- Must be living in the same home and be the primary caregiver of the child
- Crossroads does not consider assets or income when determining eligibility

What does the program provide?

- Waived co-payment under the Child Care Assistance Program
 - If assistance is needed with child care you must also fill out a Child Care Assistance Program (CCAP) application and must meet CCAP's eligibility criteria.
- Assist with transportation costs
- Monthly education incentives
- Each parent will work one-on-one with a Crossroads case manager who will offer ongoing guidance and support
- Create a plan that includes educational activities and goals
- Graduation incentive upon completion of high school, GED and bachelor's degree or post secondary education

How do I apply?

Complete a Crossroads Program application and submit it to one of these locations:

- Crossroads Program
ND Department of Human Services
600 E Boulevard Ave Dept. 325
Bismarck ND 58505-0250
- Your Human Service Zone office
- Crossroads Case Manager



Supplemental Nutrition Assistance Program (SNAP)

What is SNAP?

SNAP, formerly known as the Food Stamp Program, helps people buy food for good health.

Who may be eligible?

You may be eligible if you are working for low wages, have low income or no income. You may not be denied SNAP benefits solely because you were denied from other programs.

What are the income and asset limits?

Monthly income from wages, child support, Social Security, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), pensions, veterans' benefits or other sources must be less than the SNAP income limits. Income limits change each year. Please contact your Human Service Zone office to determine the income limit for your household.

The asset limits are \$3,500 for households with a member who is age 60 or older or disabled and \$2,250 for all other households. We do not count the assets of people who receive TANF or SSI benefits or TANF Information and Referral Services

Some assets are not counted such as:

- The home you live in
- Some vehicles
- Your household goods and furniture
- Your personal belongings and clothing
- Property that produces earned income (such as farm or business.)

Can I get SNAP just for myself if I live with my family or with others?

People who live together and buy food and prepare meals together must receive benefits as one household.

What if I need help applying?

If you need applying for assistance, you may have a friend, relative or someone else help you apply.

You may also designate a person in writing or on the application to fill out the application, answer questions for you, give information at your interview, and buy your food with an Electronic Benefit Transfer (EBT) card. We will be able to share information with this person.

When will I receive my benefits?

If you are eligible, you will get your benefits no later than 30 days from the date your Human Service Zone office receives your signed application. If you are eligible, your assistance will start from the date you apply. For residents of an institution who apply prior to release, the date of application is the date of release.

You may get SNAP within 7 days of your application date if any of the following are true:

- Your household's income before taxes is \$150 or less; or
- You are a migrant or seasonal farm worker; or
- Your household's monthly rent/mortgage and utilities are more than your household's income before taxes.

After your application is approved, your benefits will be available on the 1st of each month.

How do I receive my benefits?

You will be issued an EBT card at your Human Service Zone office. When you receive your card, you will select a Personal Identification Number (PIN). A PIN is a four-digit secret code that acts as your signature or authorization. Benefits are deposited into your EBT account, much like a bank account.

What can I buy with my benefits?

Benefits may be used to buy food for your household with the exception of hot foods prepared for immediate consumption. Seeds and plants used to grow food for your household can also be purchased with benefits.

Non-food items such as pet food, soap, alcoholic beverages, tobacco products, paper products, vitamins and medicine cannot be purchased with benefits.

Persons over 60 years of age may use benefits to purchase "Meals on Wheels" and meals at senior meal sites. In some areas, restaurants can be authorized to accept benefits from qualified homeless, elderly, or disabled people in exchange for low-cost meals.

Benefits cannot be exchanged for cash or used to purchase food on credit.

How long can I receive benefits?

There is no limit to the length of time you can receive benefits. Time limits and requirements for other programs such as TANF do not apply to the receipt of SNAP. If you are no longer receiving TANF benefits, or if your case is closed for the time limits, because you started working or for some other reason, you may still qualify for SNAP.

What are the rules of SNAP?

You MUST NOT:

- Provide incorrect information in order to obtain benefits
- Trade or sell your benefits.
- Use someone else's benefits for yourself.
- Buy, sell, steal or otherwise effect an exchange of SNAP benefits for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone.
- Exchange firearms, ammunition, explosives, or controlled substances for SNAP benefits
- Purchase a product with SNAP benefits that has a container requiring a return deposit with the intent of obtaining cash by discarding the product, and intentionally returning the container for the deposit amount.

- Purchase a product with SNAP benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product, and subsequently intentionally reselling the product purchased with SNAP benefits in exchange for cash or consideration other than eligible food.
- Intentionally purchase products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food.

What happens if I do not follow the rules of SNAP?

If you do not follow the rules, you:

- May not get benefits for 1 year for the first time, 2 years for the second time, and forever for the third time;
- May be fined up to \$250,000 or jailed up to 20 years, or both; and
- May not get benefits for an additional 18 months if court ordered If a court finds you guilty of:
- Buying, selling or trading more than \$500 in benefits, you will lose benefits forever
- Trading benefits for firearms, ammunition, or explosives, you will lose benefits forever.
- Trading benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.
- A drug related felony within the past seven (7) years, you may not get benefits.
- You or any member of your household been convicted of Federal or State aggravated sexual abuse, murder, sexual exploitation and abuse of children, or sexual assault.

If you are a fleeing felon, parole or probation violator, you may not get benefits.

If you give false information about who you are or where you live, you may not get SNAP for 10 years.

Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.

What do I do if I have a program complaint?

You may file program complaints on delays in processing or general service, verbally or in writing. You may also request a meeting with your Human Service Zone office if you are questioning a denial of expedited service or any other concerns. This does not replace or will not delay a request for fair hearing.

Where do I file a complaint?

You may file a complaint with your Human Service Zone office or the following:

Regional Administrator
Food and Nutrition Services
United State Department of Agriculture
Mountain Plains Region
1244 Speer Boulevard
Denver, CO 80204
303-844-0300
303-844-2160 (Fax)

State SNAP Office
North Dakota Department of Human
Services 600 E. Boulevard Ave. Dept.
325 Bismarck, ND 58505-0250
800-755-2716 (ND Only)
701-328-2328
701-328-1060 (Fax)



Health Care Coverage

Health Care Coverage is provided through the North Dakota Department of Human Services. Coverage includes:

- Medicaid including Medicaid Expansion and Optional Children's Group formerly known as Healthy Steps
- Medicare Savings Programs, and
- Refugee Medical Assistance

Additional information regarding these programs is included in the pages that follow.

Medicaid Program

What is Medicaid?

Medicaid is a program that provides health care coverage for eligible individuals.

Who may be eligible?

Medicaid provides coverage to individuals who meet financial requirements and are:

- Pregnant
- Blind, disabled or age 65 or older.
- A family with children under age 21
- A child under age 21 who is in foster care or who receives assistance through subsidized adoption
- A former foster care child up to age 26, under certain circumstances
- A child with disabilities (birth to 19)
- A worker with disabilities
- An individual screened through the North Dakota Department of Health's *Women's Way* program, and in need of treatment for breast or cervical cancer.
- An adult age 21 to 65.
- A Low-income Medicare beneficiary (Medicare Savings Program)

What are the income and asset limits?

Monthly income from wages, child support, Social Security, pensions, veterans' retirement, or other sources must be less than the current Medicaid income levels. Income levels change each year.

Please contact your Human Service Zone office for the current level. If your income is slightly higher than the income level, you are encouraged to apply.

There is no asset limit for children, families, pregnant women, Adult Medicaid expansion population or for individuals who apply under the Breast or Cervical Cancer Early Detection Program.

The asset limits for individuals who are blind, disabled, or age 65 or older are \$3,000 for one individual, \$6,000 for a household of two individuals, and an additional \$25 per person for households of three or more. If your spouse resides in a nursing home or you receive home and community-based services, you may qualify even if you have more assets.

Some assets are not counted. Examples include:

- The home you live in
- One car (if the primary use is to serve the needs of members of the Medicaid household)
- Certain funeral/burial plans
- Indian trust or restricted lands
- Personal belongings, clothing, household goods and furniture
- Property that produces earned income (such as farm or business)

What happens if I give away income or assets?

Giving assets (including property) or income away or selling assets for less than its value may affect eligibility for long-term care services such as nursing home services, home and community based services or swing bed care in a hospital. Contact your Human Service Zone office for more information.

What if I have an annuity?

- As a condition of receiving Medicaid long-term care benefits, all applicants or recipients and their spouses, must disclose any interest they have in any annuity or similar financial instrument.
- The North Dakota Department of Human Services must be named as the remainder beneficiary of specific annuities purchased or changed after February 8, 2006.
- Spouses and minor or disabled children may be named as remainder beneficiaries ahead of the Department of Human Services.
- An annuity purchased or changed within five years of applying for long-term care services must 1) name the Department of Human Services as the remainder beneficiary, 2) be irrevocable and non-assignable, 3) provide substantially equal payments, and 4) return the full principal and interest within the annuitant's life expectancy.

When does eligibility for Medicaid begin?

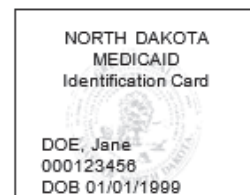
A decision on your application will be made within 45 days from the date your Human Service Zone office or the Medical Service Division of the Department of Human Services (DHS) receives your paper or online application with electronic signature. Medicaid may pay for health care services provided to you for up to 3 months before the month your paper or online application with electronic signature was received, if you received services from an enrolled ND Medicaid provider and you meet eligibility requirements in each of these months. If you have applied for Social Security disability, it may take up to 90 days for Social Security to make an eligibility determination. A decision about Medicaid eligibility would be made after the Social Security determination.

How will I know if I am eligible for Medicaid?

If you are eligible for Medicaid, you will receive a notice informing you of your eligibility. This notice will also include Medicaid Identification (ID) Numbers for each member of your household who is eligible. Approximately 4 to 6 weeks after you receive this notice, you will receive Medicaid ID cards, which will include your Medicaid ID Number.

What do I do with my Medicaid ID Card?

Show your Medicaid ID Card every time you receive health care services or have a prescription filled. Because emergencies can happen at any time, you should carry your Medicaid ID Card with you at all times.



What if I receive a bill that I thought Medicaid would pay?

First, you should contact the provider that billed you so they can explain exactly which services are included on the bill. You may have forgotten to inform them of your Medicaid ID number, the service may not be covered by ND Medicaid, or you may be responsible for part of the bill because of your client share. If the charges are for services you received without a referral from your Primary Care Provider (PCP) or services not covered by ND Medicaid, you will be responsible for the bill. If you still have questions about your bill, contact Provider Relations at 1-877-328-7098.

Do I give any rights to the State of North Dakota when I receive Medicaid?

As a condition of eligibility, you must cooperate with the Department and Human Service Zone office in identifying and providing information to assist Medicaid in pursuing third parties who may be liable to pay for care or services, unless there is good cause not to cooperate. The Department and Human Service Zone staff are required to make reasonable efforts to obtain the necessary information needed to pursue third parties. You must also report any payments you receive for health care services within 10 days of receiving the payment.

Will Child Support be involved?

If you receive Medicaid for children under age 18, you may be required to cooperate with the Child Support Division in establishing paternity and establishing and enforcing medical support. (See the Child Support section for more information.) If you are pregnant or only your children receive Medicaid you do not have to cooperate with Child Support, but you are encouraged to do so.

If you are interested in receiving Medicaid and your cooperation with Child Support might not be in the best interest of your child (example: domestic violence situation), you may claim “good cause.” If you claim, “good cause,” you will need to provide additional information so “good cause” can be established.

What are the rules of the Medicaid Program?

You must:

- Provide all information needed to determine your eligibility, including information on third parties who may be responsible to pay for services
- Provide true information
- Cooperate with Child Support in establishing paternity and in establishing and enforcing medical support for children whose parent(s) do not reside in the home. (This rule does not apply if you are pregnant or the only eligible family members in the case are children.)

What happens if I do not follow the rules of the Medicaid Program?

- If you provide false information, your benefits may be denied or terminated and you may be reported for fraud.
- State and federal law allows for a fine, imprisonment, or both, for any person who withholds or provides false information to obtain assistance to which he or she is not entitled.

- A relative caring for a child, who does not cooperate in establishing a child's paternity or in establishing and enforcing medical support, may lose Medicaid benefits. (This rule does not apply if you are pregnant or the only eligible family members in the case are children.)

What information do I need to report after I am eligible?

You need to report changes within 10 days. Changes that must be reported include:

- A household member becomes pregnant
- A baby being born
- Someone leaving the house
- Someone moving into the house
- A new job
- A change in income or assets
- A new address
- A change in health care coverage
- A child quits or begins school

Medicaid Services and Limits

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Ambulance services	No	No	For emergency out of state transport: referring providers have 48 hours following the service to notify ND Medicaid of transport	No
Ambulatory surgical services	Yes	No	Some services require SA from QHA	No
Audiology	Yes	No	No	No
Autism Spectrum Disorder Applied Behavioral Analysis Service	No	No. Services must be included in the plan of care.	Yes, annual and 180-day update.	Yes, must be under 21 years of age.
Behavioral health services	No	40 therapy visits per year; testing 10 hours per year	Yes, after limits are met	No
Certified nurse midwife services	No	No	No	No
Chiropractic services	No	12 manipulations per year; x-rays 2 per year	Yes, after limits are met	No
Dental services	No	Some limits apply - see Dental manual	Some services require SA – see Dental manual.	Some age restrictions apply. See Dental manual
Durable medical equipment, medical supplies, prosthetic providers, hearing aids	Yes	Some limits apply - see DME manual	Some services require SA - see DME manual	Some age restrictions apply. See DME manual

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Emergency Services, and follow-up care	For services received in the emergency room that are billed as an emergency, no referral required. Referral required for follow-up care, unless follow-up care is provided by the PCP.	No	No	No
Family planning	No	No	Some services require SA	No
Federally qualified health centers (FQHC)	No	No	No	No
Health Tracks (EPSDT) Screening	No	No	No	Yes, must be under 21 years of age.
Home and community-based services (HCBS waiver)	No	No	Must be screened and meet level of care	No
Home health care services	Yes	50 visits per year	Yes, after limit is met	No
Hospice	Yes	Some limits apply	Hospice election and certification required	No
Hospitals (inpatient)	No	rehab limited to 30 days per year for adults; psychiatric admission limited to 21 days with maximum of 45 days per year	Some in-state services require SA. All out of state admissions require SA	No
Hospital swing bed services	No	No	Yes, must meet level of care	No
Immunizations	No	No	No	Yes, some age restrictions apply
Individualized Education Program Medicaid Services billed by Schools	No	No	Some services require SA	Under 21 only

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Inpatient psychiatric services	No	Yes	Yes, must meet certificate of need if under age 21	Yes, services provided in an IMD to members 21 through 64 are noncovered
Intermediate care facilities for individuals with intellectual disabilities	No	No	Yes, must meet level of care	No
Laboratory	Yes, except for independent labs	No	Some services require a SA	No
Local Public Health Units	No	No	No	No
Medical nutritional therapy	Yes	Yes, 4 hours per year	Yes, after limit is met.	No
Medication Therapy Management	No	Some limits apply. See ND Medicaid Medication Therapy Manual	Service Authorization recommended. See ND Medicaid Medication Therapy Manual.	No
Nonemergency medical transportation	No	No	Yes, administered by human service zones	No
Nurse practitioner services	Yes, unless care received in same clinic as PCP	No	No	No
Nursing facility services	No	No	Yes, must meet level of care	No
Obstetric and gynecology services	No			
Occupational therapy	Yes	20 visits per year for ages 21 and over	Yes, after limit is met	No
Optometric services	No	Some limits apply – see Optometric chapter	Some services require SA – see Optometric chapter	No
Orthodontia	Must be referred by Health Tracks	No	Yes, must be referred by Health Tracks	Up to age 21
Partial hospitalization program	No	Yes	Yes, after limits are met	No

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Personal care services in a member's home	No	Service limits apply	Yes	No
Pharmacy	No	Some limits apply - see pharmacy manual	Some services require SA - see pharmacy manual	No
Physical therapy	Yes	15 visits per year for ages 21 and over	Yes, after limit is met	No
Physician services, Primary Care	Yes, unless care received in same clinic as PCP	No	No	No
Physician Services, Specialty Care	Yes, except for services provided by a psychiatrist or obstetrician/gynecologist	Limits apply to some specialist services	Some services require	No
Podiatry	No	No	No	No
Private duty nursing providers in non-institutional settings	Yes	Yes	Yes	No
Psychiatric Residential Treatment facilities (PRTF)	No	No	Yes, must meet certificate of need	Under 21 only
Radiology	Yes, unless independent provider	No	No	No
Rehabilitative Services	No	Some limits apply. See Rehabilitative Services Chapter	Some services require SA. See Rehabilitative Services Chapter	Some services are restricted to certain ages. See Rehabilitative Services Chapter
Rural health clinics (RHC)	No	No	No	No
Speech therapy	Yes	30 visits per year for ages 21 and over	Yes, after limit is met	No
Substance Use Disorder Treatment Services	No	Some Limits Apply	Yes, after limits are met	No

Service	Referral Required from Primary Care Provider	Limits	Service Authorization Required	Age Restrictions
Targeted case management	No	No	No	Yes, for child welfare, serious mental illness and serious emotional disturbance

Coverage in excess of the above limits may be granted by ND Medicaid when medically necessary. If the recipient is over the limits noted, a service authorization is required.

What if my health care provider tells me I need to go out of State for Medical Care?

- You must get approval from Medicaid each time before you receive medical services outside of North Dakota.
- Medicaid can only pay for out of state services when you have received approval.
- If it is a medical emergency, your health care provider may need to send you out of North Dakota immediately. In these rare situations, your health care provider will need to submit an SFN 769 Service Authorization for Out of State Services and supporting medical documentation within 48 hours.
- If you are receiving medical services in South Dakota, Minnesota or Montana that are within 50 miles of North Dakota, you do not need an out of state approval (other prior authorization for specific services may be necessary).
- ND Medicaid cannot pay for services received outside the United States.

To get approval, your health care provider will need to send Medicaid the following things:

- The out of state services request form.
- A request from a North Dakota specialist.
- Medical records about your health that support the need for out of state services.
- Assurance that the health care services are not available in North Dakota.

Getting approval will take 2-3 weeks unless it is medically urgent. Make sure the request gets to Medicaid at least 3 weeks before your appointment.

- If your health care provider has any questions about this, they can contact the Medicaid office.

If you need help with the trip out of state, call your human services zone eligibility worker.

- The worker may be able to help arrange your travel, meals and lodging.
- Your worker must wait until they receive a copy of the out of state approval from Medicaid before they authorize services and can help you arrange travel, meals and lodging.
- Medicaid only reimburses enrolled providers and cannot reimburse you for travel, meals and lodging expenses.
- If you have any questions, contact the Medicaid utilization review staff at 701-328-2159 or (Fax) 701-328-0376.

Health Tracks

What is Health Tracks?

Health Tracks is a free preventive health-screening service offered to individuals enrolled in Medicaid which now includes the Optional Children's Group formerly known as Healthy Steps.

Who is eligible?

Children ages 0 to age 21 who are enrolled in Medicaid.

How will I know if my child is eligible for a Health Tracks Screening?

Children eligible for a Health Tracks screening will receive a notice letting them know it is time to be screened.

What happens during a Health Tracks screening?

During a Health Tracks screening, a child may receive a:

- Childhood immunization
- Dental Screening
- Developmental Screening
- Hearing Screening
- Lead Screening
- Mental health screening
- Physical examination including a health history
- Vision Screening

What happens after a Health Tracks Screening?

Referrals may be made for further diagnosis and treatment services:

- Childhood immunizations if not given during the screening
- Counseling
- Dental Care
- Developmental Tests
- Hearing Care
- Vision Care
- Lab Tests
- Prescription Drugs
- Orthodontic treatment (braces for teeth)
- Other specialty care if needed

How can I receive these services?

Contact your Human Service Zone office or local public health unit. They will help you schedule a Health Tracks screening.

For more information call 1-800-755-2604.

Primary Care Case Management (PCCM) Program

What is Primary Care?

Primary care includes first contact, comprehensive, and continuing care for all persons. Primary Care Providers (PCP) are responsible for coordinating other health services as well. This includes referrals for specialty care. You should not go to an emergency room for primary care.

A strong (PCP)-patient relationship is good for your health. You should have your own PCP, someone who knows you and your health history and understands your health care needs. The PCCM Program makes this possible.

The basic feature of the PCCM Program is to have single PCP to provide primary care, help you manage your health care needs, and make referrals to other providers who specialize in specific health issues.

When you apply for Medicaid, you must select a PCP for each eligible member of your family who is required to participate in the PCCM Program. If you do not choose a PCP, one will be chosen for you. If you see a provider other than your PCP without first getting a referral from your PCP, you will be responsible for the cost of those medical services.

Interpreter services, to better understand Medicaid services, are available free of charge, at a Human Service Zone office, clinics, your PCP's office and hospitals.

Who can I choose as my Primary Care Provider (PCP)?

Your PCP may be a physician, a certified physician assistant or an advanced practice nurse practitioner (APNP) with one of the following specialties:

- General or family Practice
- Internal medicine
- Pediatrics
- Adult health (APNP only)
- Obstetrics/Gynecology (OB/GYN)

The following entities can also be selected as a PCP

- Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), or Indian Health Services/Tribal 638 Clinic

You should choose a PCP who works in your community. If a PCP is not available in your community, you should select one in your county or in the surrounding area where you live. The PCP you choose could be a health care professional who has cared for you or your family before and should be able to provide care for the majority of your health care needs. If you need help choosing a PCP, a human services zone eligibility worker can give you a list of potential PCPs. An eligibility worker can only give you information. You are responsible for choosing a PCP. You must notify your Human Service Zone office of your PCP selection. It is important that you contact the provider that you want as your PCP to make sure the provider is accepting patients.

To help your PCP give you the best health care possible:

1. Tell your PCP about your medical problems;
2. Help your PCP get your past medical records;
3. Call ahead for appointments whenever possible;
4. Keep your appointments and be on time. Call your PCP's office if you are going to be late or can't keep your appointment; and
5. Treat your PCP and his or her staff with respect.

Who must participate in the PCCM Program?

Children (to age 19), families and pregnant women who are eligible for Medicaid.

The following individuals are not required to participate:

- Members under age 19 with special needs that are eligible for SSI, or eligible under section 1902(e)(3) of the Act or eligible under a Maternal Child Health Services Block Grant.
- Members also enrolled in Medicare
- Members residing in a nursing facility/swing bed
- Members residing in an Intermediate Care Facility for the Intellectually Disabled
- Members with Psychiatric Residential Treatment Facility (PRTF) as a living arrangement
- Members receiving home and community based services
- Members who are disabled
- Members eligible under Adult Medicaid Expansion
- Members who have been determined medically frail
- Members eligible for Inpatient Prisoner coverage
- Individuals eligible for Hospital Presumptive Eligibility
- Members who are blind
- Members who are 65 years of age or older (beginning with the month they attain age 65)
- Members who are receiving services at the State Hospital or another Institution for Mental Disease
- Members receiving foster care (IV-E and non IV-E)
- Members receiving adoption assistance (IV-E and non IV-E)
- Members receiving refugee medical assistance
- Members having retroactive eligibility period (for services during the three-month prior period)
- Members screened through the *Women's Way Program* and who need treatment and are eligible under the Breast and Cervical Cancer Early Detection coverage group.
- Members in non IV-E tribal foster care

What Medicaid services require a referral from your PCP?

Medicaid covered services are listed in the table starting on page 36 of this booklet. Services provided by a PCP do not require a referral; however, some services provided by other health care providers require a referral before services are received. Please reference the table for information on which services require a referral.

Walk-In Clinics (Urgent Care/After-Hours/Convenience Clinics):

Walk-in clinics are “exempt” from Primary Care Provider (PCP) referrals only when BOTH of the following conditions are met:

1. The Walk-in clinic must be associated with the PCP’s clinic by having the same Medicaid Provider Identification number as the PCP’s clinic when submitting a claim; and
2. The Medical Center/Walk-in clinic has an electronic health record system in which the Walk-in clinic provider can access the recipient’s medical records immediately upon assessing the recipient.

Other walk-in clinics are allowed 15 working days from the date of the service to obtain a referral.

Urgent care clinics do not replace your PCP. If further follow up care is needed regarding your illness or injury, you should follow up with your PCP.

Can I change my PCP?

You have the right to request a change to your PCP selection. You may make either an oral or written request to your Human Service Zone office.

You may request a change:

- Any time during the first ninety days after your PCP was assigned to you;
- Every twelve months during the annual open enrollment period which is the last sixty days of every twelve-month PCP span.; or
- If you have good cause, which includes:
 - You or your PCP relocate,
 - A significant change in your health that requires a PCP with a different specialty,
 - Quality of care concerns or difficulty getting in to see your PCP, or
 - Refusal of the PCP to act or continue to act as your primary care provider

When a good cause request is made, your human services zone eligibility worker will determine if good cause exists and document the reason and decision. You will be sent a letter informing you of the approved change or denial. Valid PCP changes are effective the day the request is received.

Requesting a PCP change for past dates to allow for billing and payment of past claims that denied is unacceptable.

Prior to requesting a change in your PCP, you should contact the provider that you want as your PCP to make sure the provider is accepting patients. If you need a PCP that speaks a non-English language, you should discuss this need before you choose the provider as your PCP.

If you request a change in your PCP and the request is denied, you have the right to ask for a fair hearing. This request must be in writing and must be made within 30 days of the denial. Contact your Human Service Zone office for specific information on how to request a fair hearing.

What if I need to receive Specialty Services that my PCP cannot provide?

You should always try to see your PCP first for your health care needs. If your PCP is not available or you cannot wait until he or she is available, you may see a colleague or an assistant of your PCP that works in the same facility, without a referral.

Most health care services (excluding emergency services) received outside of your PCP's office requires a referral or authorization from your PCP. If you need specialty services, your PCP will authorize (refer) you to see another doctor, hospital, laboratory, or other health care provider. Before you receive specialty services; you must receive a referral from your PCP. Your PCP's office may be able to help you make an appointment with the specialist. If a referral is not received, before the appointment, you may have to pay for the visit.

Emergency medical services and family planning services do not require a referral from your PCP. Emergency care is covered, if it is for medical conditions which most non-medical people think of as life-threatening, or which could cause death or severe, permanent damage or injury to a person or unborn baby if not treated immediately.

When does a newborn baby need a PCP?

You should notify your eligibility worker and choose a PCP within 2 days of your baby's birth.

Should my Medicaid PCP and my PCP under my other insurance be the same person?

Yes, you should select the same PCP. Medicaid requires that you follow your private insurance coverage requirements.

What are my rights as an enrollee in the PCCM Program?

You have the right to:

- Receive information and instructional materials and the right to request additional information and material.
- Be treated with respect and with due consideration for your dignity and privacy.
- Receive information on available treatment options and alternatives, in a manner appropriate to your condition and ability to understand.
- Participate in decisions regarding your health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Request and receive a copy of your medical records, and request they be amended or corrected.

What are my responsibilities as a member in the PCCM Program?

Your responsibilities as a PCCM Program member are:

- Follow ND Medicaid policies and procedures.
- Choose your PCP in a timely manner.
- Contact your PCP first for your non-emergency medical needs.
- Keep scheduled appointments.
- Cancel scheduled appointments in advance when you cannot keep them.
- Be sure you have a referral before going to a specialist.
- Carry your North Dakota Medicaid ID Card with you and show it when you receive health care services.
- Contact your Human Service Zone office about any changes in your case or if you have questions.
- Use the emergency room for emergency care ONLY. Emergency care is covered **only if** it is for a medical emergency. You could be responsible for paying for non-emergency services received in a hospital emergency room if it is not for a medical emergency.

How do I get more information?

More information about the PCCM Program can be found at:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/managedcare.html>

or contact your Human Service Zone office.

Emergency Room & Ambulance Services

Emergency Room Services

When should I seek services from a hospital emergency room?

When you have an emergency medical condition, go to the nearest hospital or call 911.

An emergency medical condition is a condition that could result in serious harm or would place your health in danger.

If you are pregnant this includes your health and the health of your unborn child.

Do I need a PCP referral or prior authorization for an emergency medical condition?

You do not need referral or prior authorization for an emergency medical condition.

Can the emergency room provider give me a referral for follow up services?

No, referrals for follow up services must come from your PCP.

What is urgent care?

Urgent care is appropriate for an illness or injury that is not life threatening; however, requires medical attention immediately. Urgent care clinics (or walk-in clinics) provide easy access to healthcare for an urgent care condition when your regular primary care provider is unable to offer a timely appointment or if the illness/injury occurs outside of regular office hours. Examples of urgent care include:

- Accidents and falls
- Cuts that don't involve much blood but might need stitches
- Diagnostic services, including X-rays and laboratory tests
- Eye irritation and redness
- Fever or flu
- Minor broken bones and fractures in fingers or toes
- Moderate back problems
- Severe sore throat or cough
- Skin rashes and infections
- Sprains and strains
- Urinary tract infections
- Vomiting, diarrhea, or dehydration
- Dental pain

Ambulance Services

When is it appropriate to use an ambulance?

Ambulance services are meant to provide transportation and care when a person has an emergency medical condition.

When are ambulance services covered by Medicaid?

North Dakota Medicaid covers ambulance services provided for an emergency medical condition. For non-emergency medical conditions, other methods of transportation must be used. If you use an ambulance for a non-emergency medical condition, you will be responsible for the ambulance charges.

Medicare Savings Programs

What are the Medicare Savings Programs?

The Medicare Savings Programs assist with Medicare costs for individuals with limited income and assets.

What Medicare costs can the Medicare Savings Programs pay?

This program can pay your:

- Monthly Medicare Part B Premium and the annual deductible
- Medicare co-insurance costs (20% of Medicare-approved charges for services)
- Medicare deductible for hospital services
- Monthly Medicare Part A Premiums (hospital insurance) if you do not receive Part A free of charge

Eligibility for one of the Medicare Savings Programs automatically deems individuals to be eligible for the extra help with Medicare Part D Drug Plans.

Who may be eligible?

Individuals who are eligible for Medicare Part A (including Premium-Part A) may be eligible.

What are the income and asset limits?

Monthly income from wages, Social Security, pensions, veteran's benefits or other sources must be less than the current income eligibility level. Only a portion of your wage is counted. Income levels change each year. Contact your Human Service Zone office for the current levels.

Your savings and other assets (do not include one vehicle, your home, clothing or household goods) must have a value of less than Medicare Part D Low Income Subsidy asset levels in the year you apply. For current values, contact your Human Service Zone office.

Optional Children's Group

This category is formerly known as Healthy Steps and is a new Medicaid coverage group Effective January 1, 2020. Please refer to Medicaid Services and Limits section of the Guidebook.

Who May Be Eligible?

- Children:
 - Under age 19 (including the month the child turns 19); and
 - Who do not have health insurance.

Medicaid Estate Recovery

What is Medicaid estate recovery?

State and federal law requires the Department of Human Services to make claims against the estate of a Medicaid recipient who: (1) was age 55 or older when the individual received Medicaid services; (2) who has been permanently institutionalized and received services, regardless of age; or (3) is a spouse of any Medicaid recipient who was age 55 or older or permanently institutionalized when the Medicaid benefits were provided.

State law controls the distribution of a decedent's estate. It limits the kind of claims that can be paid before any Medicaid claim. Funeral expenses are limited.

Individuals who want to dis-enroll from Medicaid coverage because of estate recovery may contact their Human Service Zone office.

Effective January 1, 2010, expenditures for Medicare cost sharing made on or after January 1, 2010, are exempt from Medicaid estate collection.

Effective August 1, 2015, except for the portion of the payment made to a private carrier for nursing facility services, home and community-based services (and related hospital and pharmacy services) the department may not file a claim against the estate to recover payments made on behalf of recipients who received coverage through a private carrier. Individuals eligible under the Medicaid Expansion coverage receive their coverage through a private carrier.

Effective January 1, 2020, pharmacy services for Medicaid Expansion are no longer part of the coverage through a private carrier and are subject to estate collections.

What if there is a surviving spouse or children?

No claim for Medicaid benefits must be paid during the lifetime of a Medicaid decedent's surviving spouse or while a recipient has a surviving child who is under age 21 or blind or disabled.

What if the decedent leaves a will?

A decedent's estate must first pay the decedent's debts. A will does not change that. Unless an estate has sufficient liquid assets to pay all claims, estate property is sold to pay the claims. Family members can purchase estate property at fair market value.

Can funeral expenses be paid from an estate?

Effective August 1, 2019 individuals applying for Medicaid coverage will need to set up an irrevocable funeral contract if they chose to set aside an amount for funeral expenses. If there are no funds designated for funeral expenses, the estate can spend no more than \$3,000 for funeral expenses.

Family and friends may use their own money to help pay for funeral expenses. Additional amounts may not be paid from assets in the decedent's estate before Medicaid claims are paid in full.

What other claims can be paid before the Medicaid claim is paid?

The decedent's estate can pay recipient liability applicable to the month of death, funeral

expenses, expenses of the sickness or condition that caused the decedent's death, the necessary and reasonable costs of administration, certain other assistance claims, and claims on behalf of the state hospital. The Medicaid claims must be paid in full before other creditors or claims can be paid.

What if an account is payable to someone else at the decedent's death?

Unless all estate claims are paid in full, money a decedent left in a joint account, an "in trust for" (ITF) account, or any other payable on death (POD) account must be made available to pay claims and costs of probate. If the money was properly designated for funeral expenses, the money can be used for that purpose.

How is a Medicaid claim made?

If a decedent leaves only cash and limited personal property, the Department of Human Services will usually collect the amount that must be paid for Medicaid claims using an Affidavit for Collection of Personal Property. Sometimes family members will be asked to help sell personal property that is worth the cost of probate, or if there is some other reason a probate is necessary, the person named in a will or some other family member can be appointed personal representative and properly distribute the decedent's estate. Attorney fees and other reasonable costs of administration can be paid from the estate. The Department will usually initiate probate only if there is no family member willing or able to do so.

What should I do if I need help reviewing this information?

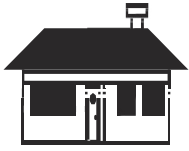
This manual provides only general information about estates and Medicaid claims. If you have questions about probate or wills, or if you are the personal representative for an estate, please ask your private attorney. If you need assistance in reviewing the information in this manual, please contact your Human Service Zone office.

Protections for American Indians and Alaskan Natives (AI/AN's)

Section 5006 of the American Recovery and Reinvestment Act exempts certain Indian income, resources, and property from being subject to Medicaid estate recovery for AI/AN's. The North Dakota Medicaid program is not permitted to recover any expenses from any of the following types of an AI/AN's income, resources, or property:

- Property-including real property and improvements (such as land and buildings) that is (1) held in trust, subject to federal restrictions, or under the supervision of the Secretary of the Interior; or (2) property located on a reservation. For example, a home, an oil and gas royalties from the land, are both exempt from Medicaid estate recovery
- Ownership interests in rents, leases, royalties, or usage rights related to natural resources (including extraction of natural resources or harvesting of timber, other plants and plant products, animals, fish, and shellfish) resulting from the exercise of federally protected rights
- Ownership interests in or usage rights to items that have unique religious, spiritual, traditional, or cultural significance, or rights that support subsistence or a traditional lifestyle according to applicable Tribal law or custom

Property that is not described above is subject to Medicaid estate recovery. In order to be exempt, the property must derive from protected property (i.e. can be traced back to protected property). For example, a family must be able to document that the money in decedent's bank account came from one of the previously listed types of protected property to be exempt.



Basic Care Assistance Program

What is the Basic Care Assistance Program?

The Basic Care Assistance Program helps qualifying individuals who reside in licensed basic care facilities pay for their room and board.

What are the program requirements?

To be eligible an individual must:

- Be 65 years of age or older or 18 years of age or older and disabled or blind
- Be a resident of North Dakota
- Be eligible for Medicaid
- Have income less than the cost of room and board
- Receive a home and community-based services assessment that identifies a need for basic care services

Who receives Basic Care Assistance payments?

The payments are made directly to the licensed basic care facility. The licensed basic care facility must be an enrolled ND Medicaid provider.

What happens if I give away income or assets?

An individual is ineligible for Basic Care Assistance if the individual or the spouse gives away assets or income for less than fair market value within 36 months of the date of the application.

What are the rules of the Basic Care Assistance program?

Information must be provided to determine eligibility including Social Security number, proof of citizenship, proof of age, proof of identity, proof of relationship, proof of blindness or disability, and income and assets. All changes in circumstances must be reported.

For more information contact your Human Service Zone office.



Child Support

What is Child Support?

The Child Support program helps children get support from the parent not living in the home (absent parent). Child Support helps:

- Locate the absent parent
- Establish who the father is (paternity)
- Establish or change a child support order
- Establish or change a medical support order
- Enforce a child support order
- Enforce a medical support order

Child Support cannot help with visitation or custody.

How can I get Child Support services?

- If your family receives Temporary Assistance for Needy Families (TANF) and one parent is not living with the child, your family will automatically be referred to Child Support for services.
- If your family receives Medicaid and one parent is not living with the child, or the paternity needs to be legally established, your family will automatically be referred to Child Support for services only if an adult in the case is requesting Medicaid or the child is in foster care. Also, if the only adult requesting Medicaid is pregnant, then no referral is made to Child Support for services.
- You can apply for services directly from Child Support if you want services but do not meet the referral criteria explained in the prior two bullets.

Will I need to cooperate with Child Support?

- If your family receives TANF, you must cooperate with Child Support in establishing paternity and in establishing and enforcing child support.
- If you and your children receive Medicaid and have been referred to Child Support, you must cooperate with Child Support in establishing paternity and in establishing and enforcing medical support. If you are pregnant or only your children receive Medicaid, you do not have to cooperate with Child Support, but you are encouraged to do so.
- If you are interested in receiving TANF or Medicaid and your cooperation with Child Support might not be in the best interest of your child (example: domestic violence situation), you may claim 'good cause.' If you claim 'good cause', you will need to provide additional information so 'good cause' can be established.

What do I have to do to cooperate?

You will be asked to cooperate in different ways. You will need to work with Child Support to the best of your ability in whatever they ask you to do. For example, Child Support may require you to complete forms about your family and the absent parent. If paternity needs to be established, you may need to meet with Child Support to provide necessary information and have genetic tests.

What if I do not know where the absent parent is living or working?

Child Support may be able to help. Child Support has access to many records, including unemployment, motor vehicle, driver's license, credit bureau, and state and federal tax records. There are laws that require employers to report newly hired employees to Child Support. Child Support also works with the federal Office of Child Support Enforcement to find the absent parent.

What if I am not sure who the father of my child is?

A genetic test will be performed and is very accurate. Genetic test is sometimes called DNA test. There is no fee for genetic testing.

Is it important to legally establish paternity?

Yes. Legally establishing paternity provides a child certain legal rights. Legal rights can include establishment of a child support order, access to family medical history, insurance coverage, disability or survivor's benefits, and inheritance rights.

Do I have to go court to legally establish paternity?

There are ways to establish paternity without going to court. If the mother and the father agree he is the father, both parents can sign SFN 8195 - North Dakota Acknowledgment of Paternity form to establish paternity. You should talk with Child Support about your specific situation.

What will the absent parent be ordered to pay?

The amount of the child support the absent parent will be ordered to pay depends on the financial situation of the absent parent. Child Support will gather information the court needs and will recommend to the court how much the absent parent should pay. The court makes the final decision about how much the absent parent will be ordered to pay. There are guidelines that Child Support and the courts must follow. The court may also order health insurance for the children.

What if the absent parent refuses to pay child support?

Child Support can help collect child support that has been ordered. The most common way to collect is to require the absent parent's employer to withhold the support from the absent parent's paycheck. Another common way to collect past-due child support is to take the absent parent's federal or state tax refund.

What if the absent parent refuses to get health insurance for my child?

Child Support can help get health insurance that has been ordered. The most common way to get a child enrolled in health insurance is to require the absent parent's employer to enroll the child in health insurance that is available through employment.

How can I get more information about Child Support?

Call: 701-328-5440 or 1-800-231-4255
TTY 711

Visit: www.childsupportnd.com

Email: childsupport@nd.gov

Mail: Child Support
PO Box 7190
Bismarck ND 58507-7190

State Disbursement Unit (payments only)
PO Box 7280
Bismarck ND 58507-7280



Quality Control

What is Quality Control?

Quality Control reviews Economic Assistance programs. Cases are randomly selected each month for review. These reviews are done to make sure that:

- Individuals who receive benefits are eligible for them
- Individuals who are eligible are not denied benefits
- Individuals receive the correct amount of benefits

How will this affect me?

If you are a SNAP recipient and your case is chosen, you will be informed by mail. Your file will be reviewed, and an interview will be required. SNAP is the only program with these requirements. The reviewer will ask you to bring information to verify your eligibility. This may include:

- Bank statements
- Income verifications
- Medical expenses
- Rent receipts
- Social Security cards

The reviewer will also ask for your written consent to contact others for information needed to complete the review.

What happens if I do not cooperate?

You may lose your benefits if you do not cooperate with Quality Control.



Civil Rights

What is the policy of the Department of Human Services (DHS)?

DHS makes available all services and assistance without regard to race, color, religion, national origin, age, sex, disability, political beliefs, or status with respect to marriage or public assistance. Persons who contract with or receive funds to provide services for DHS must follow these laws.

The policies of DHS also require that:

- You be given the chance to apply for assistance and/or services, or both.
- The same eligibility standards applied to you as others in similar situations.

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, ND DHS is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion or political beliefs.

What do I do if I believe someone has discriminated against me?

You may file a written complaint using the SFN143 - Civil Rights Complaint Form on the following page if you believe you have been discriminated against because of race, color, religion, national origin, age, sex, disability or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act, the Americans with Disabilities Act and the North Dakota Human Rights Act, or if you believe you have been discriminated against because of your political beliefs, in violation of USDA policy.

Where do I file a complaint?

Written complaints can be filed with your local Human Service Zone office or any of the following:

Program Civil Rights Office
North Dakota Department of Human Services
Legal Advisory Unit
600 E. Boulevard Avenue, Department 325
Bismarck, ND 58505-0250
701-328-2311
TTY 800-366-6888
Fax 701-328-2173

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue SW
HHH Building, Room 509-F
Washington, DC 20201
202-619-0403
TTY 800-537-7697
Fax 202-619-3437

U.S. Department of Health & Human Services
Office for Civil Rights, Region VIII
1961 Stout Street
Room 08-148
800-368-1019
Denver, CO 80294
TDD 800-537-7697
Fax 202-619-3818

*U.S. Department of Agriculture
Office of Adjudication
1400 Independence Avenue SW
Washington, DC 20250-9410
866-632-9992
Fax 202-690-7442
TTY 800-877-8339
Email: program.intake@usda.gov

****State and local agencies are required to comply with the ND Human Rights Law that includes “status with respect to marriage or public assistance”. However, federal agencies are not required to investigate complaints related to the ND Human Rights Laws.**

When should I file a complaint?

The complaint must be filed within 180 days of the alleged incident. Include in your complaint the nature of the discrimination; where and when it took place; who you believe discriminated against you; and all other important facts. Remember to date the form and sign your name.

What happens when I file a complaint with the ND DHS Program Civil Rights Office?

The Civil Rights Office will determine if the nature of the complaint is within its jurisdiction. If it is, an investigation will be conducted and you will know the outcome of the complaint within 60 business days of when it was filed. If it is not within its jurisdiction, the Civil Rights Office will send you a letter. If you file your complaint with another agency, they will be responsible for notifying you about the status of your complaint, according to their policies.



CIVIL RIGHTS COMPLAINT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

LEGAL ADVISORY UNIT

SFN 143 (7-2018)

Clear Fields

Individual or Organization Against Whom the Complaint is Made

Basis of the Discrimination (check all that apply)

- ☐ Race ☐ Age ☐ Religion ☐ National Origin ☐ Political Beliefs+
- ☐ Color ☐ Sex ☐ Disability ☐ Status with Respect to Marriage or Public Assistance

Reason for Complaint - Describe in detail when, where, and how the alleged discrimination occurred.

Signature (If electronically submitted, a typed name is considered a signature)

Date

Name

Telephone Number

Address

City

State

ZIP Code

Send to: Program Civil Rights Office

North Dakota Department of Human Services, Legal Advisory Unit

600 E Boulevard Avenue, Department 325

Bismarck, ND 58505-0250

(701) 328-2311

TTY 1-800-366-6888; FAX (701) 328-2173

Submit by Email



Low Income Home Energy Assistance Program (LIHEAP)

What is LIHEAP?

The purpose of the Low Income Home Energy Assistance Program (LIHEAP) is to provide home energy assistance to eligible low income households. The North Dakota Department of Human Services and the Human Service Zone offices administer the LIHEAP program. Services that are available through LIHEAP are explained within this guidebook.

Who may be eligible?

You may be eligible if you meet the income limitations of the program and are responsible for paying your home heating costs. The total adjusted income of all persons living in the household must be counted. There are deductions for allowable expenses such as child care, child support, medical expenses and 27% income deductions on earned income. Contact your Human Service Zone office for any questions relating to eligibility requirements or allowable deductions as these may change with each heating season.

Who should apply?

- Households who buy their home heating fuel (fuel oil, propane, natural gas, electricity, wood, coal, and kerosene) from a fuel vendor or utility company,
- Households whose rent payments include the cost of heating, if you do not receive a rent subsidy,
- Households who need assistance with non-repairable furnaces,
- Household whose fuel costs are high due to the age or condition of home,
- Households who have difficulty paying fuel bills due to other rising costs and are in danger of losing their heating source.

How do I apply?

Apply for LIHEAP at your Human Service Zone office. Applications are accepted at Human Service Zone offices from October 1 - May 31 of each heating season, or until program funds are used up. You must re-apply each heating season. You can also obtain an application from your local Community Action Agency and various other agencies in your area.

For more information including income limits and how to apply, visit <https://www.nd.gov/dhs/services/financialhelp/energyassist.html>

If you need help applying for assistance, the Human Service Zone office, a friend or a relative can assist you in completing the application.

NOTE: The Human Service Zone office cannot approve your application unless it is signed and you have given them proof of your income and heating costs. Verifications must be received within 30 days. Any deductions for medical expenses, child care or child support must also be verified within 30 days to be allowed.

What happens after I apply?

You will be notified of a decision on your application within 45 days from the date your Human Service Zone office receives your signed application.

What services are available, and how are the services paid?

1. **Heating:** LIHEAP can pay for a portion of home heating costs incurred in any month (between October and May) for which you are determined eligible. You cannot use LIHEAP benefits to “stockpile” extra fuel by filling storage tanks that are not connected to your furnace. The amount of the benefits depends on your income, the type and size of your home, and the type of fuel used to heat your home.

There are three different methods of payments.

- **Payments directly to a fuel vendor** - If you buy your fuel from a fuel vendor or utility company, your bill will be sent by the vendor directly to the state LIHEAP office, and the payment will be returned directly to your fuel vendor or utility company.
 - **Reimbursements to household** - If eligible, you can be reimbursed if you have already paid the fuel vendor for heating costs incurred during any eligible month.
 - **Renter payments** - If your heating costs are included in your rent and you do not receive a rent subsidy, a payment will be made directly to you each month that you are eligible.
2. **Weatherization:** The weatherization program helps low income people make their homes and apartments energy efficient. Weatherization seals a home to keep warm air in and cold air out during the winter. Weatherization services are performed by skilled crews from one of the seven Community Action Agencies after conducting an energy audit of the home to determine what types of weatherization services are needed. The weatherization program is funded by LIHEAP. If you are eligible for LIHEAP, there is no charge for the weatherization program.
 3. **Furnace and Chimney Cleaning:** Benefits can be paid to clean the furnace of a LIHEAP eligible household. If you are a renter, check with your Human Service Zone office regarding this service. An additional payment may be allowed for chimney cleaning when necessary for safety. Contact your Human Service Zone office for maximum amounts allowed for these services. **Prior authorization by the Human Service Zone office is required.**
 4. **Emergency Assistance:** LIHEAP funds are available when there is a home energy emergency that may threaten the life of your family. Emergency Assistance applications are accepted year-round. Contact your Human Service Zone office. **Households in need of Emergency Assistance are encouraged to submit requests before a shut off or other emergency has occurred.**

Appropriate community and personal resources and personal liquid assets are to be considered before Emergency Assistance is approved.

Emergency services may include the following:

- ▶ **Fuel:** Payments to assist with your co-payment when you have unusual expenses or income changes.
- ▶ **Furnace Replacements:** Payments for the cost of a furnace for an eligible individual home owner or eligible renter with verifiable responsibility for the maintenance of their furnace. You must look for other sources to pay for the furnace replacement before requesting assistance

from LIHEAP. Human Service Zone offices refer eligible households that need a furnace replaced to an area Community Action Agency.

Replacement is considered only when furnaces are: A) unsafe, B) not operable, C) or cannot be repaired. Clients may be required to share in the cost of the new furnace. **THIS SERVICE MUST BE PRE-AUTHORIZED.**

- ▶ **Consumer Goods:** Payments to purchase or rent supplemental heating or cooling devices, or to provide temporary shelter outside their home when an emergency occurs.
- ▶ **Minor energy related home repairs:** Minor repairs to a home or heating plant can be provided only if the weatherization services cannot be provided. **Contact your eligibility worker prior to making minor repairs. THIS SERVICE MUST BE PRE-AUTHORIZED.**
- ▶ **Electric Utilities:** Primary responsibility for emergency payment for electric utilities (lights only) will be assumed by Energy Share through the Community Action Agency in your region **except** when the household's main source of heat is electricity. Emergency payment for electric utilities in homes heated by electricity will be assumed by LIHEAP. LIHEAP cannot issue electric utility payments under any circumstances for persons who do not meet the program requirements. **Contact your eligibility worker for details regarding assistance with electric utilities.**
- ▶ **Cooling Devices:** A temporary cooling program may be implemented in the event of unusual cooling needs due to weather abnormalities, if there are funds available after the regular heating season. Cooling devices are available for eligible recipients who are most vulnerable to heat related illnesses.
- ▶ **Energy Cost Reduction Devices:** If you heat with electricity, consider installing a separate meter for heat, a backup heating system or a "Demand Controlling Device" so you can qualify for much lower electric heating rates. Funds are sometimes available to help with some installation costs. Ask for more information at your Human Service Zone office or your electric utility company.



Women, Infants and Children (WIC) Program

What is the WIC Program?

The North Dakota Women, Infants and Children (WIC) program offers healthy food for proper growth and development and helps families choose healthier ways of eating. WIC is available in all counties in North Dakota.

WIC gives nutritious foods; nutrition information, counseling and support; breastfeeding information and support; health screenings; and referrals to other services.

Who may be eligible to receive WIC?

The WIC program is for households that include a pregnant woman a woman who is breastfeeding, or a woman who recently had a baby. WIC is also available to households with an infant or child younger than 5 years of age. If you are a parent, grandparent, or a caretaker or guardian of a child younger than 5, you can apply for WIC.

What are the Income Limits?

To qualify for WIC, household income must be below the income level, which is based on gross income, unless you someone in the household is self-employed. Income levels may change each year. Visit the WIC website or contact the local WIC office for the current income eligibility levels.

Note: If you receive Medicaid, TANF, or SNAP (food stamps) you are eligible for WIC even if your income is above the WIC guidelines.

How do I apply for WIC?

To apply, contact your local WIC office. You can visit www.ndhealth.gov/wic or call the state WIC Program toll free at 1-800-472- 2286 to receive contact information for your local WIC office.

For more information, contact your local WIC office or visit www.ndhealth.gov/wic



Family Planning Program

Note: this chapter is related to the Family Planning Program operated by the ND Department of Health. It is not related to Medicaid-funded family planning services. Family planning services are covered by ND Medicaid. For more information, please refer to the Medicaid section of this Guidebook.

What is Family Planning?

Family planning helps you decide the number of children you want and when you want to have them. It is a decision for you and your partner to make together.

Who can use services at a Family Planning clinic?

Family planning services are available regardless of age, gender, race, nationality, color, religion, marital status, sexual preference, disability or ability to pay.

What is the cost of services at a Family Planning clinic?

Individuals are charged for services according to their household income and family size. Private pay collections, insurance, Medicaid, Medicare and donations are accepted.

What services are available at a Family Planning clinic?

Physical exams for men and women.

Abstinence.

Birth control methods and referral for sterilization procedures.

Breast, cervical and testicular cancer screening.

Diagnosis and treatment of sexually transmitted infections.

Preconception and life plan counseling.

Pregnancy testing.

Counseling and education.

Community education and outreach.

Referrals to preventive health and social services such as primary care, nutrition services, immunizations, WIC and others.

Fertility awareness-based methods.

Basic infertility services.

Services for adolescents

A list of North Dakota Family Planning Clinics can be found at <http://www.ndhealth.gov/familyplanning/find-a-clinic/>

All Services are Strictly Confidential!

For more information, contact the agency nearest you, visit www.ndhealth.gov/family-planning or call (800) 472-2286 (toll free).



Community Resources

Your Human Service Zone office provides information and referral services. Following are examples of programs and services available to help your family. Let your Human Service Zone office know if you are interested in any of the programs or services. Asking for information does not require you to be referred or to participate. Not all programs or services are available everywhere in the state.

Programs to help elderly stay in their home

- Homemaker/ Home Health Aid Services
- Meals on Wheel/ Senior Meals
- Aged and Disability Resource LINK
(www.carechoice.nd.gov)
- Senior Companion Programs

Programs to find child care or help pay child care

- Child Care Assistance Program
- Child Care Resource and Referral Service
- Tribal Child Care Assistance Program

Children/Youth Programs

- Human Service Zone and Tribal Social Services
- Head Start/Early Head Start Program
- Free and Reduced-price School Lunch and Breakfast Programs
- Developmental Disabilities
- Salvation Army (After school and summer programs)

Agencies that offer individual, family, marital or credit counseling

- Catholic Family Services
- Indian Health Services
- Mental Health Association
Statewide information, referral and crisis intervention service.
- Red Cross - Disaster Counseling
- Regional Human Service Centers
- Village Family Service Center
- Veteran's Administration
- Tribal Treatment Programs

Programs to help you get a job

- Experience Works
- Job Service
- Vocational Rehabilitation
- Tribal Native Employment Works

Programs to help families without income

- Bureau of Indian Affairs/Tribal General Assistance
- Social Security Administration
(disability benefits, survivors' benefits, retirement benefits)
- Temporary Assistance for Needy Families (TANF)
- Unemployment Benefits
- Veterans Administration
- Workforce Safety and Insurance

Programs to help your family to get food or to buy food

- Community Action Program(CAP)
- Commodities - Tribal Food Distribution
- Family Nutrition Education Program
- Supplemental Nutrition Assistance Program (SNAP)
- Food Pantry
- Salvation Army
- Women Infants & Children (WIC)

Programs to assist homeless families or help with shelter costs

- Homeless Shelter or SafeHouse
- Housing Assistance Program(HAP)
- Energy Assistance Program(LIHEAP)
- North Dakota Fair Housing Council - discrimination or grievance concerns

Health Coverage and Insurance Programs for Children and Adults

- Special Health Services (formerly Children's Special Health Services)
- Health Tracks – Preventative Health Screening
- March of Dimes
- Medicaid
- Planned Parenthood - Women's health and birth control information
- Public District Health Services
- SHIC - State Health Insurance Counselors 1-888-575-6611
- Veteran's Administration

Other

- Child Support
- Earned Income Tax Credit – Special tax break
- Legal Services
- Protection and Advocacy -Support individual's rights
- Telephone Assistance Program - Lifeline/Linkup - Pays for part of phone hook-up and monthly bills
- Translator or Interpreter Services- Assistance for those who have difficulty understanding English



Human Service Zone offices

For information on applying for benefits, eligibility, or an existing case, contact your Human Service Zone office.

Zone	Address	City, State, ZIP	Phone	Fax
<u>Agassiz</u>				
Steele County	201 Washington Ave	Finley, ND, 58230	636-5220	636-5221
Traill County	212 W Caledonia Ave	Hillsboro, ND, 58045	636-5220	636-5221
<u>Buffalo Bridges</u>				
Barnes County	230 4 th St NW Rm 102	Valley City, ND, 58072	845-8521	845-8184
Stutsman County	116 1 st St E	Jamestown, ND, 58402	952-6868	252-1561
<u>Burleigh</u>				
Burleigh County	415 E Rosser Ave Ste 113	Bismarck, ND, 58501	222-6622	222-6476
<u>Cass</u>				
Cass County	1010 2 nd Ave S	Fargo, ND, 58108	241-5761	239-6820
<u>Central Prairie</u>				
Eddy County	22 9 th St S	New Rockford, ND, 58356	947-5314	947-2960
Foster County	1000 N Central Ave	Carrington, ND, 58421	652-2221	652-2207
Wells County	600 Railway St N #266	Fessenden, ND, 58438	547-3694	547-3348
<u>Dakota Central</u>				
McLean County	712 5 th Ave	Washburn, ND, 58577	462-3581	462-3590
Mercer County	1030 Arthur St	Stanton, ND, 58571	462-3581	462-3590
Oliver County	115 Main St	Center, ND, 58530	462-3581	462-3590
Sheridan County	215 E 2 nd St	McClusky, ND, 58463	462-3581	462-3590
<u>Eastern Plains</u>				
Griggs County	805 Odegard Ave SW	Cooperstown, ND, 58425	797-2127	797-2172
Nelson County	210 B Ave Wes, Ste 104	Lakota, ND, 58344	247-2945	247-2943
<u>Grand Forks</u>				
Grand Forks County	151 S 4 th Ste 201	Grand Forks, ND, 58206	787-8540	772-1426
<u>Mountain Lakes</u>				
Benson County	1314 Dakota Dr	Fort Totten ND 58335	473-5302	766-1843
Ramsey County	524 4 th Ave #19	Devils Lake, ND, 58301	662-7050	662-7095

Rolette County	212 2 nd Ave NE	Rolla, ND, 58367	477-3141	477-5979
Towner County	315 2 nd St	Cando, ND, 58324	968-4355	968-4359

Mountrail – McKenzie

McKenzie County	201 5 th St NW, Ste 790	Watford City, ND, 58854	444-3661	444-6436
Mountrail County	18 2 nd Ave SE	Stanley, ND, 58784	628-2925	628-3175

North Star

Burke County	103 Main St SE	Bowbells, ND, 58721	377-2313	377-2302
Divide County	200 N Main St	Crosby, ND, 58730	965-6521	965-6529
Renville County	205 Main St E	Mohall, ND, 58761	756-6374	756-6618
Williams County	110 W Broadway, Ste 202	Williston, ND, 58801	774-6300	572-9794

Northern Prairie

Bottineau County	314 W 5 th St, Ste 1	Bottineau, ND, 58318	228-3613	228-3600
McHenry County	407 S Main, Rm 106	Towner, ND, 58788	537-5944	537-5417
Pierce County	240 2 nd St SE, Ste 2	Rugby, ND, 58368	776-5818	776-2516

Northern Valley

Cavalier County	324 7 th Ave	Langdon, ND, 58249	256-2175	256-2179
Pembina County	300 Boundary Rd W #3	Cavalier, ND, 58220	265-8441	265-8058
Walsh County	516 Copper Ave	Grafton, ND, 58237	352-5111	352-5060

Roughrider North

Billings County	67 1 st St SE	Beach, ND, 58621	872-4212	872-3141
Dunn County	205 Owens St	Manning, ND, 58642	573-5385	573-5070
Golden Valley County	67 1 st St SE	Beach, ND, 58621	872-4121	872-3141
Hettinger County	309 Millionaire Ave	Mott, ND, 58646	824-3276	824-2820
Stark County	2680 Empire Rd. Suite A	Dickinson, ND, 58601	456-7675	456-7777

RSR

Ransom County	205 4 th Ave W	Lisbon, ND, 58054	683-6133	683-4491
Richland County	413 3 rd Ave N	Wahpeton, ND, 58075	642-7751	642-7826
Sargent County	355 Main St S, Ste 7	Forman, ND, 58032	724-6241	724-3323

South Country

Dickey County	205 15 th St N	Ellendale, ND, 58436	349-3271	349-3277
Emmons County	100 NW 4 th St	Linton, ND, 58552	254-4502	254-4503
Kidder County	120 E Broadway	Steele, ND, 58482	475-2551	475-2297
LaMoure County	202 4 th Ave NE	LaMoure, ND, 58458	883-5301	883-4427

Logan County	301 Broadway	Napoleon, ND, 58561	754-2283	754-2282
McIntosh County	112 NE 1 st ST	Ashley, ND, 58413	288-5170	288-2186

Southwest Dakota

Adams County	609 2 nd Ave N, Ste 2	Hettinger, ND, 58639	567-2967	567-2498
Bowman County	104 1 st St NW Ste 8	Bowman, ND, 58623	523-3285	523-5871
Slope County	104 1 st St NW Ste 8	Bowman, ND, 58623	523-3285	523-5871

Three Rivers

Grant County	106 2 nd Ave NE	Carson, ND, 58529	622-3706	622-3045
Morton County	210 2 nd Ave NW	Mandan, ND, 58554	667-3395	667-3384
Sioux County	105 N Agency Ave	Fort Yates, ND, 58538	854-3821	854-2352

Ward

Ward County	225 3 rd St SE	Minot, ND, 58702	852-3552	857-0756
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Regional Human Service Centers

The North Dakota Department of Human Services operates eight regional human service centers. Each serves a multi-county area, providing counseling and mental health services, substance use disorder treatment, services for individuals with disabilities, and other related social services. No one is refused services because of inability to pay. Fees are adjusted for income and household size. Medicaid and insurance are accepted.

Core Services Provided in Each Region

Aging Services

- Services to protect vulnerable adults from self neglect, financial exploitation or abuse
- Long term care ombudsman services to help individuals in nursing homes, basic care and assisted living facilities to resolve care concerns
- Family caregiver program to help family members caring for frail elderly or disabled individuals, and to help grandparents caring for grandchildren
- Licensing of adult family foster care providers

Developmental Disabilities Services

- Case management for individuals with intellectual or developmental disabilities
- Extended (long term) support provided by job coaches to help sustain employment of individuals with developmental disabilities
- Infant development therapy and support services for children at risk of or experiencing developmental delays

Vocational Rehabilitation (VR)

- Determining eligibility for VR Services
- Determining vocational rehabilitation needs
- Counseling/guidance
- Information and referral
- Job related services
- Vision services for people who have difficulty seeing
- Supported employment services for working people with disabilities
- Services to help employers to meet the needs of employees or customers with disabilities and to comply with the Americans with Disabilities Act (ADA)

Child Welfare Service

- Clinical mental health or substance use disorder services
- Psychological assessments of parental strengths and needs

Adult, Youth, and Family Crisis Services

24/7 State-wide Crisis Line
Mobile Crisis Response
Specialized Tele-Health Response
Crisis Psychotherapy
Crisis Stabilization Units

Adult and Youth Behavioral Health Services

Outpatient Therapy
Services: Substance Use Disorder Counseling; Individual, Group and Family Psychotherapy
Outpatient Rehabilitation
Services: Skills Training, Skills Integration, Parent Aide Services, Case Management
Psychiatric Medication Services: Medication prescribing and education
Psychiatric Residential Treatment Facility for youth
Residential Substance Use Disorder Treatment
Specialized women and children
Transitional Living Services
Targeted case management for individuals with a serious emotional disturbance or serious mental illness

Regional Human Service Center Contact Information

West Central Human Service Center

1237 W Divide Ave., Suite 5
Bismarck, ND 58501

Phone: (701) 328-8888
Toll Free: (888) 328-2662
Fax: (701) 328-8900
TTY: 711

dhswhsc@nd.gov

Crisis Line:

(701) 328-8899 or
Toll Free: (888) 328-2112

Vocational Rehabilitation:

Phone: (701) 328-8800
Toll Free: (888) 862-7342
TTY: 711

Lake Region Human Service Center

200 Hwy 2 SW
Devils Lake, ND 58301
Phone: (701) 665-2200
Toll Free: (888) 607-8610
TTY: 711

Fax: (701) 665-2300

dhslrhsc@nd.gov

Crisis Line: (701) 662-5050 [collect calls accepted]

Toll Free: (888) 607-8610

An outreach office is located in Rolla.

Vocational Rehabilitation

Phone: (701) 655-2235
Toll Free: (888) 607-8610

Northeast Human Service Center

151 S 4th Street, Suite 401
Grand Forks, ND 58201
Phone: (701) 795-3000
Toll Free: (888) 256-6742
TTY: 711

Fax: (701) 795-3050

dhsnehsc@nd.gov

Crisis Line: (701) 775-0525 or (800)845-3731

An outreach office is located in Grafton.

Vocational Rehabilitation

Phone: (701) 795-3100
Toll Free: (800) 256-6742

Badlands Human Service Center

300 13th Ave. W, Suite 1
Dickinson, ND 58601
Phone: (701) 227-7500
Toll Free: (888) 227-7525
TTY: 711

Fax: (701) 227-7575

dhsblhsc@nd.gov

Crisis Line: (701) 227-7500 or (701) 290-5719

Vocational Rehabilitation:

1674 15th St. W., Unit E
Dickinson, ND 58601
Phone: (701) 227-7600
Toll Free: (888) 227-7525
TTY: 711

Southeast Human Service Center

2624 9th Avenue S
Fargo, ND
Phone: (701) 298-4500
Toll Free: (888) 342-4900
TTY: 711

Fax: (701) 298-4400

dhssehsc@nd.gov

After Hours Crisis

Line:

(701) 298-4500 or
FirstLink 2-1-1 Helpline (888) 342-4900

Vocational Rehabilitation:

1655 43rd St. S., Suite 208
Fargo, ND 58103
Phone: (701) 298-4459
Toll Free: (888) 342-4900
TTY: 711

North Central Human Service Center

1015 S Broadway, Suite 18
Minot, ND 58702
Phone: (701) 857-8500
Fax: (701) 857-8555
TTY: 711

dhsnchsc@nd.gov

Crisis Line: (701) 857-8500 or (888) 470-6968

Vocational Rehabilitation:

Phone: (701) 857-8642
Toll Free: (888) 470-6968
TTY: (800) 366-6888

South Central Human Service Center

520 3rd Street NW
Jamestown, ND 58401
Phone: (701) 253-6300
TTY: 711
Fax: (701) 253-6400
dhsschsc@nd.gov

Crisis Line: (701) 253-6304
Outreach offices are located in Valley City

Vocational Rehabilitation:

Phone: (701) 253-6388
Toll Free: (800) 639-6292
TTY: 711

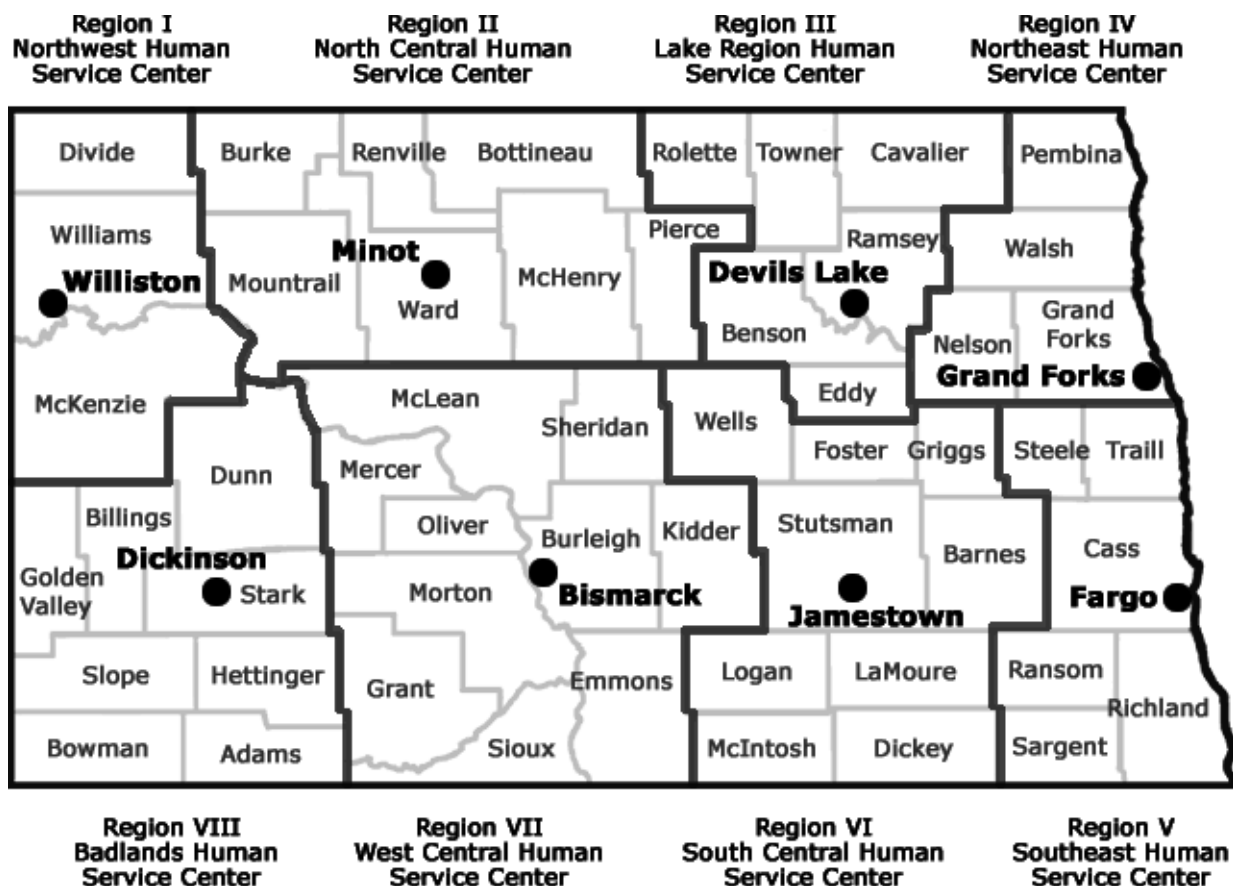
Northwest Human Service Center

P.O. Box 1266
316 2nd Avenue W
Williston, ND 58802
Phone: (701) 774-4600
Toll Free: (800) 231-7724
TTY: 711
Fax: (701) 774-4620
dhsnwhsc@nd.gov

Crisis Line: (701) 572-9111 or (800) 231-7724

Vocational Rehabilitation:

Phone: (701) 774-4600
Toll Free: (800) 231-7724
Outreach offices are located in Watford City (by appointment).



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