



Medicaid Medical Advisory Committee

May 21, 2024, Meeting Slides



Health & Human Services

Agenda at a Glance

Education
Topic:
Medicaid
Expansion

Discussion:
Growing our
Member E-
Newsletter

Follow-up Items

- Medicaid Renewals
- CMS Access rule finalized
- Paid Family Caregiver Pilot
- Cross-Disability Advisory Council (CDAC) Update
- Community Health Worker (CHW) Task Force Update

Medical Services Division Updates

- CMS Eligibility Rule Finalized
- Medicaid Webpage Redesign
- 1915(i) Reinvestment Work
- ORP Policy
- State Plan Amendments
- Waiver Updates

Did You Know?

- Need Help Applying for Medicaid?
- Authorized Rep & Trusted Partner

Education Topic

Medicaid Expansion: Jared Ferguson,
Medicaid Expansion Administrator

Medicaid Expansion

Prepare Today and Stay Covered.

[Update your info now. →](#)

[Losing coverage? Get help here ↗](#)

Medicaid Expansion

Medicaid Expansion General Information

Medicaid Expansion is health care coverage (similar to insurance)

- Unlike traditional Medicaid, Expansion does not cover routine and preventative Dental and Vision care
- Pharmacy benefits (Rx) are provided by the State, NOT by BCBS
- Is designed to provide routine and emergency Medical care and treatment
- Allows for choice in providers, but is limited in some instances (i.e., out of state care needs prior authorization in most cases)
- It is designed for Adults ages 19-64
 - NOTE: Adults ages 19 & 20 are enrolled in traditional Medicaid (FFS)
 - Females who are pre & post-natal may have options to be either FFS or Expansion
 - Federal and State law mandate what care is generally provided / covered under Medicaid Expansion – State MUST report to CMS several times per year with quality metrics, financial performance, actual services provided, etc.
- NOTE: You may see reference to the MCO (Managed Care Organization) in other locations or publications– this most commonly refers to Expansion in North Dakota.

Medicaid Expansion General Information Cont'd

North Dakota has one Expansion provider, Blue Cross Blue Shield of North Dakota (BCBS)

- The State provides BCBS a listing of everyone enrolled in Expansion in MMIS
 - The State is the source of record for eligibility, BCBS does not determine eligibility
 - The State provides regular updates to BCBS (at a minimum once per week, often more often than that)
- The State pays BCBS a fee monthly for each Expansion enrollee, otherwise known as a **per-member per-month fee** or **capitation**
- Health care providers submit bills (claims) to BCBS via an online portal (Availity) just as they do for normal insurance claims to BCBS
 - BCBS sends copies of these claims to the State, which are automatically entered into State systems as Encounters
- BCBS pays the providers based on the claims and payment structures in place, **the State does not pay health care providers directly as they do for regular Medicaid**

Expansion Contract

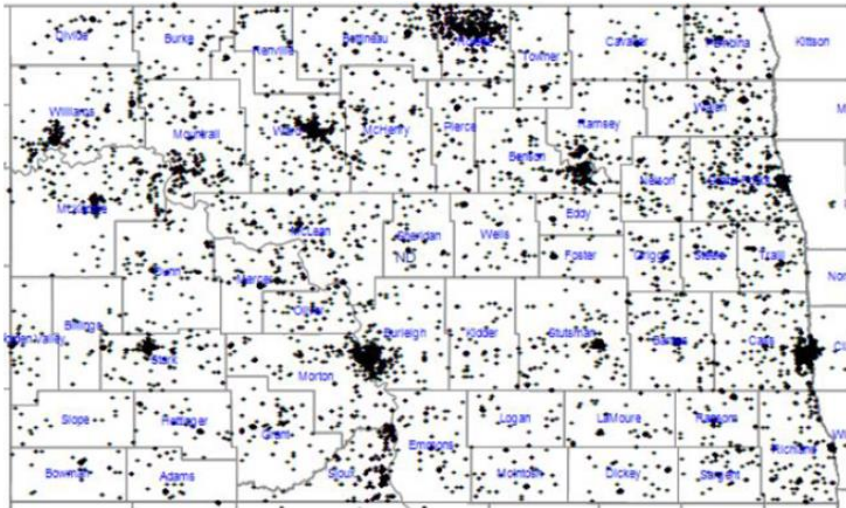
Per ND Century Code (54-44.4) – State Procurement Office requires that the contract for Expansion be made available for open bidding.

The current Expansion contract with BCBS is valid through 12/31/2028. Starting in late 2026 we will be announcing that the Expansion contract is open to bids via the RFP process.

It is possible that there could be more than one Expansion provider, such as both BCBS and Sanford Health being awarded the contract jointly, which would allow for individuals to choose which plan they would like to participate with.

Current Expansion Enrollment Information

	2022	2023
Population	34,873	27,688
Risk Score	1.41	1.45



Utilization Bands	2022	2023
No Diagnosis	26.23%	28.50%
Healthy User	7.36%	7.19%
Low	10.24%	10.18%
Moderate	36.96%	36.27%
High	12.30%	11.48%
Very High	6.91%	6.37%

- 153 (0.60%) total homeless members
 - 215 (0.79%) in Q4
- 1.42% members living out-of-state
- 20% members identify as Native American
- 52% female; 48% male

Data as of February 29, 2024

Expansion – Selecting a provider

- Enrollees may select their choice of providers within this network unless they are in Coordinated Services Program (CSP), a lock in program where the enrollee is limited to one primary provider and one pharmacy
- Data is also available for other specialties, such as Oncology, Behavioral Health, etc.
- BCBS maintains an online listing of enrolled providers
 - https://bcbsnd.sapphirecaresselect.com/?network_id=426&geo_location=46.854703,-96.823065&locale=en&ci=bcbsnd

Expansion Eligibility

- Medicaid Expansion is available to individuals between 19-64 with household incomes up to 138% of the federal poverty level (FPL). (19- & 20-year-olds will qualify for Expansion, but be enrolled in FFS)
 - **Household income is the primary eligibility factor**
 - **Current thresh holds effective April 1, 2023 are:** (<https://www.hhs.nd.gov/healthcare/medicaid-expansion>)
 - 1-person: \$20,121 (\$9.67/hour full time)
 - 2-people: \$27,214 (\$13.08/hour full time)
 - 3-people: \$34,307 (\$16.49/hour full time)
 - 4-people: \$41,400 (\$19.90/hour full time)
 - 5-people: \$48,494 (\$23.31/hour full time)
 - 6-people: \$55,587 (\$26.73/hour full time)
 - 7-people: \$62,680 (\$30.14/hour full time)
 - 8-people: \$69,773 (\$33.55/hour full time)
 - For households with more than 8 people, add \$7,094 for each additional person
 - NOTE: These thresh-holds are typically adjusted every April
 - **Individuals apply for Expansion through their local Zone or the online portal, eligibility is determined at the Zone level and is reviewed on a regular basis (typically annually)**
 - Individuals eligible for traditional Medicaid, Medicare, or Supplemental Security Income (SSI) are not eligible for coverage under Medicaid Expansion. Enrollment in Expansion does not negate an individual's eligibility for other Medicaid programs such as TANF, LIHEAP, or others.

Expansion Provider Network

- Over 25,000 providers are enrolled with Medicaid Expansion statewide
 - This includes all hospitals and almost all clinics statewide, including Indian Health Service (IHS), and individual providers
- Providers are located throughout the state
 - The provider network closely mirrors the Medicaid network, but not all providers choose to enroll with Expansion
- Providers are first credentialed through the State
 - Once that is complete, they then credential through BCBS
 - **For a provider to be paid for their claims they must be credentialed through BCBS**
 - **NOTE: The providers MUST be credentialed through BOTH the State and BCBS, not just the facility, but each individual provider. This is both a contractual requirement for BCBS and a Federal requirement. (42 C.F.R. part 455, subparts B and E)**

Expansion Covered Services


- Routine care
 - Check-ups, Physicals, Health Screenings, etc
- Emergency care
- Care and management of chronic conditions
 - Diabetes, Hypertension, etc
- SUD and Mental Health care and treatment
- Up to 30 days max Skilled Nursing (SNF) care
- Inpatient admissions / Surgical procedures (with prior authorization)
- Care Management

Expansion Covered Services Cont'd

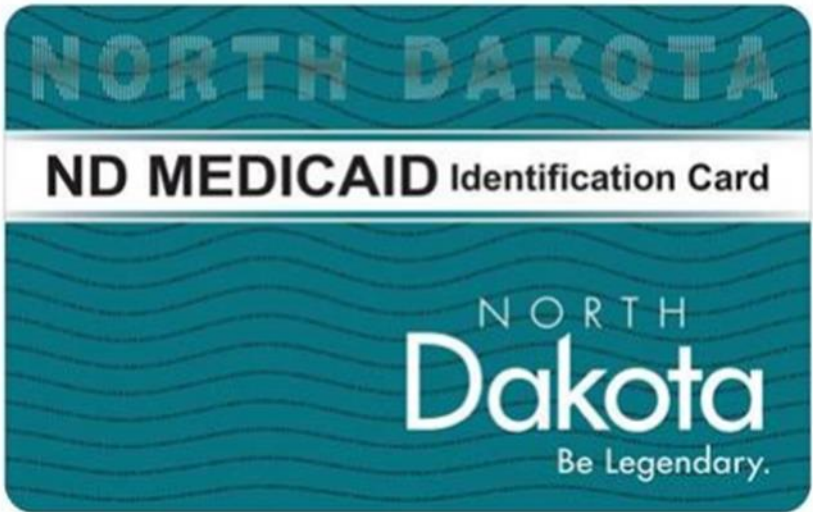
- Expansion (BCBS ND) may assist with Transportation, and if an appointment requires overnight stays, lodging and meal assistance. These services must be pre-approved by BCBSND.
- If a member has questions, or wants to request transportation, meals or lodging:
 - Call [1-833-777-5779](tel:1-833-777-5779) between 8 a.m. and 6 p.m. (CT), Monday – Friday.
 - Call at least **two days** before they need the service

NOTE: Transportation **ONLY** covers rides to and from medical appointments

Expansion ID Cards

 BlueCross BlueShield of North Dakota		North Dakota Medicaid Expansion	
Member Name John Doe		Primary Care Provider Provider Name	
ID YME XXXXXXXXXXXXX		ND Medicaid Expansion	
SvcType Plan Code	Medical 821	Office Visit Copay Pharmacy – see back of card	\$0

Medicaid Expansion ID Card – Does NOT cover Pharmacy



Medicaid ID Card & Medicaid Expansion Pharmacy ID Card

NOTE: Pharmacy benefits are covered by the State, NOT by BCBS. Individuals will receive two ID cards.

Pending CMS changes to Expansion

- On May 10th, 2024, CMS released two final rules specific to Medicaid programs. We are still reviewing the rules to ascertain the impact on North Dakota Medicaid programs, including Expansion.
 - Updates regarding publicly available information, including Secret Shopper Survey results, Website Transparency, and other requirements
 - Direction to the States to provide Medicaid (and Expansion) rate comparisons to Medicare rates for specific medical services on a regular timeline and post this information on State websites
 - Updates to appointment wait time maximum thresholds
 - Updates to State reporting requirements to CMS
 - Direction to the States to transition to updated / revised Quality metrics
 - Changes to the structure of State Advisory committees and requirements for the committees

Follow-up Items

Medicaid Renewals

CMS Access Rule Finalized

Paid Family Caregiving Pilot

Cross-Disability Advisory Council (CDAC) Update

Community Health Worker (CHW) Task Force Update



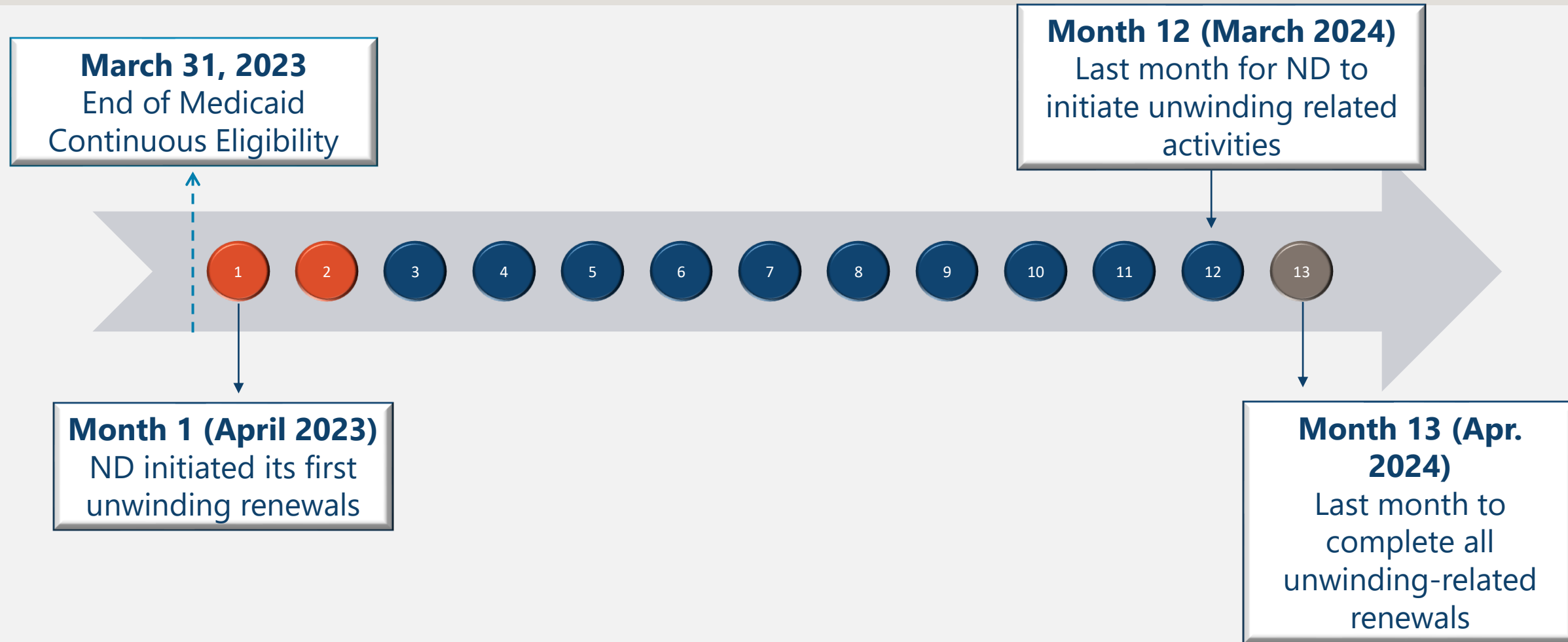
North Dakota Medicaid Unwinding Update

May 21, 2024

Medicaid Medical Advisory Committee

NORTH
Dakota | Health & Human Services
Be Legendary.

North Dakota Timeline for Unwinding



Medicaid Renewals Dashboard

Total Medicaid Individuals Due For Review

134,204

Individuals

Medicaid Individuals By Review Status

133,761

Completed

443

Pending

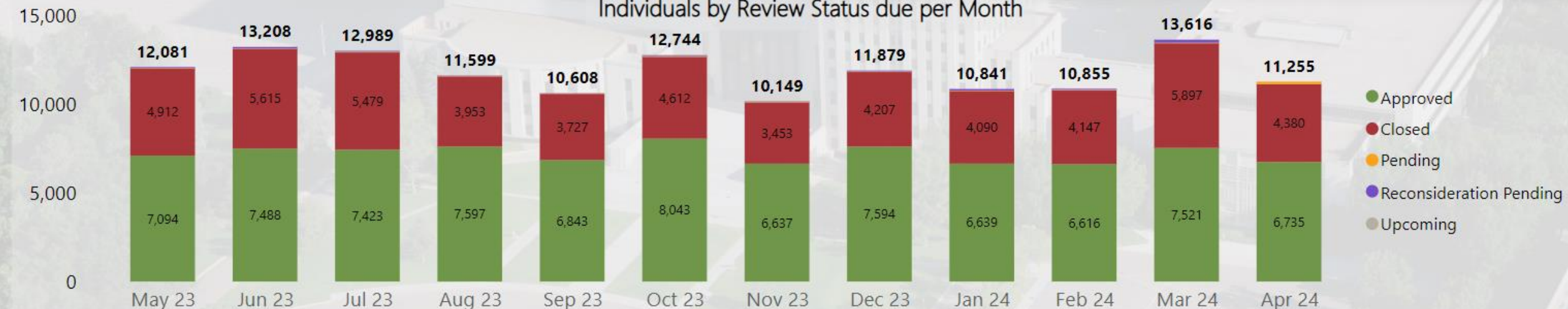
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Upcoming

Completed Not Completed

133,761

Individuals by Review Status due per Month



The top summary level counts match with the CMS PHE report, the distribution by month metric number has the variance of less than 0.01%. Medicaid Eligibility Reviews started on 1st April 2023 and will take 14 months to complete.

Individuals: The number of individuals who were enrolled as of March 31st when the continuous coverage ended, whose benefits were to be reviewed during the 14-month PHE unwinding period.

Approved: The number of Individuals whose renewal was processed and approved.

Pending: The number of Individual whose benefits review has started but is not completed.

Closed: The number of Individuals whose renewal was processed and denied.

Upcoming: The number of Individuals whose benefits will be reviewed but the renewal process has not yet started.

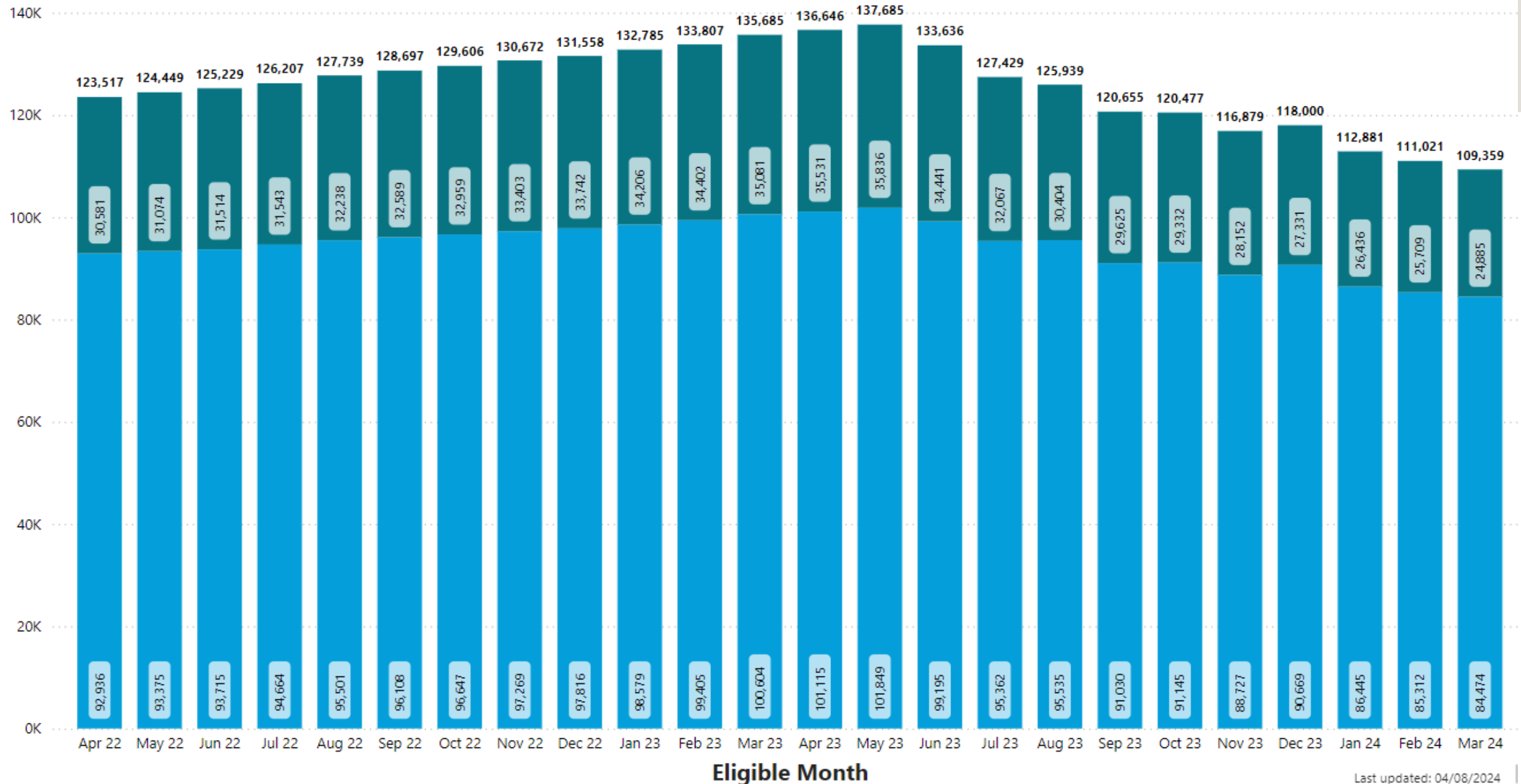
Completed: The number of Individuals whose review is completed. Includes both approved and closed individuals.

Reconsideration Pending: People whose eligibility is being reconsidered in "90-day reconsideration period" (individual submitted their forms after their initial due date).

*Web users can right click the graph and select 'Show as a table' to view the details of the Reconsideration Pending Reviews counts.

Medicaid Eligibles (previous 24 months)

● Traditional Medicaid ● Medicaid Expansion



Activities We Plan to Continue

We used the following new strategies during unwinding that we plan to continue:



- Partner with managed care plans and PACE organizations to update member contact information



- Allow managed care plans to assist their members in completing the Medicaid renewal process



- Use updated address information from the USPS National Change of Address database and USPS returned mail without additional confirmation from the member



- Renew Medicaid eligibility based on findings from SNAP



- Text/email members to remind them that we need add'l info for their renewal

Here's How You Can Prepare



Update Information

If you recently moved or your contact information has changed, let us know!



Check Your Mail

ND Medicaid may mail you a letter about your coverage and steps to keep it, if you still qualify.



Complete Renewal

If your letter includes a renewal form, complete and return it to the Customer Support Center right away. Completing your renewal form will help us determine if you still qualify for coverage.

Questions?

krfremming@nd.gov

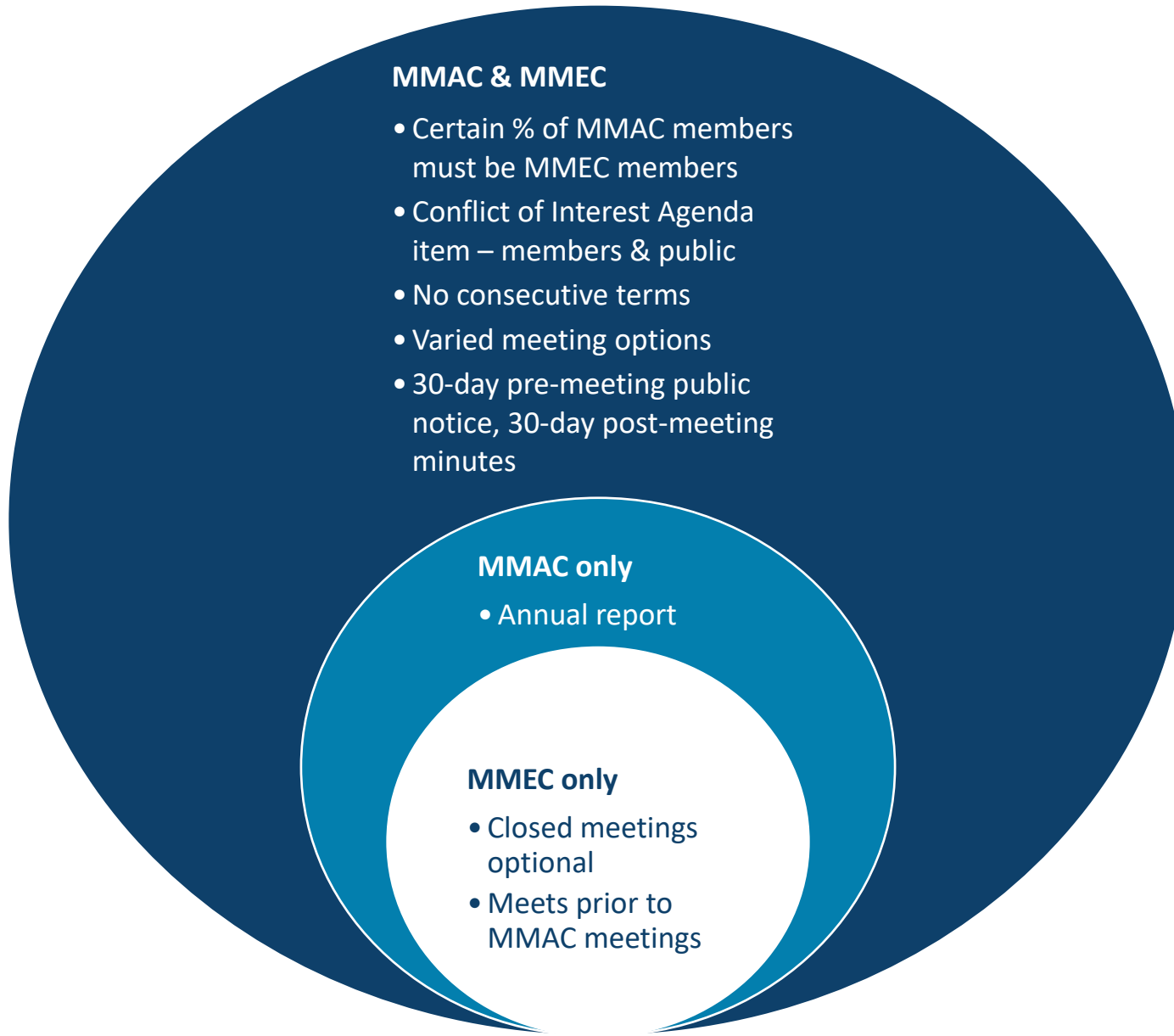




CMS Ensuring Access to Medicaid Services Rule **FINALIZED**

- Full rule [here](#).
- There are changes from the proposed rule to the final rule.
- This rule also includes a HCBS component to it.

High Level Access Rule Highlights





Seeking volunteers to help look at the Access Rule requirements and Charter

- Meet throughout the summer to review Access Rule requirements and the [MMAC Charter](#)
- Do not have to be a MMAC member
- Bring back recommendations to MMAC in August

Family Paid Caregiver Pilot Program

- SB 2276 of the 2023 legislative session provided \$2.2 million state funds to pilot this program.
- Pilot is capped at 120 individuals.
- <https://www.hhs.nd.gov/individuals-disabilities/family-paid-caregiver-pilot-program>
- familycaregiver@nd.gov

Family members who provide extraordinary care to either a child or adult who are enrolled in one of the following Medicaid 1915(c) waivers may receive payments from the state.

- Autism Spectrum Disorder Birth Through 17 Waiver
- Children with Medically Fragile Needs Home and Community-Based Services Waiver
- Children's Hospice Home and Community-Based Services Waiver
- Traditional Individual with Intellectual Disabilities and Developmental Disabilities Home and Community-Based Services Waiver

Pilot began 4/1/24

- As of 5/13/24 **417** applications have been submitted.
- Within the first 12 hours, **204** applications were submitted.



North Dakota
Cross Disability
Advisory Council

MMAC MAY 21ST, 2024

**CROSS-DISABILITY ADVISORY
COUNCIL UPDATE**

Status Update

CDAC Initial Tasks

Provided Input to ALVAREZ & MARSAL

- ✓ Their lived experiences for the report
 - ❑ Working Well
 - ❑ Need Improvement
 - ❑ Existing Gaps
- ✓ Review A&M's Draft Report



CDAC Meetings

Public also:

- ✓ Entered input in chat
- ✓ Information thru website

➤ 13DEC23 – 5.5 hrs

➤ 22JAN24 – 5.5 hrs

➤ 15FEB24 – 2.0 hrs

Public Input (17 attended)

➤ 15FEB24 – 2.0 hrs

Public Input (8 attended)

➤ 21FEB24 – 6.0 hrs

➤ 14MAR24 – 6.5 hrs

➤ 11APR24 – 6.5 hrs

➤ 11APR24 – 1.5 hrs

Public Input (2 attended)

➤ 23APR24 – 2.0 hrs

➤ 09MAY24 – 6.5 hrs

Future Meetings

- ❖ 12 SEP 2024
- ❖ 14 NOV 2024



Questions

HB 1028

COMMUNITY HEALTH WORKER TASK FORCE

The CHW Task Force in collaboration with the DHHS shall develop the following:

- ▶ CHW Scope of work
- ▶ CHW education and training
- ▶ Certification and regulation
- ▶ Medical assistance reimbursement (including federally qualified health center)
- ▶ CHW Collaborative
- ▶ Provide DHHS a proposal for a Medicaid state plan amendment or waiver to include CHWs
- ▶ Provide DHHS proposed administrative rules for CHW scope of work, education & training, certification and regulation, medical assistance reimbursement and a CHW collaborative

CHW Scope of work

- ▶ Proposed Scope of Work definition-adapted from the American Public Health Association

A frontline public health worker who serves as a liaison, link, or intermediary between health and social service and the community. CHW's facilitate access to services and improve the quality and cultural competence of service delivery.

Providing preventive services includes:

- 1). Screening and assessments,
- 2). Prevention and health education, and
- 3). Health system navigation and resource coordination.

Community Health Worker services do not include any services which require licensure or training outside what is required for CHW certification.

CHW Scope of Work cont.

- ▶ CHW certification does not replace the title of the CHR or limit what type of services they perform.

Current Status of Training/Education

► Competencies:

- Roles, Advocacy and Outreach
- Organization and Resources
- Teaching and Capacity Building
- Legal and Ethical Responsibilities
- Coordination and Documentation
- Communication and Cultural Competency
- Health Promotion Competencies
- Practice Competencies

Training/Education status Continued

▶ Training Pathways:

- ▶ 1) Training that is 40 or more hours and covers core competencies the Task Force already approved as “draft competencies” with the option to add on to those before finalizing that pathway (allow for changes based on suggestions from CHWs).
- ▶ 2) Create an experienced pathway to certification. This would need to have an identified minimum number of hours and possibly a requirement that there is somehow an attestation/showing that the work experience has created competency in all the areas of core competencies, and
- ▶ 3) A CHR pathway to accept proof of completion of IHS - CHR training as sufficient for CHW certification.

Obtaining public input

- Public Comment meeting April 22nd 2024
- Accept written comment
- Public comment periods build into each meeting
- All meetings are open to the public and posted publicly
- CHW Focus group meeting

HB 1028 Tasks

- ▶ CHW Scope of work
- ▶ CHW education and training
- ▶ Certification and regulation
- ▶ Medical assistance reimbursement (including federally qualified health center)
- ▶ CHW Collaborative
- ▶ Provide DHHS a proposal for a Medicaid state plan amendment or waiver to include CHWs
- ▶ Provide DHHS proposed administrative rules for CHW scope of work, education & training, certification and regulation, medical assistance reimbursement and a CHW collaborative

Timeline

- ▶ Beginning in June, Medicaid work group to focus on reimbursement
- ▶ June – Certification and Regulation
- ▶ July – Begin discussing a CHW Collaborative
- ▶ August – Begin discussing draft administrative rules
- ▶ September through December: Finalizing the remaining steps and process CHW administrative rules
- ▶ Potential public input session to occur around November

Monitoring CHW Task Force Progress

- ▶ CHW Website: [Community Health Worker Task Force | Health and Human Services North Dakota](#)
- ▶ Agenda
- ▶ Meeting minutes
- ▶ Timeline and contact information

CHW Task Force Facilitator: Brian Barrett

- ▶ Email: Brian@aptnd.com
- ▶ Phone: 701-224-1815



Questions?

Discussion

Growing our Member E-Newsletter

ND Medicaid Member E-News



ND Medicaid Member E-Newsletter

- News our members can use on Medicaid programs, benefits, tips, and other related programs

Began 2024 (every other month)

- January,
- March,
- May

Subscription based

- 677 subscribers for May newsletter
- 590 for March newsletter

Flyers at Human Service Center and Human Service Zone Offices



Join the Medicaid Member Engagement Committee

Share your experiences, be heard by
North Dakota Medicaid, make a difference and more!



LEARN MORE

Contact Jen Sheppard • medicaidmembers@nd.gov • 701.328.8666



Discussion

Medical Services Division Updates

CMS Eligibility Rule Finalization

Medicaid Webpage Redesign

Provider Policy and Website Changes

1915(i) Reinvestment Work

State Plan Amendments

Waiver Updates

Final Rule - Eligibility and Enrollment

- **EFFECTIVE DATE: June 3, 2024**
- Remove limitation on Number of Reasonable Opportunity Periods allowed – June 2024
- Align Non-MAGI with MAGI Application Requirements – 36 months after Effective Date –
Prohibits in person interviews – we do not require interviews
- Establish standard time to provide additional information at application – establish a minimum 90 calendar day reconsideration period for applicants determined ineligible for failure to response to request for additional information – 36 months after effective date
- Use of Electronic Verification and Applicability of Reasonable Compatibility Standards for Resource Information – Upon Effective Date – Asset Verification System (AVS)
- Streamline Verification of Citizenship – 24 months after effective date – use of State Vital Statistics and SAVE

Final Rule - Continued

- **EFFECTIVE DATE: June 3, 2024**
- Acting on Changes in Circumstances – 36 months after effective date
 - Requires 30 calendar days to respond to requests for information/provides 90 day reconsideration period
- Updating Beneficiary Addresses – 18 months after effective date – take proactive steps to update address information – along with postal updates with returned mail also able to use MCO and PACE (used these sources during the unwinding based on CCA 2023 and waivers requested).
- Remove requirement to apply for Other Benefits at application – 12 months after effective date
- Aligning MAGI and Non MAGI Renewal Requirements – 36 months after effective date
- Strengthen Recordkeeping Regulations in Medicaid and CHIP – Documents stored electronically – 24 months after effective date – documents are stored electronically in file net.
- Facilitating transitions between Medicaid and CHIP – Upon Effective date – system handles these types of transitions
- Establish Maximum time frames for Redetermination of Eligibility – 36 months after effective date

Website Changes

Medicaid Landing page

- <https://www.hhs.nd.gov/healthcare/medicaid>

Member Portal

- <https://www.hhs.nd.gov/medicaid-member-engagement>

Provider Portal

- <https://www.hhs.nd.gov/healthcare/medicaid/provider>

Website Goals

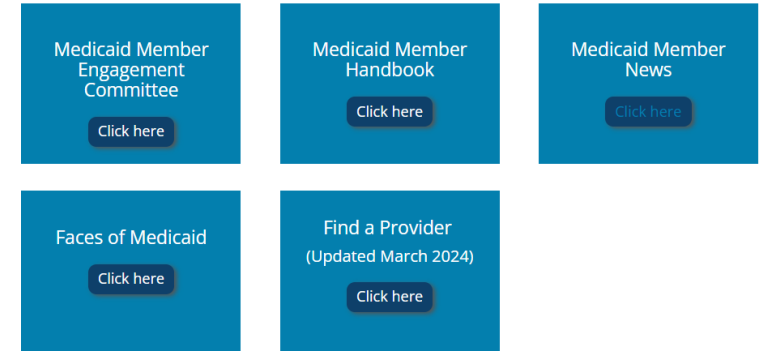
Reduce Clicks with easier to locate information

- Use colors to visually cue different areas of website

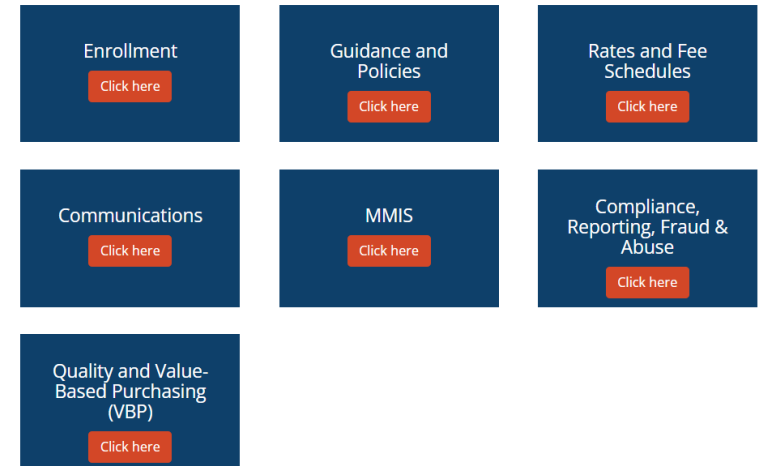
Separate information for Members and Providers

Plain language

Medicaid Member Engagement



ND Medicaid Provider Information



Ordering, Referring, and Prescribing Provider Policy

May 1, 2024

ORDERING/REFERRING/PRESCRIBING (ORP) PROVIDERS

PURPOSE

This policy explains North Dakota Medicaid requirements for an ordering/referring/prescribing (ORP) provider National Provider Identifier (NPI) on professional claims. 42 CFR §455.440 requires state Medicaid programs to ensure claims for payment for items and services that were ordered or referred contain the NPI of the physician or other professional who ordered or referred such items or services.

APPLICABILITY

The policy applies to the following services and provider types. The types of services/items identified are services where federal and/or state regulations require orders, referrals, or prescriptions for a North Dakota Medicaid member to receive an item or service.

Services

- Behavioral Health Rehabilitative Services including:
 - Behavioral Intervention
 - Individual and Group Counseling
 - Intensive in-home for Children
 - Nursing Assessment and Evaluation
 - Skills Integration
 - Skills Restoration
- Diagnostic services including:
 - Audiologic Function Tests
 - Diagnostic and Screening Laboratory Services
 - Diagnostic and Screening Radiology and Imaging Services
 - Echocardiograms

- ORP Policy & Code List are located on the [Provider Guidance, Policy and Manuals website](#).
- Effective May 1, 2024.
- Requires ordering/referring/prescribing (ORP) provider National Provider Identifier (NPI) on professional claims.
- Federal requirement.
- Policy details applicable service and provider types.
- [List of Codes requiring ORP Provider NPI](#).

New Service Coverage

Effective date: April 1, 2024

SBIRT – Screening, Brief Intervention, Referral, Treatment

- [Preventive Services and Chronic Disease Management Policy](#)

Interprofessional Consultations

- [Telehealth Policy](#)

Preventive Medicine Counseling and/or Risk Factor Reduction Interventions

- [Preventive Services and Chronic Disease Management Policy](#)

State Plan Amendments (SPAs)

Upcoming

- Behavioral Health Rehabilitative Services SPA to add Behavior Analysts and make other changes
- Request coverage for school psychologists as Other Licensed Practitioners (OLPs)
- 1915(i) to remove diagnosis list from state plan for easier modification and modification to conflict of interest language



1915(i)

Medicaid State Plan Amendment

The 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for Home and Community Based Services for eligible individuals with certain behavioral health conditions.

The program targets individuals with mental illness, substance abuse disorders, and/or brain injury and is designed to keep individuals out of institutional settings by providing services in the community for successful independent living.





Current Enrollment

- 251 Individuals

Eligibility Criteria

- Age 0+
- Enrolled in Medicaid or Medicaid Expansion
- Qualifying Behavioral Health Diagnosis
- Functional Limitation- WHODAS score 25+ or DLA score 5 or lower
- Household income at or below 150% of the Federal Poverty Level

Services Offered

- Care Coordination
- Peer Support
- Family Peer Support
- Non-Medical Transportation
- Housing Support
- Benefits Planning
- Prevocational Training
- Supported Education
- Community Transition
- Respite
- Supported Employment
- Training & Support for Unpaid Caregivers



Current 1915(i) Reinvestment Work

INCREASING ACCESS FOR MEMBERS

Streamlining of the eligibility process

- WHODAS administrator signature requirement eliminated
- Staff member can verify diagnosis in lieu of a diagnosing physician
- Any documentation containing diagnosis is acceptable, rather than an official record
- Addition of DLA as an option for functional assessment

Growing the partnership with Human Service Zones

- Identification of efficiencies and opportunities to streamline processes

Growing the partnership with Human Service Centers

- Referral Process

ONGOING IMPROVEMENT FOR PROVIDERS

- Streamlining of the provider enrollment process
- Creation of an interactive provider and services map
- Streamlining of 1915(i) policy
- Development of a communications strategy

1915(i) Program Goals



Increase knowledge/awareness of 1915(i) program and services



Increase access to quality care for our members



Strengthen partner relationships and grow provider base

nd1915i@nd.gov

Home and Community-Based Services

- Waivers are a method for a state to test new or different ways to deliver and pay for health care services
 - Cannot waive the basic tenants of Medicaid
 - Cannot cap overall Medicaid enrollment
 - Must be cost/budget neutral
- Can vary from existing federal Medicaid requirements in certain areas
 - Access to services
 - Level of care requirements
 - Services Provided
 - Population Served
- Specific process to obtain Waivers
 - Requires a series of detailed steps, including an application and public notice
 - Requires a series of negotiations between the state and the federal government
- State Plan options may also be used to access home and community-based services.

North Dakota's HCBS Waiver Updates

Eligibility	<u>Autism Spectrum Disorder</u>	<u>Hospice Waiver</u>	<u>Medically Fragile Children</u>	<u>HCBS Waiver</u>	<u>Traditional Intellectual and Developmental Disabilities HCBS Waiver</u>
Current Effective Date	November 1, 2023	July 1, 2023	October 1, 2023	January 1, 2024	April 1, 2024
DRAFT Amendment or Renewal	None pending	None pending	None pending	None Pending	Waiver Renewal (5yr) Approved 3/26/2024
Public Comment Period	N/A	N/A	N/A	N/A	N/A
Proposed changes to note					<p>Limit on environmental modifications increased from \$20,000 to \$40,000.</p> <p>Participants can have both self-directed and provider-managed in-home supports authorized at the same time</p> <p>Respite a stand-alone service</p> <p>Annual limit on equipment and supplies increased from \$4,000-\$5,000.</p>

Did You Know?

Need Help Applying for Medicaid?
Authorized Representative and Trusted Partner

Lisa Scott, Regional Policy and Process Manager



SSP Online Application

NORTH
Dakota Be Legendary.

Health & Human Services

What is the SSP

- Self Service Portal—SSP
 - The SSP is online access to apply for EA programs and Medicaid Health Coverage. You can complete annual reviews, provide verifications and view status of your case. With the use of the SSP, clients can complete all necessary actions regarding their applications or cases with the assistance of our trusted partners through use of any device with internet access.

Trusted Partner vs. Authorized Rep

Economic Assistance Partners | Health and Human Services North Dakota

Trusted Partner

- Trusted partner- trusted organizations and professionals that provide education on programs and application assistance for individuals and families.

Authorized Representative

- Authorized Representative- a person who knows the individual or family circumstances who will have the same responsibilities as the applicant/participant regarding eligibility and enrollment. This person will be able to make informed decisions on the applicant's case and receive notices, forms and updates on the case.

Difference

- What is the difference between a trusted partner and authorized representative?
- A trusted partner is considered a helper or an assister that assists many applicants. An authorized representative can do most things that the applicant can and usually is limited to helping individuals close to them. An authorized rep is given more authority or control when it comes to the information that can be released from HHS. Trusted partners are limited to the information that can be exchanged.




Can a trusted partner or authorized representative sign the applicant's application?

- This is dependent on the program the applicant is applying for. SNAP, Medicaid and LIHEAP policy allow for an authorized representative to sign the application. A authorized rep should not sign an application for CCAP or TANF. Trusted partner should never sign the application for the client.



When would it be appropriate to complete the application as an authorized representative versus a trusted partner?

- An authorized representative is someone who is close to the applicant and can help answer sensitive questions about the applicant's situation. This representative is more likely to continue a relationship with the applicant after the application has been processed, where a trusted partner's relationship is likely to end after the application process is complete.
- 

How do I become an authorized representative?

- To become an applicant's authorized representative, you must be designated by the applicant, the applicant's spouse or another responsible member of the household. This can be done in writing or by completing the authorized portion on the application through the SSP or on the paper application.

How do I become a trusted partner?

- To become a trusted partner, you will need to create an account in the self-service portal (SSP). It is here where, you will assist applicants in filling out applications, submit documents and provide education on their case. Please visit

[https://www.hhs.nd.gov/sites/www/files/documents/EA/Partner SSP Toolkit Optimized.pdf](https://www.hhs.nd.gov/sites/www/files/documents/EA/Partner_SSP_Toolkit_Optimized.pdf)

Human Service Zones

Serving North Dakota individuals and families is a partnership. Economic Assistance Policy administers programs, while Human Service Zones deliver benefits.

Person Decides to Apply

Making ends meet is getting more difficult every month so the applicant makes the decision to reach out for help.

Human Service Zone

The applicant can contact their human service zone directly or they can simply apply online.

Gather Information

The applicant can enter as much info as they can in the SPACES self-service portal.

Determine Eligibility

An eligibility worker determines eligibility.

Issue Benefits

If eligible, the state will issue the benefit in the appropriate manner.



How Clients Access Services

Economic Assistance Policy and Human Service Zones have partnered together to redesign assistance provided to North Dakotans. This allows opportunities to better serve North Dakota individuals and families.

One Address. One Phone Number. No Wrong Door.

Eligibility redesign makes it easier for families to get help by simplifying access points.

Centralized Mail Unit



One mail and email address for document submission

Customer Support Center



One phone number to speak to an expert

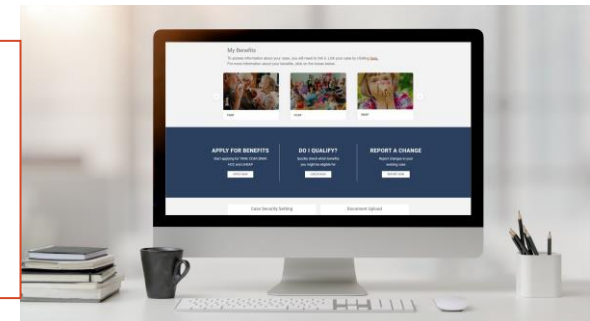
Local Support



Local offices will remain open for in-person support

Self-Service Portal

Work has been done on the Self-Service Portal (SSP) to make it more user and mobile friendly. This better enables clients to take control of their cases.

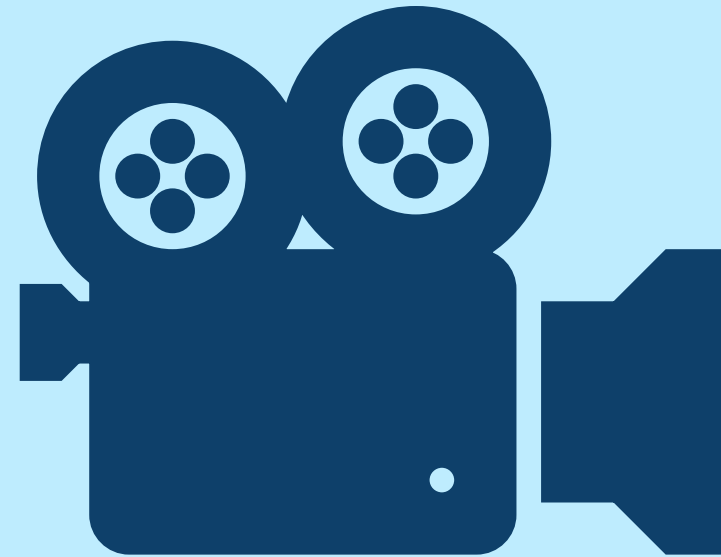


Online Application Process

- The reason for focus on the online application process. Through the Self Service Portal, clients can apply, submit documents, do reviews, find notices and check on status of case. As a trusted partner you can assist clients with setting up their ND login and account which will start the process of online application. If it has been common practice to assist the client in completing the paper application this will be very similar with the advantage of instant SUBMIT button.

Here is a link to a short
video to guide you
through the application
process.

[How to apply as a trusted partner on Vimeo](#)



To apply for benefits online go to
www.hhs.nd.gov/applyforhelp

- [Apply for Help | Health and Human Services North Dakota](#)
- Click on the Apply for Assistance



Apply for Assistance

We provide health and human services for North Dakotans of all ages and backgrounds, including administering public assistance programs and facilitating programs that support underserved or vulnerable populations.

[Find Financial Help](#)



Public Health

Access relevant and current health information and resources designed to help you make informed decisions. Find information about diseases, conditions, child passenger safety, immunizations, disease prevention, emergency preparedness and more.

[Find a Public Health Topic](#)



Behavioral Health

We work to improve access to services, address behavioral health workforce needs, develop policies, and ensure quality services are available for those with behavioral health needs.

[Visit Behavioral Health](#)



Life ND

Find information and links to financial assistance and other human services, parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents.

[Learn More](#)



Medicaid, Medicaid Expansion, and CHIP

Learn about Medicaid coverage and Medicaid Expansion, Primary Care Case Management, and the Children's Health Insurance Program (CHIP). Find Medicaid providers and explore covered and non-covered services.

[Learn about Medicaid Coverage](#)



Licensing, Regulation, and Certification

Find information about how to become a certified, authorized, or licensed provider, and obtain forms and documents required to provide services in ND.

[Find provider information](#)

Trusted Partner identified

During the application process there is an opportunity to indicate Trusted Partner assistance for the client

Apply For Benefits

Start > Special Accommodations

Who is completing this application? *

☐ Self ☒ Trusted Partner ☐ Other Responsible Adult

If Trusted Partner, which partner? *

APPLICATION ASSISTER

Street Address

City

State
SELECT Zip Code

Home Phone

Cell Phone

Work Phone

Email

Do you have a physical or mental condition that requires special accommodation(s) during your interview? *

☐ Yes ☐ No

Do you speak English? *

☒ Yes ☐ No

EXIT APPLICATION BACK NEXT

Tips

All mandatory questions (identified by an *) have to be completed.

For additional information about public assistance programs and client rights, view the [Application for Assistance Guidebook](#)

Need help in navigating the site? [Click Here](#)

SSP Help

North Dakota uses a **Self-Service Portal (SSP)** for Medicaid, SNAP, CCAP, TANF and LIHEAP. In the SSP you can:

- apply online
- complete a review
- update your contact information
- view details about your case
- report changes
- upload documents
- view notices

Are you a **trusted partner** helping someone fill out an application?
[Click here](#) for a guide for this process.

Quick Links

[Child Care Providers](#)

[LIHEAP Vendors](#)

Apply for Help

[SSP Help | Health and Human
Services North Dakota](#)

What is needed?

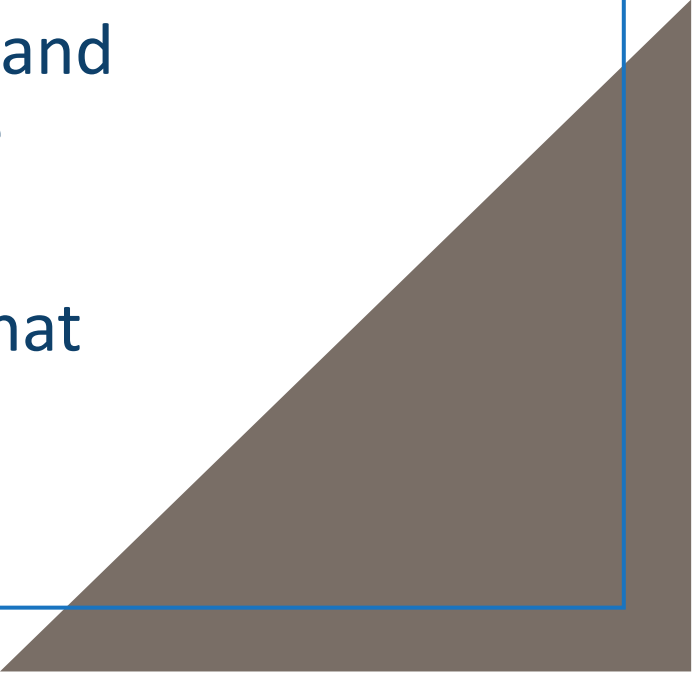
- You can help speed up the determination process by completing ALL questions on the application.
- Also providing as many verifications as possible at time of application.
- Verifications such as:
 - Proof of Alien or Citizenship status, proof of expenses,
 - Proof of current income (earned and unearned), identity, age, residency, and social security number, proof of assets, (if you are applying for HCC for families with children or non-disabled adults between ages of 19-64 you do not need this verification).
 - When you reach the end of the application process you will have the opportunity to upload verifications.

Client notification
after they have linked their
case. The client will need to
complete this action.

- To check the status of an application the client can access the SSP and right here at the top see what is pending or has been determined. In the bottom right corner under MESSAGES the client can click on NEW and view the notice.

The screenshot displays the North Dakota Health & Human Services self-service portal. At the top, there are three cards showing application status: SNAP (Pending, Application Date 11/20/2023), HCC (Approved, Review Due 10/30/2024), and TANF (Not Applied). Below these is a dark blue section with three main action buttons: 'APPLY FOR BENEFITS', 'DO I QUALIFY?', and 'REPORT A CHANGE'. The bottom section contains four white boxes: 'Case Security Setting', 'Document Upload', 'To Do List', and 'Messages'. The 'Messages' box is highlighted with a red border and contains a 'Notice of Eligibility Determination' message with a 'New' badge.

Thank you

- I hope that this information will be helpful as you assist clients in navigating the application process and in explaining the capabilities that a client will have when using the Self- Service Portal.
 - Thank you so much for your time today and all that you do everyday for the citizens of North Dakota.
- 



Questions?

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