

# **1915(i) Medicaid State Plan**

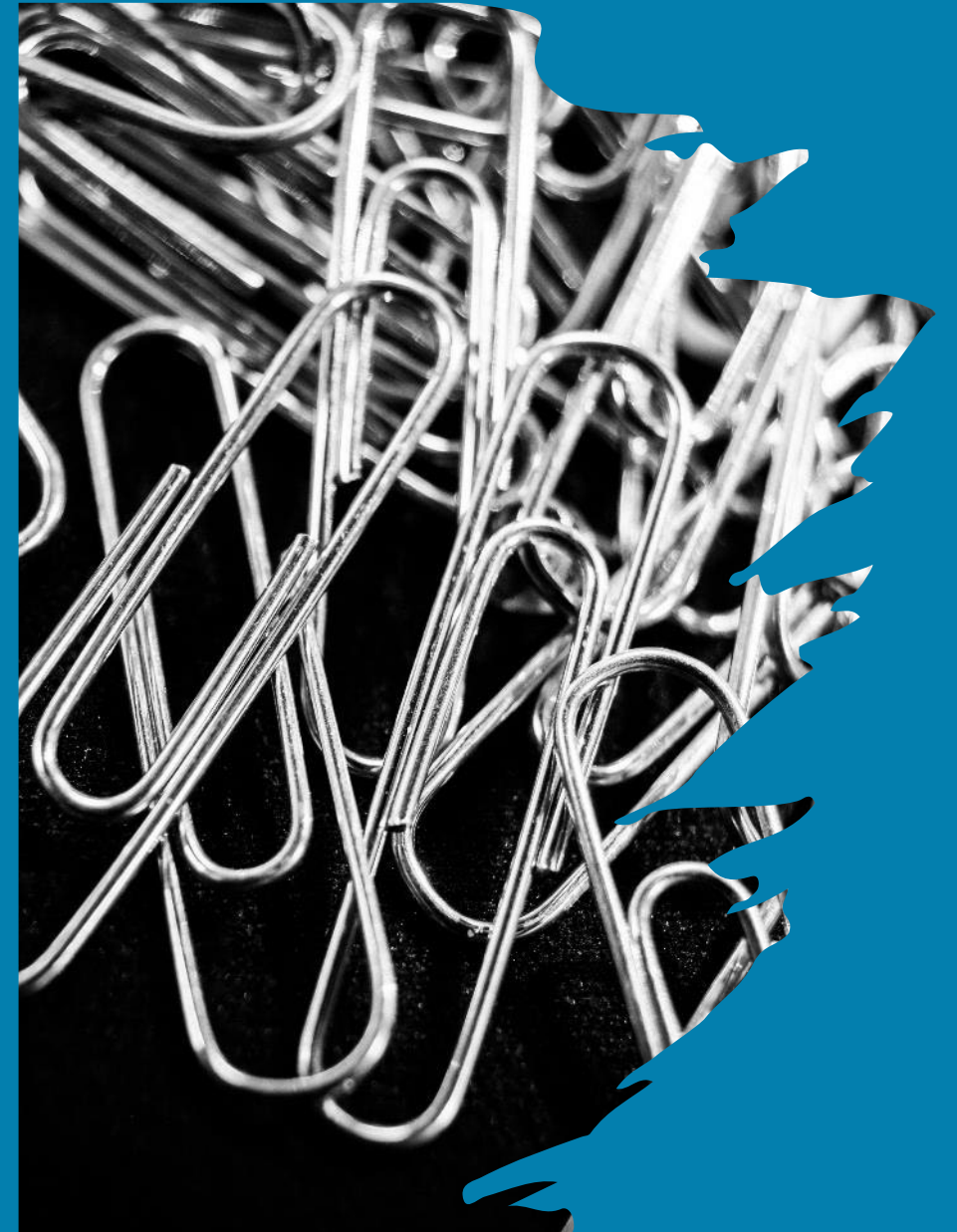
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Program Updates  
&  
Points of Contact

# Housekeeping

A few things to keep in mind:

- Please use the Q & A section to put in questions and comments. We'll open up the mic for questions at the end of each section.
- Both the slide show, recording and any Q&A will be saved to our education page which can be found here  
[Education and Training | Health and Human Services North Dakota](#)
- If you think of questions after the update, please email the 1915(i) inbox at [nd1915i@nd.gov](mailto:nd1915i@nd.gov)
- No specific cases or situations will be addressed in the provider update.



# Note

- Information presented today applies to Traditional, aka Fee-for-Service Medicaid.
- Our Medicaid Expansion MCO Blue Cross Blue Shield of ND will communicate 1915(i) changes with providers.



# Change & Growth

*"For a seed to achieve its greatest expression, it must come completely undone.*

*The shell cracks, its insides come out and everything changes.*

*To someone who doesn't understand growth, it would look like complete destruction."*

- Cynthia Ocelli





# Three phases to our session today

## 1915(i)

### What's Staying the Same

- Application Process & Eligibility Criteria
- Person-Centered Plan of Care Requirements & Reviews
- Service Requirements
- Conflict-Free Care Coordination Requirements & Exemptions
- Agency Requirements – Quality Assurance

## 1915(i)

### What Has Already Changed

- Provider Enrollment Enhancements

## 1915(i)

### What's Changing

- Provider Education
- Policies
- Program Efficiencies
- Service Authorizations ending
- Regular Provider audits
- Website

# 1915(i)

## What's Staying the Same

Application Process & Eligibility Criteria

Person-Centered Plan of Care Requirements & Reviews

Service Requirements

Conflict-Free Care Coordination Requirements &

Exemptions

Agency Requirements – Quality Assurance

# 1915(i) application reminders

There are two ways to help members apply for 1915(i) services & supports

- Online using the [Self-Service Portal](#) (upload application and attachments)
- On paper – [SFN 741](#).
  - Send completed applications to [applyforhelp@nd.gov](mailto:applyforhelp@nd.gov) or
  - Mail to Customer Support Center, PO Box 5562, Bismarck, ND 58506 or
  - Submit in person at any Human Service Zone office – find your local Zone office [here](#)

Call the Customer Support Center for Assistance at 1-866-614-6005

# Completed applications are processed faster

Incomplete applications cause processing/approval delays.  
Please ensure applications include:

- Applicant/parent/guardian signature
- Diagnosis documentation (**do not attach a bunch of medical records**, only attach minimal documentation that clearly shows applicable diagnosis(es) from the diagnosis list)
- WHODAS/DLA-20 information



# List yourself as an alternate contact

If you are assisting a member in applying and can assist in getting in contact with the applicant, please add your contact information as an **Alternate Contact**

# Plan of Care Approvals

Plans of care must be reviewed and approved by ND Medicaid prior to rendering services.

Care coordination is the only service that can be billed prior to plan of care approval by ND Medicaid.

Services must be medically necessary and be rendered according to the member's person-centered plan of care.

Newly revised Care Coordination policy\*  
which includes Plan of Care requirements

\*Updated policy not yet posted but will contain the Plan of Care and Duplication of Services policies all in one Care Coordination policy

# Plan of Care Requirements

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Looking to make sure that all Plan of Care sections are complete

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Dates are appropriate

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SMART GOALS that are within the scope of 1915(i) services

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Units fit requested span

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# Service Requirements

- Provider qualifications are unchanged
- Located in service policies
- 1915(i) Provider Guidance and Policies

Providers must have internal provider 1915(i) training and quality assurance processes and procedures.

These occur to ensure two things are happening:

Providers are qualified to render specific 1915(i) services and understand the scope of their services.

Claims are supported with appropriate documentation to ensure services meet requirements.

# Conflict-Free Care Coordination is a federal requirement

Eligibility

Care  
Coordination

Services

- Peer Support
- Non-Medical Transportation
- Housing Support
- Benefits Planning
- Pre-Vocational Training
- Supported Employment
- Supported Education
- Respite
- Training and Support for Unpaid Caregivers
- Family Peer Support
- Community Transition Service

# **Conflict of Interest Exceptions – only willing and qualified provider**

## **Exception 1: Within the Member's County of Residence**

The care coordination provider is the only provider listed on the current 1915(i) Provider List offering the service in the member's county of residence, or

## **Exemption 2: Within the Member's County of Residence based on a Common Language or Cultural Background**

The care coordination provider is the only provider listed on the current 1915(i) Provider List with the cultural background who provides the service in the member's county of residence, or



# Provider List

Our state plan and federal rule require us to define geographic areas for conflict-of-interest exemptions. We have identified all ND counties as those geographic areas and so the list must be sortable by county and provider.

1915(i) Providers & Services by County- revised 10/07/2024																
Adams																
	Provider	Language(s)	Cultural Specialty	Ages Served	Care Coordination	Peer Support	Family Peer Support	Respite	Non-Medical Transportation	Housing Support	Training & Support for Unpaid Caregivers	Supported Education	Supported Employment	Pre-Vocational Training	Benefits Planning	Community Transition Service
	Advocates for Change	English		All	x	x	x									
	Seeds of Eden	English		18+	x	x										

Provider contact information is on a separate tab of this Excel document.

1915(i) Provider Contact Information							
A New Creation							
	Address	City	State	Zip	Email	Website	Phone
	1115 2nd St NE	Devils Lake	ND	58301	<a href="mailto:info@anewcreationinchrist.com">info@anewcreationinchrist.com</a>		701-350-2362

Advocates for Change							
	Address	City	State	Zip	Email	Website	Phone
	417 Main Ave Ste 401	Fargo	ND	58103	<a href="mailto:participants@ndadvocatesforchange.com">participants@ndadvocatesforchange.com</a>		701-289-7676

# Agency Requirements

## Agencies must ensure

- Individual service providers are qualified – i.e. peer support specialists must be certified, care coordinators need required trainings, etc.
- Individual service providers understand covered/non-covered services and requirements
- Services are documented and billed appropriately

## Agencies do this by

- Understanding 1915(i) program and service provider requirements
- Training and overseeing employee compliance
- Having internal processes/procedures and quality assurance processes – i.e. provider self-audits

# Why is this important?


You are serving vulnerable members who need quality services and supports



# Limitations to remember:

- All services have an 8 hr. (32 unit) limit other than respite.
- Respite has a monthly max of 40 hrs. (160 units) and annual max of 480 hrs. per calendar year.





# Questions for 1915(i) staff

- Member Application Process & Eligibility Criteria
- Person-Centered Plan of Care Requirements & Reviews
- Service Requirements
- Conflict-free care coordination requirements
- Agency requirements



# 1915(i)

## **What Has Already Changed** Provider Enrollment Enhancements



# **Provider Enrollment**

**Liza Wick**

**Provider Enrollment Specialist**

**State of North Dakota -November 2023**

**16 years working with Medicare Provider Enrollment**

# 1915(i) Provider Enrollment

- 1915i Website is actively becoming more efficient
- There you will find step by step
  - Directions
  - Links
  - Forms

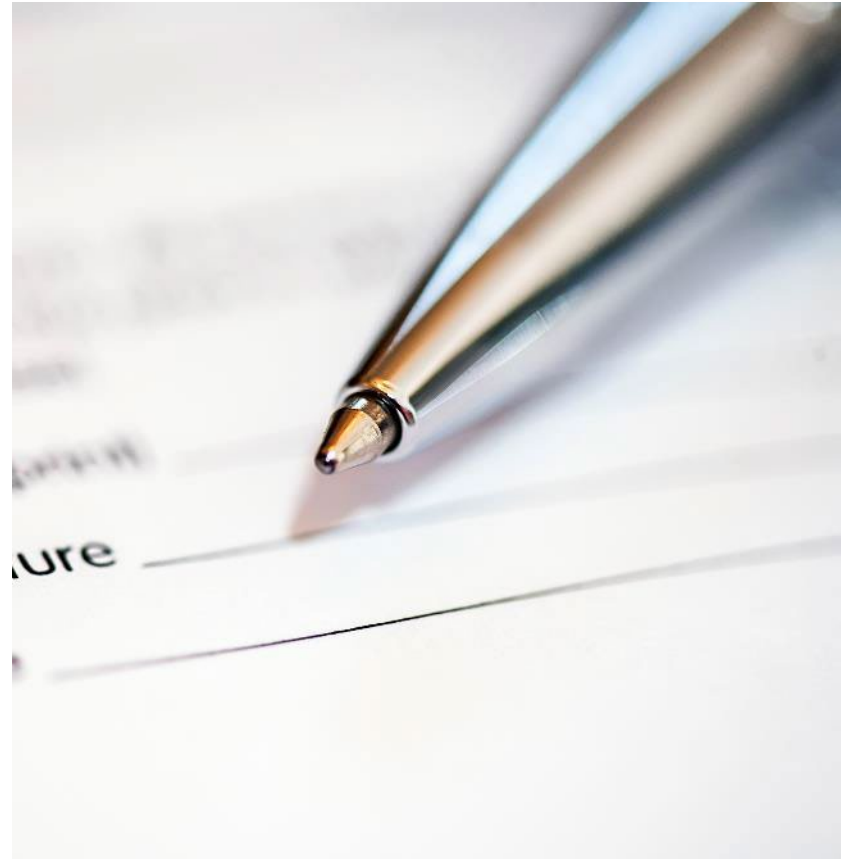
How to Become a 1915(i)  
Provider

[Learn More](#)

# Enrollment Form Enhancements

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- Application originally 24 pages has been split into more efficient forms (4).
  - Individual and Group Applications
  - Individual and Group Attestations
    - Appendix A



# Provider Website Overview

<https://www.hhs.nd.gov/1915i/process-overview>

- Agency Group Enrollment
- Individual Enrollment
- 5 Steps of Process with resources, forms and help desk info

# Welcome Email

At enrollment completion providers are sent a welcome email letting them know

- They're enrolled to serve Traditional members
- Expansion enrollment must be done separately to serve Expansion members
- How to connect with Expansion – Blue Cross Blue Shield ND for enrollment as an Expansion provider
  - Contact BCBSND by email at [providercontracting@bcbsnd.com](mailto:providercontracting@bcbsnd.com)
  - Visit the Expansion website - [Medicaid Expansion Provider Resources | BCBSND](#)

# Provider Enrollment Contact Information

Call Noridian with Provider Enrollment questions, provider enrollment specialists are available every day of the week.

(877) 328-7098 (toll-free) or (701) 328-7098.

Live support 8 a.m.- 5 p.m. CT, Monday – Friday.

Email: [NDMedicaidenrollment@noridian.com](mailto:NDMedicaidenrollment@noridian.com)

Fax: 701-433-5956 ATTN: NDM Provider Enrollment

Mail: Noridian Healthcare Solutions  
Attn: ND Medicaid Provider Enrollment  
PO Box 6055  
Fargo, ND 58108-6055





# Questions for Provider Enrollment

- Forms
- Process

# 1915(i)

## What's Changing

Provider Education

Policies

Program Efficiencies

Service Authorizations ending

Regular Provider audits

Website

# Provider Education Team

medicaidprovidereducation@nd.gov



Becky Todd

- ✓ Create training material
- ✓ Analyze data to find trends that indicate training needs
- ✓ Answer provider questions
- ✓ Outreach to providers with training opportunities

Who do we work with?

- ❖ Medicaid Program Administrators
- ❖ Provider offices, individuals, billers, coders

Cheryl Nelson



Human Services

# Care Coordination Onboarding Trainings

Working to get this training online as an on-demand training that providers can do as they onboard.

- Will require verification of training completion. We anticipate this will be built into the training with some type of quiz and certificate of completion.
- ETA – as soon as possible

Live training scheduled for 10-11:30 am on October 24<sup>th</sup>. An invite was sent out last week.

# New POC Template coming

The Plan of Care template will be updated effective 11/1/24.

- Note we are no longer requiring goals for care coordination.
  - Care Coordinators will work with members to develop goals and identify needed services.



# Policies

<https://www.hhs.nd.gov/1915i/resources>

Updated “individual” to “member” throughout

Policy sections - aligning to general Medicaid provider policies

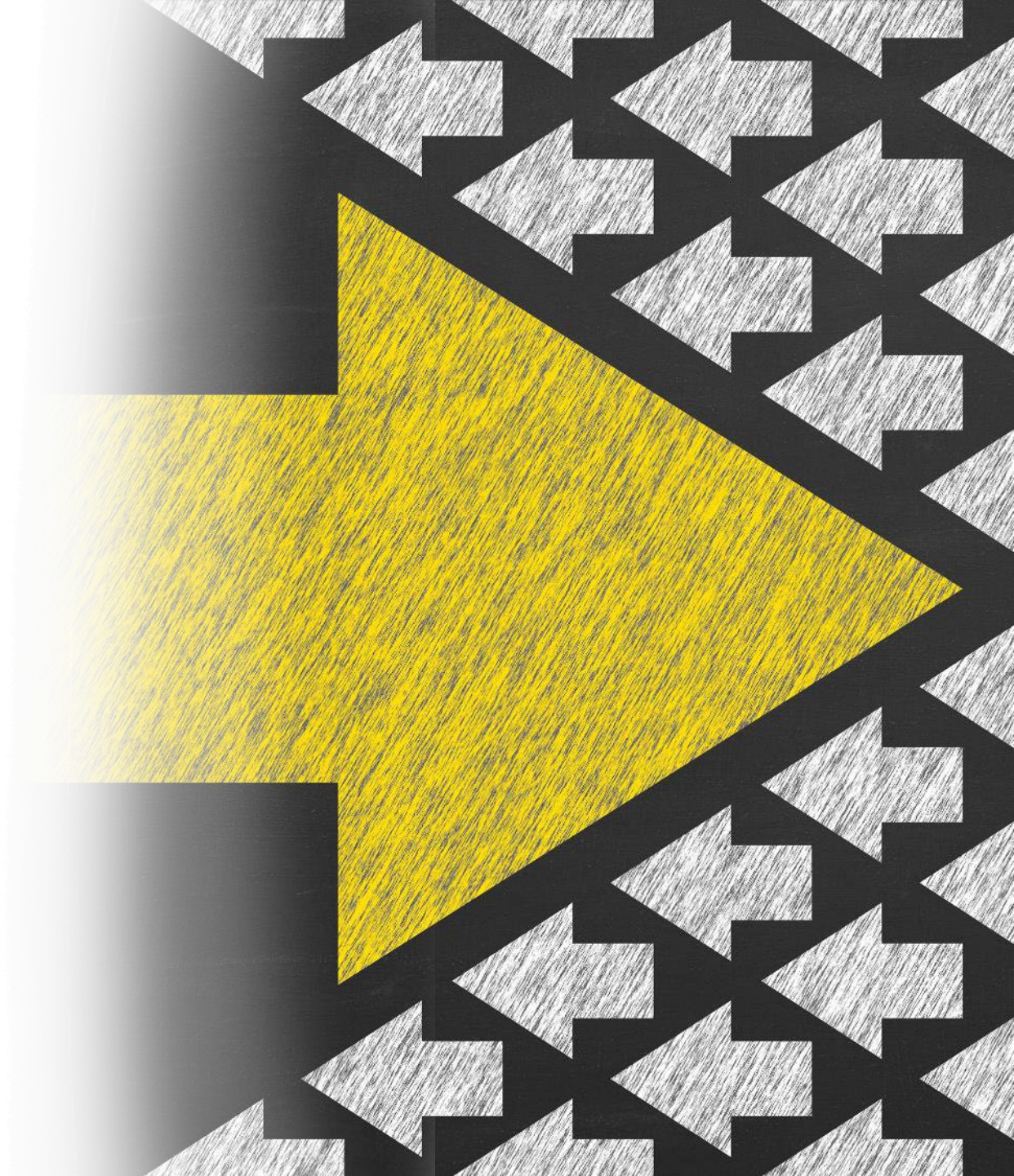
- APPLICABILITY – who the policy applies to
- PURPOSE – what the purpose of the policy is
- ELIGIBILITY CRITERIA – who is eligible to receive service, i.e. people ages 17.5+
- DEFINITIONS – of Medicaid-specific or terms of art
- COVERED SERVICES & LIMITS
- NON-COVERED SERVICES
- SERVICE REQUIREMENTS
- DOCUMENTATION – includes sample progress notes
- PROVIDER QUALIFICATIONS – simplified
- BILLING AND REIMBURSEMENT – includes billing codes and time-based billing guidance in each policy



# Saving you time – Service Provider Therap referrals

As of November 1<sup>st</sup>, you will no longer need to send an email to get members connected to a service provider in Therap.

Provider connections will be made in Therap at the time of POC approval.





# Saving you time – Creating plans of care

Beginning November 1<sup>st</sup>, we will eliminate the “packet” of member eligibility information we send care coordinators.

These documents will be uploaded into a draft member plan of care for your convenience.



# Temporary Navigation changes

We have temporary staff assisting with 1915(i) Navigation.

We're looking for more efficient ways to connect members with Care Coordinators.

Once connected, we expect to see Plans of Care submitted within 45 days. Member discharges from a care coordinator may occur if this isn't happening.



# Program Efficiencies

We are currently exploring more program efficiencies such as ways to ensure quick connection of members to care coordinators. We'll have more to share with you soon.

# Service authorization requirements are changing November 1st

Most services for “traditional” Medicaid members will no longer require service authorizations.

BCBSND is preparing to remove service authorization requirements effective January 1<sup>st</sup>. More details about affected services will be shared in the future.

# Service Authorizations Required for Monetary Services & Respite

T2025

- Training and Support



T5999

- Community Transition Services



T2027

- Respite



# Respite Providers and Therap Service Auths

You will still need to do a service authorization in Therap, just not MMIS. Link to resource is in updated policy.

This is an EVV requirement we cannot do away with.

# What does this mean for providers?

For services that no longer require SAs as of 11/1/24

- Claims with dates of service 11/1/24 and after do not need service authorization numbers.

Inclusion of service authorization numbers may affect claims processing.



A close-up, slightly blurred photograph of a person's hand raised in the air, likely participating in a meeting or training session. The hand is positioned on the left side of the frame, with fingers spread. The background is out of focus, showing other people and what appears to be a window with natural light.

# Care Coordination Onboarding Training

Training content has been updated.

A live training will be held this Thursday from 10-11:30am. This is a **mandatory training for new care coordinators** and a great refresher for current care coordinators.

We are working on making this training available on-demand so it's easier to onboard new care coordinators.

NOTE: Updated [Member Rights & Responsibilities](#) online.



# Training Need?

Recorded WHODAS training?

Are presentation slides good enough?

- WHODAS Part II.pdf (nd.gov)



# Office Hours

Wednesdays from 9-10am  
starting October 23<sup>rd</sup>.

Providers – come share  
suggestions and ask 1915(i)  
questions.

An invite was shared last  
week.



# Annual Provider Qualification Review

The annual provider qualification review due in January is being temporarily postponed.

- You'll be provided with advanced notice of when this will occur to ensure ample time for completion of the agency and individual provider review reports.



# Questions about what's changing?

- Provider Education
- Care Coordination training
- Policies
- Efficiencies
- SA requirements ending





# Steven McNichols

## PIU Audit Coordinator

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- 27 years working in the medical field
- 4 years working as audit coordinator
- 25 years as a Physical Therapist

# Program Integrity Unit (PIU) Oversight

**PIU Mission:** Ensure Medicaid members have access to cost effective and quality services by providing robust policy and guidance and auditing for compliance with state and federal regulations.

**PIU Vision:** Ensure proactive compliance with state and federal regulations by optimizing technology, collaborating with partners, and improving communication and resources.



# New auditing process

PIU will begin conducting semi-annual post-payment reviews to ensure claims are being properly submitted and that providers are following 1915(i) billing guidelines.

**A random sample of 1915(i) providers will be audited every 6 months**

- Review cycles will be **conducted January through June and July through December**
- Yearly audits will begin to occur in July 2025



Date of Letter

Medicaid Provider ID XXXXXXXX

Provider Name

Address Line 1

Address Line 2

Email

Sent via email  
only

Dear Provider:

North Dakota Health and Human Services (Department), Medical Services Division, is required to conduct reviews of claims submitted to the Medicaid program. The Surveillance Utilization Review Section of the Medical Services Division conducts post payment reviews in accordance with 42 Code of Federal Regulations (CFR) 456 and North Dakota Administrative Code (NDAC) 75-02-05.

The Department is conducting a post payment review related to ambulance services. For the member(s) and date(s) of service listed below, the Department is requesting that you submit a copy of all records for the services or supplies that were rendered on the date of service specified for each member.

Person ID Unencrypted	Name Last Current	Name First Current	Date of Birth	Service Date MMDDYYYY	Claim ID

North Dakota Medicaid expects medical records will be a true and accurate reflection of the services provided, to include following documentation requirements included, but not limited to, signing, dating, etc. An audit finding, based upon an incomplete medical record, cannot be overturned by a documentation correction. However, it is expected a provider will make the appropriate amendments to the medical record in order to ensure the medical record is accurate moving forward.

The records requested are due no later than XXXXXXXXXX XX, XXXX. Please email a copy of the records to our office via a secure email to [auditresponse@nd.gov](mailto:auditresponse@nd.gov) if preferred. Contact our office via email at [auditresponse@nd.gov](mailto:auditresponse@nd.gov) to request a secure link to upload the documents if you do not have secure email.

You may also fax records to 701-328-1544 or mail a copy of the records to the following address:

SURS Audit  
Medical Services Division  
ND Department of Human Services  
600 E. Boulevard Ave. Dept. 325  
Bismarck, ND 58505-0250

Sincerely,

# Record Request Letter

- If you are selected for an audit, then this is the letter that you will be receiving. It will list the members and which dates of service are being reviewed. You can email the audit inbox with questions.

# Potential Impact for Providers

Confirmation of program compliance – no action taken

Providers will be notified at the start and conclusion of an audit.

Confirmation of issues relating to program compliance

- Education based on findings to bring program/provider into compliance
  - Will result with provider being included in subsequent audits to confirm compliance.
- Expansion of audit
- Potential recoupment of funds paid
- Provider (group/individual) moved to pre-payment review for each claim
- Corrective Action Plan to bring program/provider into compliance
- Suspension/removal for program/provider from program as a provider of 1915(i) services



# Questions for Provider Integrity?

- Provider auditing

# Website Survey result action items

- ☐ Improving clarity and reducing length of resources
- ☐ Reducing clicks to resources
- ☐ Exploring whether the Provider List can be posted without requiring download
- ☐ Improving 1915(i) notices for clarity, information, and larger font size

Changes have already been made – check them out! [Medicaid 1915\(i\) State Plan Amendment](#)



# Website Survey result action items

Soon we'll be implementing a subscription-based 1915(i) Provider Update list

- Regular updates will be sent out with changes and news you should know
- Staff can subscribe to get updates on their own - [Enrolling as a Provider and Providing Services](#)



## Sign Up for our 1915(i) Provider Newsletter

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Email Address

Submit





# Questions?

Anything we haven't covered?

# Program Contacts

Mandy Dendy  
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[mrdendy@nd.gov](mailto:mrdendy@nd.gov)  
701-328-2427  
(temporary 1915(i) Admin)

Lori Girard  
1915(i) Specialist  
[lgirard@nd.gov](mailto:lgirard@nd.gov)  
701-328-2661