1915(i) Quality Service Delivery

NORTH Dakota | Health & Human Services

Be Legendary.

Why are we here today?

- Establishment of new standards for all 1915(i) services to ensure quality service delivery
- Service Authorization requests with attached Plans of Care (POCs) not meeting the new standards will no longer be approved, effective July 3, 2023
- Quality service delivery benefits of both the individuals served and the agencies providing the services

Quality Service Delivery

- Starts with Care Coordination
- Advanced by close collaboration and shared accountability between Individual Service Providers and Care Coordinator
- Ensured by periodic Plan of Care audits by the 1915(i) team

Justification for 1915(i) Services

- Required by Medicaid to establish “medical necessity”… this is why Medicaid agrees to pay for pre-authorized services
- Provided by the Care Coordinator on the Person-Centered Plan of Care
- Ongoing assessments/re-assessments ensure services remain justifiable

How is a Service "Justified?"

- Needs are assessed (WHODAS, Self-Assessment, Conversations/Contacts)
- Goals are established to help the individual address their needs
- Services are requested
- Service providers support individuals to work on objectives, which help them move toward achieving their goals

Overall Score	
Overall WHODAS 2.0 Complex Score 70.75	Date WHODAS 2.0 Assessment Administered Within 90 days of application submission

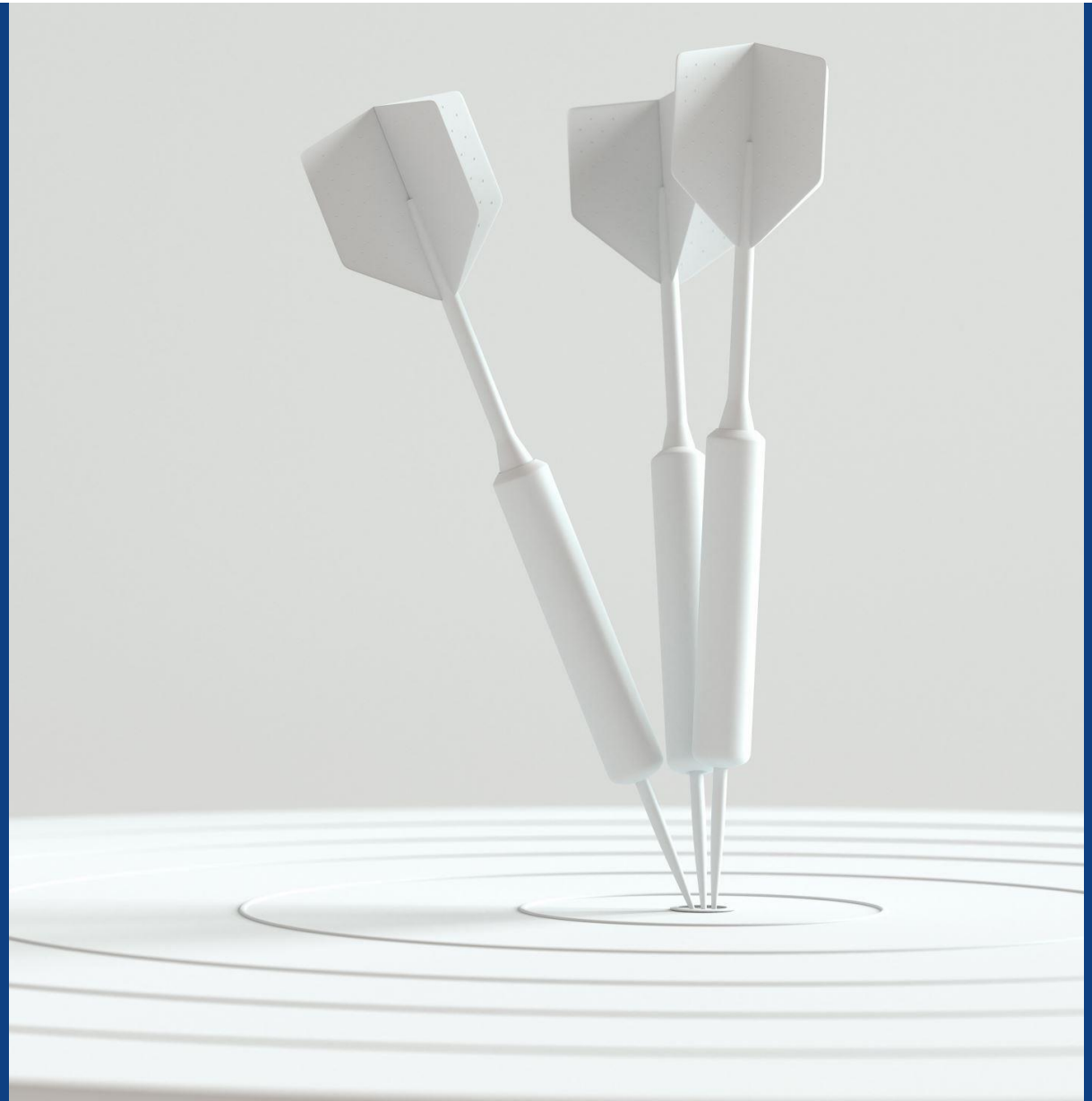
Domain	Score	Domain	Score
Cognition understanding & communicating	55	Getting along interacting with other people	83.33
Participation joining in community activities	95.83	Mobility moving & getting around	75
Life activities domestic responsibilities, leisure, work & school	35.71	Self-care hygiene, dressing, eating & staying alone	50

☑ Attach a copy of the WHODAS 2.0 assessment and scoring sheet.

Qualified Administrator		
☑ I hereby verify that I am an independent agent and meet the criteria above for the definition of an independent, trained and qualified administrator.		
Name of Qualified WHODAS Administrator Elaine Benes	Title LICSW	Agency Therapy For The Rest Of US
Telephone Number (701) 235-8962	Email Address elaine.benes@counselingservices.org	
Signature Elaine Benes	Date 2/18/2022	

Goals vs. Objectives

Goal:
Long-term outcome desired by the individual; Care Coordinator develops with the individual; Integral part of the Person-Centered Plan of Care



Objective:
Short-term action step that helps an individual work toward their goal; Service Providers develop with the individual and help them work toward achievement

Goal #5 (reflect Individual's own words)	I would like to maximize my food budget over the next year.
In relation to this goal, what outcomes do I desire; what do I already have to celebrate; what progress have I already made toward this goal; and what are any other important things to mention? (POC 9 & 18):	I would like to learn to menu plan, use coupons, shop from a list, compare prices.
The need(s) from my WHODAS 2.0 Assessment this goal helps address is/are (CMS 1a):	• Self-Care • Life Activities • Participation
Which 1915(i) service would I like to receive to help me achieve this goal (POC 10):	Peer Support

***Can be authorized on its own, does not require authorization of Rate #2**

****Can NOT be authorized on its own; MUST be requested in conjunction with Rate #1**

Amount Requested	1500 Units
Frequency Limit Requested (POC 1 & POC 10):	daily
Duration Limit Requested (POC 10):	9 months

SMART Goals

Specific

Measurable

Achievable/Attainable

Relevant

Timely

Specific

- States what the individual will do using action words
- Clear and concise objective
- Specific about what will be achieved
- Includes the what, where, and how…

Measurable

- Provides a way to evaluate
- Helps with developing objectives
- Looking at progress helps people remain motivated

Achievable/Attainable

- Realistically could happen
- Necessary tools are available
- Learning the necessary skills is realistic for the individual

Relevant

- Makes sense for the person
- Achieving it will positively benefit the individual
- It is important to the person and in line with other goals they may have
- It is the right time in their life to work on this

Timely

- States a timeline for achievement
- Deadlines are motivating, creating a sense of urgency
- Timeline helps drive the development of objectives

Is it SMART??

I want to be healthy.

No. How could we make it SMART?

Examples of related objectives??

Is it SMART??

I want to receive Peer Support.

No. How could we make it SMART?

Examples of related objectives??

Is it SMART??

I want to get a better paying job by January.

Yes!

Examples of related objectives??

Is it SMART??

I want to be happy.

No. How could we make it SMART?

Examples of related objectives??

Is it SMART??

I want to get a dog by my next birthday.

Yes!

Examples of related objectives??

Documentation

- All service delivery encounters must be documented
- Documentation must demonstrate a connection between the service provided and the related goal on the POC
- Documentation must reflect delivery of services within the established scope, and support the claim

Documentation (cont.)

- Documentation is not submitted with each claim, but must be retained and provided upon request for audit purposes
- Documentation of services rendered and the individual's progress toward their goals must be provided to the Care Coordinator monthly
- Care Coordinator must meet face-to-face with the individual to review progress and satisfaction and update the Plan of Care a minimum of quarterly

More Information

nd1915i@nd.gov hhs.nd.gov/1915i

Training/TA Calls: 1pm Thursdays; click “Join Now”
https://www.hhs.nd.gov/1915i/trainings