

# WELCOME

## Today's webinar will begin shortly!

- We will be **recording** today's webinar.
- 🚫 Everyone has been **muted** to reduce background noise.



Dawn Pearson  
Medical Services Division  
North Dakota Department of  
Human Services



Bianca Bell  
Behavioral Health Division  
North Dakota Department of  
Human Services

# 1915(i) Medicaid State Plan Amendment

Home and Community-based Services for individuals with Behavioral Health  
Conditions: [Review of the Proposed State Plan Amendment Application Draft](#)

# PUBLIC COMMENT

[www.behavioralhealthnd.gov/1915i](http://www.behavioralhealthnd.gov/1915i)

This screenshot shows the top portion of the website. The browser address bar displays <https://www.behavioralhealthnd.gov/1915i/meetings>. The header includes the North Dakota logo and navigation links: TRAINING, REPORTS, DATA, ABOUT US, REQUEST ASSISTANCE, and FIND SERVICES. The main heading is "Public Comment" under the "1915(i) Medicaid State Plan Amendment" section. Below the heading is a paragraph of introductory text and a section titled "Application Milestones" with a horizontal timeline.

**Application Milestones Timeline:**

- SEPTEMBER 2019 (OCTOBER 17, 2019): Public Input Meetings
- NOVEMBER 2019 (FEBRUARY 2020): Development of Application
- MARCH 2020: 1915(i) Draft Application Webinar
- APRIL 2020: Submission to CMS

This screenshot shows the main content area of the website. A red box highlights the "How can I Provide Public Comment?" section. Below this is a "Have Questions?" section with a "Register for the Webinar" button. The footer contains copyright information, contact details, and the North Dakota Behavioral Health logo.

**How can I Provide Public Comment?**

If you are interested in providing public comment please do so by:

- submitting written comment by mail to the Behavioral Health Division at 1227 W Divide Ave, Suite 1C, Bismarck, ND 58501
- contacting Bianca Bell by phone at 701.328.8958, toll free at 1.800.755.2719 or ND Relay TTY 800-366-6888
- submitting comments by fax 1-701-328-8978
- or by submitting written comment **online**!

Comments will be accepted until Thursday, March 19 at 5 pm (CST).

**Have Questions?**

The Department will host a webinar on March 4, 2020 from 10:00 - 11:00 am (CST) to provide a brief overview of the draft state plan amendment and to answer questions related to the public comment process. Individuals interested in participating in the webinar must register online.

**Register for the Webinar**

If you need assistance accessing the draft please contact Bianca Bell at 701.328.8958, toll free 800.755.2719, ND Relay TTY 800-366-6888 or email [bbell@nd.gov](mailto:bbell@nd.gov).

# PRESENTATION OVERVIEW

- Background
- Status of the Application
- Application Format
- Key areas within the application
  - Eligibility Criteria
  - Enrollment Process
  - Services
  - Provider Qualifications
- Next Steps

# 01

Medicaid is a joint federal and state program that helps with medical costs for some people with disabilities and/ or limited resources.

# 02

Medicaid is **not** grant funding.

# 03

Medicaid provides health care coverage for people who qualify.

## UNDERSTANDING MEDICAID 1915(I) STATE PLAN SERVICES

# Keys to Reforming the Behavioral Health System



**SUPPORT THE  
FULL CONTINUUM**



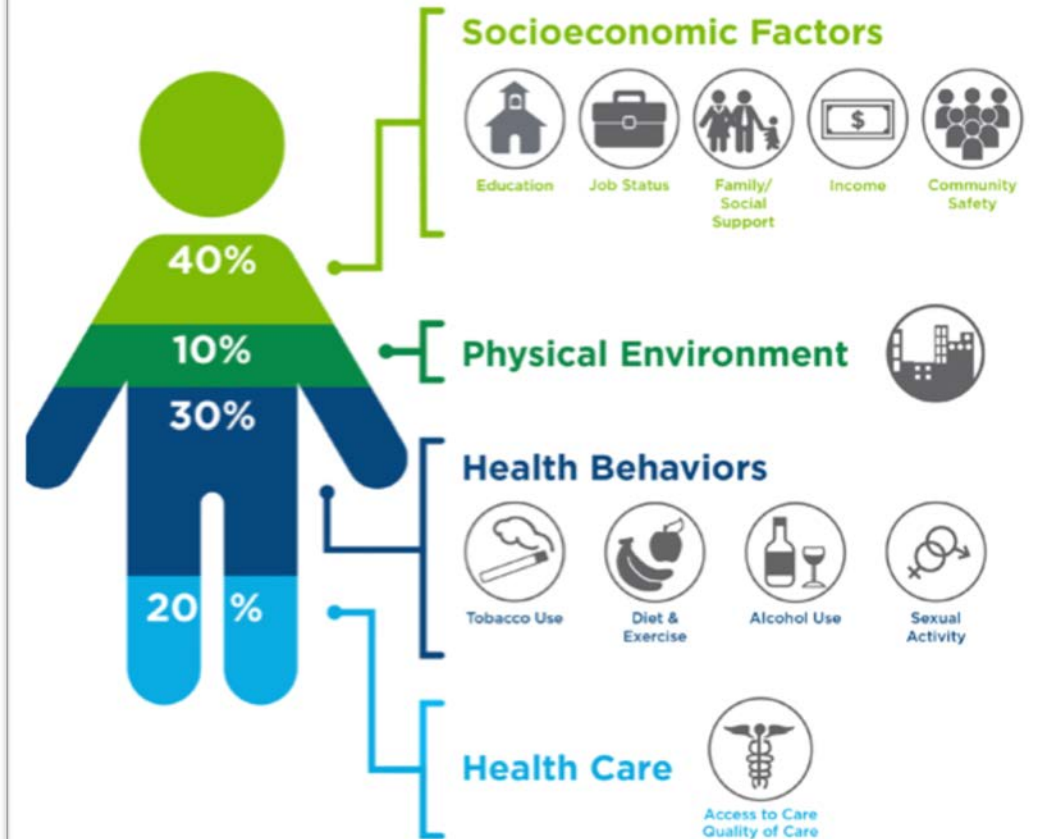
**INCREASE  
COMMUNITY-  
BASED SERVICES**



**PREVENT  
CRIMINAL  
JUSTICE  
INVOLVEMENT  
FOR INDIVIDUALS  
WITH  
BEHAVIORAL  
HEALTH  
CONDITIONS**

# MAKING THE CONNECTION

## What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

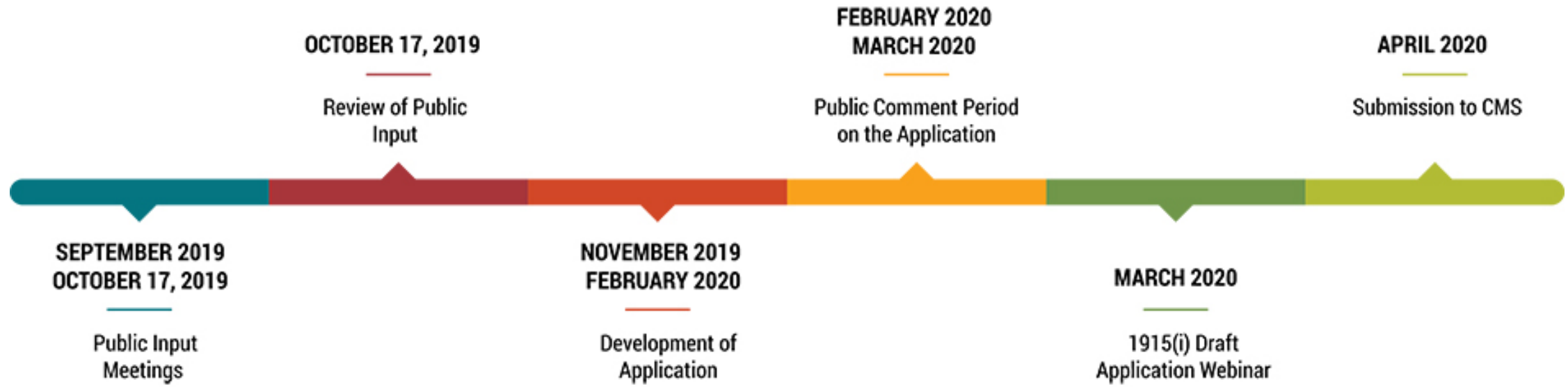
During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services (Department) to create a Medicaid 1915(i) state plan amendment. The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

**Community  
Members &  
Stakeholders**

**ND Legislators  
& Governor  
Burgum**

**ND  
Department of  
Human  
Services  
(Medical  
Services &  
Behavioral  
Health  
Division)**





# TIMELINE FOR SERVICE DEVELOPMENT

# THE APPLICATION DRAFT

- Administration & Operation
- Numbers Served
- Financial Eligibility
- **Evaluation/ Reevaluation of Eligibility**
  - **Targeted Population (p. 8)**
- **Home and Community-based Settings (p.15)**
- **Person-Centered Planning & Service Delivery (p.18)**
- **Services (p.23)**
- **Participant-Direction of Services (p.83)**
- Quality Improvement Strategy
- Methods and Standards for Establishing Payment Rates
- Groups Covered

State: ND §1915(i) HCBS State Plan Benefit State Plan Attachment 3.1-i: DRAFT

**1915(i) State plan Home and Community-Based Services Administration and Operation**

The state implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit for *Individuals with Behavioral Health Conditions* as set forth below.

1. **Services.** (Specify the state's service title(s) for the HCBS defined under "Services" and listed in Attachment 4.19-B):

1. Care Coordination
2. Training and Supports for Unpaid Caregivers
3. Peer Support
4. Respite
5. Non-Medical Transportation
6. Community Transition Services
7. Benefits Planning Services
8. Supported Education
9. Pre-Vocational Training
10. Supported Employment
11. Housing Supports

2. **Concurrent Operation with Other Programs.** (Indicate whether this benefit will operate concurrently with another Medicaid authority):

Select one:

<input type="checkbox"/> Not applicable
<input checked="" type="checkbox"/> <b>Applicable</b>

Check the applicable authority or authorities:

<input type="checkbox"/>	<p><b>Services furnished under the provisions of §1915(a)(1)(a) of the Act.</b> The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. Specify:</p> <p>(a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);</p> <p>(b) the geographic areas served by these plans;</p> <p>(c) the specific 1915(i) State plan HCBS furnished by these plans;</p> <p>(d) how payments are made to the health plans; and</p> <p>(e) whether the 1915(a) contract has been submitted or previously approved.</p>
--------------------------	--

1

under the umbrella agency that have been identified as the Single State Medicaid Agency.

2

\* For a complete description see the draft application.

# ELIGIBILITY CRITERIA

## EVALUATION/ REEVALUATION OF ELIGIBILITY (P.8)

### Target Population

- North Dakota's 1915(i) Medicaid State Plan Amendment draft proposes to serve individuals meeting the following eligibility criteria:
  - The individual is age 0+; and
  - The individual is currently Medicaid or Medicaid Expansion Eligible; and
  - The individual resides and will receive services in a setting meeting the federal home and community-based setting requirements, and
  - The individual has a diagnosis of mental illness, substance use disorder, or traumatic brain injury, excluding intellectual disability or developmental disability, identified in the most recent diagnostic and statistical manual.

In addition, the participant must also meet the following **needs-based eligibility** criteria:

- Have a functional impairment, which substantially interferes with or substantially limits the ability to function in the family, school or community setting, as evidenced by a complex score of 50 or higher on the **WHODAS 2.0**.

\* For a complete description see the draft application.

State: ND §1915(i) HCBS State Plan Benefit State Plan Attachment 3.1-i:  
DRAFT

### Evaluation/Reevaluation of Eligibility

1. **Responsibility for Performing Evaluations / Reevaluations.** Eligibility for the State plan HCBS benefit must be determined through an independent evaluation of each individual). Independent evaluations/reevaluations to determine whether applicants are eligible for the State plan HCBS benefit are performed (*Select one*):

	Directly by the Medicaid agency
X	By Other ( <i>specify State agency or entity under contract with the State Medicaid agency</i> ): The Zone will conduct evaluations and reevaluations to determine 1915(i) eligibility.

2. **Qualifications of Individuals Performing Evaluation/Reevaluation.** The independent evaluation is performed by an agent that is independent and qualified. There are qualifications (that are reasonably related to performing evaluations) for the individual responsible for evaluation/reevaluation of needs-based eligibility for State plan HCBS. (*Specify qualifications*):

The agent responsible for administering and scoring the WHODAS assessment to determine needs-based eligibility for State plan HCBS must complete the WHODAS User Agreement and training on the administration and complex scoring method of the WHODAS. Training materials are located in the WHODAS Manual.

3. **Process for Performing Evaluation/Reevaluation.** Describe the process for evaluating whether individuals meet the needs-based State plan HCBS eligibility criteria and any instrument(s) used to make this determination. If the reevaluation process differs from the evaluation process, describe the differences:

**Process for Performing Evaluation/Reevaluation**

North Dakota's 1915(i) HCBS eligibility review process is the same for initial evaluations and reevaluations.


**Initial Eligibility Evaluation Reviews**

The point of entry to explore eligibility and enroll in 1915(i) services is a Zone. The Zone completes Medicaid eligibility, as well as 1915(i) eligibility.

Responsibilities of the Zones include:

1. Informing 1915(i) applicant of the available 1915(i) services;
2. Informing applicant of their rights and responsibilities (this is accomplished through the Medicaid application process and verified by applicant's signature on the Medicaid form).
3. Verification the individual resides in a HCBS compliant setting as defined by the federal regulations;
4. Obtaining required diagnostic information and the WHODAS 2.0 assessment and scores. There are several options for the Zone to obtain the required diagnostic information and WHODAS assessment and scores:

8



# World Health Organization Disability Assessment Schedule 2.0

## WHODAS 2.0 is:

- A generic assessment instrument for health and disability.
- A tool to produce standardized disability levels and profiles
- Applicable across cultures, in all adult populations
- Directly linked at the level of the concepts to the International Classification of Functioning, Disability and Health (ICF)
- Used across all diseases, including mental, neurological and addictive disorders
- Short, simple and easy to administer (5 to 20 minutes)
- Applicable in both clinical and general population settings
- A tool to produce standardized disability levels and profiles
- Applicable across cultures
- Directly linked at the level of the concepts to the International Classification of Functioning, Disability and Health (ICF)

## WHO Disability Assessment Schedule 2.0 (WHODAS 2.0)

### WHODAS 2.0 covers 6 Domains of Functioning, including:

- **Cognition** – understanding & communicating
- **Mobility** – moving & getting around
- **Self-care** – hygiene, dressing, eating & staying alone
- **Getting along** – interacting with other people
- **Life activities** – domestic responsibilities, leisure, work & school
- **Participation** – joining in community activities

\*For more information about the tool visit: [https://www.who.int/classifications/icf/more\\_whodas/en/](https://www.who.int/classifications/icf/more_whodas/en/)

WHODAS 2.0 is:



Services must be delivered in a Home & Community-based Setting per Final Rule



Care Coordinators are responsible for ensuring service delivery and compliance with the Home & Community-based Setting Rule



The Department will provide training to Medicaid Enrolled Providers on the Settings Rule.



Agencies that are not “approved settings” may complete an assessment with the Department to verify if the setting is compliant.

# HOME & COMMUNITY-BASED SETTINGS RULE (P.15)

# HOME & COMMUNITY- BASED SETTING

## **All services funded through Medicaid HCBS funding authorities must:**

- Be integrated in and provide full support for full access to the greater community.
- Provide opportunities to seek employment and work in competitive integrated settings.
- Allow individuals to engage in community life, control personal resources, and receive services in the community, to the same degree as individuals not receiving HCBS.
- Be selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residence.
- Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimize individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitate individual choice regarding services and supports, and who provides them.

# PROVIDER – OWNED OR CONTROLLED RESIDENTIAL SETTING

## **Provider-Owned or Controlled Residential Setting**

The unit or dwelling must be a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services.

Where landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

Each individual has privacy in their sleeping or living unit including:

- Entrance doors can be locked by the individual, with only appropriate staff having keys.
- Individuals sharing units have a choice of roommates within that setting.
- Individuals have the freedom to furnish and decorate their sleeping or living units to the extent allowed by the lease or other agreements.
- Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.
- Individuals are able to have visitors of their choosing at any time.
- The property is physically accessible to the individual.

# SETTING THAT ARE NOT HOME & COMMUNITY- BASED SETTING

## Settings That Are Not Considered Community Based

- The Rule defines settings that are not home and community-based include:
  - Nursing facilities
  - Institutions for mental diseases
  - Hospitals and other locations that have qualities of an institutional setting



# PERSON-CENTERED PLAN OF CARE

- The Person-centered Plan of Care (POC) is specific to the individual's needs.
- Driven by the individual.
- Required for service authorization.
- Identifies the individual's
  - Choice
  - Individual's Strengths
  - Needs
  - Goals
  - Wellbeing & Safety
  - Integration
  - Services to achieve goals
    - Duration
    - Amount
    - Frequency
- Completed by the **Care Coordinator** annually or as the individual's needs change.

\* For a complete description see the draft application.

State: ND §1915(i) HCBS State Plan Benefit State Plan Attachment 3.1-i:  
DRAFT

### Person-Centered Planning & Service Delivery

(By checking the following boxes, the state assures that):

1. ● There is an independent assessment of individuals determined to be eligible for the State plan HCBS benefit. The assessment meets federal requirements at 42 CFR §441.720.
2. ● Based on the independent assessment, there is a person-centered service plan for each individual determined to be eligible for the State plan HCBS benefit. The person-centered service plan is developed using a person-centered service planning process in accordance with 42 CFR §441.725(a), and the written person-centered service plan meets federal requirements at 42 CFR §441.725(b).
3. ● The person-centered service plan is reviewed and revised upon reassessment of functional need as required under 42 CFR §441.720, at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual.
4. ● **Responsibility for Face-to-Face Assessment of an Individual's Support Needs and Capabilities.** There are educational professional qualifications (that are reasonably related to performing assessments) of the individuals who will be responsible for conducting the independent assessment, including specific training in assessment of individuals with need for HCBS. (Specify qualifications):

**Qualifications for those responsible for assessment of individual's needs:**

The WHODAS 2.0, a functional needs assessment, will be used to determine the individual meets the needs-based criteria for 1915(i) eligibility.

The individual responsible for administration of the WHODAS and for using the complex scoring method must complete the WHODAS training and User Agreement. Training materials are located in the WHODAS Manual available on the WHODAS website.

There are three modes of administering WHODAS 2.0: self-administered, by interview and by proxy, each of which are discussed in the WHODAS Manual.

The WHODAS identifies and rates the Individual's level of need in multiple life domains so in addition to determining eligibility, the WHODAS assessment scores will assist the Care Coordinator with identifying service needs and developing the POC. The Care Coordinator may use additional assessment tools as necessary to ensure a thorough assessment of the individual's needs.

Qualifications of the Care Coordinator include:

- employed by an enrolled ND Medicaid Care Coordinator provider; and
- have a bachelor's degree in social work, psychology, nursing, sociology, counseling, human development, special education, child development and family science, human resource management (human service track), criminal justice, occupational therapy, communication science/disorders or vocational rehabilitation. The NDDHS may approve other degrees in a closely related field at the NDDHS's discretion; and,
- possess NDDHS approved competencies.

18

# ENROLLMENT PROCESS FLOW

PROCESS FLOW	MEDICAID ENROLLMENT	1915(i) ENROLLMENT	PERSON-CENTERED PLAN	SERVICES	ELIGIBILITY REDETERMINATION
Time Frame	45 days	5 days	1-2 week(s)	1-2 week(s)	Annually
Who is Responsible?	Eligibility Worker/ Zones	Eligibility Worker/ Zones	Care Coordinator/ Medicaid Enrolled Provider Agency of 1915(i) Services	Medicaid Enrolled Provider Agency of 1915(i) Services	Eligibility Worker/ Zones
Actions/ Requirements	<ul style="list-style-type: none"> <li>✓ Individual qualifies for Medicaid</li> <li>✓ Review of Individual Rights, Responsibilities &amp; Grievance Procedure</li> </ul>	<ul style="list-style-type: none"> <li>✓ Proof of Behavioral Health Diagnosis</li> <li>✓ WHODAS 2.0 (may be completed by the provider or the Zone)</li> <li>✓ Verification client resides in a HCBS</li> <li>✓ Notice of Approval/ Denial sent to individuals along with a list of CC Providers</li> <li>✓ Referral is sent to CC Provider along with WHODAS 2.0 assessment</li> </ul>	<ul style="list-style-type: none"> <li>✓ Person-centered Plan of Care (POC) Development</li> <li>✓ POC submitted to MMIS to initiate access to additional service needs</li> <li>✓ Ensure services are being provided in a community-based setting.</li> </ul>	<ul style="list-style-type: none"> <li>✓ CC Agency refers Individuals to Providers</li> <li>✓ Completion of WHODAS in the event there is a change in circumstance</li> <li>✓ Ensure services are offered in a community-based setting.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Redetermination of Medicaid.</li> <li>✓ Redetermination of 1915(i) services = Recompletion of WHODAS 2.0</li> <li>✓ Notice of Approval/ Denial sent to individuals along with a list of Care Coordination Providers</li> </ul>
Quality Assurance	<ul style="list-style-type: none"> <li>• NA</li> </ul>	<ul style="list-style-type: none"> <li>• NA</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral Health Division</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral Health Division</li> </ul>	<ul style="list-style-type: none"> <li>• Zones</li> </ul>
Data Systems & Resources Leveraged	<ul style="list-style-type: none"> <li>• Web-based System</li> <li>• Mailed Notification by Zone</li> </ul>	<ul style="list-style-type: none"> <li>• Web-based System</li> <li>• Mailed Notification by Zone</li> </ul>	<ul style="list-style-type: none"> <li>• MMIS</li> </ul>	<ul style="list-style-type: none"> <li>• NA</li> </ul>	<ul style="list-style-type: none"> <li>• Web-based System</li> <li>• Mailed Notification by Zone</li> </ul>

Acronym Key:  
 HCBS Home & Community-based Setting  
 CC= Care Coordinator  
 POC= Person Centered Plan of Care  
 MMIS= Medicaid Management Information System



**INDIVIDUAL  
SUBMITS  
APPLICATION  
FOR MEDICAID OR  
MEDICAID  
EXPANSION**

# PROPOSED ENROLLMENT PROCESS



**MEDICAID OR MEDICAID  
EXPANSION  
ENROLLMENT & 1915(i)  
ELIGIBILITY  
DETERMINATION  
(ZONES)**

- ✓ Application is approved for Medicaid
- ✓ Proof of Behavioral Health Diagnosis & completion of WHODAS 2.0
- ✓ Individual is notified of approved 1915(i) services and receives a list of Care Coordinator providers.

**CARE COORDINATION  
AGENCY  
(MEDICAID ENROLLED  
PROVIDER )**

- ✓ Referral sent to Care Coordination Agency
- ✓ Individual schedules appointment with Care Coordinator.

**PERSON-CENTERED  
PLAN CREATED  
(MEDICAID ENROLLED  
PROVIDER)**

- ✓ Care Coordinator assists the individual with the development of a Person-Centered Plan.
- ✓ Person-Centered Plan of Care (POC) is submitted to the Department. Plan is submitted via MMIS and services are authorized.

**REFERRAL TO OTHER  
1915(i) SERVICES  
(MEDICAID ENROLLED  
PROVIDER)**

- ✓ Care Coordinator assists the individual with accessing additional services in the community.

Acronym Key:  
MMIS= Medicaid Management Information System  
CC= Care Coordinator  
POC= Person Centered Plan of Care  
WHODAS 2.0= World Health Organization Disability Assessment Schedule

# CONFLICT OF INTEREST (p.5)

- Conflict of interest exceptions may be granted for
  - geographic area
  - cultural/language specific providers
- Due to anticipated provider shortage areas the Department will:
  - Devise Conflict of interest protections
  - Request an exception to this regulation

## Assessment

- Zone
- Mental Health Professional
- Care Coordinator

## Person-centered Plan of Care

- Care Coordinator

## Community Transition Services

- Care Coordinator

---

## 1915(i) Services

- Medicaid Enrolled Provider Group

# CONFLICT OF INTEREST CONTINUED (p.5)

- CMS: Regulations at 42 CFR 441.301(c)(1)(vi) require that providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan, except when the state demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, the state must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Individuals must be provided with a clear and accessible alternative dispute resolution process.
- *The safeguards to mitigate and addresses the potential problems that may arise when the individual's HCBS provider, or an entity with an interest in or employed by a provider of HCBS, performs service plan development (ex. self-referral) need to include, at a minimum:*
- *Full disclosure to participants and assurance that participants are supported in exercising their right to free choice of providers and are provided information about the full range of waiver services, not just the services furnished by the entity that is responsible for the person-centered service plan development;*
- *An opportunity for the participant to dispute the state's assertion that there is not another entity or individual that is not that individual's provider to develop the person-centered service plan through a clear and accessible alternative dispute resolution process;*
- *Direct oversight of the process or periodic evaluation by a state agency;*
- *Restricting the entity that develops the person-centered service plan from providing services without the direct approval of the state; and*
- *Requiring the agency that develops the person-centered service plan to administratively separate the plan development function from the direct service provider functions.*

# SERVICES (p. 23)

1915(i) services will have a different provider types and specialties

- Service Title
- Service Definition (Scope)
- Additional Needs Based Criteria “Categorically Needy” and “Medically Needy”
  - Limits
    - Age
    - Billing
      - Annual Limits
      - Daily
      - Monthly
      - Weekly
      - Remote Service Limit
- Agency/Provider and Individual Qualifications
- Participant Directed Services
  - only service is Respite.
- Providers will bill for services using MMIS.

State: ND      §1915(i) HCBS State Plan Benefit      State Plan Attachment 3.1-i:  
DRAFT

Services	
1. State plan HCBS. (Complete the following table for each service. Copy table as needed):	
<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):	
Service Title:	Care Coordination
Service Definition (Scope):	
Care Coordination is a comprehensive service comprised of a variety of specific tasks and activities to assist participants in gaining access to 1915(i) and its services and is a required component of the 1915(i)-community based behavioral health service system.	
The Care Coordinator ensures that care is delivered in a manner consistent with strength-based, person-centered, and culturally competent values and responsive to diversity, identity formation, intergenerational issues, cultural conflicts, socioeconomic factors and environmental impacts.	
The Care Coordinator ensures that the participant (and parent/guardian's as applicable) voice, preferences, and needs are central to the Person-Centered Plan of Care (POC) development and implementation. A minimum of one face to face contact between the Care Coordinator and participant per quarter is required.	
The Care Coordinator is responsible for the facilitation and oversight of this process, including:	
<b>A. Comprehensive assessment and reassessment activities include:</b>	
<ul style="list-style-type: none"> <li>• Completion of assessments as needed.</li> <li>• Collecting, organizing and interpreting an individual's data and history, including the gathering of documentation and information from other sources such as family members, medical providers, social workers, and educators, etc., to form a complete assessment of the individual, initially and ongoing;</li> <li>• Promoting the individual's strengths, preferences and needs by addressing social determinants of health including five key domains (economic stability, education, health and health care, neighborhood and built environment, and social and community context) and assessing overall safety and risk including suicide risk;</li> <li>• Conducting a crisis assessment and plan initially and ongoing;</li> <li>• Guiding the family engagement process by exploring and assessing the participant's, and in the case of a minor the family's, strengths, preferences, and needs, including overall safety and risk, including suicide risk, initially and ongoing.</li> </ul>	
<b>B. Development of an individualized Person-Centered Plan of Care (POC), including the Crisis Plan component, based on the information collected through the assessment.</b>	
Person-Centered Plan of Care development is encouraged to take place within the framework of a team process. Person-Centered Plan of Care meetings are only convened when the participant is available, with their active participation at a location convenient to them.	

23

24

\*For a full description see the application draft.

SERVICE TYPE	DESCRIPTION	AGE
Care Coordination	Coordinates participant care, develops Person-centered Plan of Care plan of care and assists individuals with gaining access to needed 1915(i) and other services.	0+
Training and Supports for Caregivers	Service directed to individuals providing unpaid support to a recipient of 1915(i) services. Services are provided for the purpose of preserving, educating, and supporting the family and/ or support system of the individual.	0+
Community Transitional Services	Non-recurring basic household set-up expenses for individuals transitioning from certain institutions to a private residence where the person is directly responsible for his or her own living expenses. Transition Coordination services are also available	0+
Benefits Planning	Assists individuals considering employment with making informed decisions regarding public benefits and work incentives. Counselors are knowledgeable on public benefits, including Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare, Medicaid etc.	0+
Non-Medical Transportation	Assists participants with transportation needs to gain access to services, activities and resources, as specified by their plan of care.	0 to 21
Respite	Provided to participants unable to care for themselves. Furnished on a short term basis because of the absence or need for relief of persons who normally provide care for the participant.	0 to 21
Prevocational Training	Assists participants with developing general, non-job-task-specific strengths and skills that contribute to paid employment	14+
Supported Education	Assists participants who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment.	14+
Supported Employment	Assists participants with obtaining and keeping competitive employment at or above the minimum wage.	14+
Housing Support Services	Assists participants with accessing and maintaining stable housing in the community.	16+
Peer Support	Trained and certified individuals with lived experience as recipients of behavioral health services promote hope, self-determination, and skills to participants to achieve long-term recovery from a behavioral health disorder.	18+

\*For a full description read the application draft.

<b>PROVIDER REQUIREMENTS &amp; QUALIFICATIONS</b>	<b>CARE COOR.</b>	<b>TRANSITION</b>	<b>TRAIN/ SUP.</b>	<b>PEER SUP.</b>	<b>PD RESPITE</b>	<b>PM RESPITE</b>	<b>NM TRANS.</b>	<b>BEN. PLAN.</b>	<b>PREVOC</b>	<b>SUP. EDC.</b>	<b>SUP. EEMPL.</b>	<b>HOUSING</b>
Medicaid Enrolled Billing Group Provider of Service	X	X	X	X		X	X	X	X	X	X	X
Verification of Provider Qualifications Initial & Revalidation	X	X	X	X	X	X	X	X	X	X	X	X
License						X	X					
Certification								X	X		X	
Accreditation									X	X	X	
Provider Agreement	X	X	X	X		X	X	X	X	X	X	X
Provider Attestation	X	X	X	X		X	X	X	X	X	X	X
Attest: Practitioners meet qualifications	X	X	X	X		X	X	X	X	X	X	X
Attest: Services provided within scope of practice	X	X	X	X		X	X	X	X	X	X	X
Attest: Practitioners have req. competencies	X	X	X	X		X	X	X	X	X	X	X
Attest: Agency conducts training per state policy	X	X	X	X		X	X	X	X	X	X	X
Attest: Individual has WHODAS Training when req.	X	X	X	X		X	X	X	X	X	X	X
Attest: Adherence to all 1915(i) Standards/Req.	X	X	X	X		X	X	X	X	X	X	X
Attest: Has req. policies available for NDDHS review	X	X	X	X		X	X	X	X	X	X	X
Attest: Practitioners have completed Settings Rule Training	X											
Attest: Practitioners have knowledge of Settings Rule		X	X	X		X	X	X	X	X	X	X
Attest: Adherence to State Motor Veh. Laws, etc.							X					
Attest: Member of ND Continuum of Care												X
Attest: Completion of approved HCBS Settings Rule Training	X											
Third Party Fiscal Agent Involvement		X	X		X		?					

\*For a full description read the application draft. "Medicaid Enrolled Agencies" may not have the same requirements as individual's affiliated with the agency.



<b>INDIVIDUAL PRACTITIONER REQUIREMENTS &amp; QUALIFICATIONS</b>	<b>CARE COOR.</b>	<b>TRANSITION</b>	<b>TRAIN/SUP.</b>	<b>PEER SUP.</b>	<b>PD RESPITE</b>	<b>PM RESPITE</b>	<b>NM TRANS.</b>	<b>BEN. PLAN.</b>	<b>PREVOC</b>	<b>SUP. EDC.</b>	<b>SUP. EML.</b>	<b>HOUSING</b>
Be employed by, or be an enrolled provider of service	X	X	X	X		X	X	X	X	X	X	X
Bachelor's or higher in NDDHS approved degree	X	X										
Bachelors degree or substitute work experience for degree												X
Demonstrate skill-Person-Centered Plan (PCP) Development	X	X										
Demonstrate skill in PCP Implementation	X	X	X	X		X	X	X	X	X	X	X
Knowledge & Skill in HCBS Settings Rule	X	X	X	X		X	X	X	X	X	X	X
Complete approved HCBS Settings Rule Training	X											
Skill in SAMHSA Case Man. Core Competencies	X											
Complete WHODAS Training if applicable to job	X	X	X	X		X	X	X	X	X	X	X
Be 18 years of age or older	X	X	X	X	X	X	X	X	X	X	X	X
Supervision Requirement	X	X	X	X					X	X	X	X
Criminal Background Check						X						
Child Abuse and Neglect Registry Check						X						
2 yrs exp w/Target Pop. or Certified Parent Aid, HSC Tech, etc.				X								
Certification as a Peer Specialist				X								
Certification as a Work Incentives Counselor								X				
Certification as Emp, BI, Spec., QSP, DSP, or degree									X	X		
Competency in Housing First Approach												X

\*For a full description read the application draft.

# Provider Enrollment

- Process is currently under development.
- New provider specialty code & taxonomy code.
- Providers and Individuals will be required to complete enrollment through ND Medicaid.

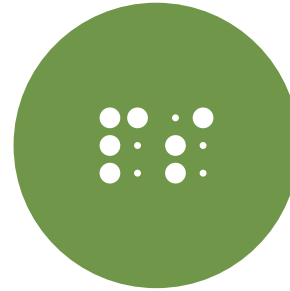
# Upcoming Training

- Provider Enrollment & Provider Expectations
- Home & Community-based Settings Final Rule
- Care Coordination
- 1915(i) Services

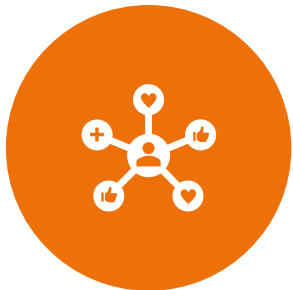
**NEXT STEPS**



Identify clients that are receiving Medicaid and Medicaid Expansion.



Familiarize yourself with ND Medicaid Provider Enrollment Website.



Develop an internal process for referring individuals to the Zones for completing Medicaid Enrollment.



Get to know Providers in your community who understand the billing process.

**PROVIDER ENROLLMENT: WHAT YOU CAN DO NOW**



Search

- TRAINING
- REPORTS
- DATA
- ABOUT US
- REQUEST ASSISTANCE
- FIND SERVICES

Home / 1915(i) Medicaid State Plan Amendment

# 1915(i) Medicaid State Plan Amendment

During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services (Department) to create a Medicaid 1915(i) state plan amendment. The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

To receive funding for services the state must:

- Develop a plan, draft a service delivery package, and complete the 1915(i) Medicaid State Plan Amendment Application.
- Make the 1915(i) Medicaid State Plan Amendment Application available for public comment.
- Submit for approval from the Centers for Medicaid (CMS) services.

In October 2019, the Department hosted a series of listening sessions asking stakeholders what services should be offered, who should receive the services and who should provide the services.

This effort engaged feedback from over 200 stakeholders. After reviewing the feedback and several months of development, the application draft is now open and available for **public comment**.

Download the Draft

Download the Rate Schedule

## Sign up for updates!

Get news from Behavioral Health Division in your inbox.

\* Email

By submitting this form, you are consenting to receive null from: Behavioral Health Division, 1237 W Divide Ave, Bismarck, ND, 58501, US, https://www.behavioralhealth.nd.gov/. You can revoke your consent to receive emails at any time by using the SafeUnsubscribe@ link, found at the bottom of every email. **Emails are serviced by Constant Contact.**

Sign Up!

# PUBLIC COMMENT

[www.behavioralhealthnd.gov/1915i](http://www.behavioralhealthnd.gov/1915i)

This screenshot shows the top portion of the website. The browser address bar displays <https://www.behavioralhealthnd.gov/1915i/meetings>. The header includes the North Dakota logo and navigation links: TRAINING, REPORTS, DATA, ABOUT US, REQUEST ASSISTANCE, and FIND SERVICES. The main heading is "Public Comment" under the "1915(i) Medicaid State Plan Amendment" section. Below the heading is a paragraph explaining the public comment process. A sidebar on the right contains links for "1915(i) Home", "Resources", and "Application Snapshot". At the bottom of the page, a horizontal timeline titled "Application Milestones" shows key dates: SEPTEMBER 2019 (Public Input Meetings), NOVEMBER 2019 (Development of Application), FEBRUARY 2020 (Public Comment Period on the Application), MARCH 2020 (1915(i) Draft Application Webinar), and APRIL 2020 (Submission to CMS).

This screenshot shows the main content area of the website. A red rectangular box highlights the section titled "How can I Provide Public Comment?". The text within this box reads: "If you are interested in providing public comment please do so by:" followed by a bulleted list: "submitting written comment by mail to the Behavioral Health Division at 1227 W Divide Ave, Suite 1C, Bismarck, ND 58501", "contacting Bianca Bell by phone at 701.328.8958, toll free at 1.800.755.2719 or ND Relay TTY 800-366-6888", "submitting comments by fax 1-701-328-8978", and "or by submitting written comment [online](mailto:ohh@nd.gov)". Below the list, it states "Comments will be accepted until Thursday, March 19 at 5 pm (CST)".

Below the highlighted section, there is a "Have Questions?" section with a paragraph about a webinar on March 4, 2020, and a "Register for the Webinar" button. At the bottom of the page, a footer contains copyright information, contact details, and a logo for North Dakota Behavioral Health.

# Thank you for your participation!

Visit or [webpage](#).

For questions about Public Comment contact [bhbell@nd.gov](mailto:bhbell@nd.gov)

[Sign up](#) for our mailing list to stay updated on 1915(i) Service Implementation.

