WELCOME

Today's webinar will begin shortly!

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

How can I Provide Public Comment?

If you are interested in providing public comment please follow the guidelines and procedures that have been established. You can find more information on the Dakota Behavioral Health website at www.behavioralhealthnd.gov.

Please contact us at 701-271-0831 for more information. You can also email us at dhai@behavioralhealthnd.gov. Comments will be accepted until Friday, March 18, 2022, at 3:00 PM (CST).

Requests to the Department

The Department will respond to requests in writing or electronically within 30 days. You can contact us at 701-271-0831 or email us at dhai@behavioralhealthnd.gov.

If you need assistance in order to provide a public comment, please contact Donna Bull at 701-271-0831, ext. 120, or email us at dhai@behavioralhealthnd.gov.

For more information, please visit the Dakota Behavioral Health website at www.behavioralhealthnd.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.
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
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

- **OCTOBER 17, 2019**: Review of Public Input
- **SEPTEMBER 2019**
  - Public Input Meetings
- **OCTOBER 17, 2019**
- **NOVEMBER 2019**
  - Development of Application
- **FEBRUARY 2020**
  - Public Comment Period on the Application
- **MARCH 2020**
  - 1915(i) Draft Application Webinar
- **APRIL 2020**: Submission to CMS
• 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

* For a complete description see the draft application.
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.
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)

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/*
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.
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

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.
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
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.
## Enrollment Process Flow

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

### Time Frame
- **MEDICAID ENROLLMENT:** 45 days
- **1915(i) ENROLLMENT:** 5 days
- **PERSON-CENTERED PLAN:** 1-2 week(s)
- **SERVICES:** 1-2 week(s)
- **ELIGIBILITY REDETERMINATION:** 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

<table>
<thead>
<tr>
<th>MEDICAID ENROLLMENT</th>
<th>1915(i) ENROLLMENT</th>
<th>PERSON-CENTERED PLAN</th>
<th>SERVICES</th>
<th>ELIGIBILITY REDETERMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Individual qualifies for Medicaid</td>
<td>✓ Proof of Behavioral Health Diagnosis</td>
<td>✓ Person-centered Plan of Care (POC) Development</td>
<td>✓ CC Agency refers Individuals to Providers</td>
<td>✓ Redetermination of Medicaid. Redetermination of 1915(i) services = Recompletion of WHODAS 2.0</td>
</tr>
<tr>
<td>✓ Review of Individual Rights, Responsibilities &amp; Grievance Procedure</td>
<td>✓ WHODAS 2.0 (may be completed by the provider or the Zone)</td>
<td>✓ POC submitted to MMIS to initiate access to additional service needs</td>
<td>✓ Completion of WHODAS in the event there is a change in circumstance</td>
<td>✓ Notice of Approval/ Denial sent to individuals along with a list of Care Coordination Providers</td>
</tr>
<tr>
<td>✓ Verification client resides in a HCBS</td>
<td>✓ Notice of Approval/ Denial sent to individuals along with a list of CC Providers</td>
<td>✓ Ensure services are being provided in a community-based setting.</td>
<td>✓ Ensure services are offered in a community-based setting.</td>
<td>✓</td>
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<tr>
<td>✓ Referral is sent to CC Provider along with WHODAS 2.0 assessment</td>
<td>✓</td>
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</table>

### Quality Assurance
- **NA**
- **NA**
- **Behavioral Health Division**
- **Behavioral Health Division**
- **Zones**

### Data Systems & Resources Leveraged
- **Web-based System**
- **Mailed Notification by Zone**
- **Web-based System**
- **Mailed Notification by Zone**
- **MMIS**
- **NA**
- **Web-based System**
- **Mailed Notification by Zone**
INDIVIDUAL SUBMITS APPLICATION FOR MEDICAID OR MEDICAID EXPANSION

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 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
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.
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.

*For a full description see the application draft.
<table>
<thead>
<tr>
<th>SERVICE TYPE</th>
<th>DESCRIPTION</th>
<th>AGE</th>
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</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>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.</td>
<td>0+</td>
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<tr>
<td>Training and Supports for Caregivers</td>
<td>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.</td>
<td>0+</td>
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<tr>
<td>Community Transitional Services</td>
<td>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</td>
<td>0+</td>
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<tr>
<td>Benefits Planning</td>
<td>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.</td>
<td>0+</td>
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<tr>
<td>Non-Medical Transportation</td>
<td>Assists participants with transportation needs to gain access to services, activities and resources, as specified by their plan of care.</td>
<td>0 to 21</td>
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<tr>
<td>Respite</td>
<td>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.</td>
<td>0 to 21</td>
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<tr>
<td>Prevocational Training</td>
<td>Assists participants with developing general, non-job-task-specific strengths and skills that contribute to paid employment</td>
<td>14+</td>
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<tr>
<td>Supported Education</td>
<td>Assists participants who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment.</td>
<td>14+</td>
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<tr>
<td>Supported Employment</td>
<td>Assists participants with obtaining and keeping competitive employment at or above the minimum wage.</td>
<td>14+</td>
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<tr>
<td>Housing Support Services</td>
<td>Assists participants with accessing and maintaining stable housing in the community.</td>
<td>16+</td>
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<tr>
<td>Peer Support</td>
<td>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.</td>
<td>18+</td>
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</table>

*For a full description read the application draft.*
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<td>Verification of Provider Qualifications Initial &amp; Revalidation</td>
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<td>Provider Agreement</td>
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<td>Provider Attestation</td>
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<td>Attest: Practitioners meet qualifications</td>
<td>X</td>
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<tr>
<td>Attest: Services provided within scope of practice</td>
<td>X</td>
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<tr>
<td>Attest: Practitioners have req. competencies</td>
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<td>Attest: Agency conducts training per state policy</td>
<td>X</td>
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<td>Attest: Individual has WHODAS Training when req.</td>
<td>X</td>
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<td>Attest: Adherence to all 1915(i) Standards/Req.</td>
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<td>Attest: Has req. policies available for NDDHS review</td>
<td>X</td>
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<td>Attest: Practitioners have completed Settings Rule Training</td>
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<tr>
<td>Attest: Practitioners have knowledge of Settings Rule</td>
<td>X</td>
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<tr>
<td>Attest: Adherence to State Motor Veh. Laws, etc.</td>
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<td>Attest: Member of ND Continuum of Care</td>
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<td>Attest: Completion of approved HCBS Settings Rule Training</td>
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<td>Third Party Fiscal Agent Involvement</td>
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</table>

*For a full description read the application draft. "Medicaid Enrolled Agencies" may not have the same requirements as individual's affiliated with the agency.
## Individual Practitioner Requirements & Qualifications

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

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
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**
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 320 stakeholders. After reviewing the feedback and several months of development, the application draft is now open and available for public comment.

Sign up for updates!
Get news from Behavioral Health Division in your inbox.

* Email

By submitting this form, you are consenting to receive email from Behavioral Health Division. 1237 W Divide Ave, Bismarck, ND, 58503. You can revoke your consent to receive emails at any time by using the SafeUnsubscribe® link, found at the bottom of every emails. Emails are serviced by Constant Contact.
PUBLIC COMMENT
www.behavioralhealthnd.gov/1915i

The North Dakota Department of Human Services is seeking public comment on the 1915i Medicaid State Plan Amendment (SPA) titled: "DSN: Behavioral Health Services (Behavioral Health Services and Access to Care)". Public comment will be accepted through the Behavioral Health Services and Access to Care website at www.behavioralhealthnd.gov. Comments will be accepted until March 19, 2021 at 5:00 PM CDT.

If you are interested in providing public comment, please follow these steps:

2. Click on the "Public Comment" link located in the top right corner of the website.
3. Follow the instructions provided to submit your comments.

The Department will hold a webinar on March 4, 2021 from 10:00 AM to 12:00 PM CDT to provide further information on the Medicaid State Plan Amendment and answer any questions related to the SPA. Participation in the webinar is not required for public comment submission, but those interested in participating in the webinar may register here.

For more information, please contact Lisa Bell at (701) 465-4912 or lisa.bell@behavioralhealth.nd.gov.
Thank you for your participation!

Visit our webpage.
For questions about Public Comment contact bhbell@nd.gov
Sign up for our mailing list to stay updated on 1915(i) Service Implementation.