Welcome!

Training Revised: 7/8/2022
1915(i) Zone Eligibility Training

Part 1
1915(i) Eligibility & Policy & Procedures

Part 2
Eligibility Web System
NDDHS & Zone Agreement

The NDDHS has an agreement with each of the Human Service Zones delegating the role of evaluation and re-evaluation of 1915(i) eligibility.
What are 1915(i) Home and Community Based Behavioral Health Services?

Allows North Dakota Medicaid to pay for Home and Community Based Services for eligible individuals with certain behavioral health conditions.

The 1915(i) is an amendment to North Dakota’s Medicaid State Plan. It is not a waiver.

There are many differences between the two, yet similarities between the two as well.
## 1915(i) Services

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Member 1915(i)
Eligibility
The Eligibility Process

The Human Service Zones will determine 1915(i) eligibility for Medicaid/Expansion members.

The Human Service Zone will provide the eligible member with a list of enrolled 1915(i) Care Coordination Agencies to choose from.

It is the responsibility of the member to contact the care coordination agency of their choice to begin the person-centered planning process.
Entry into the 1915(i)

The Zone is the entry point for all 1915(i) referrals.

There are no limits on who can refer an individual.

The individual’s Medicaid (Traditional or Expansion) and Federal Poverty Level must be established first.

The SFN 741 is the 1915(i) eligibility form.
1915(i) Eligibility Form (SFN 741)

Purpose of the SFN: To collect the Diagnostic and WHODAS information required for the individual's 1915(i) eligibility to be determined.

Diagnosis Section: Must be completed by the clinical professional providing the member's diagnosis.

WHODAS Section: Must be completed by the "trained, qualified practitioner" completing the WHODAS assessment.

The completed form is given to the 1915(i) Zone Eligibility Worker, and eligibility is determined.
1915(i) Eligibility Form

Let's take a look at the SFN 741

Sfn00741.pdf (nd.gov)
3 Ways to Obtain the WHODAS Score and Diagnosis

1. The individual may provide the Zone Eligibility Worker with the 1915(i) Eligibility Determination form containing the information.

2. The Zone Eligibility Worker may assist the individual with obtaining the 1915(i) Eligibility Determination form containing the information.

3. The Zone Eligibility worker may administer the WHODAS 2.0
1915(i) Eligibility Criteria

An applicant is eligible for the 1915(i) State Plan if all of the following criteria are met:

1. Age 0+
2. Recipient of Traditional Medicaid or Medicaid Expansion
3. Federal Poverty Level is at 150% or below
4. Qualified 1915(i) Behavioral Health Diagnosis
5. Qualifying WHODAS Score

At any point an individual doesn’t meet one of the eligibility criteria, they are not eligible.
Criteria #1: Age

All ages may be served by the 1915(i).
Criteria #2: Traditional or Expansion Member

This is determined during the Medicaid Eligibility process.

Traditional = Department Administered
Expansion = MCO Administered
Criteria #3: Federal Poverty Level

The member is required to report to you if their income exceeds 150%. There is language in the eligibility approval letter informing them of this.

The federal poverty level table is found on the 1915(i) website.
- Federal Poverty Level
Criteria #4 – WHODAS Score

The WHODAS is the instrument that will be used as part of the 1915(i) Eligibility Determination Process.

A qualifying WHODAS score is required for 1915(i) eligibility.
Criteria #5: Qualifying Diagnosis

Individuals must possess one or more of the qualifying Diagnoses approved for 1915(i) eligibility.

The list of approved diagnoses are on the 1915(i) Eligibility Form.
Responsibilities of the 1915(i) Eligibility Worker

1. Prior to 1915(i) enrollment, the Zone Eligibility Workers are also responsible for Medicaid enrollment of the individual. The worker determining 1915(i) eligibility may, or may not be, the same Zone employee determining Medicaid eligibility for the individual.
Responsibilities of the Eligibility Worker

2. Verifying Proof of Diagnosis & WHODAS

The individual seeking eligibility may provide the Zone Eligibility Worker with proof of diagnosis and completed WHODAS 2.0 assessment using a 1915(i) Eligibility Determination Form.

The Zone Eligibility Worker may assist the individual with obtaining proof of diagnosis from their diagnosing provider and proof of WHODAS 2.0 assessment scores.

The Zone Eligibility Worker may administer the WHODAS 2.0 if the individual does not have a WHODAS score from a trained, qualified practitioner.
Responsibilities of the Eligibility Worker

3. Entering the needs-based eligibility information into the web system as proof of 1915(i) eligibility. The web system will be used to verify the information provided meets the need-based eligibility requirements.

Part 2 – Web-based Eligibility System Powerpoint and Cheat Sheet will walk you through the process.
Responsibilities of the Eligibility Worker

4. Informing the individual (and family/guardian if applicable) of the eligibility results. This includes sending eligibility approval or denial letters to the individual or family/guardian, if applicable.

The Zone Eligibility Worker will generate either an approval or denial letter in the web-based eligibility system and send to the member and to the family/guardian if applicable.
Responsibilities of the Eligibility Worker

5. Informing the individual of their right to choose their Care Coordination provider and providing them with a list of Care Coordination providers.

The State Office will provide a spreadsheet containing a list of care coordination providers on the 1915(i) website to provide to the eligible member.
1915(i) Fact Sheet

The Zone Eligibility Worker will provide the member with a “1915(i) Fact Sheet” which provides the member with a list of services and identifies their next steps to accessing services.

The 1915(i) is located on the 1915(i) website.
The Zone Eligibility Worker must inform the client of their rights.

This information is included on the client’s eligibility letter sent by the 1915(i) Zone Eligibility Worker:

As a client, you have the right to:

- be involved in the development of your Plan of Care (POC) and to choose who will be involved in the plan development; and,
- choose each of your service providers specified in the plan of care; and,
- change service providers at any time.
Client Rights (cont.)

- Timely and adequate notice of decisions about eligibility
- Confidentiality
- Privacy, dignity, and respect
- Freedom from unlawful discrimination
- Freedom from abuse, neglect, and exploitation
- Freedom from coercion and restraint
- Receive services completed as agreed upon in the POC
- Voice complaints and concerns
- Appeal service determinations
Request of Information

After approval of eligibility, the care coordinator will send a Request of Information (ROI) to the Zone.

The EW will upload the (ROI) into the web system and provide the following to the care coordinator:

- SFN 741 Eligibility form
- WHODAS assessment and scoresheet
- 1915(i) eligibility dates
The Zone Eligibility Worker will generate a letter through the web-based system to inform the client of the denial of eligibility:

The North Dakota Department of Human Services provides an opportunity for an appeal to any person whose claim for 1915(i) assistance is denied or not acted upon promptly.

The Zone Eligibility Worker is required to inform clients who are denied eligibility of their right to appeal.

There is “Appeal Rights” language included in the “denial of eligibility” letter generated by the Zone Eligibility Worker and mailed to the member and the parents or guardian if applicable:
1915(i) Annual Review Notices

Zone employees have been identified to generate and send out 30-day advance notification of eligibility reevaluations or redeterminations. If the member doesn’t follow through, then the same Zone employees will generate and send out the 1915(i) closure letters.
Eligibility for each member must be reevaluated at least annually.

NDDHS, Care Coordinator, or participant may request a reevaluation prior to the annual timeframe if the participant’s needs change or a change in circumstance deem it necessary.

The process for the reevaluation reviews is the same as the initial evaluation described above.
Eligibility Process Flow

Eligibility process must be completed within 5 business days.

Zone Eligibility Worker will sign and date the SFN 741 1915(i) eligibility form under the 1915(i) Eligibility Request section.

The 1915(i) Zone Eligibility Worker Process Flow document is located on the website.

- Individual Eligibility Process Flow
1915(i) Eligibility Worker Qualifications

Requires one of the following:

- Completion of the eligibility worker one-year certificate program.
- Completion of 90 semester hours or 135 quarter hours of a bachelor’s degree program.
- Graduation from high school or GED and three years of work experience involving processing of claims, loans, financial eligibility benefits, credit reviews, abstracts, taxes, or housing assistance, or working in the clerical, accounting, bookkeeping, legal, financial, business, teaching, investments/financial planning, computer/data processing fields.
- Three years of any combination of education and experience listed above.
Medicaid Eligibility Worker vs. 1915(i) Eligibility Worker

Your role may include both Medicaid and 1915(i) Eligibility or your Zone may have chosen to split these roles.
What Needs To Be Communicated between SPACES & Web-based System?

Transfer from Traditional Medicaid to Expansion

Transfer from Expansion to Traditional Medicaid

Medicaid ineligibility

Changes in FPL, member income, and household number

Changes in living arrangements
CONFLICT OF INTEREST STANDARDS
Conflict of Interest Standards

Individuals or entities that evaluate eligibility or conduct the independent evaluation of eligibility for the 1915(i); who are responsible for the independent assessment of need for HCBS; or who are responsible for the development of the service plan, cannot:

1. Be related by blood or marriage to the individual or to any paid caregiver of the individual.
2. Be financially responsible for the individual.
3. Be empowered to make financial or health related decisions for the individual.
4. Have a financial interest in any entity paid to provide care to the individual.
Service providers are prohibited from having a part in determining eligibility for the 1915(i).

If a 1915(i) service provider chooses to complete the WHODAS for an individual, then they cannot provide any 1915(i) services to that same individual.
Questions?

Website: https://www.behavioralhealth.nd.gov/1915i

Email: nd1915i@nd.gov