WHODAS Training

Part I - 1915(i) Medicaid Policy & Procedures

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WHODAS

PART I – 1915(I) HCBS

MEDICAID POLICY & PROCEDURES
The Centers for Medicare and Medicaid Services (CMS) placed several requirements on the state prior to approving the use of the WHODAS for the 1915(i).

The information contained in this power point captures those additional CMS requirements, so must be followed in those instances which the WHO website instruction differs.

For example, the WHO website instructions do not require face-to-face administration of the WHODAS, yet CMS requires face-to-face administration of the WHODAS when utilized for the 1915(i).
Completing the WHODAS for the 1915(i)

The information provided today is for anyone administering the WHODAS for the purpose of determining 1915(i) eligibility.

You are taking this training because you will be administering and scoring the WHODAS for the purposes of determining 1915(i) eligibility.

This training is in addition to the required general training on the WHO website, and additional training resources available on the 1915(i) website.
1915(i) Background

During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services 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 certain behavioral health conditions such as mental illness, substance abuse disorders, and/or brain injury.

The Centers for Medicare & Medicaid Services (CMS) granted approval to the department in January of 2021.
North Dakota Medicaid 1915(i) Home and Community-based Behavioral Health Services are services to support eligible individuals with behavioral health conditions to live in the community, rather than an institution.
Collaborative Effort

The 1915(i) is a collaborative effort between the department’s Medical Services and Behavioral Health Divisions.

Three positions were approved for the department to implement and administer the 1915(i).

- Two 1915(i) Administrator positions are located in the Medical Services Division (Role: Medicaid Policy, Regulatory Oversight, & Operations)
- 1 Community Behavioral Health Administrator position is located in the Behavioral Health Division (Role: Provider Outreach, Technical Assistance, & Quality Assurance)
1915(i) Services

- Care Coordination
- Training and Supports for Unpaid Caregivers
- Respite
- Community Transition Service
- Non-Medical Transportation
- Housing Supports
- Supported Employment
- Supported Education
- Benefits Planning
- Peer Support
- Family Peer Support
- Pre-Vocational Training
Who Can Administer the 1915(i) WHODAS 2.0?

Agents administering the WHODAS must be independent and meet the requirements of a “trained, qualified practitioner”.

A trained, qualified practitioner is defined as: An independent agent providing verification of completion of the WHODAS User Agreement and associated training on the administration and scoring of the WHODAS 2.0.
What is the WHODAS 2.0?

The World Health Organization Disability Assessment Schedule (WHODAS) is an instrument developed by the World Health Organization (WHO) to provide a standardized method for measuring health and disability across cultures.

The WHODAS 2.0 was developed from a comprehensive set of International Classification of Functioning, Disability and Health (ICF) items that are sufficiently reliable and sensitive to measure the difference made by a given intervention. This is achieved by assessing the same individual before and after the intervention. A series of systematic field studies was used to determine the schedule’s cross-cultural applicability, reliability and validity, as well as its utility in health services research.

The WHODAS 2.0 is useful for assessing health and disability levels in the general population through surveys and for measuring the clinical effectiveness and productivity gains from interventions.
The WHODAS...

- Is directly linked to the International Classification of Functioning, Disability and Health (ICF)
- Measures health and determines the level of need of an individual
- Is currently utilized throughout the NDDHS Behavioral Health system
- Is used across all diseases, including mental, neurological and addictive disorders
- Is applicable in HCBS settings, across cultures, and in all populations across the lifespan

WHY THE WHODAS?
The WHODAS Serves Dual Purposes

1. Determination of Member Eligibility for the 1915(i)
   - An overall Complex Score of 50 or above is required.

2. Determination of Need for Individual Service Authorization
   - The individual domain scores will assist the 1915(i) Care Coordinator with identifying the member’s needs to determine which of the 1915(i) services will be authorized. While building the person-centered plan of care, the Care Coordinator and the member will identify goals. The domain scores will identify the member’s needs and determine which of the 1915(i) services will be authorized.
Scoring the WHODAS

The WHODAS offers several scoring options, however, the 1915(i) requires assessors to use the Complex scoring method.

The more complex method of scoring is called “item-response-theory” (IRT) based scoring; it takes into account multiple levels of difficulty for each WHODAS 2.0 item.

This type of scoring for WHODAS 2.0 allows for more fine-grained analyses that make use of the full information of the individual’s responses.
The WHODAS Overall Complex Score

The WHODAS will provide a reliable overall complex score to ensure the individual meets the eligibility criteria of the 1915(i).

A comprehensive complex score of 50 or above is required for 1915(i) eligibility.
The Complex Scoring method takes the coding for each item response as “none”, “mild”, “moderate”, “severe” and “extreme” separately, and then uses a computer to determine the summary score by differentially weighting the items and the levels of severity.

The scoring has three steps:

▪ Step 1 – Summing of recoded item scores within each domain.
▪ Step 2 – Summing of all six domain scores.
▪ Step 3 – Converting the summary score into a metric ranging from 0 to 100 (where 0 = no disability; 100 = full disability). The computer program is available from the WHO website.
The WHODAS

6 Domains

- 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
WHODAS Domains & Domain Scores

In addition to the overall summary score, the WHODAS 2.0 domain scores produce domain-specific scores for the six different functioning domains – cognition, mobility, self-care, getting along, life activities (household and work) and participation.

The domain scores provide more detailed information than the summary score.
The domain scores will be utilized by the Care Coordinator in the person-centered POC process to determine the member’s need for each of the 1915(i) services, and ultimately determine which services will be authorized for the member.
The World Health Organization confirmed the existing WHODAS 2.0 is suitable for individuals across the lifespan.

In those cases where a given question may not be applicable, for example in the case of a small child, there is a mechanism outlined in the WHODAS user manual for how to calculate the score when having dropped a question or two.
There are federal regulations involved with operating a Medicaid funded program.

Conflict of Interest Standards prohibit 1915(i) enrolled service providers from administering the WHODAS for members they provide 1915(i) services.
These federal regulations are in place to protect the individual served under the 1915(i), as well to prevent Medicaid fraud and abuse.

The state must be in compliance with all federal regulations to receive Medicaid funding.
CMS Allowable Modes of WHODAS Administration FOR THE 1915(i)

- Face-to-Face Interview
- Face-to-Face Proxy
Mode 1 - Interview

WHODAS 2.0 will be administered face-to-face by an agent who is independent and qualified as defined by the state in the application, using a person-centered process.

General interview techniques are sufficient to administer the interview in this mode. Chapter 7 of the WHODAS Instruction Guide, available through the World Health Organization (WHO) contains question-by-question specifications that each interviewer must be trained in, and chapter 10 contains a test that can be used to assess knowledge related to administration of the WHODAS 2.0.
An individual’s representative may provide a third-party view of functioning under certain circumstances:
Individual’s Representative = Legal Guardian

An Individual’s representative, with respect to an individual being evaluated or assessed for 1915(i) eligibility, means the individual’s legal guardian.
The SFN 741 1915(i) Eligibility form serves as the official request for 1915(i) eligibility determination.

The purpose of the form is to collect the Diagnostic and WHODAS information required for the individual’s 1915(i) eligibility to be determined.

The diagnosis section of the form must be completed by the clinical professional providing the member’s diagnosis.

The WHODAS section of the form will be filled in by you, as the “trained, qualified practitioner” completing the WHODAS assessment.

The completed form is provided to the 1915(i) Zone Eligibility Worker.
1915(i) Eligibility Redetermination

The WHODAS Assessment must be completed again within 365 days as part of the individual’s annual 1915(i) eligibility redetermination; or sooner if requested by the member, the department, or the 1915(i) care coordinator.

The new WHODAS scores will be documented on the SFN 741 and provided to the Zone 1915(i) Eligibility Worker.
Training Resources

For further information on the WHODAS, please see the World Health Organization’s website: https://www.who.int/classifications/icf/whodasii/en/

See additional resources located on the 1915(i) website at https://www.behavioralhealth.nd.gov/1915i
Stay Connected!  
HTTPS://WWW.BEHAVIORALHEALTHND.GOV/1915
This Concludes the Training