

NORTH
Dakota
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Behavioral Health
HUMAN SERVICES

Acute Psychiatric Treatment Committee June 15, 2022

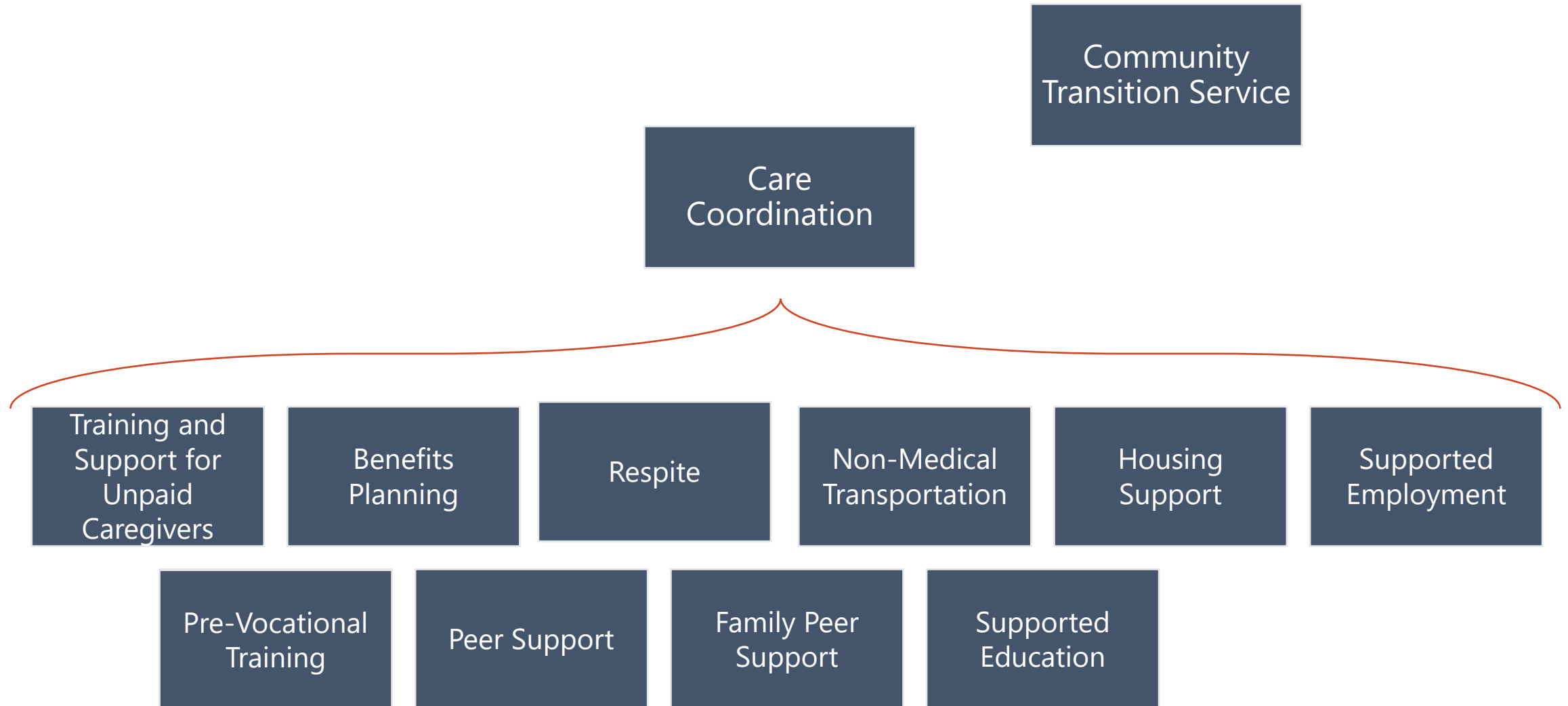
Monica Haugen- 1915(i) Administrator



1915(i) Eligibility Requirements

1. The individual is **age 0+**; and
2. The individual is currently **enrolled in ND Medicaid or Medicaid Expansion**; and
3. The individual's household income is at or below 150% of the **Federal Poverty Level**; and
4. The individual has a qualifying **substance use, mental health or brain injury diagnosis**; and
5. The individual's **WHODAS score is 25 or above**; and
6. The individual resides in and will receive services in a setting meeting the federal **Home and Community-Based Settings (HCBS) Rule**.

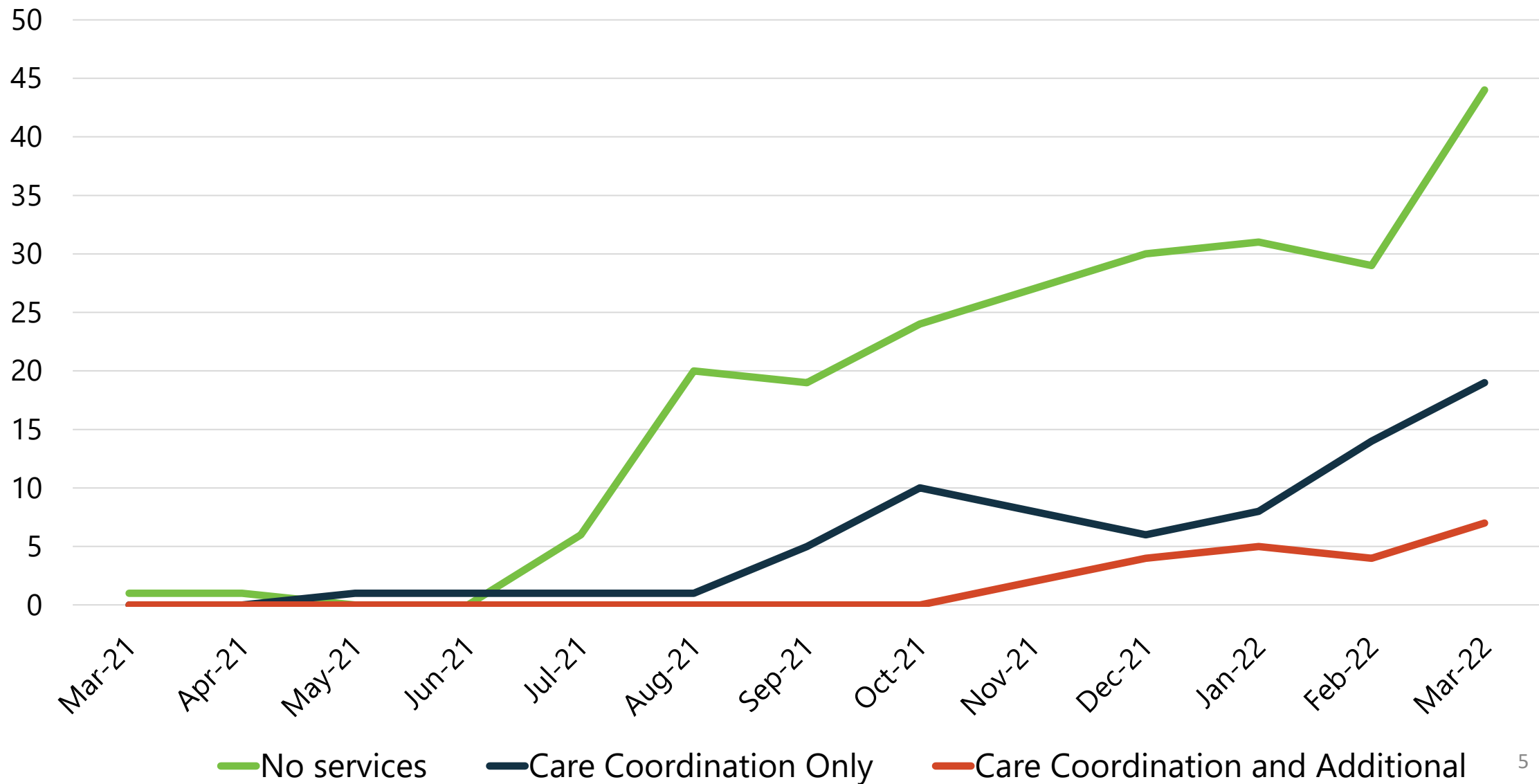
1915(i) Services



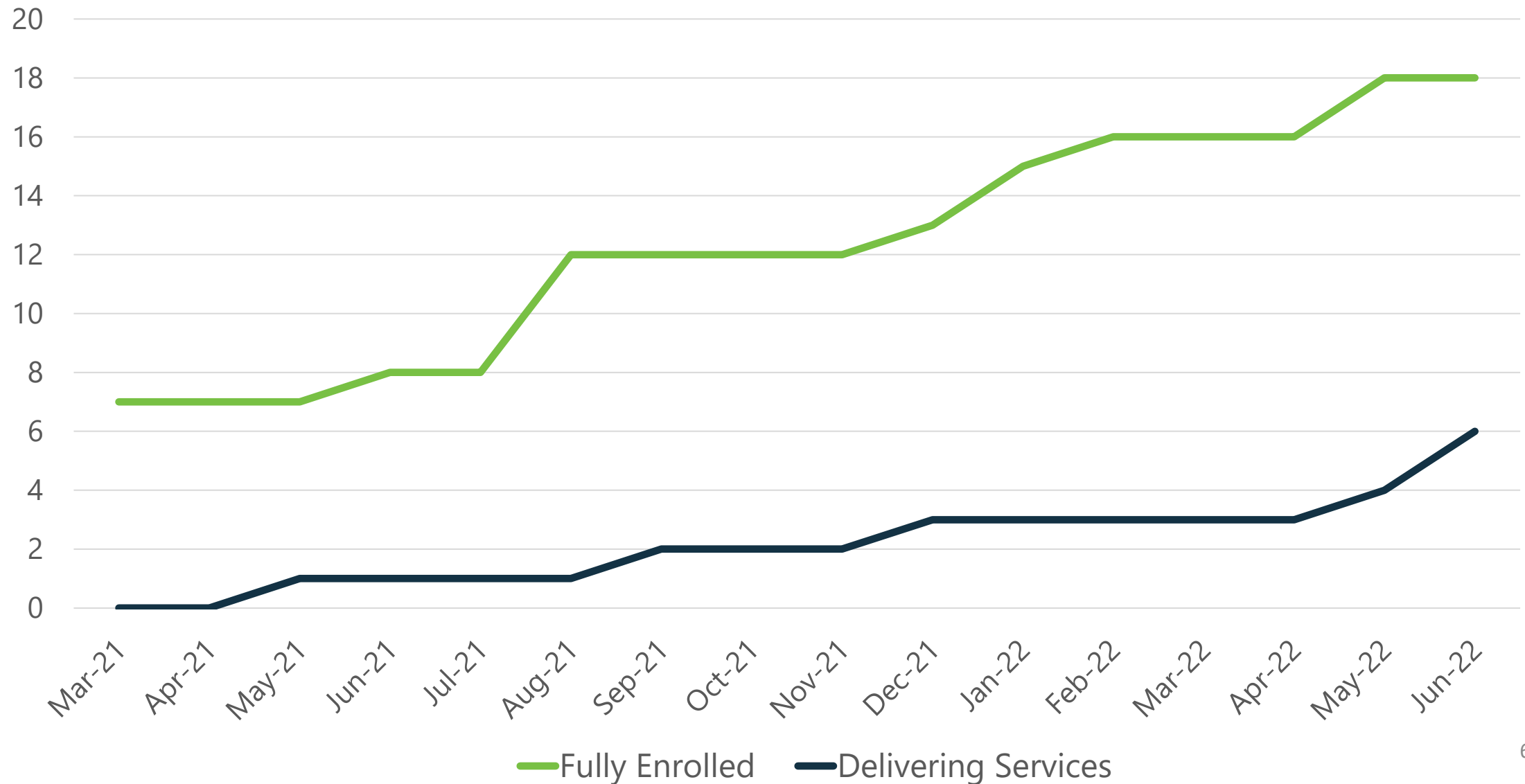
1915(i) Update

- Enrolled Individuals
- Enrolled Providers
- Lessons Learned & Actions Taken
- Promotion and Training
- Looking to the Future

Enrolled Individuals



Enrolled Providers



Lessons Learned & Actions Taken

Lesson Learned	Action Taken
Services must be accessible to all eligible individuals, regardless of their level of English proficiency	Forms translated as requested; Interpreters utilized for phone conversations; Providers informed of the option to bill Medicaid for interpreter services, both spoken language and American Sign Language (ASL) concurrently with 1915(i) claims
WHODAS score requirement of 50 was too restrictive	WHODAS score requirement lowered to 25*
Group provider qualification requiring agency accreditation was unachievable for many providers	Qualifications were expanded to include additional options
Individuals experienced difficulty following through with the necessary steps up to connecting with Care Coordinator	1915(i) Navigator hired by BHD to work with individuals, Human Service Centers, Human Service Zones, and community providers to ensure proper follow-up happens and connections are made to the Care Coordination agency of choice

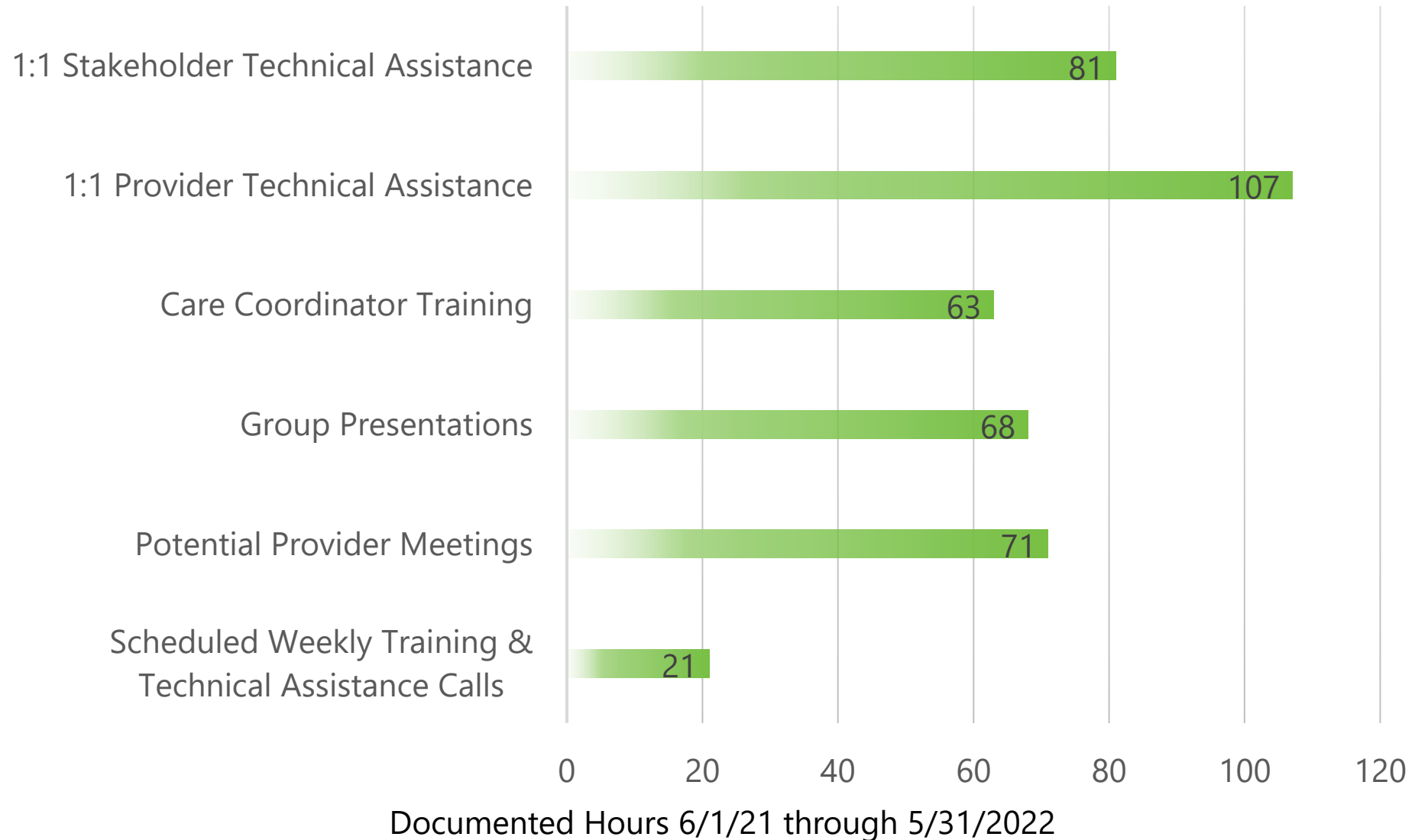
*Addressed with SPA Amendment January 2022

Lessons Learned & Actions Taken

Lesson Learned	Action Taken
Diagnosis verification signed by physician on application was a barrier to enrollment	Option added to include a diagnosis list printout from an Electronic Health Record (EHR) in lieu of obtaining a physician's signature and verification*
Conflict of Interest rules coupled with limited provider base has resulted in many services not yet being widely available	Wait list now being maintained to aid in connecting unserved and underserved individuals when desired services become available in their geographic area
Providers new to Medicaid struggle with Medicaid Provider Enrollment and best business practices	Vendor has been contracted to facilitate intensive Medicaid training and technical assistance
Additional oversight is needed to ensure individuals receive services in a timely manner	Additional tracking and provider reporting has been implemented
Individuals denied enrollment due to no qualifying diagnosis	Diagnosis list recreated under the guidance of Field Services clinicians*

*Addressed with SPA Amendment January 2022

Promotion & Training



Looking to the Future

- Establish rural differential rates
- Update payment methodology for Non-Medical Transportation Service
- Negotiate additional exceptions to conflict-of-interest rules with CMS
- Continue to identify barriers to individual and provider enrollment and work toward solutions
- Continue to share information with community referral sources
- Continue conversations and outreach with potential providers
- Increase Care Coordinator competencies through additional training

More Information



nd1915i@nd.gov

[behavioralhealth.nd.gov/1915i](https://www.behavioralhealth.nd.gov/1915i)

Training/TA Calls: 1pm Wednesdays; click “Join Now”
<https://www.behavioralhealth.nd.gov/1915i/trainings>