



BENEFIT PLANS

Benefit Plans are used to identify program(s) that a member may be eligible for. Benefits plans have different service authorization, referrals, limits, and may cover different services.

Benefit Plan	Description	SA	Limits	Referrals
Medicaid Fee For Service (FFS) –	This includes all medical, non-medical, and pharmacy services for Medicaid eligible members.	Yes	Yes	Yes
Medicaid Primary Care Case Management (PCCM)	This includes all medical, non-medical, and pharmacy services that require the member to choose a primary care physician to manage their health care.	Yes	Yes	Yes
Program of All-inclusive Care for the Elderly (PACE)	Capitated plan for members who are age 55 and over and meet nursing home placement standards.	N/A	N/A	N/A
Basic Care	This benefit plan includes room and board services for members screened for a licensed Basic Care facility.	Yes	Yes	No
North Dakota Health Tracks/Early Periodic Screening Detection Treatment (EPSDT)	This benefit plan covers members under the age of 21 for screenings and any services resulting from the EPSDT screening.	Yes	No	No
Developmentally Disabled (DD) Waiver [Traditional]	Community based services such as residential support, employment support, and rehabilitation services for a member qualified as developmentally disabled (Must meet ICFMR level of care).	Yes	Yes	No
Children’s Hospice Waiver	A waiver for children under 22 who has received a life-limiting diagnosis from a doctor and is not expected to live longer than one year. The waiver covers services to support families so they can care for their children in their homes as long as possible avoiding lengthy hospital stays and delaying or avoiding institutional care. The program also allows families to access treatments that focus on curative and comfort care for their child.	Yes	Yes	No

Autism Spectrum Waiver	A waiver for children who must be younger than 5, diagnosed with autism spectrum disorder. Families of qualifying children will receive training; help coordinating services, and other support. They will also have access to an evaluation team and in-home support staff to assist with activities that address communication, behavioral, and other needs.	Yes	Yes	No
Developmentally Disabled (DD) State Funded Programs	This benefit plan covers the Family Subsidy and Infant Development Part C programs.	Yes	Yes	No
Home and Community Based Services (HCBS) Waiver	This benefit plan includes community based services (Must meet nursing facility level of care).	Yes	Yes	No
Medicaid Waiver for Medically Fragile Children	This benefit plan includes services that will enable self-directed supports in one's home (must meet nursing facility level of care).	Yes	Yes	No
Technology Dependent Waiver	This benefit plan includes Attendant Care Services (including Nurse Management) and Case Management (must meet nursing facility level of care).	Yes	Yes	No
Money Follows The Person Grant	This benefit plan covers services related to helping individuals move from institutional care to a home based care setting (i.e., moving from a nursing facility or an ICF/MR back into a home).	Yes	Yes	No
Emergency Services for Aliens	This benefit plan covers services needed to treat an emergency medical condition for "Non-Qualified Aliens".	Yes	Yes	No
Disease Management	This benefit plan is a capitated plan available for members who elect to enroll into this program to assist with the management for the following chronic diseases: Diabetes, Asthma, COPD, and Congestive Heart Failure.	No	No	No
Hospice	This is an elective benefit plan that includes the services authorized or provided by a hospice provider.	Yes	Yes	No
Qualified Medicare Beneficiary (QMB)	This benefit plan covers Medicare Part B premiums, deductibles, and coinsurance costs for eligible members.	No	No	No
Service Payments for the Elderly and Disabled (SPED)	This benefit plan covers services paid under the state administered SPED program. Services include Chore, Homemaker, Non-Medical Transportation, etc.	Yes	Yes	No
Expanded Service Payments for the Elderly and Disabled (Expanded SPED)	This benefit plan covers services paid under the state administered Expanded SPED program. Services include Chore, Homemaker, Non-Medical Transportation, etc.	Yes	Yes	No

State Children's Health Insurance Program (CHIP)	This benefit plan covers services to those children who meet the eligibility requirements. While enrolled in this benefit plan an individual cannot have any other insurance coverage.	N/A	N/A	N/A
Aid to the Blind – Remedial Program	This benefit plan covers services that treat individuals who are in danger of losing their vision or require restorative eye services.	Yes	No	No
State Hospital	This benefit plan covers members, age 21 – 65 who reside at the State Hospital.	No	No	No
State of North Dakota Department of Health (DOH)				
Children's Special Health Services	This benefit plan covers specialty care for children under age 21 that is needed to treat an eligible diagnosed condition, such as cerebral palsy.	No	No	No
Russell Silver Program	This benefit plan covers costs for travel, growth hormones, and medical food for children with Russell Silver syndrome.	No	No	No
Ryan White Program	This benefit plan covers AIDS medications and associated medicines for members with HIV.	No	No	No
State of North Dakota Department of Corrections and Rehabilitation				
State Penitentiary	This benefit plan covers all medical and non-medical services provided for members in the State Penitentiary.	No	No	No
Youth Correctional Center	This benefit plan covers all medical, non-medical, and pharmacy services for members in the Youth Correction Center.	No	No	No
County Jail	This benefit plan covers all medical, non-medical, and pharmacy services for members in the County Jails.	No	No	No