

1915(i) Home and Community-Based Behavioral Health Services

The 1915(i) Medicaid State Plan Amendment allows North Dakota Medicaid to pay for additional home and community-based services to support children and adults with behavioral health conditions which substantially interfere with their ability to function in the family, school, or community. This document provides responses to questions that have been raised about the program.

Medicaid-Related Questions and Responses

Question/Concern	Response
Why can't the same service provider deliver 1915(i) care coordination as well as other 1915(i) services?	<p>Section 1915(i) of the Social Security Act requires the state to establish standards for conducting independent assessments to safeguard against conflicts of interest. The independent assessment is conducted as part of the care planning process. The assessment is intended to be separate from service provision to maintain the integrity of the process.</p> <p>In counties where the participant lives that are designated as mental health professional shortage areas, the same service provider may deliver multiple 1915(i) services. However, in counties without this designation (Burleigh, Cass, Grand Forks and Morton), the participant must choose a different provider for care coordination than for other 1915(i) services.</p> <p>The Department of Human Services requested that the same provider be able to deliver all 1915(i) services, regardless of the county, but the Centers for Medicare and Medicaid Services (CMS) did not approve the request.</p>
Which Medicaid category of eligibility groups can qualify for 1915(i) services?	All category of eligibility groups may qualify to receive 1915(i) services, including those who qualify for Medicaid through a 1915(c) waiver.
What resources are available to assist new Medicaid providers with enrollment and billing processes?	North Dakota Medicaid has training and resources specific to 1915(i) providers on its website at http://behavioralhealth.nd.gov/1915i . Once providers are enrolled, claim submission templates can be set up in the Medicaid Management Information System (MMIS) web portal, which makes it easier for providers to submit claims for services they have delivered.
Why can't the 1915(i) program be geared towards preventing	The 1915(i) program is designed to serve individuals with intense behavioral health needs in their homes and communities to prevent them from needing institutional services including hospitals and psychiatric residential treatment facilities. Children who do not qualify for 1915(i) services can receive prevention, screening, diagnosis and treatment services through the Early

children from needing intensive services later?	Periodic Screening, Diagnosis and Treatment (EPSDT) program, which is covered for all children through North Dakota Medicaid.
How can we track outcomes and value?	The 1915(i) program requires the State to perform quality assurance and quality control activities. It does not, however, require a formal evaluation of outcomes to determine if goals are reached to decrease inpatient or emergency department services and shift more toward home and community-based services. If the Legislature desires, funds of approximately \$150,000 could be included in the program budget to request that our actuary review and analyze service utilization. Since the 1915(i) program will most likely take some time to be fully utilized by our members, a formal program evaluation could be delayed until the next biennium. Finally, North Dakota Medicaid plans to report on all the CMS adult core behavioral health measures in the upcoming biennium. These measures could be used as a proxy to track outcomes and value for the 1915i program.