

Program: Medicaid 510-03

Effective Date: October 1, 2025

Overview

Updating Disability and Medically Frail policy to align with North Dakota Administrative Code (NDAC).

Description of Changes

1. Disability and Medically Frail 510-03-35-100 - Change

Aligning policy to the NDAC when coverage for Medically Frail may begin and correcting all links to point to the same in the Definitions section.

Policy Section Updates

1. Disability and Medically Frail 510-03-35-100

(N.D.A.C. Section 75-02-02.1-14)

Under final rules for the Affordable Care Act published on July 15, 2013, individuals determined eligible under the [Adult Expansion Group](#) MUST be given the option to be covered under a broader coverage plan.

Note: All determinations for this coverage are done by ~~DHS~~ [HHS](#) Medically Frail Determination Team.

Once eligibility under the Adult Expansion Group is determined, the approval notice includes information informing the recipient to provide verification of their disability and assets if they would like to receive broader coverage under the 'medically frail' provisions. It is ~~Medicaid's~~ [Medical Services](#)' obligation to screen for the disability.

Recipients, who request to be considered for coverage as '[medically frail](#)', MUST complete a self-assessment, using SFN 1598, and return the completed form to:

DHS [HHS](#) Medical Services
600 E Boulevard Ave, Dept. 325
Bismarck ND 58505-0250
EMAIL: medicallyfrail@nd.gov

EXCEPTION #1: If the individual is a Medicare beneficiary and not eligible under the Parents, Caretaker Relative's and their Spouses Category, that individual must be tested under [Non-ACA Medicaid](#).

EXCEPTION #2: If the individual is determined disabled by the Social Security Administration and is eligible under Non-ACA Medicaid or ACA Medicaid, other than the Adult Expansion Group, the 'medically frail' provisions do not need to be pursued for these individuals.

EXCEPTION #3: 'Medically Frail' provisions do not apply to individuals over age 65.

Individuals requesting coverage as Medically Frail, who complete the self-assessment:

- If the self-assessment meets a threshold score set by the [department](#), the individual shall schedule an appointment with a provider to review and validate the information on the self-assessment. After the individual attends a face-to-face appointment with the provider, the individual shall ensure that the provider provides documentation to the department that validates the diagnosis or medical condition and that includes a medication list.

Upon review of the information provided by the provider, the department shall determine whether the individual meets 'medically frail' eligibility requirements.

If the individual eligible under the Adult Expansion Group:

- Is approved for eligibility as 'medically frail', prior to January 1, 2022, the individual may choose coverage through the Alternative Benefit Plan (ABP) or through the Medicaid State Plan [fee-for-service](#).
 - Is approved for eligibility as 'medically frail' on or after January 1, 2022 and is age 21 through 64, the individual may choose coverage through the Alternative Benefit Plan (ABP).
 - Is approved for the eligibility on or after January 1, 2022 and is age 19 and 20, the individual will have coverage through the Medicaid State Plan [fee-for-service](#).

Individuals determined 'medically frail' and who are requesting assistance for [nursing care services](#) are subject to the Disqualifying Transfer Provisions described in Service Chapter 510-05, Medicaid Eligibility Factors for Non-ACA Medicaid, Section [510-05-80](#), Disqualifying Transfers.

- ~~Is~~ **If** denied for eligibility as 'medically frail', the individual will remain eligible under the Adult Expansion Group.

Coverage of an individual approved as 'medically frail' ~~will~~ **may** begin **no earlier than** the first of the month in which the ~~determination~~ **self-assessment** ~~is made~~ **was received by the department**.

If the individual who requested a 'medically frail' determination also applied for SSA Disability:

1. If the individual is found not disabled by State Review Team and/or SSA, we will continue coverage under the Adult Expansion group.
2. If the individual is determined disabled by the Social Security Administration or the State Review Team and is not eligible for Non-ACA Medicaid or ACA Medicaid other than the Adult Expansion Group, the individual will continue eligible under the Adult Expansion Group.
3. If the individual does not cooperate, does not provide verification of disability or assets, or refuses to do so, but is otherwise eligible for the Adult Expansion Group, coverage will continue under the Adult Expansion Group.