Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 510-03 and 510-05

Par. 2. **Effective Date** – Changes included in this manual letter are effective on or after January 1, 2024 unless otherwise indicated.

Policy Chapter 510-03 (ACA) & 510-05 (Non ACA)

The Primary Care Case Management (PCCM) Program which requires a member to choose a Primary Care Provider (PCP) is ending 01/01/2024. This ML is removing PCP information from the Medicaid manuals. Also updating Non ACA Medicaid manual to remove section North Dakota Health Tracks and add North Dakota Health Tracks section to Related Program section. The North Dakota Health Tracks section was updated to match the ACA Medicaid manual.

1. 510-03-95 Related Programs

~~**Primary Care Provider Program 510-03-95-30**~~

~~The Department has elected mandatory enrollment of eligible caretaker relatives, poverty level pregnant women, and children 19 (effective 01-01-14) years of age and under, into managed care. The purpose of this mandatory enrollment is to assure adequate access to primary care, improve the quality of care, promote coordination and continuity of health care, reduce costs, and to assist recipients to use the health care system appropriately. The Primary Care Provider Program also establishes co-payments for certain services. Information about the program can be found at: http://www.nd.gov/dhs/services/medicalserv/medicaid/managedcare.html.~~

North Dakota Health Tracks 510-03-95-50

North Dakota Health Tracks (formerly EPSDT) is a preventive health benefit ~~program~~ that is free for children age 0 to 21, who are eligible for Medicaid. Health Tracks pays for screenings, diagnosis, and treatment services to help prevent health problems from occurring or help keep health problems from becoming worse. Health Tracks also pays for orthodontics (teeth braces), glasses, hearing aids, vaccinations, counseling and other important health services. ~~Health tracks will help schedule appointments for services and will also help with finding~~

~~transportation to the services.~~ Some services require prior authorization so be sure to check with your screener about these requirements.

Federal legislation requires states to make available to all Medicaid-eligible children under age 21 comprehensive, periodic health assessment, dental, vision and hearing services, and "medically necessary" follow-up diagnostic and treatment service. ~~Due to the federal requirement, when approving a case that includes children under age 21 who are eligible for Medicaid, Eligibility Workers must manually create the ND Health Tracks Referral, print it locally and provide to the Health Tracks staff at HTmemberoutreach@nd.gov.~~

2. 510-03-35-Basic Factors of Eligibility

Disability and Medically Frail 510-03-35-100

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 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 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 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 ~~primary care~~ provider to review and validate the information on the self-assessment. After the individual attends a face-to-face appointment with the ~~primary care~~ provider, the individual shall ensure that the ~~primary care~~ 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 ~~primary care~~ 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 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 begin the first of the month following the month in which the determination is made.

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.

3. 510-05-95 Related Programs

This section is for changes to the Non ACA Medicaid section.

~~**Primary Care Provider Program 510-05-95-30**~~

~~The Department has elected mandatory enrollment of eligible caretaker relatives, poverty level pregnant women, and children 19 (effective 01-01-14) years of age and under, into managed care. The purpose of this mandatory enrollment is to assure adequate access to primary care, improve the quality of care, promote coordination and continuity of health care, reduce costs, and to assist recipients to use the health care~~

~~system appropriately. The Primary Care Provider Program also establishes co-payments for certain services. Information about the program can be found at: http://www.nd.gov/dhs/services/medicalserv/medicaid/managedcare.html.~~

North Dakota Health Tracks 510-05-95

510-05-95-50 North Dakota Health Tracks

North Dakota Health Tracks (formerly EPSDT) is a preventive health benefit that is free for children age 0 to 21, who are eligible for Medicaid. Health Tracks pays for screenings, diagnosis, and treatment services to help prevent health problems from occurring or help keep health problems from becoming worse. Health Tracks also pays for orthodontics (teeth braces), glasses, hearing aids, vaccinations, counseling and other important health services. Some services require prior authorization so be sure to check with your screener about these requirements.

Federal legislation requires states to make available to all Medicaid-eligible children under age 21 comprehensive, periodic health assessment, dental, vision and hearing services, and "medically necessary" follow-up diagnostic and treatment service.

~~**North Dakota Health Tracks**~~

~~**North Dakota Health Tracks**~~

~~**General Information**~~

~~The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program was created by Congress in 1967 as part of the Medicaid program. In North Dakota, EPSDT is known as the Health Tracks Program. Federal legislation requires states to make available to all Medicaid-eligible children under age 21 comprehensive, periodic health assessment, dental, vision and hearing services, and "medically necessary"* follow-up diagnostic and treatment service (see definition below). The program's emphasis is on~~

preventive and primary care, with the overall goal of preventing childhood illnesses or disabilities and identifying children's and young adult's problems early on, before they become severe and disabling. Early identification and treatment improves children's outcomes and enables families to access important resources that will improve family functioning and outcomes.

* "Medically necessary" is defined as a covered service or item if it will do, or is reasonably expected to do, one or more of the following:

a. Arrive at a correct medical diagnosis;

b. Prevent the onset of an illness, condition or injury or disability in the individual or in covered relatives, as appropriate;

c. Reduce, correct, or ameliorate the physical, mental, developmental, or behavioral effects of an illness, condition, injury or disability;

d. Assist the individual to achieve or maintain sufficient functional capacity to perform age appropriate or developmentally appropriate daily activities.

Persons Eligible for Health Tracks

There are three groups of individuals who may be eligible for Health Tracks:

1. Children and adolescents under age 21 who are eligible for Medicaid.

2. TANF children - Temporary Assistance for Needy Families (TANF) children are those who qualify based on criteria for assistance to low-income families.

3. Foster children - Foster children are those who are placed in protective services because they cannot remain at home. These children may have experienced neglect or abuse in the home and are generally placed with a substitute family.

Health Tracks Procedures – Informing

Informing eligibles is done by the individual's eligibility worker and/or the service worker.

The SFN 502 and SFN 405 forms have information regarding Health Tracks and inform the client up-front of the availability of the Health Tracks program for those applying for Medicaid and TANF.

FORMS

1. SFN 502 – Healthcare Coverage Application
2. SFN 405 - Application for Assistance

HEALTH TRACKS BROCHURE

PROCEDURES

1. Worker informs ALL Medicaid eligible individuals (or their families) about the Health Tracks program providing a combination of written and roal methods.
2. Route all Health Tracks referrals to the designated Health Tracks services within 3 days of determination date.

HEALTH TRACKS PROCEDURES – Intake

The service worker or other staff assigned by the county director do intake.

FORMS

1. SFN 710 - Health Tracks Referral

2. SFN 1818 - Health Record - Initial request for screening

3. SFN 1059 - Authorization to Disclose Information * if appropriate

4. Appointment Log

PROCEDURES

1. Contact the parent/recipient as soon as possible, must be within 60 days of the receipt of the Health Tracks Referral. May use the referral as a documentation form to note progress.

   a. Explain what Health Tracks offers.

   b. Set up a time to complete the Health Record, either by phone, mail, or personal appointment. May want to schedule actual screening appointment immediately and arrange to have health record completed at the screening site; or have recipient mail or bring to screening.

   c. Request immunization records for children prior to screening if parent/guardian is unable to secure records by the screening appointment.

   *Screening appointment must be completed within a 90-day time frame. If the time limit is exceeded, the reason must be noted on the Health Tracks Referral.

2. If the parent/recipient, upon contact, verbally indicates they are no longer interested in the screening, service worker documents on the Health Tracks Referral and destroys the form after one year.

3. For TANF Participants: Discuss the choice of screening provider with participant; verify if the child's (ren's) primary care physician (PCP) is a Health Track screening provider. The family has a choice to schedule a screening appointment with their PCP or local Public Health screener. The participant is responsible for completing screening within the prescribed time frame. Document on the TANF referral if the time limit was not met due to a scheduling problem with the chosen provider.

4. For Medicaid only families - if contact cannot be made after at least 2 attempts (one written), document the attempts on the referral; keep referral for one year.

Health Tracks Procedures - Prior to the Scheduled Screening – Public Health Screener

1. COMPLETE THE HEALTH RECORD within 90 days of receipt of referral. Obtain health record information from the natural parent(s) whenever possible. If the child's caretaker does not have legal custody, attempts should be made to reach the legal custodian or natural parents for the information and signatures.

2. DISCUSS TRANSPORTATIO NEEDS AND DOCUMENT on the Health Tracks Referral.

3. ARRANGE A SCREENING APPOINTMENT and complete the screening within 90 days of the receipt of the referral.

4. COMPLETE AN APPOINTMENT SLIP and/or call or mail a reminder to the parent/recipient.

5. ROUTE THE FOLLOWING TO THE REGIONAL COORDINATOR five business days prior to the screening:

   a. Appointment Log

   b. Health Record

   c. Attach Immunization Record, if available

*REMINDERS

- One to three days prior to screening appointment, verify current eligibiility status of recipient scheduled for screening. (Verify Eligibility Phone #: 1-800-428-4140)
- Remind parent/recipient of screening appointment.

Health Tracks Procedures - Follow-up Diagnosis and Treatment

Follow-up Diagnosis and treatment is done by the Social Worker or other staff, as assigned by the county Director.

FORMS:

1. SFN 1059 - Authorization to Disclose Information

2. SFN 1819 – MCH/Health Tracks Assessment

3. SFN 710 – Referral and Request for Information

PROCEDURES AFTER SCREENING:

1. Upon receipt of SFN 1819 – Results of screening received from the regional coordinator or completion by worker and nurse, review the diagnosis and treatment referral plan.

2. Initiate follow-up of referrals as soon as possible by:

   Sending SFN 710 - If not previously completed, Referral and Request for Information should be sent to providers with whom an appointment has been made. If possible, this should be done prior to the appointment.

*REMINDER: It is essential to know if the case is currently open. This prevents non-eligibles from being referred for treatment.

3. Update the SFN 1059 – Authorization to Disclose, adding new non-medical providers who will receive the SFN 710 (Referral and Request for Information).

4. Follow-up with short (ear infection) and long-term (orthodontics) diagnosis and treatment referrals to insure initial appointments are completed, generally within 60 days of screening date.

5. Document all case activity on the Health Tracks Referral Form or other method.

6. Cases are never "closed" unless recipient becomes ineligible for the Medicaid program. Discontinuation of follow up of referrals may end after the verification of the initial follow-up appointment.

7. Transfer copies of pertinent screening information to other counties within the state, if the service worker is asked by the recipient or other county personnel to transfer records. All screening results are considered confidential medical records and may not be released unless the recipient gives permission. Dates and place of a screening may be released without permission of the recipient.

8. Frequently of Screenings:

SUGGESTED SCHEDULE OF SCREENINGS:

BRIGHT FUTURES GUIDELINES

Newborn	1 Year	6 Years	13 Years
2 to 5 days	15 Months	7 Years	14 Years
1 Month	18 Months	8 Years	15 Years
2 Months	2 Years	9 Years	16 Years
4 Months	3 Years	10 Years	17 Years
6 Months	4 Years	11 Years	18 Years
9 Months	5 Years	12 Years	19 Years

			20 Years

9. Records Retention

a. Retain in office for one year, then dispose:

i. EPSDT General Correspondence

ii. Meeting Minutes

b. Retain in office for two years, then dispose:

i. Monthly Reports

c. Follow individual agency policies on record retention and destruction:

Public Health and County Social Services