Service Chapter: ACA Medicaid 510-03 & Non- ACA 510-05
Effective Date: November 1, 2025

Overview

Updating Application and Review 510-03-25-05 and 510-05-25-05 removing the sentence indicating a signature found anywhere on an application is acceptable.

Updating language to clarify that ineligible noncitizens are eligible for emergency services.

Updating age requirements and available slots for certain Home and Community Based Services (HCBS) waivers.

Updating the retroactive month coverage information for Qualified Disabled Working Individuals (QDWI) and Part B-ID coverage.

Description of Changes

1. Application and Review 510-03-25-05 - Change

Removing the sentence indicating a signature found anywhere on an application is acceptable. The signature must be on the signature line of an application. All other information in this section remains the same.

2. Social Security Numbers 510-03-35-80- Change

Adding ineligible noncitizen to the policy language.

3. Emergency Services for Non-Citizens 510-03-35-70 - Change

Removing “permanent non-immigrants” language from the policy.

4. Home and Community Based Services (HCBS) - 510-05-15-05 – Update

Updating age changes to waiver.

5. Application and Review 510-05-25-05 - Change

Removing the sentence indicating a signature found anywhere on an application is acceptable. The signature must be on the signature line of an application. All other information in this section remains the same.

6. Social Security Numbers 510-05-35-80 - Change

Adding ineligible noncitizen to the policy language.

7. Emergency Services for Non-Citizens 510-05-35-70 - Change

Removing “permanent non-immigrants” language from the policy.

8. Individuals Covered and Benefits 510-05-60-10 - Update

Updating to add retroactive month coverage information.

Policy Section Updates

1. Application and Review 510-03-25-05 – Change

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

1. Application.

f. A prescribed application form must be signed by the applicant, an authorized representative or, if the applicant is incompetent or incapacitated, someone acting responsibly for the applicant.

- ~~An application is considered signed if the signature is found anywhere on the application, other than to answer a question.~~

2. Social Security Numbers 510-03-35-80

The following individuals are exempt and do not have to provide an SSN or verification of application for an SSN:

a. A newborn who is eligible during the birth month, beginning on the date of birth and through the last day of the twelfth month, or if the newborn is continuously eligible, for the remaining days of the newborn's first eligibility period;

Note: If a newborn is NOT eligible in the birth month but is eligible for months following the birth month an SSN or Application for SSN is required.

b. An individual who is currently eligible for Transitional or Extended Medicaid Benefits;

c. An ~~illegal alien~~ ineligible noncitizen (identified in 510-03-35-55) seeking emergency services (see 510-03-35-70 for a description of emergency service), and

d. An individual who is determined eligible under Hospital Presumptive Eligibility (HPE).

3. Emergency Services for Non-Citizens 510-03-35-70

Ineligible non-citizens, ~~illegal non-citizens, permanent non-immigrants (~~identified in ~~subsection 3 of~~ 510-03-35-55) and qualified non-citizens who are not eligible for Medicaid because of the time limitations or forty qualifying quarters of social security coverage requirement, may be eligible to receive emergency services that are not related to an organ transplant procedure, if all of the following conditions are met**:**

4. Home and Community Based Services (HCBS) - 510-05-15-05

The Medicaid program provides home and community based services (HCBS) to eligible individuals who have been screened as requiring nursing care services or ICF/ID (intermediate care facility for individuals with intellectual disabilities) level of care but who choose to receive those services in the community. Eligibility for individuals with an ineligible community spouse may be determined using the Spousal Impoverishment Provision found at 05-65. Services may be provided through one of the following waivers:

1. Traditional Waiver for Individuals with Intellectual and Developmental Disabilities: Home and Community Based Services are provided to individuals who meet the eligibility criteria for early intervention services for infants and toddlers under the age of three; individuals who have an intellectual disability and/or meet the criteria for a related condition prior to the age of 22 and who are screened to the ICF-ID (intermediate care facilities for individuals with intellectual disabilities level of care). These individuals generally meet the disability criteria of the Social Security Administration, however, the few who do not may still be eligible for these waivered services. Waiver services include residential services, day services, employment supports, family support services, parenting supports, extended home health care and financial help with the cost of equipment, supplies and environmental modifications. The waiver covers services provided by licensed providers, qualified service providers, and some services can be directed by the waiver recipient. ~~(This waiver began in 1981.)~~ For more information on HCBS Policies and Procedures, refer to 525-05.

2. Medicaid Waiver for Home and Community Based Services: Services are provided to individuals at least 18 years of age, who meet the disability criteria of the Social Security Administration, or are at least 65 years of age who are screened as requiring care in a nursing facility, but choose to receive services in the community. As of April 1, 2007, this waiver merged the Waiver for the

Aged or Disabled ~~(which began October 1, 1983)~~ and the Waiver for the Traumatic Brain Injured ~~(which began in 1994)~~.

3. Waiver for Children with Medically Fragile Needs: Services are provided to children ages ~~to~~ 3 to ~~18~~ 21 who have a serious illness or condition which is anticipated to last at least 12 or more months. Eligible children have medically intensive needs and prolonged dependence on medical care or medical technology. The waiver ~~in~~ is limited to ~~50 children at a time~~ – a maximum of 75 per 12-month period. (T~~t~~he increase in available slots is effective ~~October 1, 2023~~ November 1, 2025.) ~~(This waiver began June 1, 2008.)~~

4. PACE (Program of All-Inclusive Care for the Elderly): PACE is a managed care program providing all-inclusive care to include preventive, primary, and acute care, to its participants to maintain them living independently within their home; and when needed long-term care. To qualify, the individual must be 55 years of age or older, needs a level of care required under the State Medicaid plan for coverage of nursing facility services reside in a PACE service area, and be determined safe within a community setting at the time of enrollment. A LOC determination is required to ~~intiatie a~~ initiate waiver services with annual reviews thereafter.

5. Money Follows the Person Grant: This Grant program assists recipients who are residing in a nursing facility or an ICF/ID who want to transition from an institutional care setting to a HCBS setting with 4 or less unrelated individuals. Recipients must have been residing in the institutional setting for a period of 60 consecutive days or more, be screened as requiring care in a nursing facility, hospital or ICF/ID, and be Medicaid eligible for at least the last day of receipt of institutionalized service. ~~(Demonstration grant began June 20, 2008.)~~

6. Children's Hospice Program: Provides multiple services to children from birth to their 22nd birthday who have been screened as needing Nursing Home level of care and who have less than a year of life expectancy. The services are designed to assist the family in dealing with the diagnosis and emotions a family needs to deal with when preparing for the possible death of their child. This waiver allows a family to continue to explore curative measures at the same time they are utilizing hospice services. The waiver is limited to 30 recipients in a 12-month period. If the child is 6 months to date of death, we need to use state plan services in addition to waiver services. ~~(This waiver began July 1, 2010.)~~

7. Autism Spectrum Disorder Waiver ~~for~~ from Birth ~~to Age 18~~ through age 20: Provides multiple services to a family with a child from birth to the day prior to the day of their ~~18th~~ 21st birthday who have a confirmed diagnosis on the Autism Disorder Spectrum and meet the ICF/ID level of care. These services build on existing services available in North Dakota. Children and families will receive service management, and access to respite services to help provide structured activities that focus on communication, behavior, and other individual needs. The waiver also provides financial help with the cost of assistive technology, community integration, and remote monitoring. The waiver is limited to 345 active recipients at a time with a maximum of 400 in a 12-month period. (the increase in age and slots is effective November 1, ~~2023~~ 2025). ~~(This waiver began November 1, 2010.)~~

5. Application and Review 510-05-25-05 - Change

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

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   Note: If a newborn is NOT eligible in the birth month but is eligible for months following the birth month an SSN or Application for SSN is required.

b. An individual who is currently eligible for Transitional or Extended Medicaid Benefits;

c. An ~~illegal alien~~ ineligible noncitizen (identified in 510-05-35-55) seeking emergency services (See 510-05-35-70 for a description of emergency service), and
d. An individual who is determined eligible under Hospital Presumptive Eligibility (HPE).

7. Emergency Services for Non-Citizens 510-05-35-70

Ineligible non-citizens, ~~illegal non-citizens,~~ ~~permanent non-immigrants~~ (identified in ~~subsection 3 of~~ 510-05-35-55) and qualified non-citizens who are not eligible for Medicaid because of the time limitations or forty qualifying quarters of social security coverage requirement, may be eligible to receive emergency services that are not related to an organ transplant procedure, if all of the following conditions are met:

8. Individuals Covered and Benefits 510-05-60-10 - Update

4. **Qualified Disabled Working Individuals (QDWI)**- Eligible individuals must meet the following conditions:

- Are entitled to payment of Medicare Part A premium only.
- Individuals who are:
  - Under 65 years old,
  - Working,
  - Lost their premium-free Medicare Part A due to returning to work
  - Are receiving Medicaid and meet the income and asset limits.
- ~~Coverage for QDWI began July 1, 1990.~~

Eligibility may be established for as many as three calendar months prior to the month in which the application was received.

Note: SPACES is not set up to accommodate this coverage in the system. Any inquiries for this coverage, send request to DHHS Medicaid Policy hccpolicy@nd.gov with QDWI in the subject line.

5. **Part B-ID**- Eligible individuals must meet the following conditions:

- Are entitled to coverage for Medicare Part B-ID premium only.

- Have been in receipt of Medicare coverage under Medicare End Stage Renal Disease (ESRD) entitlement which is ending 36 months after a successful transplant
- Cannot have any other coverage under Medicaid
- ~~Coverage for this group began January 1, 2023.~~

Retroactive months do not apply to this coverage group.

Note: Social Security determines if an individual is eligible for Medicare Part B-ID

Note: SPACES is not set up to accommodate this coverage in the system. Any inquiries for this coverage, sent requests to DHHS Medicaid Policy unit at hccpolicy@nd.gov with Part B-ID in the subject line.