



Behavioral Health
HUMAN SERVICES



House Bill 1012

House Appropriations

Representative Nelson, Chairman

1915i State Plan Amendment Overview
Pamela Sagness, Director

What is Behavioral Health?

A state of mental/emotional being and/or choices and actions that affect **WELLNESS**.



Preventing and treating depression and anxiety

Preventing and treating substance use disorder or other addictions

Supporting recovery

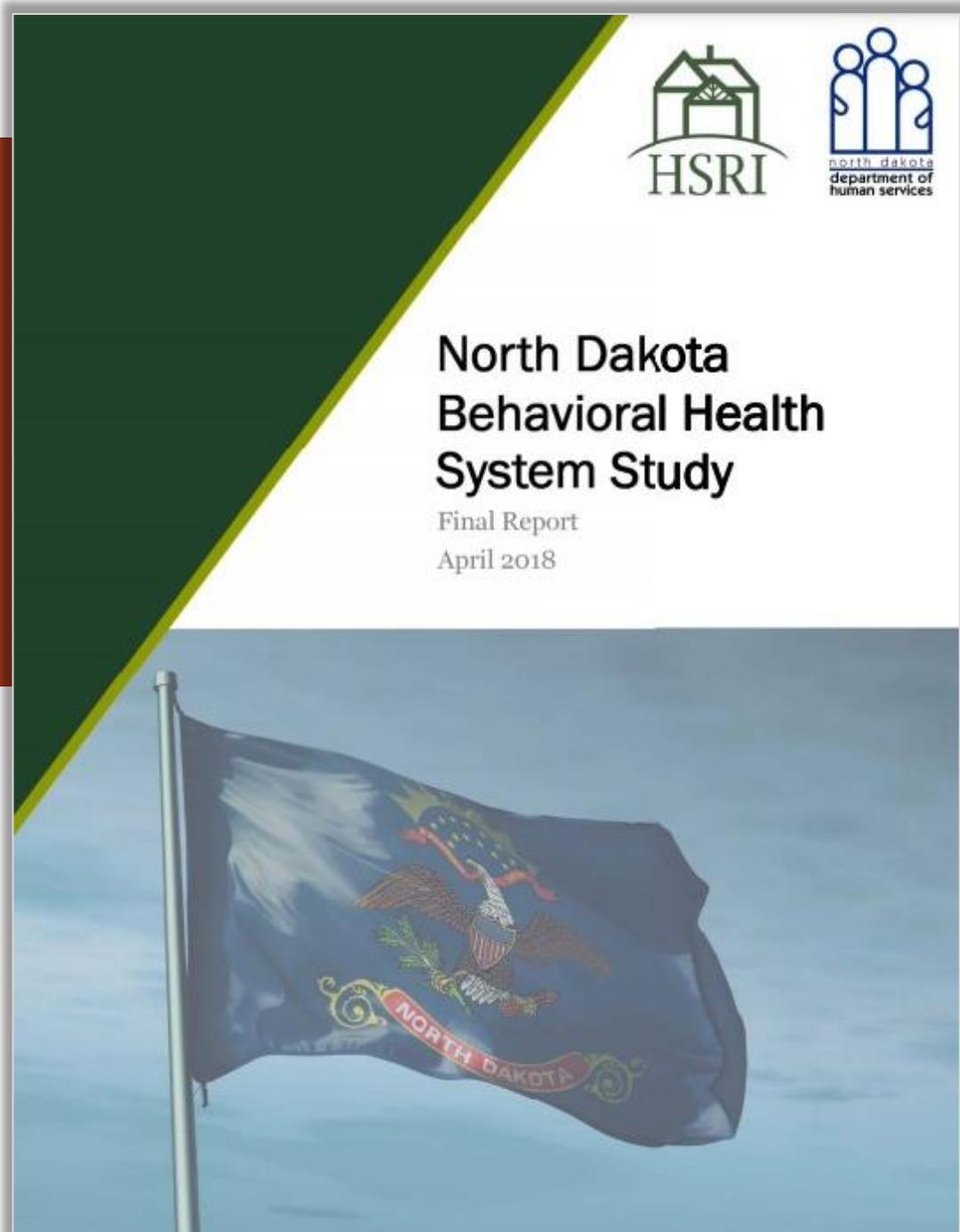
Creating healthy communities

Promoting overall well-being

ROADMAP

The Behavioral Health Systems Study, April 2018

The implementation of the Medicaid 1915(i) State Plan Amendment aligns with the 2018 North Dakota Behavioral Health System Study recommendation **12.2: Pursue 1915(i) Medicaid state plan amendments.**



Benefits of 1915(i)



Consumers

Services available closer to home and are specifically targeted to need



Behavioral Health Professionals

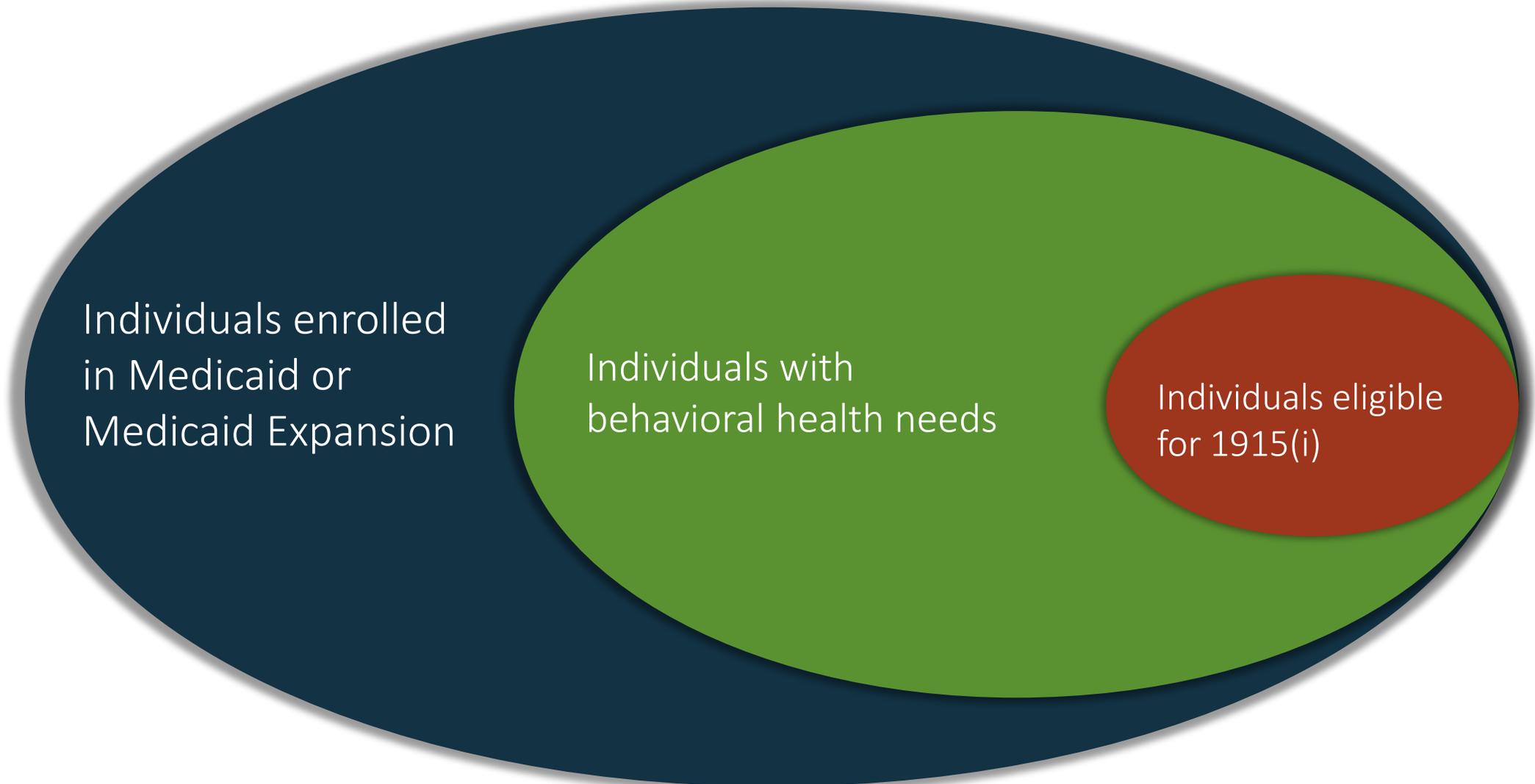
Opportunities to expand workforce through non-traditional behavioral health professionals and improve access in rural areas expands workforce



Private Providers

Opportunities to bill for new services, expanding services and increasing revenue

Population Served



Budget Considerations

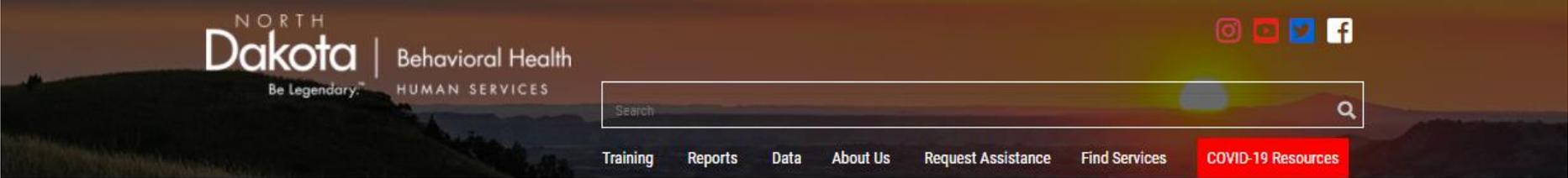
- 1915(i) is in DHS Medical Services Budget
- See handout for DHS Savings Plan related to the 1915(i)

| North Dakota Department of Human Services Savings Plan - Proposal for Executive Budget 2023 - 2023 Biennium | | | | |
|---|---------------------------------|---|---------------|----------------------|
| Division | Description | Revised Description | Total Savings | Federal Fund Savings |
| Administration Support | Operational Efficiency Savings | Adjust fee schedule reimbursement rate for DSD services from the federal rate to the state rate | 150,250 | 150,250 |
| Administration Support | Operational Efficiency Savings | Reduce the contract for support for DHS electronic registration project | 127,140 | 127,140 |
| Administration Support | Operational Efficiency Savings | Contract reduction in support for DHS electronic registration project | 300 | 300 |
| Administration Support | Operational Efficiency Savings | Reduce office space | 140,510 | 140,510 |
| Administration Support | Operational Efficiency Savings | Case Closure | 130,000 | 130,000 |
| Administration Support | Operational Efficiency Savings | Case Closure | 130,000 | 130,000 |
| Add new positions to focus on legislative management, communications, effective recruiting and procurement. This will allow DHS to more effectively support program and policy, build services and ultimately allow more efficient and effective services to ND constituents overall. | | | | |
| Administration Support | Operational Efficiency Savings | | 1,158,892 | 1,158,892 |
| Administration Support | Operational Efficiency Savings | Reduce contract for Administration Contract | 138,000 | 138,000 |
| Aging Services | Programmatic Efficiency Savings | Reduce Continuity of Care team program | 660,000 | 660,000 |
| Behavioral Health | 1915 Service Access Change | Reduce Payment to Provider - 1915 Reimbursement | 15,250 | 15,250 |
| Behavioral Health | 1915 Service Access Change | Reduce Brain Injury - Resource Facilitation (BRIF) - 1915 Reimbursement | 137,247 | 137,247 |
| Behavioral Health | 1915 Service Access Change | Reduce Brain Injury - Peer on program (BRAIN) - 1915 Reimbursement | 1,048,700 | 1,048,700 |
| Behavioral Health | 1915 Service Access Change | Reduce Brain Injury - Return to work (BRAIN) - 1915 Reimbursement | 137,277 | 137,277 |
| Behavioral Health | 1915 Service Access Change | Reduce peer support certification | 113,900 | 113,900 |
| Behavioral Health | 1915 Service Access Change | Reduce Peer support pilot | 13,000 | 13,000 |
| Behavioral Health | Operational Efficiency Savings | Reduce Administrative Expenses (Travel, professional development, training) | 171,244 | 171,244 |
| Behavioral Health | Programmatic Efficiency Savings | Reduce Voluntary Treatment program, total youth out of care in the future - reduced need | 98,248 | 98,248 |
| Behavioral Health | Programmatic Efficiency Savings | Reduce Brain Injury - Treatment | 17,760 | 17,760 |
| Behavioral Health | Programmatic Efficiency Savings | Reduce ND CARE | 130,000 | 130,000 |
| Children and Family Services | 1915 Service Access Change | Reduce Family Visits Contract - 1915 in alignment | 130,000 | 130,000 |
| Children and Family Services | Programmatic Efficiency Savings | Reduce FRS (no contract) direct support for health assessment to QPFP responsibility | 246,000 | 246,000 |
| Children and Family Services | Programmatic Efficiency Savings | Reduce FRS (no contract) Family Resource (FR) and Marketing Program contract | 130,000 | 130,000 |
| Children and Family Services | Programmatic Efficiency Savings | Reduce payment approach for better alignment in state for new residential adoption cases | 12,252,200 | 12,252,200 |
| Children and Family Services | Programmatic Efficiency Savings | Reduce Foster Care (QPFP) placement via Family First Prevention Plan implementation | 14,853,240 | 14,853,240 |
| Child Support | Operational Efficiency Savings | Operating cost savings related to office space | 1,000,000 | 1,000,000 |
| Developmental Disabilities | Programmatic Efficiency Savings | Eliminate Section 12 (supported housing & equipment) unless other setting services | 1,975,812 | 1,975,812 |
| Developmental Disabilities | Programmatic Efficiency Savings | Eliminate Reimbursement to Model and 1915(a) program into other existing services | 1,185,000 | 1,185,000 |
| Developmental Disabilities | Programmatic Efficiency Savings | Reduce additional costs, more responsibility for quality assessment to provider responsibility | 122,000 | 122,000 |
| Developmental Disabilities | Programmatic Efficiency Savings | Rate adjustment to implement reimbursement for 1915(a) from all residential settings | 113,222,000 | 113,222,000 |
| Developmental Disabilities | Programmatic Efficiency Savings | Increase rate of transition from LTC to alternate settings (split and medically fragile adults) (SFTI effort) | 7,278,838 | 7,278,838 |
| Human Service Center | 1915 Service Access Change | Reduce laborer contract - 1915 in alignment | 187,000 | 187,000 |
| Human Service Center | 1915 Service Access Change | Reduce Family Mental Health contract - 1915 in alignment | 14,444,000 | 14,444,000 |
| Human Service Center | 1915 Service Access Change | Reduce Chapter House contract - 1915 in alignment | 130,000 | 130,000 |
| Human Service Center | 1915 Service Access Change | Reduce Supportive Employment contract - 1915 in alignment | 263,134 | 263,134 |
| Human Service Center | 1915 Service Access Change | Eliminate Gardner's Phase contract for long term residential - 1915 in alignment | 393,000 | 393,000 |
| Human Service Center | 1915 Service Access Change | Reduce Supportive Employment contract - 1915 in alignment | 82,000 | 82,000 |

- Opportunities for Private Providers to adopt a business model change

PROVIDER RESOURCES





Home / 1915(i) Medicaid State Plan Amendment is Approved

1915(i) Medicaid State Plan Amendment is Approved

The North Dakota Medicaid 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

How do I apply/access services?

[Click here](#)

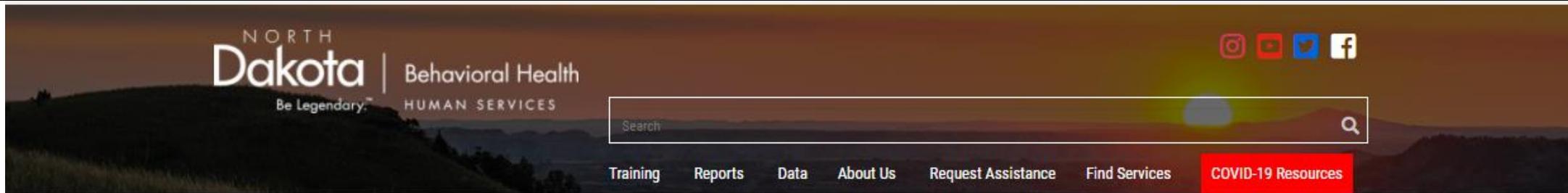
How do I become a provider?

[Click here](#)



Human Service Zone Resources

[Learn more](#)



Home / 1915(i) Medicaid State Plan Amendment is Approved / 1915(i) Providers

1915(i) Providers

How to become a 1915(i) Provider

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Provider Service Requirements

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Services & Fee Schedule

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Individual Eligibility

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Resources and Trainings

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Technical Assistance Calls for 1915(i) Providers

Medical Services and Behavioral Health Divisions are offering Technical Assistance for 1915(i) providers through a series of calls every Wednesday, beginning January 20, 2021, 1-2pm.

When

This training is offered online, every Wednesday from 1-2pm CT.

www.behavioralhealth.nd.gov/1915i/resources

www.behavioralhealth.nd.gov/1915i



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