

NORTH
Dakota | Behavioral Health
 Be Legendary.™ HUMAN SERVICES



House Bill 1012
 House Appropriations
 Representative Nelson, Chairman

1915i State Plan Amendment Overview
 Pamela Sagness, Executive Policy Director

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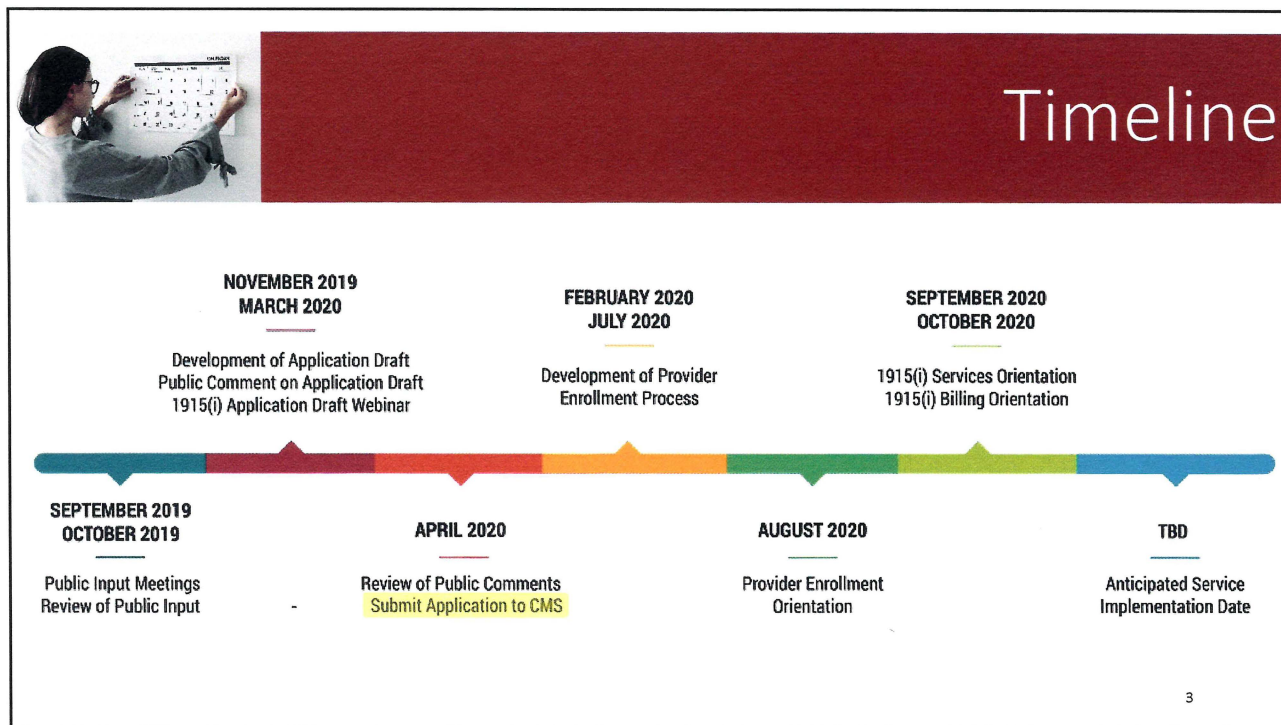
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During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services (Department) to create a Medicaid 1915(i) State Plan Amendment.

The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

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www.behavioralhealth.nd.gov/1915i

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

Home / 1915(i) Medicaid State Plan Amendment / Providing Medicaid 1915(i) Home and Community-based Behavioral Health Services

Providing Medicaid 1915(i) Home and Community-based Behavioral Health Services


Coming soon - interested providers can enroll to provide 1915(i) Home and Community-based Behavioral Health Services.

What are 1915(i) Home and Community-based Behavioral Health Services? +

Understand Steps to Complete the Provider Enrollment Process +

- 1915(i) Home
- Application Snapshot
- Download the Application 
- 1915(i) Fee Schedule 
- 1915(i) Resources
- 1915(i) Trainings
- 1915(i) FAQs

To access the provider enrollment application and forms visit **Provider Enrollment Website**.

ND 1915(i) Qualifications 

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1915(i) Trainings

1915(i) Billing Orientation (MMIS System & MCO Provider)

1915(i) Services Orientation will provide a basic overview of the following



- Eligibility/ Enrollment
- WHODAS 2.0 Assessment
- Home & Community Based Setting Rule
- Conflict of Interest Standards/ Waiver
- Individual Rights & Participant Choice
- Services

Who Should Attend?

Individual's/ agencies enrolled as 1915(i) Medicaid Provider.

When

TBD

- 1915(i) Home
- Application Snapshot
- Download the Application 
- 1915(i) Fee Schedule 
- 1915(i) Resources
- 1915(i) Trainings
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Past Trainings

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1915(i) Services Orientation Training 

1915(i) Home and Community-based Behavioral Health Services Provider Enrollment Orientation

1915(i) Electronic Visit Verification System 

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Individual Eligibility



- The individual is age 0+; and
- The individual is currently enrolled in ND Medicaid or Medicaid Expansion; and
- The individual resides in and will receive services in a setting meeting the federal home and community-based setting requirements, and
- The individual has a mental illness, substance use disorder or traumatic brain injury diagnosis, and
- The individual has a functional impairment, which substantially interferes with or substantially limits the ability to function in the family, school or community setting, as evidenced by a complex score of 50 or higher on the WHODAS 2.0.

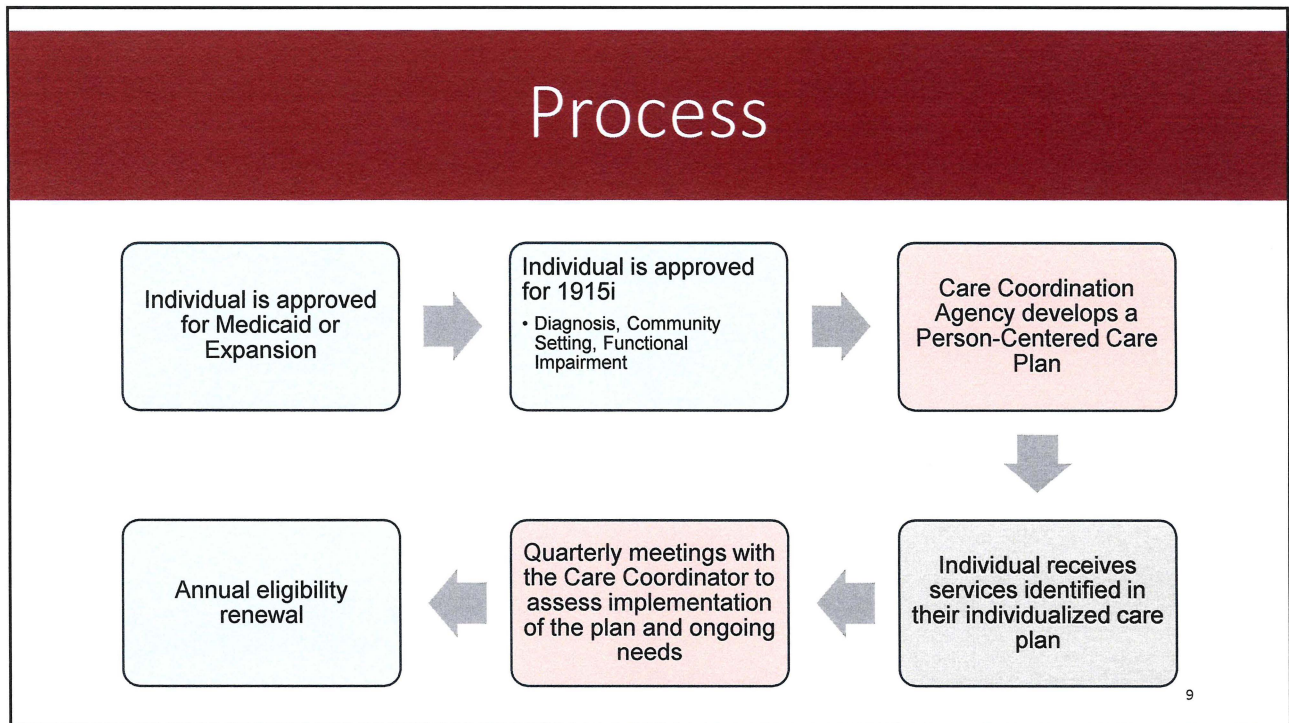
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Services

SERVICE TYPE	DESCRIPTION	AGE
Care Coordination	Coordinates participant care, develops Person-centered Plan of Care plan of care and assists individuals with gaining access to needed 1915(i) and other services.	0+
Training and Supports for Caregivers	Service directed to individuals providing unpaid support to a recipient of 1915(i) services. Services are provided for the purpose of preserving, educating, and supporting the family and/or support system of the individual.	0+
Community Transitional Services	Non-recurring basic household set-up expenses for individuals transitioning from certain institutions to a private residence where the person is directly responsible for his or her own living expenses. Transition Coordination services are also available	0+
Benefits Planning	Assists individuals considering employment with making informed decisions regarding public benefits and work incentives. Counselors are knowledgeable on public benefits, including Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare, Medicaid etc.	0+
Non-Medical Transportation	Assists participants with transportation needs to gain access to services, activities and resources, as specified by their plan of care.	0 to 21
Respite	Provided to participants unable to care for themselves. Furnished on a short-term basis because of the absence or need for relief of persons who normally provide care for the participant.	0 to 21
Prevocational Training	Assists participants with developing general, non-job-task-specific strengths and skills that contribute to paid employment	18+
Supported Education	Assists participants who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment.	5+
Supported Employment	Assists participants with obtaining and keeping competitive employment at or above the minimum wage.	14+
Housing Support Services	Assists participants with accessing and maintaining stable housing in the community.	Six months prior to 18 th birthday
Peer Support	Trained and certified individuals with lived experience as recipients of behavioral health services promote hope, self-determination, and skills to participants to achieve long-term recovery from a behavioral health disorder.	18+
Family Peer Support	FPSS provide a structured, strength-based relationship between a Family Peer Support provider and the parent/family member/caregiver for the benefit of the child/youth.	Families with children under age 18

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9 blue service in human service zones.

The Care Coordination Role

- 1915(i) Care Coordination Service are provided by enrolled 1915(i) Care Coordination Providers. Care Coordinators could be employed by the state, private providers/ community organizations.
- The Care Coordination Role is responsible for the development of the Person-centered Plan of Care and supporting the individual with accessing the greater community to meet the individual's overall needs. This includes:
 - Ensuring continuity of care including collaborating with existing systems and services.
 - Connecting individual to additional 1915(i) Services through the development of the person-centered plan of care.
 - Building informal supports network in the individual's community.
 - Providing services that are equitable and culturally competent.
 - Empowering individuals by upholding practice that promotes individual choice, rights and responsibilities.



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CARE COORDINATION

- Coordinates participant care and assists individuals with gaining access to needed 1915(i) and other services.
- The Care Coordinator is responsible for the facilitation and oversight of:
 - Comprehensive Assessment and Reassessment of Activities
 - Development of an individualized Person-centered Plan of Care (POC), including a Crisis Plan component.
 - Plan Development Implementation and Monitoring.
 - Referral Collateral Contacts & Related Activities

Service Type	Age	Limits
Care Coordination	0+	8 hours per day; Remote Support up to 25% of the time.

Care Coordination Provider Qualifications

Organization/ Agency Standards

- A provider of this service must meet all the following:
- Complete the Medicaid Provider Enrollment Agreement & Attestations.
 - Meet individual practitioner qualifications/ and competencies
 - Services are provided within the scope of practice.
 - Agency conducts training in accordance to state policies and procedures
 - Agency adheres to all 1915(i) standards and requirements.
 - agency policies and procedures, including but not limited to, participant rights, abuse, neglect, exploitation, use of restraints and reporting procedures are written and available for NDDHS review upon request

Individual Practitioner

- The individual providing the service must:
- be employed by an enrolled ND Medicaid provider or enrolled billing group of this service; and
 - have a bachelor's degree in social work, psychology, nursing, sociology, counseling, human development, special education, child development and family science, human resource management (human service track), criminal justice, occupational therapy, communication science/disorders or vocational rehabilitation. With accompanying transcript, the NDDHS, at their discretion, may approve other degrees in a closely related field.

Proof of training/ competency in The Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies for Integrated Behavioral Health and Primary Care; or The Case Management Society of America standards of practice.

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Example 1: Community Behavioral Health Provider

NOW

- \$1,000,000 general fund/biennium
- 60 individuals served at any one time/biennium
 - 50% qualify for Medicaid
 - 25% qualify for 1915i (15)
- Individuals receive support services 24/7

FUTURE

- 15 individuals (qualify for 1915i) - Provider reimbursed for person-centered services based on individuals need

EXAMPLE →

- An individual receives 2 hours of Care Coordination/3 days a week/biennium = \$50,918.40
 - For 15 individuals = \$763,776
- An individual receives Peer Support 4 hours/week/biennium = \$12,280.32
 - For 13 individuals = \$159,644.16
- An individual receives Supported Housing 1 hour/day/5 days a week = \$21,819.20
 - For 12 individuals = \$261,830.40
- An individual receives Supported Employment 3 hours/week/biennium = \$13,091.52
 - For 4 individuals = \$52,366.08
- Total amount billed to the provider = **\$1,237,616.64**
 - \$618,808.32 general funds/biennium for the 15 individuals serviced

In current budget most providers continue to receive 50% of the original amount - \$500,000

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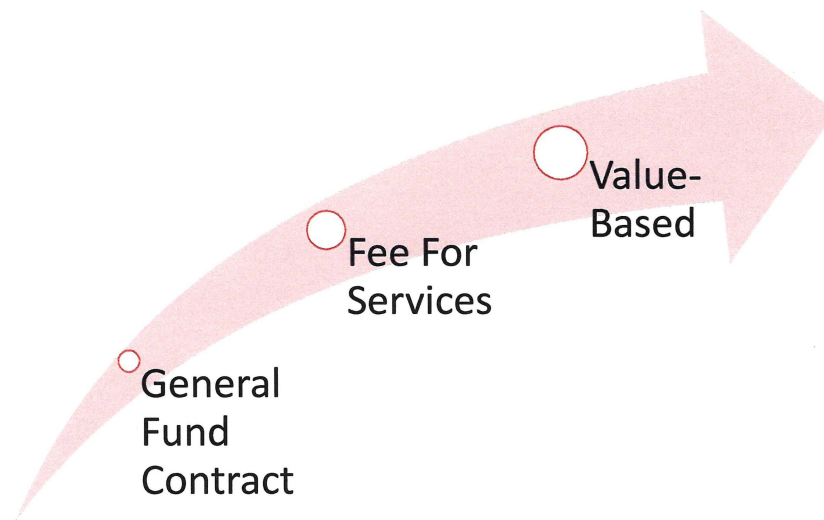
Outcomes of 1915i Implementation

- Individuals with highest need receive services that are more robust and targeted to their specific needs (person-centered).
- State is investing less funding yet providing more service to individuals with a behavioral health condition and providing opportunities to providers to expand services.
- Providers are able to bill for the specific services they are providing which allows greater opportunity to expand services and increase revenue.
- Behavioral health on par with health & sustainable.

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Reimbursement Roadmap



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Example 2: School

FUTURE

EXAMPLE →

- *School-Based Care Coordinator*
30 hours/40 weeks/biennium =
\$195,840

Family Peer Support

Respite

Supported Education

Supported Employment

School social worker could qualify as school-based C.C. and can be reimbursed for these services. - possible example.

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Supporting Families

FUTURE

- *Student struggles are often related to family issues.*
- *Connecting family members to services can be significant for student success.*

EXAMPLE →

A family experiences homelessness due to parental mental illness. Connecting to care coordination providers of adult services will be vital.

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Expanded Behavioral Health Workforce

- 1915i services are provided by non-traditional behavioral health professionals
- Potential to improve access for workforce in rural areas
- Effectiveness of lived experience
- Career growth opportunities

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Providers Needed!

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