

1915(i) Policy 510-08-10

Regulating Authority, Line of Authority for Operating, and Distribution of Operational and Administrative Functions.

Regulating Authority

Providers enrolled with ND Medicaid must follow all applicable rules of ND Medicaid and all applicable state and federal laws, regulations, and policies including:

- United States Code governing the Medicaid program;
- Social Security Act;
- Code of Federal Regulations;
- North Dakota Century Code;
- North Dakota Administrative Code;
- Federal Department of Health and Human Services policies governing the Medicaid program;
- Written policies of the North Dakota Department of Health and Human Services; and
- All state laws and rules governing provider licensure and certification, as well as with the standards and ethics of their business or profession.

Providers must be familiar with all current rules and regulations governing the ND Medicaid program.

Line of Authority for Operating the 1915(i) State Plan HCBS Benefit

The Medical Services Division of the North Dakota Department of Health and Human Services is the Authority for the 1915(i).

Distribution of State Plan 1915(i) HCBS Operational and Administrative Functions.

The State Medicaid Agency retains ultimate authority and responsibility for the operation of the 1915(i) State Plan benefit by exercising oversight over the performance of functions, contracted entities, and local non-state entities. The North Dakota Department of Health and Human Services (NDDHHS) is the single State Medicaid Agency which includes the Medical Services and Behavioral Health Divisions.

The State Medicaid Agency maintains authority and oversight of 1915(i) operational and administrative functions. Any functions not performed directly by the State Medicaid Agency must be delegated in writing. When the State Medicaid Agency does not directly conduct an operational or administrative function, it supervises the performance of the function and establishes and/or approves policies that affect the function.

When a function is performed by an entity other than the State Medicaid Agency, the entity performing that function does not substitute its own judgment for that of the State Medicaid Agency with respect to the application of policies, rules, and regulations. Furthermore, the State Medicaid Agency assures that it maintains accountability for the performance of any contractual entities or local non-state entities performing operational or administrative functions, e.g. the Fiscal Agent or the Human Service Zones.

A written agreement is in place between NDDHHS and each Human Service Zone containing the terms for employees of the Human Service Zones to directly perform the following operational and administrative functions for both Traditional and Expansion members:

- #1 Individual State Plan HCBS enrollment
- #2 Eligibility Evaluation and Reevaluation

The Medical Services Division will directly perform the following operational and administrative functions for Traditional Medicaid members. Those with an asterisk indicate the MCO (Managed Care Organization) will directly perform the functions for Expansion members.

- #4 Prior authorization of State plan HCBS*
- #5 Utilization management*
- #6 Qualified Provider Enrollment
- #7 Execution of Medicaid Provider Agreement*
- #8 Establishment of Rate Methodology*

The Behavioral Health Division will directly perform the following operational and administrative function for Traditional Medicaid members and the MCO will directly perform the following operational and administrative function for Expansion members as indicated with an asterisk.

- #3 Review of Participant Plan of Care*

The Medical Services and Behavioral Health Divisions will share the following functions for Traditional members, and the MCO will perform the following functions for Expansion members as indicated with an asterisk.

- #9 Rules, policies, procedures, and information development governing the HCBS benefit*
- #10 Quality assurance and quality improvement activities*