

1915(i) Individual Eligibility for Providers FAQs

Assisting a member with their 1915(i) Eligibility Application (SFN 741):

When should an applicant have the DLA vs WHODAS assessment?

A DLA Assessment is one provided only at a Human Service Center where a professional administrator would decide if the assessment is necessary. Although there are no age specifications for the DLA, it is often administered to youth age members. The WHODAS Assessment can be used for any age and can be administered by a wide variety of trained individuals. A WHODAS assessment can be obtained at a Human Service Zone. Human Service Zone contact information can be found here - <https://www.hhs.nd.gov/human-service/zones>

Who can be a proxy for the WHODAS?

A member can request to have a proxy on their behalf, which can be anyone the member knows and requests as long as the proxy is not the WHODAS Administrator or a 1915(i) provider.

How can a WHODAS get scheduled?

Reach out to the local Human Service Zone to schedule a WHODAS. You can search for your local Human Service Zone here - <https://www.hhs.nd.gov/human-service/zones>.

If unable to reach the Zone, you may reach out to nd1915i@nd.gov to receive assistance to get a WHODAS scheduled.

How do I check a 1915(i) application status?

An applicant can call the Customer Support Center at 1.866.614.6005 or 701-328-1000; 711 (TTY). They can also log into the Self-Service Portal found here - <https://www.hhs.nd.gov/applyforhelp>.

For questions or assistance with the Self-Service Portal, visit [SSP Help | Health and Human Services North Dakota](#).

How will I know if a member's eligibility redetermination has been approved?

The Care Coordinator works with the member to complete the 1915(i) application for an eligibility redetermination. The Care Coordinator should include an ROI when submitting the application to the Human Service Zone which would allow access to the eligibility results. Additionally, the member will get a letter from the Human Service Zone letting them know the outcome of their application.

How can a provider become trained to administer a WHODAS assessment?

Required training includes review of the following:

- Two WHODAS PowerPoint trainings (Part 1 & 2)
 - Part 1 - [Download the PowerPoint](#)
 - Part 2 - [Download the PowerPoint](#)
- [Needs Based Eligibility and WHODAS policy](#)
- [WHODAS 2.0 Manual](#), including completion of the test used to assess knowledge related to administration of the WHODAS 2.0 located in Chapter 10 of the WHODAS Manual.
- Attend 1915(i) WHODAS Administration Training- reach out to nd1915i@nd.gov to inquire about attending or scheduling

Why are non-specific diagnoses not accepted?

Non-specific diagnoses are not included in the qualifying diagnosis list. For example, there are several diagnoses for depression, and unspecified depression doesn't identify which depression diagnosis applies.

Is the redetermination process the same as the initial application?

Yes, the redetermination process is the same as the initial application.

When should an eligibility redetermination application be completed?

It is recommended to begin the redetermination application at least 4-6 weeks prior to eligibility ending.

After eligibility is approved and member is connected to a provider:

How do I check if a member is receiving any other Medicaid funded waiver services or verify duplication of services?

The care coordinator will contact the State Medicaid Office to inquire if the member has any eligibility spans for any C Waivers in MMIS. If services are identified, the care coordinator will reach out to the C Waiver authority and do due diligence to ensure the plan of care will not include services the member could receive through the 1915(c) Waiver.

How do I know if a member is in an HCBS compliant facility?

Required HCBS settings compliance measures must be completed, and verification of compliance documented in the Plan of Care by the care coordinator prior to submission of the POC and approval of service authorizations. The care coordinator will verify compliance by completing the person-centered planning and self-assessment process. Each of the identified HCBS settings requirements must be addressed in the member's plan of care. Details can be found in the HCBS policy located here - [HCBS Settings Rule](#).

What happens if a member receiving services moves to a non-compliant setting?

Notify us by email at nd1915i@nd.gov with the date the member entered the noncompliant setting. Their eligibility will then be suspended. Once the member is back in a compliant setting, email nd1915i@nd.gov with the date this occurs, and their eligibility will be reinstated. If they remain in a noncompliant setting for 6 months or longer, their eligibility will be closed and the member will have to reapply.

Who do I contact to notify that a member has had a residence change to a facility?

Notify us by email at nd1915i@nd.gov.

How do providers add members into Therap for support services?

Providers don't have the ability to add members to Therap. (see next Q&A for instructions on a member getting added into Therap.)

How does a member get added into Therap?

When the [Care Coordination Request for Services Form](#) is received, we make a referral to the provider in Therap. If an agency is providing any service other than Care Coordination, they must notify us of the need for a member referral in Therap by emailing nd1915i@nd.gov.