1915(i) Policy

Eligibility 510-08-30

This policy contains the following information about 1915(i) behavioral health supports and services, referred to as "1915(i)" in this policy:

- who is eligible and can apply,
- application process, and
- how eligibility is determined and redetermined.

The policy is for individuals wanting to apply for 1915(i) behavioral health supports and services, individuals assisting applicants, Human Service Zone "Zone" staff, and 1915(i) Care Coordinators.

Definitions

Alternate contact – means an individual, other than the applicant, identified to assist with the application. Alternate contacts may be family members, friends, or someone who is familiar with the applicant. The only purpose of an alternate contact is to assist in providing the applicant's contact information.

Applicant – means an individual applying for 1915(i) or "an individual properly seeking services" on behalf of another individual. Individuals seeking services on behalf of someone else must be of sufficient maturity and understanding to act responsibly on behalf the individual for whom they are applying. "Individuals properly seeking services" may be an applicant's parent or guardian.

Needs-based assessment – means the WHODAS 2.0 or DLA-20 assessment tool.

Non-compliant setting – means an individual's residence is not considered a home and community-based setting (HCBS).

Eligibility Criteria

An applicant is eligible for the 1915(i) if all of the following criteria are met:

1. **Age** - All ages are eligible to apply. Services may have separate age limits.

2. **Enrolled in Traditional Medicaid or Medicaid Expansion -** Applicants must be enrolled in Traditional Medicaid or Medicaid Expansion prior to applying for the 1915(i). The application process is the same regardless of the individual's Medicaid enrollment.

3. **Household income is at or below 150% of the Federal Poverty Level -** Medicaid rules regarding applicant income, household size, and poverty level apply to 1915(i) eligibility. A Federal Poverty Level Table can be viewed on the 1915(i) website. Children in Subsidized Adoption are categorically eligible for Medicaid, so the sub-adopt parents' income is not considered when determining the Federal Poverty Level for purposes of 1915(i) eligibility. The sub-adopt child's income must be at or below 150% of the Federal Poverty Level to be eligible for the 1915(i). If the applicant's categorically needy Medicaid eligibility status changes, then the Medicaid eligibility worker would follow Medicaid policy based on whatever the change of status is.

4. **Qualified Behavioral Health Diagnosis -** Applicants must possess one or more of the qualified ICD-10 diagnoses, which include substance use disorders, mental health conditions, and brain injuries. The list of approved diagnoses is attached to the application (SFN 741) and can also be found on the 1915(i) website.

5. **Qualifying Needs-Based Assessment –** Applicants must meet the following needs-based criteria: Assistance with activities of daily living and/or instrumental activities of daily living due to an impairment as evidenced by a complex score of 25 or higher on the World Health Organization Disability Assessment Schedule 2.0 (hereafter referred to as "WHODAS") assessment or a score of 5 or lower on the Daily Living Activities 20 (hereafter referred to as "DLA") assessment.

6. **Compliant Home and Community-Based Settings (HCBS)** – Applicants must reside in a compliant home and community-based setting. This ensures all individuals have personal choice and are integrated in and have full access to their communities including opportunities to engage in community life, work, attend school in integrated environments, and control their own personal resources.

   Settings which are not home and community-based (non-compliant) are:
   - incarceration (jail or prison),
   - nursing facility (NF),
   - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID),

- Qualified Residential Treatment Program (QRTP),
- Psychiatric Residential Treatment Facility (PRTF),
- Institutions for Mental Disease (IMD, like the State Hospital), and
- hospitals.

Individuals in these settings are receiving 24/7 institutional level services; therefore, 1915(i) services would be considered duplication of services.

Applicants residing in an institution or enrolled in the Program of All-Inclusive Care for the Elderly (PACE) are not eligible for the 1915(i).

At any point an applicant does not meet one of the 1915(i) eligibility criteria, they are not eligible.

Applying for 1915(i)

Applicants seeking to receive 1915(i) services will submit completed 1915(i) Eligibility Applications (SFN 741) per directions on the application. The entire application must be filled out and contain required signatures prior to submission. Incomplete applications cannot receive eligibility determinations.

Applicants who are submitting applications on behalf of another individual must have the individual's consent to apply for 1915(i) services, and the individual who will receive services must participate in the eligibility process.

Individuals listed as an alternate contact on an application may not answer any questions about the applicant or their application, make any decisions on behalf of the applicant, or inquire about the applicant's eligibility status.

A 1915(i) provider identified as an alternate contact on an initial eligibility application appears as a conflict or inappropriate relationship but can be overridden in the event no other individuals are available to serve in that capacity. Providers identified as alternate contacts cannot submit a Release of Information between the provider and a Human Service Zone when assisting an applicant with their initial application. Until the applicant has been determined eligible and contacted the provider for services, the provider is to have no other contact with the applicant or the Zone relating to the applicant's 1915(i) eligibility or services.

Eligibility Determinations

1915(i) applications are processed and eligibility is determined by qualified Human Service Zone eligibility workers.

If a 1915(i) application is received for an applicant not yet eligible for Medicaid, the Zone 1915(i) Eligibility Worker shall assist the applicant with being screened for Medicaid eligibility.

Incomplete Applications

Incomplete applications submitted by Medicaid-enrolled applicants will be placed in a pended status. In all cases of incomplete applications, Zone workers will inform the applicant in writing of what is missing, how to obtain the information, and how to submit it for consideration. Written notices must be uploaded into Filenet and the 1915(i) Web System.

If the required information is not received within 30 days from the date of the letter, the Zone will formally deny eligibility in the 1915(i) Web System and send a denial letter to the applicant. Should an individual wish to re-apply after their application has been denied, a new application will need to be completed and submitted.

If an application is missing or has an incomplete needs-based assessment, the application will be put into pending status and the Zone is responsible to administer the WHODAS to ensure eligibility isn't delayed.

In the event of a pending Medicaid determination or redetermination, a 1915(i) application will be pended until there is a Medicaid determination. The Zone will enter the information provided into the web system and place the application in pending status.

Diagnosis

It is the responsibility of the applicant to provide proof of diagnosis as part of their application. Section 3 of the application must document the diagnosis, and name and signature of the diagnosing professional or verifying staff person; or, documentation containing this required information may be attached to the application replacing the diagnosing professional or verifying staff person's signature. The diagnosing professional or verifying staff person's signature, or attached documentation, must be dated within the prior year from the date of application submission.

The Zone will not verify the diagnosing professional's credentials; however, if fraud or abuse is suspected, report findings to the State.

Needs-Based Assessment

An application must contain documentation of a qualifying score of one of the following:

1. 25 or higher on the World Health Organization Disability Assessment Schedule 2.0 (WHODAS), or
2. 5 or lower on the Daily Living Activities-20 (DLA) Assessment.

If the DLA is administered first and the individual scores a 6 or higher, the WHODAS must be administered in order to determine whether the individual has a qualifying needs-based assessment score.

Needs-based assessments must be completed within 90 calendar days prior to the date of the initial eligibility application submission; and within 90 calendar days prior to the date of each subsequent eligibility redetermination application submission.

WHODAS 2.0 Assessment

The application must contain the WHODAS assessment date, overall complex score, and name of the WHODAS administrator. The WHODAS 2.0 assessment and 1915(i) score sheet must accompany the application; the summary tab of the 1915(i) score sheet is sufficient. A printout of the individual's Human Service Center Electronic Health Record containing the WHODAS scores may be attached to the application as a substitute for the required 1915(i) score sheet and assessment.

The applicant may contact a WHODAS administrator to request a WHODAS assessment be administered and the WHODAS section of the application be completed on their behalf. The only acceptable administration methods are "Interview" and "Proxy". They may make the request to a WHODAS administrator at the Zone or any other "independent and qualified" WHODAS administrator. If an improperly administered or an incomplete WHODAS is received, the Zone is responsible to administer a new one, if necessary, to ensure the client's eligibility isn't delayed.

See the WHODAS trainings on the 1915(i) website and policy for details on WHODAS administration and scoring.

Daily Living Activities-20 (DLA) Assessment

Applications must contain the DLA assessment date and score on the application. The DLA assessment must be attached to the application.

The DLA is administered by North Dakota Human Service Centers (HSCs). A DLA administered by any other entity or agency is not acceptable for 1915(i) eligibility. The Human Service Zone will not perform the DLA for 1915(i) eligibility.

If a DLA has already been completed for an individual, a printout can be obtained from a HSC case manager. If a DLA is not obtained from the HSC, a WHODAS assessment is required.

If an individual receives a non-qualifying score on the DLA (score of 6 or higher), a WHODAS assessment will be administered. Should the WHODAS demonstrate that the individual is eligible for the 1915(i) (score of 25 or higher), eligibility will be approved or continued participation granted for those already enrolled in the program.

Zone Eligibility Determination

Zone eligibility workers will determine an applicant's 1915(i) eligibility within five (5) days of receiving a complete application. The 1915(i) Zone Eligibility Worker will date receipt of the application and send an eligibility approval or denial letter to the applicant containing information on the individual's rights, including their right to appeal the eligibility decision.

The 1915(i) Eligibility Worker will provide eligible applicants with the "Member Rights and Responsibilities" form and "Fact Sheet for Individuals Deemed Eligible", found on the 1915(i) website, providing information on the services available through the 1915(i) and informing them of their next steps to accessing 1915(i) services. The Zone will also inform eligible applicants to contact the Care Coordination agency of their choice to begin the person-centered planning process. If assistance is needed in contacting an agency, contact the 1915(i) Navigator.

Except in the case of the Community Transition Service, the authorization of services cannot begin before the date the Zone determines the applicant eligible for the 1915(i) SPA.

1915(i) Eligibility Redeterminations

The Zone 1915(i) Eligibility Workers conduct the 1915(i) eligibility redeterminations following the same process as initial eligibility determinations. Eligibility redeterminations must be completed at least annually and shall take place 30 days or less before the 1915(i) review date. Redeterminations must be completed within five (5) business days from receipt of the completed application.

Applicants and their Care Coordinators are responsible for submitting complete applications in a timely manner.

The Zones will conduct early redeterminations when requested. The State Medicaid Agency, Care Coordinator, or the individual receiving 1915(i) services may request a redetermination prior to the annual timeframe if the individual's needs change or a change in their circumstances deem it necessary.

Should the person-centered planning process lead to questions as to whether the individual continues to meet diagnostic and functional need eligibility criteria, the Care Coordinator will contact the Zone to request an eligibility redetermination.

Changes to Medicaid Affecting 1915(i) Eligibility

As a Care Coordinator becomes aware that the service recipient's address or contact number has changed, or other changes affecting Medicaid or 1915(i) eligibility, the Care Coordinator must notify the Zone of this change to ensure SPACES and/or the 1915(i) Web System are updated.

When an application is received, the Zone is to review the contact information in SPACES and update any necessary information, such as a change in address or contact number, with the information provided on the application.

When there are Medicaid changes of any kind made in SPACES, the Medicaid Zone Eligibility Worker must check FES to see if there is a 1915(i) benefit plan and, if so, they must inform the 1915(i) Zone Eligibility Worker of the Medicaid change(s). The 1915(i) Zone Eligibility Worker will then update the 1915(i) Web System with any changes that affect 1915(i) eligibility.

Ongoing communication between the Medicaid Zone Eligibility Worker and the 1915(i) Zone Eligibility Worker is essential to ensure the following updated

information from SPACES gets inputted into the 1915(i) Web System and vice versa.

1. Changes to identifying information including parent/legal guardian and alternate contact, if applicable;
2. Changes in address and/or contact numbers;
3. Medicaid date changes;
   a. Transfer from Traditional Medicaid to Expansion
   b. Transfer from Expansion to Traditional Medicaid
4. Medicaid ineligibility;
5. Changes in income and/or household size; and
6. Transition to a non-compliant HCBS setting.

Responsibilities and Requirements of the 1915(i) Zone Eligibility Worker

1. Providing the applicant with the SFN 741 when requested and instructing them on the process for having the application completed;
2. Assisting applicants with enrolling in Medicaid, if needed;
3. Informing the applicant of eligibility requirements;
4. Signing and dating the SFN 741 under the 1915(i) Eligibility Request section on the date the completed application was received and the date eligibility was determined;
5. Verifying the applicant is currently eligible for Traditional Medicaid or Medicaid Expansion;
6. Verifying the applicant's household income is at or below 150% of the Federal Poverty Level;
7. Verifying proof of one or more qualifying 1915(i) diagnoses;
8. Verifying proof of a qualifying needs-based assessment and score;
9. Entering the eligibility information into the 1915(i) Web System as proof of 1915(i) eligibility and enrollment;
10. Informing the applicant or parent/legal guardian, if applicable, of the eligibility decision by providing an approval or denial letter;
11. Providing the applicant with the "Member Rights and Responsibilities" form;
12. If eligibility is approved, providing the eligible applicant with the "Fact Sheet for Individuals Deemed Eligible";
13. Providing the Care Coordinator with eligibility related information and documents upon request and receipt of a release of information;
14. Performing redeterminations annually, or earlier when changes occur, or upon request by the individual, their Care Coordinator, or the State;
15. Updating information in the 1915(i) Web System;

16. Informing the applicant or parent/legal guardian, if applicable, of any changes in 1915(i) eligibility by providing a closure letter when appropriate; and
17. Ongoing communication between the Medicaid Zone Eligibility Worker and the 1915(i) Zone Eligibility Worker to ensure updated information from SPACES gets inputted into the 1915(i) Web System and vice versa.

Zone Responsibility to Provide Eligibility Information

After the applicant has chosen their Care Coordination provider, the Care Coordinator will request eligibility related documents and information from the Zone. The Zone will receive a request of information from the Care Coordinator, upload the request form into FileNet and the 1915(i) Web System, and send the following to the Care Coordinator for the plan of care development:

1. SFN 741 1915(i) Eligibility Application;
2. WHODAS assessment and score sheet or DLA Assessment;
3. 1915(i) eligibility dates; and
4. Whether the individual is on Traditional Medicaid or Medicaid Expansion.

Zone Responsibility to Provide Notice to 1915(i) Recipients

Notice means a written statement that meets the requirements of CFR § 431.210. A copy of any notice is to be uploaded into Filenet and the 1915(i) Web System.

1. Notice of Approval of 1915(i) Eligibility

The Zone will send an eligibility approval letter on the date eligibility was approved. The eligibility approval letter template is in the 1915(i) Web System.

The approval letter informs the eligible individual they are responsible to report all future income exceeding 150% federal poverty level to the 1915(i) Zone Eligibility Worker and their rights, including timely and adequate notice of decisions about eligibility; and their right to appeal. The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.

2. Notice of Denial of 1915(i) Eligibility

When taking an unfavorable action such as a denial of eligibility, the Zone must send a notice to the individual no later than the date of action. The Zone will send an eligibility denial letter no later than the

date eligibility was denied. The eligibility denial letter template is in the 1915(i) Web System.

This letter informs the eligible individual of their right to appeal the denial. The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.

3. Notice of Closure of 1915(i) Eligibility

When taking an unfavorable action such as a closure of 1915(i) eligibility, the Zone must send a notice to the individual no later than the date of action. The Zone will send an eligibility closure letter no later than the date of closure. The eligibility closure letter template is located in the 1915(i) Web System.

This letter informs the individual they have the right to appeal this action. The State assures that individuals have opportunities for fair hearings and appeals in accordance with 42 CFR 431 Subpart E.

The 1915(i) Web System automatically closes a case when 1915(i) eligibility has expired. If a case was automatically closed due to expiration, an eligibility closure letter will be generated and sent by the State.

State Responsibility to Provide Notice to 1915(i) SPA Recipients

Notice of Eligibility Redetermination

Advance notice must also be provided to a 1915(i) recipient and their parent/legal guardian, if applicable, of the eligibility redetermination date. The State will generate and send out the Notice of Upcoming Review Date letter 30 days in advance of the individual's 1915(i) review date informing the individual they must complete and return the 1915(i) Eligibility Application by their review date for redetermination of 1915(i) eligibility. The notice of upcoming review date letter template is in the 1915(i) Web System.

Qualifications of 1915(i) Zone Eligibility Workers

The Zone must assure the 1915(i) Zone Eligibility Worker performing 1915(i) determination/redetermination:

1. Is not related by blood or marriage to the applicant or any paid caregiver of the applicant;
2. Is not financially responsible for the applicant;

3. Is not empowered to make financial or health-related decisions on behalf of the applicant;
4. Has completed initial and ongoing training provided by, or approved by, the State.

Zone Input into the 1915(i) Web System

The 1915(i) Web System is the eligibility system utilized for the 1915(i) SPA. An entry in the web system is required for all 1915(i) applicants to document approval or denial of eligibility. Any documentation relating to 1915(i) eligibility must be uploaded into FileNet and the 1915(i) Web System.

The 1915(i) Zone Eligibility Worker is responsible for entering initial and ongoing information into the web system and documenting all contacts with the member in the 1915(i) Web System under the "Notes & Attachments" section.

In certain situations, Medicaid Expansion-eligible individuals have a choice to be served under Traditional Medicaid rather than Expansion. Please refer to the table of SPACES COE Codes included in the Web System Cheat Sheet to identify if a member has chosen Traditional or Expansion coverage and input their Traditional or Expansion eligibility dates into the 1915(i) Web System under the appropriate section.

Reader is referred to the Web System Cheat Sheet located on the 1915(i) website.

1915(i) Eligibility/Redetermination Start and End Dates

Eligibility for a new applicant will begin the date 1915(i) eligibility was approved by the 1915(i) Zone Eligibility Worker.

If an eligibility redetermination is approved, eligibility shall continue running with no break in coverage. For example, if prior eligibility was from 2/15/24 – 2/14/25, 1915(i) eligibility would continue and begin on 2/15/25.

If an applicant's 1915(i) eligibility start date is less than 6 months before their Medicaid eligibility redetermination date, then the applicant's 1915(i) end date and 1915(i) review date will be 364 days from the 1915(i) start date. For example, if an applicant's 1915(i) eligibility start date is 2/1/24 and their Medicaid eligibility redetermination date is 5/30/24, the 1915(i) end date and

1915(i) review date would be 364 days from 2/1/24 creating an end date of 1/31/25.

If an applicant's 1915(i) eligibility start date is 6 months or more before their Medicaid eligibility redetermination date, then the applicant's Medicaid eligibility redetermination date is also used as the 1915(i) end date and 1915(i) review date. For example, if an applicant's 1915(i) eligibility start date is 2/1/24 and their Medicaid eligibility redetermination date is 8/31/24, the 1915(i) end date and 1915(i) review date would be the same as the Medicaid eligibility redetermination date, 8/31/24.

1915(i) Eligibility Suspension

When an eligible individual enters a non-compliant HCBS setting for 6 months or less, eligibility will be suspended, not closed, and services will be paused until the individual is discharged. Closure will occur when an individual is placed in a non-compliant setting for 6 months or more or whenever their eligibility expires, whichever occurs first.

The Zone will change the case status to suspended in the 1915(i) Web System and back to approved upon the individual's discharge. The 1915(i) eligibility dates will remain in the system. The State will close the FES span the day before the individual entered the non-compliant setting and reenter into FES upon discharge.

Non-compliant HCBS settings are defined as:

- incarceration (jail or prison),
- nursing facility (NF),
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID),
- Qualified Residential Treatment Program (QRTP),
- Psychiatric Residential Treatment Facility (PRTF),
- Institutions for Mental Disease (IMD, like the State Hospital), and
- hospitals.

Individuals in these settings are receiving 24/7 institutional level services; therefore, 1915(i) services would be considered duplication of services.

1915(i) Eligibility Closure Dates

If a 1915(i) recipient chooses to close their eligibility, the individual or their parent/legal guardian, if applicable, must contact the Zone and ask to end their eligibility. A request from the recipient's Care Coordinator is not sufficient.

At any time one of the 1915(i) eligibility criteria is not met after an applicant has been determined eligible, their eligibility must be closed in the 1915(i) Web System per the policy below:

1. When Medicaid eligibility closes, 1915(i) eligibility closes on the same date Medicaid eligibility is closed regardless of when the 1915(i) Zone Eligibility Worker was notified. If Medicaid eligibility closes due to not meeting the client share, 1915(i) eligibility must be closed on the same date Medicaid eligibility is closed. The Zone sends an eligibility closure letter to the individual no later than the date of action.

2. When any of the following 1915(i) eligibility criteria are not met, (not Medicaid eligibility – see #1 above), 1915(i) eligibility closes on the date the 1915(i) Zone Eligibility Worker was notified. The Zone sends an eligibility closure letter to the individual no later than the date of action.
    - Income exceeds 150% of the FPL
    - No qualifying diagnosis
    - No qualifying needs-based assessment score
    - Individual did not receive the minimum required one 1915(i) service the previous quarter

3. If an individual becomes enrolled in the Program of All-Inclusive Care for the Elderly (PACE), 1915(i) eligibility closes on the day before the individual became eligible for PACE. The Zone sends an eligibility closure letter to the individual no later than the date of action.

4. In the event of a death, 1915(i) eligibility closes on the date of death. The Zone sends an eligibility closure letter to the parent/legal guardian, if applicable, no later than the date of action.

5. When an individual has not connected with a care coordinator or followed through with the annual reevaluation requirements, their 1915(i) eligibility will be closed. The 1915(i) Web System automatically closes a case when 1915(i) eligibility has expired, and an eligibility closure letter will be generated and sent no later than the date of action by the State.

6. When an individual does not receive the required minimum one 1915(i) service in a given quarter, their 1915(i) eligibility will be closed. This is the responsibility of the care coordinator to inform the Zone of closure.

The Zone sends an eligibility closure letter to the individual no later than the date of action.