

1915(i) MEMBER RIGHTS & RESPONSIBILITIES

North Dakota Department of Health and Human Services

Medical Services Division

1915(i) Form (10/2024)

Instructions: *This form is reviewed with the 1915(i) member and their Care Coordinator at the initial meeting and annually thereafter. The member and Care Coordinator will sign the form as acknowledgement of the review and understanding of the information. A copy is provided to the member, and the Care Coordinator maintains the original in the member's file.*

As a Member and/or Legal Decision Maker, it is your responsibility to:

- Contact the Care Coordinator if you move to a new location or change your phone number
- Contact the Care Coordinator if your service needs to be increased or decreased
- Contact the Care Coordinator if you want to change providers
- Be available for scheduled visits with providers
- Participate in all care plan meetings with your Care Coordinator
- Contact your Coordinator to discuss any problems or concerns you have with 1915(i) services

1915(i) Members have the right to:

- Confidentiality
- Receive the services you need if you are eligible
- Timely notice of eligibility decisions
- Notification if services are denied, reduced, or terminated
- Direct your plan of care, within guidelines
- Choose who is involved in your person-centered team
- Choose the times and location of meetings
- Choose your service providers
- Privacy, dignity, and respect
- Be free from discrimination
- Be free from abuse, neglect, and exploitation
- Have your property treated with care
- Be free from coercion
- Be free from restraints
- Voice complaints and concerns
- Right to request a fair hearing

Appeals:

Medicaid applicants and members who are dissatisfied with a decision made by the Human Service Zone or North Dakota Department of Health and Human Services, or who have not had their application acted on with reasonable promptness, may file an appeal.

To file an appeal:

An appeal can be filed verbally over the phone or in written format by email, fax, or mail. A request to appeal must be filed no later than 30 days from the date the notice of action is mailed.

You can use SFN 162: Request for Hearing to file the appeal, but it is not required. A signature is not required to submit the appeal request. SFN 162: Request for Hearing can be accessed at <https://www.nd.gov/eforms/Doc/sfn00162.pdf>.

If you do not use SFN 162: Request for Hearing, please provide your name, contact information, program decision, or error that you are appealing, and reason for disagreement with the decision.

Contact information:

Appeals Supervisor, Legal Advisory Unit
N.D. Department of Health and Human Services
600 E Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

Phone: (701) 328-2311

Toll Free: (800) 472-2622

711 (TTY)

Fax: (701) 328-2173

Email: dhslau@nd.gov

Website: www.nd.gov/dhs/services/medicalserv/medicaid/appeal.html

Language Assistance and Auxiliary Aids and Services are available at no cost.

It is Your Care Coordinator's Responsibility to:

- Respond to requests for information in a timely manner
- Allow you to direct your care plan, within program guidelines
- Allow you to choose your service providers
- Report any suspected fraud, concealment, or misrepresentation of information provided by you or your legal representative as it relates to eligibility for 1915(i)
- Treat you with dignity and respect
- Respect the privacy of confidential information
- Assist you with addressing your complaints or concerns with services

If a member is uncomfortable reporting any problems/concerns to their care coordinator, they may contact the Medical Services Division by emailing nd1915i@nd.gov or calling 701-328-7068 or the North Dakota Protection & Advocacy Project by calling 701-328-2950.

If You Suspect Fraud or Abuse, Report it to ND Medicaid:

A fraud or abuse report may be filed verbally over the phone or in written format by email, fax, or mail. You can use SFN 20: Suspected Fraud Referral to report suspected fraud or abuse, but it is not required. SFN 20: Suspected Fraud Referral can be accessed at <https://www.nd.gov/eforms/Doc/sfn00020.pdf>.

If you do not use SFN 20: Suspected Fraud Referral, please provide your name, contact information, and narrative of suspected fraud or abuse.

Contact information:

Fraud, Waste and Abuse Administrator
 Medical Services Division
 600 E Boulevard Avenue, Dept. 325
 Bismarck, ND 58505-0250
Phone: (701) 328-4024, **711 (TTY)**
Toll Free: (800) 755-2604
Fax: (701) 328-1544
Email: medicaidfraud@nd.gov

My signature acknowledges that the information contained in this form was reviewed with me, and I understand my rights and responsibilities or have been informed of who I can go to with my questions.

Member Signature	Date
Parent/Legal Guardian Signature	Date
Care Coordinator Signature	Date