1915(i) Provider Information Session Q & A

October 21, 2024

Provider List

Q: If an agency uses a translation service that offers a variety of languages, how do you want that communicated?

A: Please email that information to the 1915(i) inbox at nd1915i@nd.gov. We will list this on our Provider List.

NOTE: Using a translation service is not the same as having service providers who speak that language. Our expectation is that for a conflict of interest exemption for reasons of language there are service providers in your agency who speak the member's language. These service providers must still be separate from service providers if an exemption applies – i.e. the care coordinator cannot also be the member's peer support specialist.

Q: Who do we send provider change information to for the Provider List?

A: Email nd1915i@nd.gov with the subject line "Add to Provider List" along with the following information:

- Agency name
- Office address(es)
- Phone number(s) for referrals
- Email(s) for referrals
- Website address
- List which services your agency offers counties where you serve members
- What languages providers speak
- If you serve ages 0-18, ages 18+, or all ages
- Whether you serve Medicaid Expansion members

Trainings

Q: Can you offer trainings for Housing Support and Non-Medical Transportation as well as other 1915(i) services?

A: We will take this into consideration and be in communication with providers if trainings are developed and offered in the future. We currently do not have these trainings available.

Q: How do we contact the Provider Education team at Medicaid?

A: medicaidprovidereducation@nd.gov or nd1915i@nd.gov. We will work closely together on 1915(i) provider education requests.

Q: Why don't you provide feedback when a claim is denied so the provider can improve?

A: Please contact our claims call center with questions about why claims are denied. You can call 701-328-7098/877-328-7098 or email inquiries to mmisinfo@nd.gov. You will reach Noridian specialists when you call the phone line and ND Medicaid staff when emailing the Provider Relations inbox.

Q: Providers can now administer a member's WHODAS. What kind of training is required to administer the WHODAS?

A: These are the current requirements for qualified WHODAS administrators.

REQUIRED TRAINING COMPONENTS
Read and review:

- WHODAS 2.0 Manual – complete the test used to assess knowledge of WHODAS 2.0 administration in Chapter 10 of the Manual.
- WHODAS 2.0 Interview Assessment
- WHODAS Complex Scoring Sheet

Watch:

- WHODAS: Administration and Scoring Training and review revised presentation

Attend:

- Attend 1915(i) WHODAS Administration Training- reach out to nd1915i@nd.gov to inquire about attending or scheduling.

Service Authorizations

Q: Will service authorizations be required for any services, including care coordination, after 11/1/24?

A: **Claims with dates of service** of 11/1/24 or after do not require service authorization numbers. Please do not include SA numbers on these claims as it will likely delay claim processing.

Plan of Care Requirements

Q: Is a plan of care required at the 30-day post-initial contact point or 45 days after initial contact with a member?

A: A member's plan of care is expected at 30 days after the member makes initial contact with a care coordination agency. Our policy states that a member should begin receiving services at 45 days post-initial contact with the care coordination agency. If a plan of care is not submitted for approval through Therap by 45 days post-initial contact then 1915(i) staff will likely proceed with discharging the

member from their current care coordination provider and assist them in connecting with a new agency.

This will occur to ensure members aren't falling through the cracks and are getting a plan of care and connected to services as quickly as possible. We aim to give providers written notice when this happens.

We also understand that sometimes the lack of a plan of care and services result from difficulties getting in contact with the member.

Q: Since there will be a new Plan of Care template in Therap effective 11.1.24, if we have a quarterly (3 month) POC review, which template should we use?

A: Use the most currently available POC template in Therap for your member's quarterly POC review. It looks like there can only be one "active" POC template in Therap at one time. We understand there will be a period of time where there are "old" and "new" templates being submitted for approval and will be flexible in light of this transition between templates.

Q: Where can we find quarterly POC review requirements?

A: They are currently in the Plan of Care policy on our provider guidance and policy website. This Plan of Care policy in addition to the Duplication of Services policy will be combined into a comprehensive Care Coordination policy as a one-stop-shop for care coordination providers.

<u>Audits</u>

Q: Regarding audits, will providers be informed in January or July or could it be any time of the year?

A: Random audits will be conducted twice per year (every 6 months) and providers will receive written notice they have been selected for an audit only if they are selected.

<u>Medicare Coverage</u>

Q: If a member becomes eligible for Medicare, will the claim be denied for reason of member having another primary insurance?

A: Members can be dually eligible for Traditional Medicaid (not Expansion) and Medicare. Claims can still be sent to ND Medicaid.