1915(i) WEB SYSTEM CHEAT SHEET

Contents

1915(i) Eligibility Criteria

The SFN 741 1915(i) Eligibility Application serves as the official request for 1915(i) eligibility determination. The Zone must complete the eligibility determination no later than five (5) business days after receiving the completed application.

An applicant is eligible for the 1915(i) if all of the following criteria are met:
- Age 0+
- Recipient of Traditional Medicaid or Medicaid Expansion
- Federal Poverty Level is at or below 150% (**Federal Poverty Level**)
- Has a qualified 1915(i) Behavioral Health diagnosis (**Diagnosis List**)
- Has a complex score of 25 or higher on the WHODAS 2.0 assessment; or a score of 5 or lower on the DLA
- Does not reside in an institution

At any point a member doesn't meet one of the eligibility criteria, they are not eligible for the 1915(i).

SPACES COE Codes Identifying Traditional and Expansion Coverage

The SPACES COE codes below are to help identify if a member has Traditional or Expansion coverage. Utilize the chart below determine if a member has chosen to be served under Traditional Medicaid or Medicaid Expansion and input their Traditional or Expansion eligibility dates into the 1915(i) Web System under the appropriate section.

North Dakota Medicaid Expansion Eligibility COEs		
COEs	**Description**	**Benefit Plan Coverage**
M058	Adults Medically Frail - non-institutionalized with income at or below converted MN standard	Traditional FFS
M059	Adults Medically Frail - non-institutionalized with income above converted MN standard	Traditional FFS
M060	Adults Medically Frail - institutionalized with income at or below converted MN standard	Traditional FFS
M062	Adults Age 19 & 20 (not pregnant) have no children, and pass the adult group but have income less than the converted MN standard 90%	MCO (Prior to 1-1-2022) Traditional FFS (On/After 1-1-2022)
M064	Women's Way - Expansion	MCO
M065	Adults Medically Frail - institutionalized with income above converted MN standard -	Traditional FFS
M069	Women's Way - Expansion	Traditional FFS
M072	Inpatient Prisoner - Expansion	Traditional FFS
M074	Paroled Inmates Initial Month - Expansion	MCO
M76A	Adults Age 19 & 20 *not including Medically Frail, Women's Way, BCA, or the 19 & 20 yr olds who pass parent/caretaker income*	Traditional FFS (Effective 1-1-2022)
M076	Adult Expansion Group not including Medically Frail, Women's Way, BCAP, or the 19 & 20 yr olds who pass parent/caretaker income and effective 1-1-2022 will not include adults Age 19-20	MCO
M077	Adults Medically Frail - non-institutionalized with income at or below converted MN standard	MCO
M081	Emergency Services for Aliens – Adult (Not Pregnant, Not a Caretaker, Not a Child)	Traditional FFS
M089	Adults Medically Frail - non-institutionalized with income above converted MN standard	MCO

Login/Password

Open the 1915(i) Web System using Microsoft Edge or Google Chrome.
- Zoom settings may need to be changed to fit the content onto one page.

Below is the link to the 1915(i) Web System:
https://nddhs-1915i.crm9.dynamics.com/main.aspx?appid=7ca4cdda-8d4b-eb11-a811-001dd8309870

User ID/Password:
Your NDGOV account will be used as the User ID followed by @nd.gov (ex. mlklocke@nd.gov). The password will be the same one used in your NDGOV account.

If you do not know your NDGOV account or are denied access, contact the NDIT Service Desk at 701-328-4470 or submit an online incident.

For user requests or changes, submit SFN 428 County Security Request form found on the county intranet or the I:/Drive.

Update Time and Date Stamp

Each user will need to update the time zone in the web system by following the steps below:
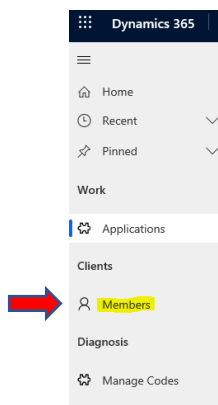- Click the gear shaped icon in the top black toolbar (see below).

- Click "Personalization Settings".
- Under the "General" tab, go to "Set the time zone you are in".
- Select your time zone.
- Click "OK".

Create A New Member

To create a new member who is not already in the system, follow the steps below:
- Click the "Members" tab in the grey panel on the left-hand side (see below).

- Click the "+New" tab in the top toolbar (see below) and a new screen will pop up with required fields.

- Most of the information for the required fields will be on the SFN 741 1915(i) Eligibility Application.
- The red asterisks are all required fields and if not filled in, you'll receive an error message.
    - If "Translator Needed" is "Yes", the "Language" field must be filled in.
    - "Date of Birth" requires a four (4) digit year.
    - "Age" field will auto-populate
    - Leave "Is on Medicaid?" box selected for members who have a Medicaid ID number
        - Unselect the "Is on Medicaid?" box (see below) if an applicant has never been on Medicaid in their lifetime and has no Medicaid ID number.

        Is on Medicaid?　　　*　☐

        - After unselecting the box, many of the required fields will be removed. Fill in all fields provided by the applicant on the SFN 741 Eligibility Application.

    - "SSN" and "SPACES Client ID" are identified in SPACES.
    - "Medicaid ID" is the ND number found on the member's Medicaid ID card.
    - Enter parent/legal guardian or alternative contact information, if applicable.
    - Click "Save" (not "Save & Close").

Create a New Application for a New Member
Follow the steps above "Create a New Member".

After creating a new member, follow the steps below to create a new application for a new member:
- Go to the "Applications" section and click "+ New Application" (see below).
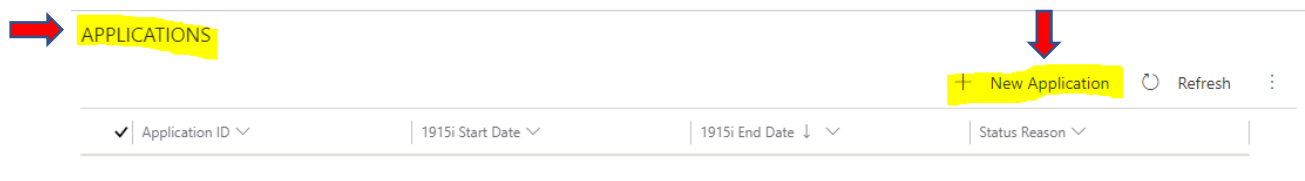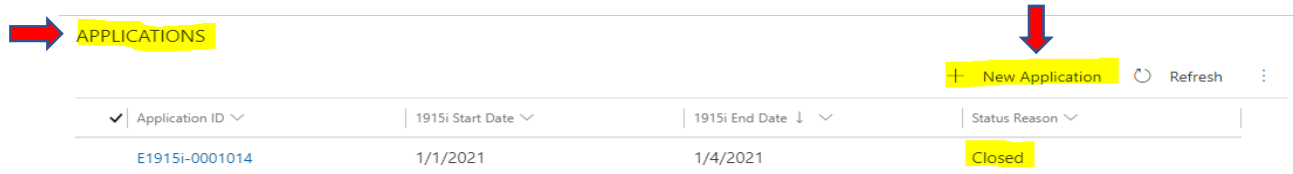

- Follow the steps below for either "Approval of Eligibility" or "Denial of Eligibility".

Create a New Application for an Existing Member
Follow the steps above "Search for an Existing Member".

Follow the steps below to create a new application for an existing member:
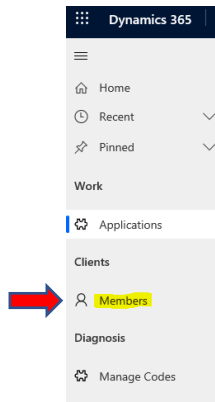- Go to the "Applications" section and click "+ New Application" (see below).

- Follow the steps for either "Approval of Eligibility" or "Denial of Eligibility".

Search for an Existing Member

To search for an existing member in the system, follow the steps below:

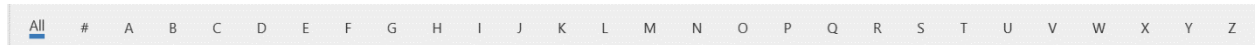- Click the "Members" tab in the grey panel on the left-hand side (see below).

- Filter member names by clicking the "down arrow" next to "Member" (see below) and "Sort A to Z" or "Sort Z to A" <u>or</u>

  click on the letter of the member's "last name" (see below) and sort by clicking the "down arrow" to "Sort A to Z" or "Sort Z to A" (see above).
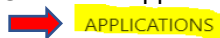

- When you locate the member name, click on it and confirm the personal identifying information.

Search for an Existing Application for an Existing Member

To search for an existing application for an existing member in the system, follow the steps below:

- Follow the steps above "Search for an Existing Member".
- Go to the "Applications" section (see below).

Application ID ∨	1915i Start Date ∨	1915i End Date ↓ ∨	Status Reason ∨
E1915i-0001068	1/1/2021	6/30/2021	Closed
E1915i-0001070	1/1/2021	1/31/2021	Closed
E1915i-0001069	---	---	Denied

- Locate the Application you are searching for by utilizing the filter options "Application ID" or "Status Reason".
- Click the "Application ID" to open the application.

Approval of Eligibility

Enter the following information into the system if 1915(i) eligibility is approved:

1. Create a new member or search for an existing member following the steps above.
2. Enter start/end dates for either Traditional Medicaid or Medicaid Expansion, whichever is applicable.
   Note: Have to click "Save" before system allows Medicaid dates to be entered.
   - Must be Medicaid eligible for 1915(i) eligibility.
   - Medicaid start/end dates are identified in SPACES.
   - Click "+ New Traditional Medicaid" or "+ New Medicaid Expansion" tab, whichever is applicable.
     - Dates require a four (4) digit year.
     - If no Medicaid "End Date", enter "12/31/9999".
   - Click "Save & Close".
3. Federal Poverty Level at or Below 150%
   - Must be at 150% or below for 1915(i) eligibility.
   - Assess poverty level from the applicant's income in SPACES utilizing the 1915(i) FPL Table - Federal Poverty Level.
4. Diagnosis
   - Must have a 1915(i) qualifying diagnosis for 1915(i) eligibility - Diagnosis List.
   - Diagnosis is found on the eligibility application.
   - Click "+ New Diagnosis" in the "Active Diagnosis" section.
   - "Status" Primary, Secondary, Tertiary options
     - Enter in the order as identified on the eligibility application.
   - "Diagnosis Code" type in code or click magnifying glass and scroll to find the diagnosis.
   - "Diagnosis Date" is found on eligibility application. If one isn't provided, leave field blank.
     - Date requires a four (4) digit year.
   - Click "Save & Close".
   - Repeat the process for secondary and tertiary diagnoses, if applicable.
5. WHODAS or DLA overall score (only one is required)
   - Overall WHODAS assessment score must be at 25 or higher for 1915(i) eligibility.
   - Overall DLA score must be 5 or lower for 1915(i) eligibility
   - The score is found on the eligibility application.
     - If no score, perform a WHODAS assessment only if all other eligibility criteria is met.
6. "Member's Rights" is checked "Yes" after applicant is informed of their rights, appeals and hearing options, and choice of service providers by providing this form Member Rights and Responsibilities.
7. Client "Status" is updated to "Approved" only if all eligibility criteria is met.
8. "1915(i) Eligibility Dates" are entered.
   - Dates require a four (4) digit year.
   - See 1915(i) Eligibility Start and End Date sections in the Eligibility Policy.
9. Click "Save".
10. Upload the SFN 741 1915(i) Eligibility Application, and WHODAS assessment and WHODAS score sheet or DLA into Filenet using Shortname 88.
11. Send the following to the applicant:
    1. Approval letter informing the applicant they are required to report income over 150% FPL throughout the eligibility period.
       - Click "Word Templates" on the toolbar (see below).
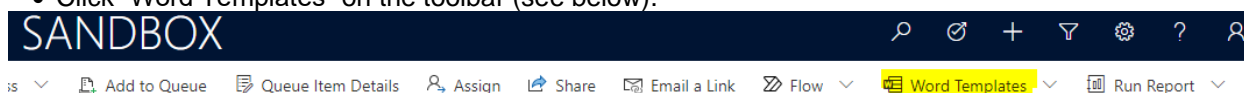
    - Select "Eligibility Approval Letter".
    - Click "Enable Editing" at the top of the letter.
    - Manually enter [number] and [$ amount] in template.
    - Manually enter [Zone Contact Information] in template.
    - Print and mail letter to applicant.
    - Save letter as PDF and upload into Filenet using Shortname 88 with the description Approval Letter.
    2. 1915(i) Fact Sheet for Individuals Deemed Eligible - Fact Sheet for Individuals Deemed Eligible.
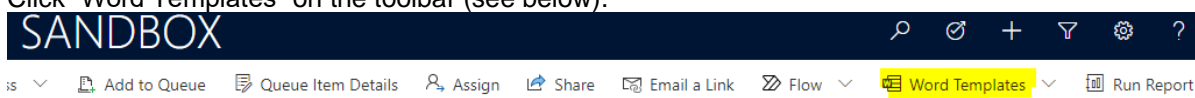
Denial of Eligibility

At any point an applicant does not meet one of the 1915(i) eligibility criteria, they are not eligible. If the applicant is not Medicaid eligible or does not have a qualifying diagnosis, there is no need to access the Federal Poverty Level (FPL) or WHODAS as the applicant is ineligible. If the applicant doesn't meet the FPL, there is no need to access the WHODAS.

*Note, no changes can be made to an application once "Denied" status is selected or saved.
- Select "Pending" status to make changes.

Enter the following information into the system if 1915(i) eligibility is denied:
1. Create a new member or search for an existing member following the steps above.
2. Enter start/end dates for either Traditional Medicaid or Medicaid Expansion, whichever is applicable.
   Note: Have to click "Save" before system allows Medicaid dates to be entered.
   - Medicaid start/end dates are identified in SPACES.
   - If applicant is not Medicaid eligible, leave start/end dates blank.
   - Click "+ New Traditional Medicaid" or "+ New Medicaid Expansion" tab, whichever is applicable.
      - Dates require a four (4) digit year.
      - If no Medicaid "End Date", enter "12/31/9999".
   - Click "Save & Close".
3. Federal Poverty Level at or Below 150%
   - If applicant is not Medicaid eligible, do not assess poverty level and select "Undetermined".
   - If applicant is Medicaid eligible, assess poverty level from the applicant's income in SPACES utilizing the 1915(i) FPL Table - Federal Poverty Level.
   - Select "Yes" or "No" depending on assessment result.
4. Diagnosis
   - Must have a 1915(i) qualifying diagnosis for 1915(i) eligibility - Diagnosis List.
   - Diagnosis is found on the eligibility application.
   - Click "+ New Diagnosis" in the "Active Diagnosis" section.
   - If no qualifying diagnosis, select "no qualifying diagnosis", click "Save & Close", and move on to Step 5.
   - "Status" Primary, Secondary, Tertiary options
      - Enter in the order as identified on the eligibility application.
   - "Diagnosis Code" type in code or click magnifying glass and scroll to find the diagnosis.
   - "Diagnosis Date" is found on eligibility application. If one isn't provided, leave field blank.
      - Date requires a four (4) digit year.
   - Click "Save & Close".
   - Repeat the process for secondary and tertiary diagnoses, if applicable.
5. WHODAS or DLA overall score (only one is required)
   - This score is found on the eligibility application.
      - If no score, only perform a WHODAS assessment if all other eligibility criteria is met.
      - If all other eligibility criteria is not met, do not perform WHODAS and enter "0".
6. "Member's Rights" is checked "Yes" after applicant is informed of their rights, appeals and hearing options, and choice of service providers by providing this form Member Rights and Responsibilities.
7. Client "Status" is updated to "Denied" with the appropriate reason(s) selected from the drop-down menu.
8. Click "Save".
9. Upload the SFN 741 1915(i) Eligibility Application, and WHODAS assessment and WHODAS score sheet (if assessed) or DLA into Filenet using Shortname 88.
10. Send the following to the applicant:
    1. Denial letter
       - Click "Word Templates" on the toolbar (see below).

       - Select "Eligibility Denial Letter".

- Click "Enable Editing" at the top of the letter.
- Manually enter [Zone Contact Information] in template.
- Print and mail letter to member.
- Save letter as PDF and upload into Filenet using Shortname 88 with the description Denial Letter.

Suspension of Eligibility

When an eligible individual enters a non-compliant HCBS setting for 6 months or less, eligibility will be suspended, not closed. 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.

To suspend 1915(i) eligibility for an existing member, follow the steps above for "Search for an Existing Application for an Existing Member". Click the "Application ID" for the "Approved" application and update the following:
1. Client "Status" is updated to "Suspended".
2. Add any relevant notes.
3. Click "Save".

Closure of Eligibility

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.

*Note, no changes can be made to an application once "Closed" status is selected or saved.
- Select "Pending" status to make changes.

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.

To close 1915(i) eligibility for an existing member, follow the steps above for "Search for an Existing Application for an Existing Member". Click the "Application ID" for the "Approved" application and update the following:
1. Only update the current "Traditional Medicaid End Date" or "Medicaid Expansion End Date" if closure is due to Medicaid ineligibility.
    - Use the date Medicaid ended in SPACES for the "Traditional Medicaid End Date" or "Medicaid Expansion End Date".
    - Dates require a four (4) digit year.
2. Update any eligibility criteria that has changed and is not being met.
    - Ex. FPL increased to over 150%, update the "Federal Poverty Level at or Below 150%" to "No".
3. Go to "1915(i) Eligibility Dates" section (see below).

- Update the "End Date" and "Revie w Date" per policy. See 1915(i) Eligibility Closure Dates section in the Eligibility Policy.
    - Date requires a four (4) digit year.
    - "Review Date" will be the same as the "End Date".
4. Update the client status to "Closed".
5. Select the reason(s) for closure.
6. Click "Save".

7. Send the following to the individual:
   1. Closure letter
      - Click "Word Templates" on the toolbar (see below).
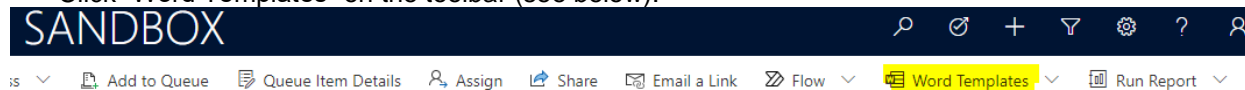
      - Select "Eligibility Closure Letter".
      - Click "Enable Editing" at the top of the letter.
      - Manually enter [Zone Contact Information] in template.
      - Print and mail letter to member.
      - Save letter as PDF and upload into Filenet using Shortname 88 with the description Closure Letter.

Annual 1915(i) Eligibility Redetermination
A 1915(i) eligibility redetermination must be completed at least annually.

When an annual 1915(i) eligibility redetermination occurs, complete the following:
"Create a New Application for an Existing Member" (steps identified above) and follow the instructions above depending on "Approval of Eligibility" or "Denial of Eligibility".

Note: **Never create a new 1915(i) eligibility span in an existing application. Always create a new application.**

Care Coordinator Request for Information
After the member has chosen their care coordination provider, the care coordinator will request eligibility related documents from the Human Service Zone. The Zone will receive a Request of Information from the care coordinator, upload it into the web-based system, and send the following to the care coordinator for plan of care development:
1. SFN 741 1915(i) Eligibility Application,
2. WHODAS assessment and scoresheet, or DLA assessment
3. 1915(i) Eligibility Dates, and
4. Whether the individual is on Traditional Medicaid or Medicaid Expansion.

Edit/Delete Eligibility Dates
To edit an eligibility date entry, follow the steps below:
   Note: Eligibility dates can not be edited when an application is in "Denied" or "Closed" status.
      - Select "Pending" status to make changes.

   - Click the date range you want to edit. This will select the date range and an "Edit" button will appear (see below).
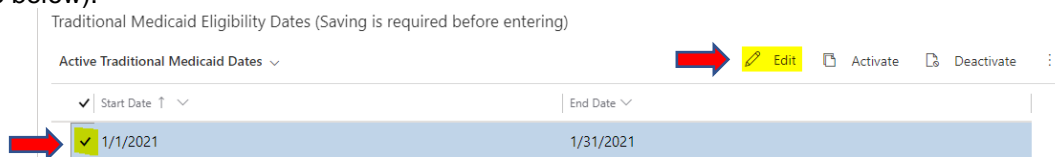
   - Click "Edit".
   - Make edit(s).
   - Click "Save & Close".

To delete an eligibility date entry, follow the steps below:
   Note: Eligibility dates can not be deleted when an application is in "Denied" or "Closed" status.
      - Select "Pending" status to make changes.

   - Click the date range you want to delete. This will select the date range (see below).

- Click the 3 vertical dots (see below).

Traditional Medicaid Eligibility Dates (Saving is required before entering)

	Start Date ↑ ⌄	End Date ⌄
✓	1/1/2023	12/31/9999

- Click "Delete Traditional Medicaid Date" or "Delete Expansion Medicaid Date", whichever is applicable
- Click "Save & Close".

Edit Notes & Attachments

To edit notes or attachments, follow the steps below:

- To edit, click the "pencil" icon (see below).
  - Make edit(s) and click "Save".

Notes & Attachments

Timeline

Enter a note...

MK Note modified by Melissa Klocke
1915i Evaluation
Diagnosis and WHODAS
TEST.docx

9/30/2020 12:59 PM ⌄

Change from Traditional Medicaid to Medicaid Expansion

To change Traditional Medicaid to Medicaid Expansion in the web system, follow the steps above for "Search for an Existing Application for an Existing Member". Click the "Application ID" for the "Approved" application and update the following:

1. Click the current eligibility in the "Traditional Medicaid Eligibility Dates" section. This will select the date range and an "Edit" button will appear (see below).

Traditional Medicaid Eligibility Dates (Saving is required before entering)

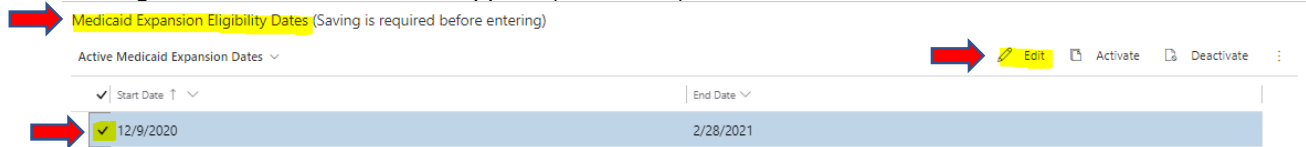Active Traditional Medicaid Dates ⌄   ✎ Edit   Activate   Deactivate   ⋮

	Start Date ↑ ⌄	End Date ⌄
✓	3/1/2021	3/31/2021

2. Click "Edit".
3. Update the "End Date" to the date Traditional Medicaid ended in SPACES.
   - Date requires a four (4) digit year.
4. Click "Save & Close".
5. Click "+ New Medicaid Expansion Date" in the "Medicaid Expansion Eligibility Dates" section.
   - Dates require a four (4) digit year.
   - "Start Date" is the date Medicaid Expansion started in SPACES.
   - "End Date" is the date Medicaid Expansion ends in SPACES.
     - If no "End Date", enter "12/31/9999".
6. Click "Save & Close".

Change from Medicaid Expansion to Traditional Medicaid

To change Medicaid Expansion to Traditional Medicaid in the web system, follow the steps above for "Search for an Existing Application for an Existing Member". Click the "Application ID" for the "Approved" application and update the following:

1. Click the current eligibility in the "Medicaid Expansion Eligibility Dates" section. This will select the date range and an "Edit" button will appear (see below).

2. Click "Edit".
3. Update the "End Date" to the date Medicaid Expansion ended in SPACES.
   - Date requires a four (4) digit year.
4. Click "Save & Close".
5. Click "+ New Traditional Medicaid Date" in the "Traditional Medicaid Eligibility Dates" section.
   - Dates require a four (4) digit year.
   - "Start Date" is the date Traditional Medicaid started in SPACES.
   - "End Date" is the date Traditional Medicaid ends in SPACES.
     - If no "End Date", enter "12/31/9999".
6. Click "Save & Close".