

1915(i) PROVIDER AGENCY REVIEW REPORT

North Dakota Department of Health & Human Services

Medical Services Division

1915(i) Form (12-2023)

Report Completed By:	Date Report Completed:
Name of Provider Agency:	Reporting Period:

Purpose

This report contains all requirements for 1915(i) provider agencies outlined in the 1915(i) State Plan Amendment and attested to in the 1915(i) provider enrollment process. This report is used for required CMS reporting and as an internal review by the Department of Health & Human Services to ensure compliance with 1915(i) regulations.

Instructions

1. The provider agency shall complete a review report if enrolled during the reporting period.
2. The provider agency shall attach to this report supporting documentation relevant to each requirement. The documentation must prove the requirement has been met.
3. If all required documentation is attached for a requirement, select the "Yes" checkbox. If not, select the "No" checkbox and explain the agency's plan of action to address the noncompliance.
4. The provider agency shall submit this form annually, along with policy and/or supporting documentation **in one complete PDF file**, to the State Medicaid Agency's 1915(i) Administrator at nd1915i@nd.gov by January 1st.

Requirement 1	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency provided documentation of internal policy that requirements of individual providers of services meet required qualifications initially and ongoing. Policy should state if agency keeps a copy of degree in the individual provider's file.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirement 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency provided documentation of internal policy that services agency is enrolled to provide are within scope of practice. Policy should state agency will provide oversight to ensure individual providers are providing services within the scope of practice and within the provider's roles and responsibilities.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirement 3	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency provided documentation of internal policy that individual providers of services have required competencies. Policy should outline how the agency will ensure individual providers meet the required competencies.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirement 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency provided documentation of internal policy that agency conducts training per state policy. Policy should state what training is required for individual providers and how the training will be provided.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirement 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency provided documentation of internal policy that agency adheres to all 1915(i) policies and procedures. Policy should state how the agency and individual providers are knowledgeable in 1915(i) policies and procedures.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirement 6	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency provided documentation of agency's 1915(i) policy manual for DHS review.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirement 7	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency provided documentation of internal policy stating that agency will submit all required provider enrollment documentation (initial and updated licenses and accreditations) to provider enrollment by emailing NDMedicaidEnrollment@noridian.com .	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirement 8	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency provided documentation of internal policy stating that agency adheres to the HCBS Settings Rule and provides initial and ongoing education to staff on the HCBS Settings Rule.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirements 9	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency provided documentation of internal policy regarding criminal background checks. Policy should state if the agency will perform annual criminal background checks and their process if an individual provider is convicted of a crime.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirements 10(a) and 10(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Only complete if agency is enrolled in the Care Coordination service. Select N/A if not applicable.</i>	
10(a) Provided documentation of internal policy that agency ensures all POCs completed by their individual providers are reviewed using the 1915(i) Plan of Care Review Checklist. The 1915(i) Plan of Care Policy 510-08-80 requires provider agencies to use the 1915(i) Plan of Care Review Checklist to self-monitor and review all POCs completed by their individual providers.	
10(b) Provided documentation of internal policy that agency ensures availability, or a back-up resource available, 24 hours a day, 7 days a week for clients in crisis.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirement 11	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Only complete if agency is enrolled in Housing Support service. Select N/A if not applicable.</i>	
Provided documentation of internal policy that agency ensures availability, or a back-up resource available, 24 hours a day, 7 days a week for clients in crisis.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirement 12	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>Only complete if agency is enrolled in the Non-Medical Transportation service. Select N/A if not applicable.</i>	
Agency provided documentation of internal policy that agency adheres to state motor vehicle laws. Policy should state how agency will ensure individual providers have a government issued driver's license, insurance, and if individual providers will use an agency vehicle or their personal vehicle. If using a personal vehicle, policy should state the agency will keep a copy of insurance in the individual provider's file. Policy should also outline if agency performs license checks on a regular basis to ensure individual providers have a valid driver's license.	
If answered "No", what is the provider agency's plan of action to address non-compliance?	

Requirement 13 **Yes** **No** **N/A**

Only complete if agency is enrolled in Prevocational Training, Supported Education, and/or Supported Employment service(s). Select N/A if not applicable.

Provided documentation agency meets one of the following:

- NDAC 75-04-01 (DD license); or
- Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF); or
- Council on Accreditation (COA); or
- The Council on Quality and Leadership (CQL); or
- ND school; or
- Individual provider(s) affiliated with agency meet one of the licensure or accreditation requirements below:
 - Employment Specialists (IPS or CESP); or
 - Certified Brain Injury Specialist; or
 - Qualified Service Provider (QSP); or
 - Direct Service Provider (DSP); or
 - Career Development Facilitation

If answered "No", what is the provider agency's plan of action to address non-compliance?

PROVIDER AGENCY

Comments:

Provider Agency Signature:

Date:

DEPARTMENT OF HUMAN SERVICES

Is agency in compliance? Yes No

Comments:

DHS Medical Services Signature:

Date: