March 18, 2020

North Dakota Department of Human Services **Transmitted Via Email to bhbell@nd.gov**

Behavioral Health Division

Attn: Bianca Bell

1237 W. Divide Ave., Ste. 1C

Bismarck, ND 58505-1208

RE: Public Comments on draft Medicaid 1915(i) state plan amendment

Dear Department of Human Services:

Lutheran Social Services provides behavioral health services for children and adults through home and community-based services. We have been fully supportive of the department’s development and implementation of new Behavioral Health services. The expansion of services under the 1915(i) Medicaid State Plan Amendment can have a powerful impact on individuals and families of limited means, for whom the navigation of a journey to well-being is even harder than it is for those who are healthy, resourced, and surrounded by protective factors.

We applaud the efforts to date that the Department has taken to create a comprehensive plan around the administration and operation of the 1915(i) amendment but would provide the following comments and/or inquiries around those efforts.

**The Coronavirus Pandemic, Rural North Dakota and Telehealth limitations:** As the state and nation enter new and unchartered territory in dealing with the Coronavirus the vital importance of telehealth is starkly apparent. While in a state of emergency we would recommend the elimination of the 25% remote support limitation, and a reconsideration of that standard should be reviewed even when the emergency has dissipated. The state plan amendment wisely provides an exception to the Conflict of Interest Standards based on the data from the Center for Rural Health and concern over provider availability. Consideration should also be given to the “Limitations applicable to remote support service delivery of Care Coordination and Peer Support services.” The 25% remote support limitation would be an unwarranted deterrent to quality service provision in many rural communities, while Telehealth has proven to be both widely accepted and effective. Proper oversight balanced with regular face-to-face in-person requirements should be enough to allow for broader use of Telehealth technology.

The fact that “Services must be provided in a manner that supports the individual’s communication style…” could also come into conflict with the 25% remote rule limitation. Additionally, the ability to maintain your provider when moving from one community to another is an important consideration where remote services via Telehealth should be leveraged. Strong client/provider relationships are critical to success and take time to develop. Reconsideration of the 25% rule of services being delivered remotely can help keep those relationships intact.

**Face to Face:** The plan makes frequent reference to “Face to Face” interactions. While we assume this refers to “in-person” activity a clarification and further definition would help differentiate it from the use of telehealth video.

**Translation/Interpretation Services:** Those services required to meet the standard of an individual’s “communication style” include Translation and Interpretation. Will a fee schedule for those services be included in the plan amendment?

**Peer Support Issues:** Current contracts in the Free Through Recovery program for Peer Supports are developed around monthly terms; on a per month/per client basis. The $7.38 draft fee that is proposed will make recruitment in Peer Supports problematic when factoring administrative and support functions. Also, the daily limit of eight hours in Peer Supports would be detrimental to effective work, which often relies on 24/7 rapid response. Consideration should be given to expanded daily limits and increasing fees in order to attract the necessary qualified Peer Supports.

**Choice of Provider:** Can DHS explain the process for how provider information will be made available to potential clients; the informational social platform and how providers can communicate their capabilities?

**WHODAS and Eligibility:**  Further clarification around eligibility would be appreciated. Who at DHS will review and approve eligibility? What training will those individuals have, and what latitude in approvals? Will formalized training be offered for the WHODAS system, or is that something providers will access directly with WHO?

Lutheran Social Services is pleased with the state’s efforts in expanding critically needed Home and Community Based Services, and especially commend DHS for its detailed plan of administration and operation. We look forward to partnering with you to further build a robust and effective system for our fellow citizens.

Sincerely,



Eric Monson

Interim, CEO and President

Lutheran Social Services of North Dakota

