



1915(i)

Home and Community-Based
Behavioral Health Support

NORTH
Dakota
Be Legendary.

Health & Human Services

What is the 1915(i)

- Amendment to the ND State Medicaid Plan
- Developed to fill gaps in behavioral health service delivery system throughout ND, supporting people in their community of choice
- Allows for the provision of Home and Community-Based Services not previously billable to Medicaid



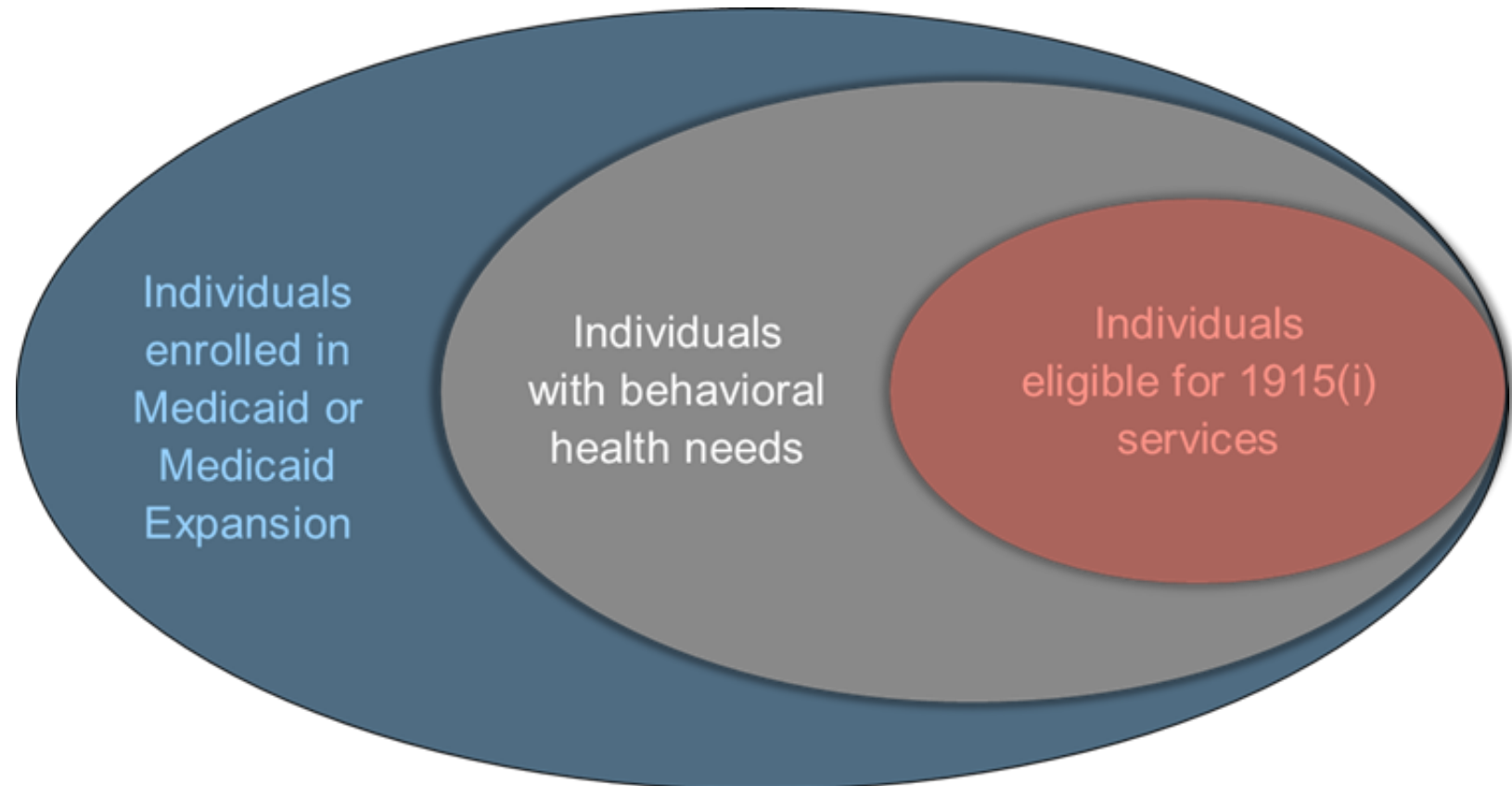


Eligible Individuals

- Are ages 0+; and
- Enrolled in Medicaid or Medicaid Expansion; and
- Have a household income at or below 150% of Federal Poverty Level; and
- Have a qualifying Behavioral Health diagnosis; and
- Have a WHODAS 2.0 Assessment score of 25 or higher, or a DLA 20 Score of 5 or lower; and
- Reside in a setting compliant with the Federal Home and Community-Based Settings Rule



Target Population



How might a functional limitation look?

- Limited ability to tolerate noise and crowds
- Difficulty concentrating (restlessness, being easily distracted, difficulty understanding and remembering verbal directions)
- Difficulty maintaining stamina to complete typical daily activities
- Difficulty handling time pressures and multiple tasks (completing assigned activities, prioritizing, meeting deadlines, multi-tasking)
- Difficulty interacting with others (getting along, fitting in, contributing, reading social cues)
- Fear or distrust of “authority figures” (police, teachers)
- Reacting defensively to negative feedback
- Difficulty accepting and adapting to change



[Source: Washington University- What are some functional limitations related to mental illness](#)

Obtaining a WHODAS or DLA 20 Assessment



- Individuals currently served by a Human Service Center will have a WHODAS or DLA 20 on record
- Individuals not currently served by a Human Service Center may request a WHODAS Assessment from a Human Service Zone (formerly known as the county offices)
- Community members may become independent, trained, qualified WHODAS administrators, if trained by the State. Note: this will prevent them from personally providing 1915(i) services to the assessed individual in the future. In the more populous areas of the state, this would also prevent their associated agency/organization from providing 1915(i) services to the person in the future.



The State currently only accepts DLA 20 Assessments administered at a Human Service Center for the purpose of 1915(i) eligibility determination



The WHODAS must be administered via interview by a qualified, trained, independent administrator. Self-Administered assessments are not permitted for the purpose of 1915(i) eligibility determination



The WHODAS interview may be administered to a Proxy respondent, as designated by the applicant



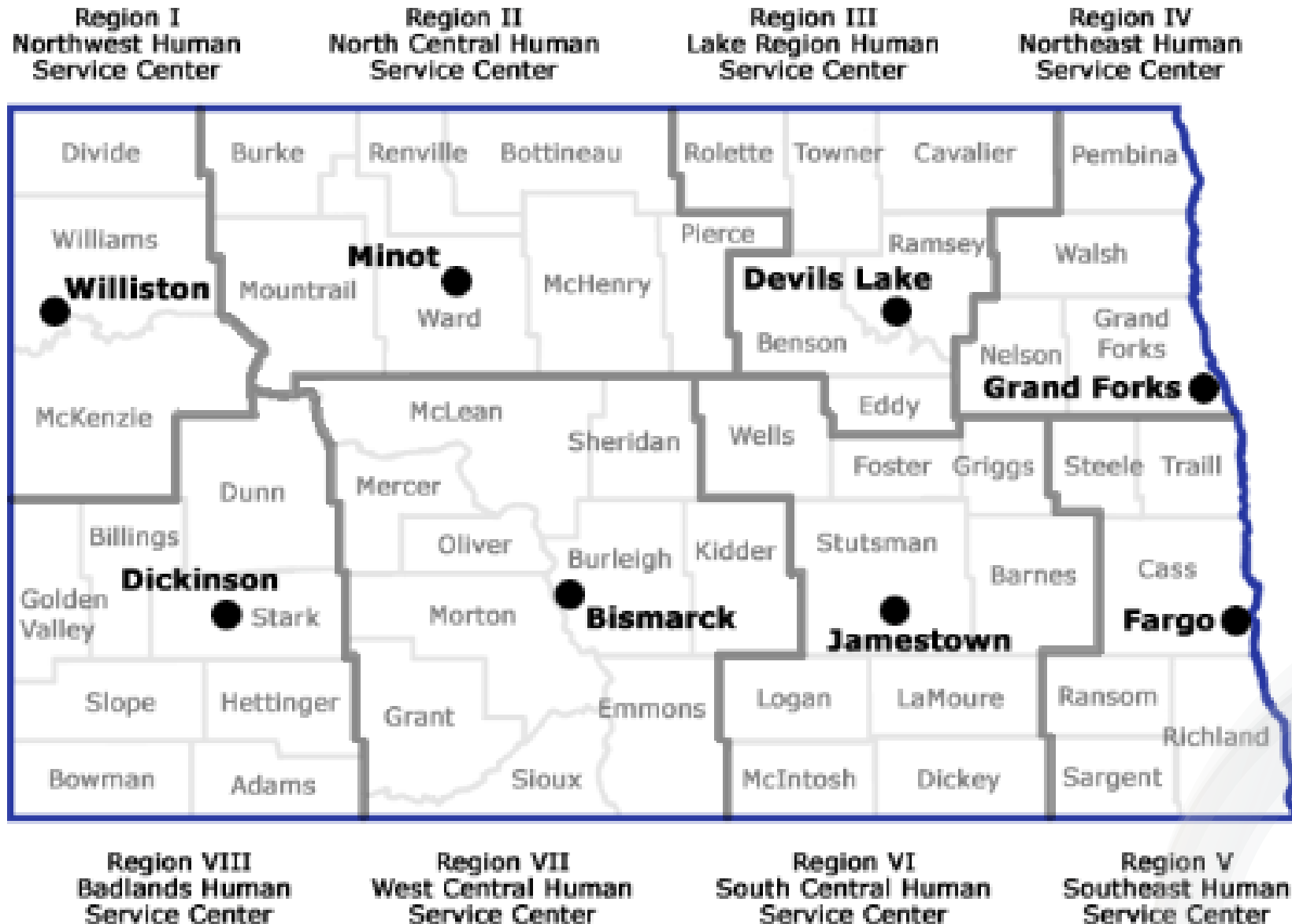
The WHODAS interview may be administered via telehealth

Obtaining a Diagnosis Verification

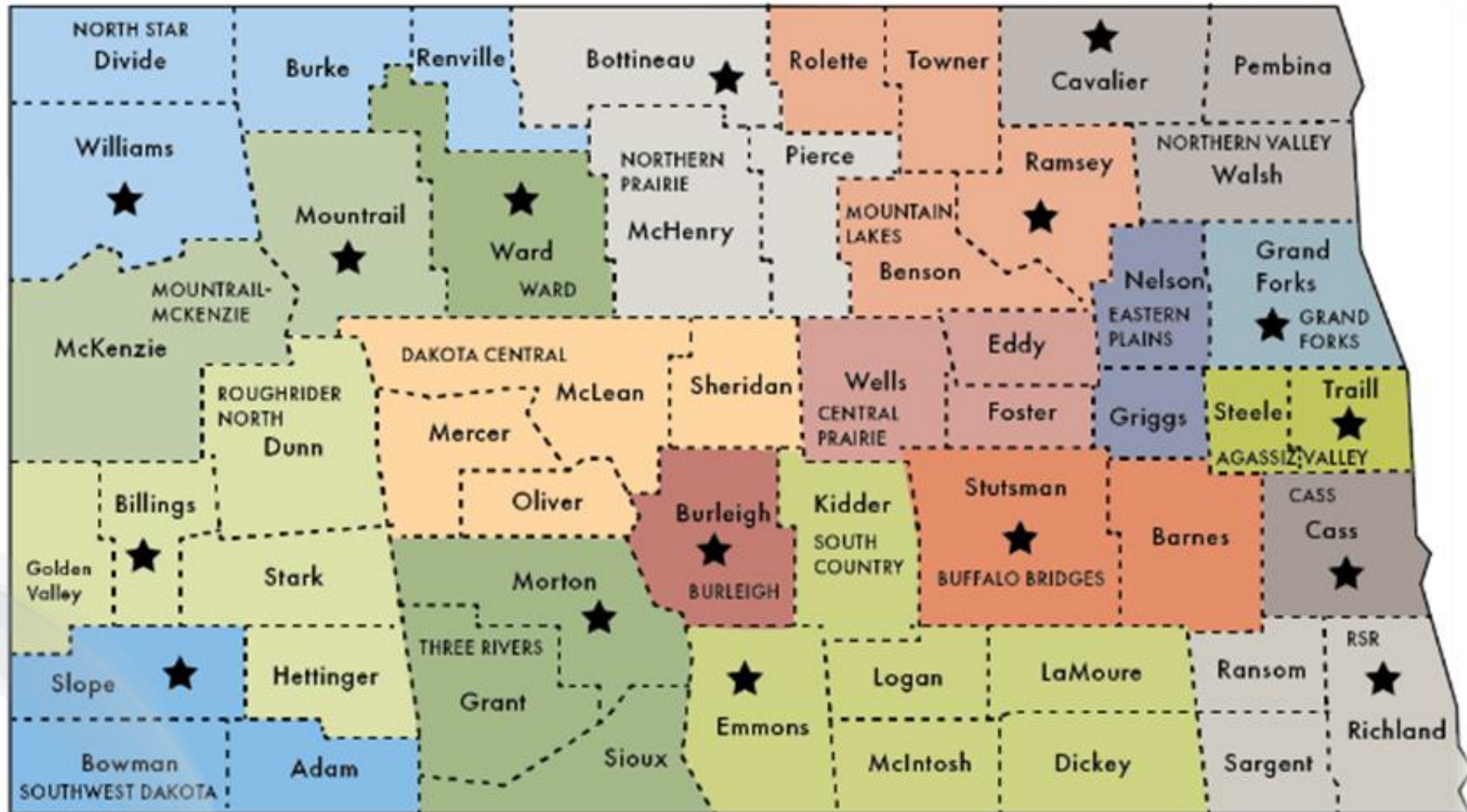
- Individuals currently served by a Human Service Center will have a diagnosis on record
- Individuals not currently served by a Human Service Center may provide a printout from their medical record listing a qualifying diagnosis
- A professional who can diagnose, per their licensure, may verify a qualifying diagnosis on the application (the North Dakota Mental Health Program Directory may be helpful in finding an appropriate provider)
- A “verifying staff person” may also be utilized to complete the diagnosis verification on the application



Regional Human Service Centers



Human Service Zones





Conflict of Interest Protection



WHODAS
Assessment



Care
Coordination



Service
Provision



Conflict of Interest Exemption # 1



- WHODAS
- Care Coordination
- Service Provision

“A group provider may complete the WHODAS, provide care coordination, and other 1915(i) services to the same individual... when they document the use of different individual providers for administration of the WHODAS, provision of the care coordination service, and provision of the other 1915(i) services, and the group provider is the only willing and qualified provider to perform assessments and develop POCs with experience and knowledge to serve the individual who shares a **common language or cultural background...**” This exemption must be pre-approved by the State.



Conflict of Interest Exemption #2



- WHODAS
- Care Coordination
- Service Provision

“A group provider may complete the WHODAS, provide care coordination, and other 1915(i) services to the same individual when they document the use of different individual providers for administration of the WHODAS, provision of the care coordination service, and provision of the other 1915(i) services, and the 1915(i) member resides within a county designated as a community-based behavioral health provider shortage area...” **Currently all areas of ND are designated as such, EXCEPT Burleigh and Cass Counties.** This is subject to change, based on provider enrollment.



1915(i) Services

- Care Coordination (All ages)
- Peer Support (18+)
- Non-Medical Transportation (All ages)
- Housing Support (17.5+)
- Benefits Planning (All ages)
- Pre-Vocational Training (17.5+ or has GED/Diploma)
- Supported Employment (14+)
- Supported Education (5+)
- Respite (0 through 20)
- Training & Support for Unpaid Caregivers (All ages)
- Family Peer Support (0 through 17)
- Community Transition Service* (All ages)

Scope: Care Coordination

“The role of the Care Coordinator includes comprehensive assessment and re-assessment activities; development of an individualized Person-Centered Plan of Care; Crisis Plan development, implementation and monitoring; referrals, collateral contacts, and related activities; service delivery monitoring and follow-up; and HCBS Settings Rule compliance verification (initial and ongoing.)”

Care Coordination Policy





Scope: Peer Support

“Services are delivered to participants aged 18 and older by trained and certified individuals in mental health or substance use recovery who promote hope, self-determination, and skills development to achieve long-term recovery in the community. Peer support specialists have lived experience as a recipient of behavioral health services with a willingness to share personal, practical experience, knowledge, and first-hand insight to benefit service users. Services are provided in a variety of home and community based (HCBS) settings...”

Peer Support Policy

Scope: Housing Support

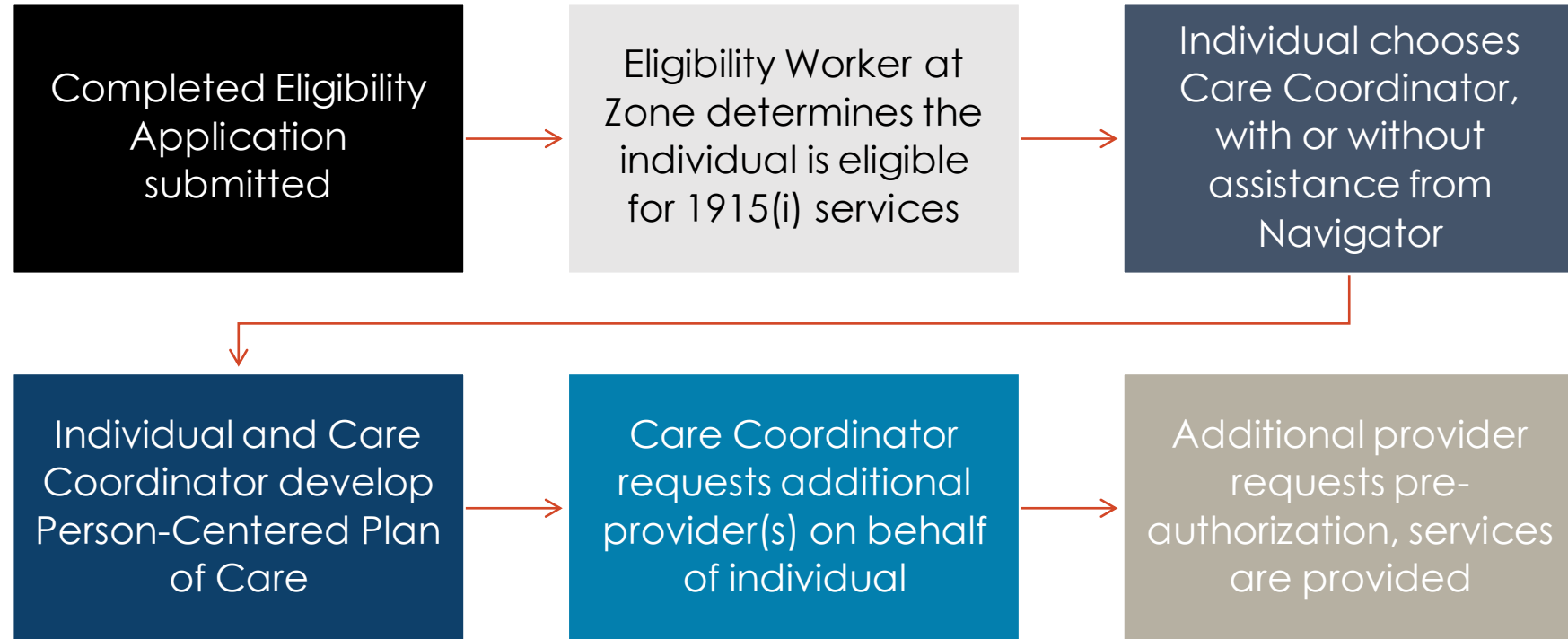
“Housing support helps individuals access and maintain stable housing in the community. Services are flexible, individually tailored, and involve collaboration between service providers, property managers, and tenants to engage in housing, preserve tenancy, and resolve crisis situations that may arise. Housing support services include pre-tenancy and tenancy.”

Housing Support Policy





Individual Enrollment



1915(i) Individual Application (SFN 741)

SECTION 1: APPLICANT INFORMATION

Applicant Information					
Name (Last, First, MI)		Date of Birth	ND Medicaid ID Number		
Address		City		State	ZIP Code
Telephone Number	Cell Phone Number	Work Phone Number	Email Address		
How were you referred to 1915(i) services? <input type="checkbox"/> Human Service Center <input type="checkbox"/> Provider <input type="checkbox"/> Eligibility Redetermination <input type="checkbox"/> Other (explain):					
Do you prefer the use of a translator? <input type="checkbox"/> No <input type="checkbox"/> Yes - What language?			Do you need TTY services? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Currently Enrolled in ND Medicaid? If answered no, the applicant must first enroll in ND Medicaid before applying for the 1915(i). <input type="checkbox"/> No <input type="checkbox"/> Yes					
Has a household income at or below 150% of the Federal Poverty Level (FPL)? (A Human Service Zone eligibility worker can assist in identifying this qualification. The 150% FPL table can be found here or go to www.hhs.nd.gov/1915i/resources .) <input type="checkbox"/> No - the applicant is not eligible for the 1915(i) <input type="checkbox"/> Yes					
Will reside in a setting meeting the federal home and community-based setting requirements. (The following are not compliant home and community-based settings: jail or prison, nursing facility, institution for mental diseases (like the State hospital), an intermediate care facility for individuals with intellectual disabilities, qualified residential treatment program, or psychiatric residential treatment facility.) <input type="checkbox"/> No - the applicant is not eligible for the 1915(i) <input type="checkbox"/> Yes					

Parent/Legal Guardian Information

Complete this section if the applicant has a parent/legal guardian acting on their behalf.

Name (Last, First, MI)
Address Address same as applicant

City

State

ZIP Code

Telephone Number

Cell Phone Number

Work Phone Number

Email Address

Alternate Contact Information

An alternate contact may be a family member, friend, someone assisting with completion of the eligibility application, or someone who knows the applicant's situation. If no other alternate contact exists, a 1915(i) provider may serve as the alternate contact on the initial eligibility application. By completing the following section, you grant permission for the ND Department of Health and Human Services, its Managed Care Organization, and the Human Service Zone to contact the alternate contact identified on this application.

Name (Last, First, MI)

Relationship

Address

City

State

ZIP Code

Telephone Number

Cell Phone Number

Work Phone Number

Email Address

WHODAS Proxy Information

The applicant may select someone (proxy) to answer the WHODAS assessment questions for them. A proxy may be an individual's representative, legal guardian, parent, family member or advocate (teacher, friend, etc.). A 1915(i) provider cannot act as a proxy. By completing the following section, you agree that the listed person may act as your proxy.

Name (Last, First, MI)

Relationship

Address

City

State

ZIP Code

Telephone Number

Cell Phone Number

Work Phone Number

Email Address

SECTION 2: SIGNATURES

If you would like the Department of Health and Human Services (“Department”) to communicate with you through email regarding this application and your eligibility, please know that all Department emails are unencrypted (unsecure). The privacy and security of email cannot be guaranteed. There is risk that any protected health information (PHI) contained in an email may be misdirected, disclosed to, or intercepted by an unauthorized recipient. You should not agree to email communications unless you are willing to accept these risks. The Department is not liable for emails that are not received due to technical failure or for improper disclosures of PHI that are not a result of our negligence. The Department is not responsible for any fees from your email service provider. Email communications may be included in your Department record.

I understand that unencrypted (unsecure) means the added security protections that help safeguard the contents of email communications are removed. I consent to receive unencrypted (unsecure) email communications from the Department.

1915(i) Eligibility Request		
<i>As the applicant or parent/legal guardian, I am requesting eligibility for the 1915(i) by signing, dating, and submitting this application to a Human Service Zone.</i>		
Applicant Signature		Date Submitted
<input type="text"/>		<input type="text"/>
Parent/Legal Guardian Signature (if applicable)	Relationship	Date Submitted
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>As a Human Service Zone 1915(i) Eligibility Worker, I verify this 1915(i) Eligibility Application was received and eligibility determined on the dates specified below.</i>		
Human Service Zone 1915(i) Eligibility Worker Signature	Date Application Received	Date Eligibility Determined
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: 1915(i) DIAGNOSIS

This section can be completed in one of two ways:

1. Have a diagnosing professional or verifying staff person complete all boxes and sign this page, or
2. Attach documentation to this application containing:
 - a. the applicant's qualifying behavioral health diagnosis(es), and
 - b. diagnosing professional's name.

The diagnosing professional or verifying staff person's signature, or attached documentation, must be dated within 12 months before the day this application is submitted.

A diagnosing professional is a healthcare professional who is qualified to diagnose behavioral health conditions.

A verifying staff person is a person with access to an applicant's health record which includes the applicant's behavioral health diagnosis(es).

Applicants must possess one or more of the qualified ICD-10 diagnoses approved for 1915(i) eligibility as identified on this application (Pages 5-9). Identify all qualifying diagnoses that apply. No other diagnoses codes may be used.

ICD-10 Diagnosis		
<i>Identify the individual's ICD-10 diagnosis code(s) from the diagnosis list on Pages 5-9 of this application and enter the <u>exact</u> ICD-10 code(s) in the box(es) below. Include all qualifying diagnoses.</i>		
1. ICD-10 Code	2. ICD-10 Code	3. ICD-10 Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnosing Professional or Verifying Staff Person Information		
Name	Clinical Licensure	
<input type="text"/>	<input type="text"/>	

SECTION 4: NEEDS-BASED ASSESSMENT

This section must document at least one of these qualifying scores:

1. 25 or higher on the WHODAS 2.0 Assessment, or
2. 5 or lower on the Daily Living Activities-20 (DLA) Assessment.

WHODAS 2.0 Assessment

The WHODAS assessment must be completed in a face-to-face, or by proxy, interview by a professional or Human Service Zone staff who is an “independent, trained and qualified” WHODAS administrator.

One of the following must be attached to this application:

1. WHODAS 2.0 assessment and 1915(i) scoring sheet (the summary tab of the 1915(i) score sheet is sufficient), or
2. A printout of the applicant's Human Service Center Electronic Health Record containing the WHODAS score.

The application must contain the overall WHODAS 2.0 complex score, date administered, name of the WHODAS administrator, and the date this form was completed.

See the instruction guide on Pages 10 and 11 of this application or visit www.hhs.nd.gov/1915i/trainings to find the correct scoring sheet and instructions for completing the WHODAS assessment.

Overall Score	
Overall Complex Score	Date Administered

Attach a copy of the WHODAS 2.0 assessment and scoring sheet, or a Human Service Center Electronic Health Record.

WHODAS Administrator

DAILY LIVING ACTIVITIES-20 (DLA) ASSESSMENT

Individuals completing this section of the application must meet the requirements of "independent" as defined by the State of Michigan Human Service Center requirements.

The application must contain the overall DLA score, date administered, name of the DLA administrator, and the date this assessment was completed. The DLA assessment must accompany the application.

Refer to a Human Service Center for completion of the DLA.

Overall Score	
Overall Score	Date Administered
<input type="text"/>	<input type="text"/>

Attach a copy of the DLA assessment.

DLA Administrator		
Administrator Name	Agency	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Telephone Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>



Submit Completed Application

- E-mail: applyforhelp@nd.gov
- Electronically: [Self-Service Portal \(SSP\)](#)
- Mail: Customer Support Center, P.O. Box 5562, Bismarck, ND 58506
- Fax: (701) 328-1006
- In-person at any [Human Service Zone](#) office



Provider Enrollment

- Group/Agency Enrollment
- Individual Provider Enrollment

1915(i) Providers



1915(i) Success Stories

A hand is shown placing a wooden star on a row of four other wooden stars on a wooden surface. The background is a soft, bokeh light effect.

- Reduced 911 Calls/Unnecessary Emergency Department use
- Multiple individuals have obtained and maintained housing
- Multiple individuals have maintained their Medicaid enrollment
- One individual scored their “dream job”
- One individual achieved their dream of purchasing their first car

More Information



nd1915i@nd.gov [hhs.nd.gov/1915i](https://www.hhs.nd.gov/1915i)

<https://www.hhs.nd.gov/1915i/trainings>