



1915(i) Home & Community Based Behavioral Health Services	Medicaid Mental Health Rehabilitative Services
<p><b>Definition:</b> The 1915(i) is an amendment to the ND Medicaid State Plan. 1915(i) services, a.k.a. Home and Community-Based Services (HCBS) are provided to individuals with qualifying Behavioral Health conditions who are residing in their homes and communities. 1915(i) services, other than the Community Transition Service, are not available to individuals residing in institutions.</p>	<p><b>Definition:</b> Mental Health Rehabilitative Services are a group of services in the ND Medicaid State Plan. Services include behavioral intervention services that consist of developing and implementing a regimen that will reduce, modify, or eliminate undesirable behaviors and/or introducing new methods to induce alternative positive behaviors and management including improving life skills.</p>
<p><b>Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• Must be a ND Medicaid or Expansion member with a Federal Poverty level of 150% or below.</li> <li>• Have one or more of the qualifying 1915(i) Behavioral Health Diagnoses (See Diagnosis List on 1915(i) Website.)</li> <li>• Have a WHODAS complex score of 50 or above.</li> <li>• Will receive services in a home and community-based setting and not in an institution.</li> </ul> <p><i>A 1915(i) participant must receive a minimum of one service per quarter, with monthly monitoring by the Care Coordinator to remain eligible for the 1915(i).</i></p> <p><i>Medicaid-eligible children under EPSDT will be eligible for the 1915(i) if they meet the criteria identified above.</i></p>	<p><b>Eligibility Criteria:</b></p> <ul style="list-style-type: none"> <li>• Must be a ND Medicaid member.</li> <li>• Other than <i>Screening, Triage, and Referral Leading to Assessment, Behavioral Assessment, Crisis Intervention and Assessment for Alleged Abuse and/or Neglect and Recommended Plan of Care</i>, the service must be recommended by a practitioner of the healing arts within the scope of their practice under state law.</li> <li>• The member must need mental health or behavioral intervention services that are provided by qualified practitioners.</li> <li>• The member must have at least one of the following circumstances: <ul style="list-style-type: none"> <li>○ Be at risk of entering or reentering a mental health facility or hospital and demonstrate a score of 25 or above based on the WHODAS 2.0; and/or</li> <li>○ Need substance use disorder treatment services; and/or</li> <li>○ Have a mental health disorder and be from a household that is in crisis and at risk of major dysfunction that could lead to disruption of the current family makeup; and/or</li> <li>○ Have a mental health disorder and be in family that has experienced dysfunction that has resulted in disruption of the family.</li> </ul> </li> </ul> <p><i>Medicaid-eligible children under EPSDT are able to receive these and all other medically necessary services.</i></p> <p><i>Brain Injury diagnoses are included in the DSM as a mental health disorder.</i></p>



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<p><b>Eligibility Process:</b> With assistance from the person recommending 1915(i) services, a SFN 741 1915(i) Eligibility Form is completed by the Medicaid member requesting 1915(i) services, and submitted to the Human Service Zone where 1915(i) eligibility is determined. Eligible individuals are provided with a list of 1915(i) Care Coordination service providers in their area. The individual contacts their choice of Care Coordination provider to make initial contact.</p>	<p><b>Eligibility Process:</b> The Rehab Provider who is going to provide the service(s) must ensure that the member meets eligibility criteria and document in the plan of care.</p>
<p><b>How are 1915(i) Services accessed?</b> All 1915(i) eligible individuals with work with a 1915(i) Care Coordinator who implements the Person-Centered Planning process. A Person-Centered Plan of Care is developed by a team consisting of members chosen by the member. Goals, needs, services, and service providers are identified. Referrals to other 1915(i) service providers are made by the Care Coordinator.</p> <p><b>Is a Plan of Care required?</b> Yes. See the POC template, instruction sheet, person-centered planning guide, policy and trainings located on the 1915(i) website. <a href="#">Medicaid 1915(i) State Plan Amendment   DHS - Behavioral Health Division</a></p>	<p><b>How are Mental Health Rehabilitative Services Accessed?</b> Services are accessed through the ND Medicaid Rehab Provider.</p> <p><b>Is a Plan of Care required?</b> Yes. See POC requirements within the Rehab Services section of the ND Medicaid General Provider Manual. <a href="#">general-information-medicaid-provider-manual.pdf (nd.gov)</a></p>
<p><b>Who provides Medicaid 1915(i) State Plan Amendment (SPA) Services?</b> ND Medicaid Enrolled Individual 1915(i) Providers affiliated with a Medicaid Enrolled Group 1915(i) Provider, deliver 1915(i) services. ND Medicaid Enrolled 1915(i) Providers serve both Traditional and Expansion clients.</p> <p><b>Provider Qualifications:</b> 1915(i) Group &amp; Individual Provider Qualifications for each service are located on the 1915(i) website within each of the specific 1915(i) service policies.</p> <p><b>ND Medicaid 1915(i) Provider Enrollment</b></p> <ul style="list-style-type: none"> <li>• <b>1915(i) Group Providers:</b> Agencies interested in becoming 1915(i) Group Providers determine which of the 1915(i) services they would like to provide, and complete the Provider Enrollment application process, including the 1915(i) Service Provider Checklists, to become an enrolled ND Medicaid 1915(i) Group Provider of one or more of the 1915(i) services. They must meet the Group Provider Qualifications for each of the 1915(i) services they apply for.</li> </ul>	<p><b>Who provides Medicaid State Plan Mental Health Rehabilitative Services?</b> ND Medicaid Enrolled Rehab Providers deliver Mental Health Rehabilitative services. Rehab Providers serve Traditional Medicaid clients.</p> <p><b>Provider Qualifications:</b> Individual provider qualifications for each of the services are located in the ND Medicaid General Provider Manual.</p> <p><b>ND Medicaid Mental Health Rehabilitative Services Provider Enrollment</b> Rehab Provider qualifications for each of the services are located in the ND Medicaid General Provider Manual.</p> <ul style="list-style-type: none"> <li>• <b>Group Providers:</b> Must have a ND Medicaid Provider Agreement</li> <li>• <b>Rehab Services Individual Providers:</b> Individuals interested in becoming Rehab Service Providers will complete the Provider Enrollment application process to become an enrolled ND Medicaid Rehab Service Provider.</li> </ul>



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<ul style="list-style-type: none"> <li> <b>1915(i) Individual Providers:</b> Each 1915(i) Group Provider must have an enrolled 1915(i) Individual Provider affiliated with their group to provide each of the services. The person will apply to become an enrolled ND Medicaid 1915(i) Individual Provider of one or more of the 1915(i) services which the Group is enrolled to provide. The person must meet the Individual Provider Qualifications for each of the 1915(i) services they apply for.                     </li> </ul>	<p>Individual providers must be employed by an entity that has a provider agreement with ND Medicaid.</p>
<p><b>What is the Maximum # of Individuals who can receive 1915(i) services?</b> Unlimited</p> <p>See specific ages applicable to each service.</p>	<p><b>What is the Maximum # of Individuals who can receive services?</b> Unlimited</p> <p>All services are available to Ages 0+</p>



**1915(i) Home & Community Based Behavioral Health Services**

**Medicaid Mental Health Rehabilitative Services**

**1915(i) Service Limits**

Code & Modifier	Service & Age	Units	Limits
H2015	Care Coordination 0+	Per 15 minutes	Daily – 8 hours
H0039 UK	Training and Supports 0+ for Unpaid Caregivers	Per 15 minutes <sup>1</sup>	Daily – 8 hours Calendar Year – 208 hours
T2025	Training and Supports 0+ for Unpaid Caregivers	Per service	Annual Training Budget - \$500
H0038	Peer Support 18+	Per 15 minutes	Daily – 8 hours Calendar Year – 260 hours
H0038 UK	Family Peer Support 0 to 18	Per 15 minutes	Daily – 8 hours Calendar Year – 260 hours
T2027	Respite 0 to 21	Per 15 minutes	Month – 40 hours Calendar Year – 480 hours
T2003	Non-Medical Transportation 0+	Per trip	None
T5999	Community Transition 0+	Per service	Lifetime: \$3,000
H2021 U3	Benefits Planning 0+	Per 15 minutes	Daily – 8 hours Calendar Year – 20 hours
H2025 U3	Supported Education 5+	Per 15 minutes	Daily – 8 hours Calendar Year – 156 hours
H2023	Prevocational Training 14+	Per 15 minutes <sup>1</sup>	Daily – 8 hours Calendar Year – 156 hours
H2025 U4	Supported Employment 17 ½+	Per 15 minutes	Daily – 8 hours Calendar Year – 156 hours
H2021 U4	Housing Support Services 17 ½+  <i>Pre-Tenancy and Tenancy cannot be authorized for the same time period.</i>	Per 15 minutes	<b>Pre-Tenancy:</b> Daily – 8 hours 78 hrs. per 3 mo. Calendar Year - 156 hours <b>OR</b> <b>Tenancy:</b> Daily – 8 hours 78 hrs. per 6 mos. Calendar Year – 156 hours

**Service Limits**

Code	Service	Units	Per Day Limit
99499	Assessment of Alleged Abuse	Per occurrence	1 unit
H0031	Behavioral Assessment	Per occurrence	1 unit
H0002	Screening Triage, and Referral leading to assessment	Per occurrence	1 unit
H2019	Behavioral Intervention	Per 15 minutes	32 units (8 hours)
H2011	Crisis Intervention	Per 15 minutes	32 units (8 hours)
T1001	Nursing Assessment	Per occurrence	1 unit
S9482	Intensive In-Home for Children	Per 15 minutes	32 units (8 hours)
H2017	Skills Integration	Per 15 minutes	32 units (8 hours)
H2014	Skills Restoration	Per 15 minutes	32 units (8 hours)
H0004	Individual Counseling	Per 15 minutes	32 units (8 hours)
H0004	Behavior Health Counseling & Therapy for Children in Foster Care	Per 15 minutes	4 units (1 hour) of Individual and/or 4 units (1 hour) of group

See the 1915(i) website for service descriptions, provider qualifications, rates, forms, trainings, policies, and all other 1915(i) related information.

[Medicaid 1915\(i\) State Plan Amendment | DHS - Behavioral Health Division](#)

See the ND Medicaid General Provider Manual for service descriptions and provider qualifications.

[general-information-medicaid-provider-manual.pdf \(nd.gov\)](#)