

1915(i) Family Peer Support

Purpose

The purpose of 1915(i) Family Peer Support Services (FPSS) is to provide guidance and support to the caregivers of children under 18 enrolled in 1915(i). Family Peer Support Services are delivered by certified Peer Support Specialists, these services empower families to navigate systems, advocate for their needs, and build resilience.

Applicability

This policy is for caregivers receiving family peer support and service providers rendering family peer support.

Eligible Providers

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled with ND Medicaid on the date of service. Servicing providers acting as a locum tenens provider must be enrolled with ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

Provider Qualifications

Group

Agencies must enroll with North Dakota Medicaid as a 1915(i) group provider of family peer support services. Agencies must have a North Dakota Medicaid provider agreement and attest to all the following:

- Individual practitioners meet the required qualifications
- Services will be provided within their scope of practice
- Individual practitioners will have the required competencies identified in the service scope
- Agency conducts training in accordance with state policies and procedures
- Agency adheres to all 1915(i) policies and procedures, including but not limited to, participant rights, abuse, neglect, exploitation, use of restraints, and reporting procedures are written and available for ND Medicaid review upon request.

Individual

Individual providers must enroll with North Dakota Medicaid as a 1915(i) individual provider of family peer support services.

The individual provider rendering the service must:

- Be certified by the Health and Human Service Behavioral Health Division as a peer support specialist under NDAC 75-03-43 Certified Peer Support Specialists. See Peer Support Certification for information on requirements.
- Maintain current certification as a peer support specialist as required by NDAC 75-03-43-06 Recertification and 75-03-43-07 Continuing Education.
- Be knowledgeable and competent in person-centered plan implementation.

Supervision

For every 30 hours of peer support provided, the individual provider must have one hour of face-to-face supervision with a qualified peer supervisor. The provider agency employing the peer specialist and supervisor is required to document the following requirements and have the documentation accessible for review by ND Medicaid.

A qualified peer supervisor must:

- 1. Have completed a state approved peer support specialist supervision training (this training is included in the Peer Support Specialist II certification).
- 2. Be certified as a Peer Support Specialist II, or have one of the following combinations:
 - High school diploma or GED and at least one of the following:
 - Be a North Dakota certified Peer Support Specialist I.
 - Three years of work experience as a peer specialist or peer recovery coach including at least 2,250 hours of direct client service.
 - Two years of work experience as a peer specialist or peer recovery coach including at least 1,500 hours of direct client service, and at least one year of full-time work experience supervising others.
 - Associate degree from an accredited college or university and at least two years of work experience as a peer specialist or peer recovery coach including at least 1,500 hours of direct client service.
 - Bachelor's degree from an accredited college or university and at least two years of full-time work experience supervising others.
 - Be the director of an organization providing peer support services.

Eligible Members

Family peer support services are for families caring for a 1915(i) member under the age of 18. The service recipient is the family member. Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the through the Automated Voice Response System

by dialing 1.877.328.7098. Refer to the [Member Eligibility Manual](#) for additional information regarding eligibility including information regarding limited coverage categories.

Covered Services and Limits

General Provider Policies

The [General Provider Policies](#) details basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

Service Authorization Requirements

No service authorization required.

Covered Services & Limits

Family peer support specialists are trained and certified peer support specialists with lived experience as a parent or primary caregiver who has navigated child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs. Services provide a structured, strength-based relationship between a family peer support provider and the primary caregiver for the benefit of the child.

Services are provided in a variety of home and community-based settings (HCBS) including:

- The member's home,
- A community mental health center,
- A peer recovery center, and
- Other community settings where a member and a peer may meet and interact (i.e. community center, park, grocery store, etc.).

Members set goals with their care coordinators, and family peer specialists help achieve the goals or objectives in a member's person-centered plan. Specific goals are flexibly tailored to the member and attempt to use the member's community and natural supports.

Family peer support services include:

1. Engagement and Bridging

- Serving as a bridge between families and service providers supporting a productive and respectful partnership by assisting the families to express their strengths, needs, and goals.
- Based on the strengths and needs of the child and family, connecting them with appropriate services and supports. Accompanying the family when visiting programs.
- Facilitating meetings between families and service providers.
- Assisting the family to gather, organize, and prepare documents needed for specific services.
- Addressing any concrete or subjective barriers that may prevent full participation in services.
- Supporting and assisting families during stages of transition which may be unfamiliar (e.g. placements, in crisis, and between service systems, etc.).
- Promoting continuity of engagement and supports as families' needs and services change.

2. Self-Advocacy, Self-Efficacy, and Empowerment

- Coaching and model shared decision-making and skills that support collaboration in addition to providing opportunities for families to self-advocate.
- Supporting families to advocate on behalf of themselves to promote shared decision-making.
- Ensuring that family members inform all planning and decision-making.
- Modeling strengths-based interactions by accentuating the positive.
- Supporting the families in discovering their strengths and concerns.
- Assisting families to identify and set goals and short-term objectives.
- Preparing families for meetings and accompanying them when needed.
- Empowering families to express their fears, expectations, and anxieties to promote positive, effective communication.
- Assisting families to frame questions to ask providers.
- Providing opportunities for families to connect to and support one another.
- Supporting and encouraging family participation in community, regional, state, and national activities to develop their leadership skills and expand their circles of support.
- Providing leadership opportunities for families who are receiving family peer support services.

- Empowering families to make informed decisions regarding the nature of supports for themselves and their child through:
- Sharing information about resources, services and supports, and exploring what might be appropriate for their child and family.
- Exploring the needs and preferences of the family and locating relevant resources.
- Helping families understand eligibility rules.
- Helping families understand the assessment process and identify their child's strengths, needs, and diagnosis.

3. Parent Skill Development

- Supporting the efforts of families in caring for and strengthening the health, development, and well-being of their child(ren).
- Helping the family learn and practice strategies to support their child's positive behavior.
- Assisting the family to implement strategies recommended by clinicians.
- Assisting families in talking with clinicians about their comfort with their treatment plans.
- Providing emotional support for the family on their parenting journey to reduce isolation, feelings of stigma, blame, and hopelessness.
- Providing member or group parent skill development related to the needs of the child (i.e., training on special needs parenting skills).
- Supporting families as children transition from out of home placement.
- Assisting families on how to access transportation.
- Supporting the parent in their role as their child's educational advocate by providing information, modeling, coaching in how to build effective partnerships, and exploring educational options with families and school staff.

4. Community Connections and Natural Supports

- Enhancing the quality of life by integration and supports for families in their own communities.
- Helping the family to rediscover and reconnect to natural supports already present in their lives.
- Utilizing the families' knowledge of their community in developing new supportive relationships.
- Helping the family identify and become involved in leisure and recreational activities in their community.

- In partnership with community leaders, encouraging families who express an interest to become more involved in faith or cultural organizations.
- Arranging support and training as needed to facilitate participation in community activities.
- Conducting groups with families to strengthen social skills, decrease isolation, provide emotional support, and create opportunities for ongoing natural support.
- Working collaboratively with schools to promote family engagement.

Model

A member may have more than one peer support specialist, within the same provider agency, assigned to them based on their needs. Each peer specialist will work in their area of expertise. For example, one peer specialist may provide support in parent skill development, and the other peer specialist provides support to the family as the child transitions back to home placement.

Limits

Daily maximum of 8 hours (32 units). Service authorization requests exceeding the maximum limit which are deemed necessary to prevent the member's imminent institutionalization, hospitalization, or out of home/out of community placement will be reviewed by the Department. All requests to exceed limits must be initiated with the care coordinator.

Service Requirements

Services must be rendered in a Home and Community-Based setting rather than an institutional setting. Providers not rendering this service in a member's private residence or a community-based non-residential setting should refer to the Home and Community-Based setting policy to ensure services are rendered in a compliant setting.

Non-Covered Services

General Non-Covered Services

The [Noncovered Services Policy](#) contains a general list of services that are not covered by North Dakota Medicaid.

- 12-step programs run by peers.
- General outreach and education including participation in health fairs and other activities designed to increase the number of members served or the number of services received by members accessing services, community education services, such as health presentations to community groups, PTAs, etc.

- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g. during a day treatment program) with the exception of attending school meetings with the primary caregiver on behalf of the child.
- Childcare services or services provided as a substitute for the parent or other members responsible for providing care and supervision.
- Respite care.
- Services not identified on the member's plan of care.
- Services provided to children, spouse, parents, or siblings of the member or others in the member's life to address problems not directly related to the member's issues and not listed on the member's plan of care.
- Services not listed under Covered Services, including associated costs incurred for providing the service, for example, checking a member's eligibility.
- Services provided to a non-eligible member. Providers are responsible for confirming member eligibility prior to delivering each service.
- Services provided by a non-qualified provider. Group providers are responsible for ensuring their group and affiliated individual providers meet all qualifications and have completed training.
- Text or electronic messaging.

Duplicative Services

Care coordinators are responsible for ensuring there is no duplication of services.

Documentation Requirements

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

Family peer support specialists must provide monthly case notes to the member's care coordinator. This happens for two reasons:

- 1. to ensure progress toward the member's goals, and
- 2. to evaluate service necessity.

The member's progress is discussed at each 1915(i) plan of care meeting and documented in the plan.

Sample progress note:

"Met with Joey's mother, Lee, to help brainstorm ideas for addressing challenging behavior related to Joey's Autism diagnosis. I provided emotional support and reinforced Lee to not blame herself. I advised Lee of a parenting class I found helpful and informed her I would go with her if she wanted to attend."

See Documentation Guidelines section of Provider Requirements policy for Medicaid documentation requirements.

Service documentation must occur in Therap using the Supportive Service Case Note beginning January 6, 2025.

Telehealth

Telehealth can be used. See the Telehealth policy for telehealth requirements.

- The initial meeting between the family peer support specialist, primary caregiver, and member must be in-person.
- There must be at least one in-person meeting per quarter.
- No less than 25% of all services provided in a calendar month must be delivered in-person.

Reimbursement Methodology and Claim Instructions

Timely Filing

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

Client Share (Recipient Liability)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

Claim Requirements

Starting January 1, 2026, all claims for all services rendered on or after January 1, 2026, are to be submitted in the Therap billing module.

Family Peer Support is a 15-minute rate. Code H0038. Modifier UK. Providers can bill a single 15-minute unit for services greater than or equal to 8 minutes through and including 22 minutes. Providers should not bill for services performed for less than 8 minutes. If the duration of a service in a day is greater than or equal to 23 minutes through and including 37 minutes, then 2 units should be billed. Time intervals for 1 through 8 units are as follows:

1 unit: ≥ 8 minutes through 22 minutes

2 units: ≥ 23 minutes through 37 minutes

3 units: ≥ 38 minutes through 52 minutes

4 units: ≥ 53 minutes through 67 minutes

5 units: ≥ 68 minutes through 82 minutes

6 units: ≥ 83 minutes through 97 minutes

7 units: ≥ 98 minutes through 112 minutes

8 units: ≥ 113 minutes through 127 minutes

The pattern remains the same for times in excess of 2 hours.

Definitions

Home and Community Based Setting (HCBS) - means a member's own home or community location rather than an institution or other isolated setting.

Institutional setting – means nursing facilities (NF), intermediate care facilities for individuals with intellectual disabilities (ICF/IID), Qualified Residential Treatment Programs (QRTPs), Psychiatric Residential Treatment Facilities (PRTF), hospitals, and jails/prisons.

Primary caregiver – means a wide diversity of primary caregiving units with significant attachment to the child including, but not limited to, birth, foster, adoptive, or guardianships even if the child is living outside of the home.

Telehealth – means the use of telecommunications and information technology to provide access to physical, mental, and behavioral health care across distance. Services must occur in real-time via telecommunications or information technology.

References

- [North Dakota Administrative Code](#)

- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

Contact

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