

1915 (i) Housing Support

Purpose

Housing supports assist members in accessing and maintaining stable housing in the community.

Applicability

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. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

Eligible Members

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.

Eligibility Criteria

Services are available to members ages 17.5 years and older who have at least one of the following circumstances:

- experiencing homelessness
- at risk of becoming homeless
- living in a higher level of care than is required
- at risk for living in an institution or other segregated setting.

Covered Services and Limits

Services are flexible, individually tailored, and involve collaboration between the housing provider, property manager, and tenant to engage in housing, preserve tenancy, and resolve crisis situations that may arise. Housing support services include pre-tenancy and tenancy.

Pre-Tenancy Services

Pre-tenancy services provide members the support that is needed to secure housing. Pre-tenancy services are available only to members living in the community and include:

- Support applying for benefits to afford housing including, but not limited to, the following:
- Housing assistance
- Supplemental Security Income (SSI)
- Social Security Disability (SSDI)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Energy Assistance Program (LIHEAP)
- Assisting with the housing search process and identifying and securing housing of the member's choice.
- Assisting with the housing application process including securing required documentation such as a social security card, birth certificate, prior rental history, etc.
- Helping with understanding and negotiating a lease.
- Helping identify resources to cover expenses including the security deposit, moving costs, and other one-time expenses (e.g., furnishings, adaptive aids, environmental modifications, etc.).
- Collateral contacts with landlords, potential landlords, or other housing programs that are directly related to assisting the member in obtaining housing. See Service Requirements section below for information on when the member must be present for these services.

Tenancy Services

Tenancy services assist members with sustaining housing and include:

- Assisting with achieving housing support outcomes as identified in the plan of care.
- Providing training and education on the roles, rights, and responsibilities of the tenant and the landlord.
- Coaching on how to develop and maintain relationships with landlords and property managers.
- Support applying for benefits to afford their housing including securing new/renewing existing benefits.
- Skill training on financial literacy (e.g., developing a monthly budget).

- Assisting with resolving disputes between landlord and/or other tenants to reduce the risk of eviction or other adverse action.
- Assisting with the housing recertification process.
- Skill training on how to maintain a safe and healthy living environment (e.g., training on how to use appliances, how to handle repairs and faulty equipment within the home, how to cook meals, how to do laundry, how to clean in the home). Skills training should be provided onsite in the member's home.
- Coordinating and linking members to services and service providers in the community that would assist a member with sustaining housing.
- Collateral contacts with landlords, or other housing programs that are directly related to assisting the member in sustaining housing. See Service Requirements section below for information on when the member must be present for these services.

Models

Housing services can be provided through many different service models. Some of these models may include Permanent Support Housing for members with a behavioral health condition experiencing chronic homelessness. Services may be offered in conjunction with Assertive Community-based Treatment (ACT) models, Family Assertive Community Treatment (FACT), Integrated Dual Disorder Treatment (IDDT), or with other treatment/therapeutic models that help a member with stabilizing and accessing their community.

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 initiate with the care coordinator.

Service Requirements

The member must be present for services except in the following situations where it is unrealistic for the member to be present and there is a time sensitive nature to the needed task. Engaging in meetings or phone conversations with landlords, or other housing support entities specifically related to obtaining housing for the member. Submitting housing related paperwork for the member. Case notes must document a specific reason the member could not be present. There must be Releases of Information for all entities housing support staff engage with on member's behalf.

Providers must offer both tenancy and pre-tenancy services.

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.

Documentation

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

- to ensure progress toward the member's goals
- to evaluate service necessity.

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

See Documentation Guidelines section of the [Provider Requirements policy](#) for Medicaid documentation requirements

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

Telehealth

Up to 75% of housing support services per calendar month may be offered using telehealth so long as the member chooses telehealth as their preferred method of service delivery and all other telehealth requirements are met. In-person support must be provided for a minimum of 25% of all services provided in a calendar month. See the 1915(i) Telehealth policy for telehealth requirements.

Non-Covered Services

- Services outside of the service scope including associated costs incurred for providing the service, for example, checking a member's eligibility.
- Cleaning the member's home; however, coaching and modeling how to clean is billable.
- Documentation time.
- Documentation not supporting the claim.
- Non-valid claims.
- When real-time, two-way communication does not occur (i.e. leaving a voicemail; electronic messaging).

- A social exchange between the member and provider.
- 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.
- Transporting the member. Transportation is within the scope of Non-Medical Transportation.

Duplicative Services

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

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.

Provider Qualifications

Group

Agencies must enroll with North Dakota Medicaid as a 1915(i) group provider of housing support services.

A group housing supports provider must meet all the following:

- Be a member of the North Dakota Continuum of Care.
- The agency, or another resource, must be available 24 hours a day, 7 days a week, to individuals in need of emergency services.
 - Agencies must have a policy stating how they will meet this requirement with the goal of keeping the member in their home and community. Policy must provide alternatives to prevent inappropriate use of emergency rooms, inpatient psychiatric placement, incarceration, institutional placements, or other more restrictive placements.

- The provider and member will develop a risk/safety/emergency/crisis plan during the person-centered plan of care process ensuring the individual has access to 24/7 emergency services either directly by the provider, using natural supports, and/or resources available within their community.
- Have a North Dakota Medicaid provider agreement and attest to 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) standards and requirements
 - 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 housing support service providers must:

- Be certified in Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults, depending on scope of services/targeted population.
- Have a high school diploma or GED.
- Have at least one of the following:
 - Two years of work experience providing direct services to individuals experiencing homelessness; or
 - Associate degree from an accredited college or university.
- Be knowledgeable and competent in person-centered plan implementation.

Supervision

Supervision of individual providers is required. Supervisors must:

- Satisfy the first two criteria for individual providers, and
- Have two or more years of experience providing direct services to individuals experiencing homelessness.

Service Authorization Requirements

No service authorization required.

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](#).

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.

Reimbursement

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

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.

Providers can bill a single 15-minute unit for services greater than or equal to 8 minutes through and including 22 minutes. Code H2021, Modifier U4. 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

Assertive Community-Based Treatment (ACT) – means a team-directed program helping people with severe mental illness live where they choose and have stable housing in a community instead of a hospital.

Family Assertive Community Treatment (FACT) – means a program providing integrated family-focus treatment and support services for young, homeless, at-risk mothers, who had at least one child five years of age or younger and a co-occurring mental health and/or substance abuse disorder.

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.

Integrated Dual Disorder Treatment (IDDT) – means an evidence-based practice that improves quality of life for people with co-occurring severe mental illness and substance use disorders by combining substance abuse services with mental health services.

Pre-tenancy – means before a member secures housing.

Telehealth – means the use of telecommunications and information technology to provide access to physical, mental, and behavioral health care across distance. Telehealth or remote service delivery includes real-time, two-way communication between the service provider and the member.

Tenancy – means after a member secures housing.

References

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

Contact

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Policy Updates

April 2026