

1915(i) Needs-Based Eligibility – WHODAS 2.0 and DLA-20 Assessments

Purpose

1915(i) applicants must show a need for 1915(i) services and supports. This policy describes the two allowed needs-based assessments, qualifying scores, who can administer the assessments, and the requirement that an applicant needs and receives at least one service quarterly.

Applicability

1915(i) Needs-Based Eligibility Criteria

Members must need assistance with activities of daily living and/or instrumental activities of daily living due to an impairment as evidenced by one of the following:

- a complex score of 25 or higher on the World Health Organization Disability Assessment Schedule 2.0 (WHODAS), or
- a score of 5 or lower on the Daily Living Activities-20 (DLA).

Applicants only need to have one qualifying score and do not need both assessments. However, if an applicant does not receive a qualifying score on the DLA and the DLA is administered first, the applicant must also be assessed with the WHODAS 2.0.

Applicable Timeframes

Needs-based assessments must be completed within 90 days prior to the date of:

- the initial eligibility application submission; and
- each subsequent eligibility redetermination application submission.

WHODAS 2.0 Assessment

The World Health Organization Disability Assessment Schedule 2.0 WHODAS Assessment is one of the tools used for assessment of needs-based eligibility. North Dakota Medicaid requires face-to-face administration of the WHODAS 2.0 even though the WHODAS 2.0 itself does not require this. The WHODAS serves dual purposes for the 1915(i) and is used both in determining initial eligibility for 1915(i) and for development of a member's plan of care for services:

- 1. It provides a reliable overall complex score to ensure the individual meets the established needs-based eligibility criteria of the 1915(i), and

- 2. It assesses an individual's level of need and assign a score in each of the six domains:
 - Cognition – understanding and communicating
 - Mobility – moving and getting around
 - Self-care – hygiene, dressing, eating, and staying alone
 - Getting along – interacting with other people
 - Life activities – domestic responsibilities, leisure, work, and school
 - Participation – joining in community activities

While developing the person-centered plan of care, the individual domain scores will assist the 1915(i) Care Coordinator with identifying the member's needs to determine which of the 1915(i) services will be authorized.

WHODAS Administrator Requirements

WHODAS administrations must be trained, qualified practitioners. Trained, qualified practitioner means someone who has completed training on the administration and scoring of the WHODAS 2.0. Human Service Zone eligibility workers can be trained, qualified practitioners for WHODAS 2.0 administration.

Required Training Components

Read and review the following. They are all available on the [1915\(i\) Provider Guidance and Policies webpage](#).

- WHODAS 2.0 Manual – complete the test used to assess knowledge of WHODAS 2.0 administration in Chapter 10 of the Manual.
- WHODAS 2.0 Interview Assessment
- WHODAS Complex Scoring Sheet
- Watch:
- WHODAS: Administration and Scoring Training and review revised presentation

Allowed Methods of WHODAS 2.0 Administration

- 1. Face-to-Face Assessment with the applicant. General interview techniques contained in the WHODAS Instruction Guide are sufficient to administer the interview in this mode.
- 2. Face-to-Face Proxy Assessment with an applicant's representative. An applicant's representative may provide a third-party view of functioning.

Administration Via Telehealth

A face-to-face assessment may include assessments performed by real-time two-way communication between the service provider and the individual using secure video conferencing, or another information technology medium if the applicant receives appropriate support during the assessment and provides informed consent for this type of assessment. A telephone is not considered telehealth for WHODAS 2.0 assessments.

Required Forms and Scoring Information

The WHODAS 2.0 36-item assessment version and complex scoring method are required. The complex scoring sheet is located [here](#).

The WHODAS is approved by the World Health Organization for use with individuals across their lifespan. In those cases where a given question may not be applicable, for example in the case of a small child, there is a mechanism outlined in the WHODAS User Manual for how to calculate the score when having dropped a question or two. Another example of a permissible adaptation is using a child's "play" to represent work/school activities in the case of a young child not yet attending school.

Documentation Requirements

SFN 741 1915(i) Application Requirements

WHODAS 2.0 administrators must complete the WHODAS section of [SFN 741](#).

Applications must contain

- The overall complex score,
- Date administered, and name of the WHODAS administrator.
- All pages of the WHODAS 2.0 assessment and
 - 1915(i) score sheet as an attachment, or
 - the summary tab of the 1915(i) score sheet or
 - The Human Service Center "HSC" Electronic Health Record containing the individual's WHODAS scores may be attached.

Billing and Reimbursement

Administration of the WHODAS 2.0 as part of an applicant's initial eligibility is not a billable service.

Daily Living Activities-20 (DLA) Assessment

The Daily Living Activities-20 (DLA) Assessment is another tool used for assessment of needs-based eligibility. The DLA contains 20 daily activities that are affected by mental health and disability. This functional assessment helps behavioral health providers determine the measure of an outcome, showing where treatment is needed.

If an individual receives a non-qualifying score on the DLA (score of 6 or higher), a WHODAS assessment will be administered. Should the WHODAS demonstrate that the individual is eligible for the 1915(i) (score of 25 or higher), eligibility will be approved or continued participation granted for those already enrolled in the program.

Should the results of the DLA be that an individual needs a lesser amount of service, the individual's service amounts will not be decreased unless and until the WHODAS 2.0 is administered to confirm the need for less services. The amount of the service reduction will be in accordance with the WHODAS should the assessments be in dispute.

The DLA will serve dual purposes for the 1915(i):

- 1. The DLA will initially provide a reliable overall score to ensure the applicant meets the established needs-based eligibility criteria of the 1915(i), and
- 2. The DLA will assess an applicant's level of need in the following activities:
 - Alcohol and drug abuse
 - Behavioral norms
 - Communication
 - Community
 - Coping mechanisms
 - Dressing
 - Grooming
 - Health practices
 - Housing stability
 - Leisure
 - Money management
 - Nutrition
 - Personal hygiene
 - Problem-solving
 - Productivity
 - Relationships
 - Safety
 - Sexual life

- Social networks
- Time management

While developing the person-centered plan of care, the individual activity scores will assist the 1915(i) Care Coordinator with identifying the member's needs to determine which 1915(i) services will be authorized.

DLA Administrator Requirements

The DLA may only be administered, for 1915(i) eligibility purposes, by Human Service Centers. DLA administrators must meet Human Service Center training requirements, which includes having a bachelor's degree.

Administration Via Telehealth

The DLA may be administered through real-time two-way communication between the service provider and the individual using secure video conferencing, or another information technology medium if the applicant receives appropriate support during the assessment and provides informed consent for this type of assessment. A telephone is not considered telehealth for DLA administration.

Required Forms and Scoring Information

If a DLA has already been completed for an individual, a printout can be obtained from a Human Service Center case manager.

SFN 741 1915(i) Application Requirements

DLA administrators must complete the DLA section of the SFN 741.

Applications must contain

- Assessment date
- Score

Reasonable Indication of Need for Services

To determine an applicant needs the 1915(i) State Plan HCBS benefit, an applicant must require:

- 1. at least one 1915(i) service as documented in the person-centered service plan, and
- 2. services must be provided at least quarterly, with monthly monitoring documented in the member's plan of care.

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](#).

Definitions

Representative - means the individual's legal guardian, parent, authorized representative, family member or advocate: teacher, friend, etc. A 1915(i) provider cannot act as a proxy.

References

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

Frequently Asked Questions

Assisting a member with their SFN 741 1915(i) Eligibility Application

Q: When should an applicant have the DLA vs WHODAS assessment?

A: Either assessment is accepted for purposes of 1915(i) eligibility.

Q: Who can be a proxy for the WHODAS?

A: A member can request to have a proxy on their behalf, which can be anyone the member knows and requests as long as the proxy is not the WHODAS Administrator or a 1915(i) provider.

Q: How can a WHODAS get scheduled?

A: Reach out to the local Human Service Zone to schedule a WHODAS. You can [search for your local Human Service Zone](#). Trained and qualified providers may also administer the WHODAS.

Q: How can the status of a 1915i application be checked, whether it is a new application or a redetermination?

A: The member, or authorized representative if the member chooses to have one, can call the 1915i Navigator at 701-328-7068 or 800-755-2604 to ask about the application's status.

Q: Why are non-specific diagnoses not accepted?

A: Non-specific diagnoses are not included in the qualifying diagnosis list. For example, there are several diagnoses for depression, and unspecified depression doesn't identify which depression diagnosis applies.

Q: Is the redetermination process the same as the initial application?

A: Yes, the redetermination process is the same as the initial application.

Q: When should an eligibility redetermination application be completed?

A: It is recommended to begin the redetermination application at least 4-6 weeks prior to eligibility ending.

After eligibility is approved and member is connected to a provider:

Q: How do I know if a member is in an HCBS-compliant facility?

A: Required HCBS settings compliance measures must be completed, and verification of compliance documented in the Plan of Care by the care coordinator prior to submission of the POC and approval of service authorizations. The care coordinator will verify compliance by completing the person-centered planning and self-assessment process. Each of the identified HCBS settings requirements must be addressed in the member's plan of care. Details can be found in the HCBS policy located here - HCBS Settings Rule.

Q: What happens if a member receiving services moves to a non-compliant setting?

A: Notify the Customer Support Center 866-614-6005 or 701-328-1000 and the 1915(i) Navigator by calling 701-328-7068 or 800-755-2604 with the date the member entered the noncompliant setting. Their eligibility will then be suspended. Once the member is back in a compliant setting, notify the 1915(i) Navigator and the Customer Support Center with the date this occurs, and their eligibility will be reinstated. If they remain in a noncompliant setting for 6 months or longer, their eligibility will be closed, and the member will have to reapply.

Q: How do providers add members into Therap for support services?

A: Providers don't have the ability to add members to Therap.

Q: How does a member get added into Therap?

A: When the Care Coordination Request for Services Form is received, 1915(i) administrators assigned the care coordination agency as the case manager in Therap.

Contact

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Policy Updates

April 2026