

1915(i) Peer Support

Purpose

Peer support assists members in beginning recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery.

Applicability

This policy is for members receiving peer support and service providers rendering 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. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

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 peer support specialists must:

- Be certified by Health and Human Services 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:

- Have completed a state approved peer support specialist supervision training (this training is included in the Peer Support Specialist II certification).
- 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 1500 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 1500 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

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. Services are available to members eighteen (18) years and older.

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.

Covered Services

Peer support specialists are trained and certified in behavioral health support. These services support members by promoting hope, self-determination, and skills to achieve long-term recovery in their communities. Peer support specialists have lived experiences as recipients of behavioral health services with willingness to share personal, practical experience, knowledge, and first-hand insight to benefit members.

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 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.

The member must be present to bill for this service.

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.

Telehealth

Telehealth can be used.

- The initial meeting between the peer support specialist and the 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.

Non-Covered Services

- 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 that are not tied to a goal in a member's plan of care.
- Social time spent with a member outside the scope of peer support services.
- Texting or electronic messaging with a member, see Telehealth policy.
- 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).
- Services not identified on the member's plan of care.
- Transporting the member. Transportation is within the scope of Non-Medical Transportation.

Peer support services include:

Engagement and Bridging

- Providing engagement and support to a member following their transition from an institutional setting (state hospital, inpatient hospital, congregate care, nursing facility, or correctional setting) to their home communities.

Coaching and Enhancing a Recovery-Oriented Attitude

- Promoting wellness through modeling.
- Assisting with understanding the person-centered planning meeting.
- Coaching the member to identify and talk about their recovery goals.
- Providing mutual support, hope, reassurance, and advocacy that include sharing one's own personal recovery/resiliency story.

Self-Advocacy, Self-Efficacy, and Empowerment

- Sharing stories of recovery and/or advocacy involvement for the purpose of assisting recovery and self-advocacy.
- Serving as an advocate, mentor, or facilitator for resolution of issues.
- Assisting in navigating the service system including helping develop self-advocacy skills (e.g. assistance with shared decision making, developing mental health advanced directives).
- Assisting the member with gaining and regaining the ability to make independent choices and assist members in playing a proactive role in their own treatment (assisting/mentoring them in discussing questions or concerns about medications, diagnoses, or treatment approaches with their treating clinician). The peer specialist guides the member to effectively communicate their preferences to providers.
- Assisting with developing skills to advocate for needed services and benefits and seeking to effectively resolve unmet needs.
- Advocacy and coaching on reasonable accommodations as defined by Americans with Disabilities Act (ADA).

Skill Development

- Developing skills for coping with and managing psychiatric symptoms, trauma, and substance use disorders.
- Developing skills for wellness, resiliency, and recovery support.
- Developing, implementing, and providing health and wellness training to address preventable risk factors for medical conditions.
- Developing skills to independently navigate the service system and promoting the integration of physical and mental health care.
- Developing goal-setting skills.
- Building community living skills.

Community Connections and Natural Support

- Provided by peers and completed in partnership with members for the specific purpose of achieving increased community inclusion and participation, independence, and productivity.
- Connecting members to community resources and services.
- Accompanying members to appointments and meetings for the purpose of mentoring and support.
- Helping develop a network for information and support including connecting members with cultural/spiritual activities, locating groups/programs based on a member's interest including peer-run programs and support groups.

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 with the member in their area of expertise. For example, one peer specialist may provide support in addiction recovery and the other peer specialist provides support in depression management.

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 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](#).

Documentation

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

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

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

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

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.

Peer Support is a 15-minute rate. Code H0038.

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.

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 with the member present via telecommunications or information technology.

References

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

Contact

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Policy Updates

April 2026