

1915(i) Training and Supports for Unpaid Caregivers

Purpose

Training and supports for unpaid caregivers are for preserving, educating, and supporting the member's family and support systems.

Applicability

This policy applies to unpaid caregivers of eligible 1915(i) members.

Eligible Providers

Services are available to unpaid caregivers of members of all ages. 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.

Rate #1 Unit Component

Group

A group provider of this service must meet all the following:

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) policies and procedures, including but not limited to, individual rights, abuse, neglect, exploitation, use of restraints and reporting procedures are written and available for NDDHHS review upon request

Individual

The individual practitioner providing the service must:

- Be employed by an enrolled ND Medicaid provider of this service
- Be at least 18 years of age
- Possesses a high school diploma, or equivalent
- Be knowledgeable and competent in person-centered plan implementation; and
- Have a minimum of two years of experience working with or caring for individuals in the target population; or be certified as a Parent Aide, Mental Health Technician,

Behavioral Health Technician, Healthy Families Home Visitor, Parents as Teachers Home Visitor, Nurse Family Partnerships Program Visitor, or other Medical Services approved certification.

Supervisor Requirements

Supervisors of staff providing this service must meet the requirements of an individual providing services and have two or more years of experience in providing direct support to caregivers.

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.

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.
- Members must be present for this service to occur.

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, such as a school, should refer to the [Home and Community-Based setting policy](#) to ensure services are rendered in a compliant setting.

Unit Component & Funding Component

There are two components to the Training and Supports Service:

1. unit component rate (per 15 minute), and
2. funding component rate

A member must receive the unit component to access the funding component. But a member may receive the unit component without accessing the funding component. The training and supports provider of the unit component must work with the third-party fiscal agent to obtain the funding component of the service.

Rate #1 Unit Component

This component of the service involves an individual provider, affiliated with a 1915(i) group provider of the training and supports service, assisting the unpaid caregiver with the following reimbursable activities intended to preserve, educate, and support the family or support systems of the 1915(i) individual:

- practical living and decision-making skills
- child development, parenting skills, and assistance with family reunification including the provision of role modeling or appropriate parenting and family skills for parents and children during visitations and facilitating engagement and active participation of the family in the planning process and with the ongoing instruction and reinforcement of skills learned throughout the recovery process
- home management skills including budget planning, money management, and related skills that will maximize a family's financial resources guidance in proper nutrition through meal planning, planned grocery purchasing, and identification of alternative food sources
- provide information, instruction, and guidance in performing household tasks, personal care tasks, and related basic hygiene tasks
- use of community resources and development of informal supports
- conflict resolution
- coping skills
- gaining an understanding of the individual's behavioral health needs, including medications (purpose and side effects), mental illness or substance use disorder symptomology, and implementation of behavior plans
- learning communication and crisis de-escalation skills geared for working with the individual's behavioral health needs
- training or education on a patient suicide safety plan and counseling on lethal means
- systems mediation and advocacy
- assist with accessing services, transportation arrangements, and coordination of services and appointments; and,
- completing the process to purchase allowable items through the third-party fiscal agent.

Rate #2 Funding Component

This component of the training and support service provides a per year dollar amount towards the purchase of training and education for the unpaid caregiver to preserve, educate, and support the family or support systems of the 1915(i) member.

Allowable Purchases

- conference registration fees
- training registration fees
- training materials
- training supplies

Third Party Fiscal Agent

All purchases made as part of the Rate #2 funding component will be procured through a third-party fiscal agent. Veridian Fiscal Solutions (hereafter referred to as “Veridian”) is the third-party fiscal agent provider for the Rate #2 funding component. The training and support provider of the Rate #1 unit component will work directly with Veridian to complete the purchasing process.

Visit [Veridian Fiscal Solutions’ website](#) to access instructions and resources for purchases made as part of the funding component of this service:

Rate #2 Funding Component Process

- 1. The member’s care coordinator sends a Request for Service Provider form to the training and supports provider and Veridian Fiscal Solutions
- 2. The training and supports provider and Veridian accept the request
- 3. After authorization of the care coordination service, the member’s care coordinator sends the approved plan of care to the training and supports provider and Veridian
- 4. The training and supports provider submits their service authorization for the unit component and Veridian submits their service authorization for the funding component to the State via MMIS. Both requests must have the plan of care attached
- 5. After authorization from the State, the training and supports provider and individual identify the training and/or materials and work directly with Veridian to ensure correct forms are completed. Vendors do not need to be registered with the State of ND.
- 6. The training and supports provider will complete and submit Veridian’s required form(s) to Veridian Fiscal Solutions via email

- 7. Once Veridian authorizes the payment request, Veridian issues payment for each vendor and sends payment as identified in the request. Payment can be mailed to the training and supports provider or directly to the vendor.
- 8. Authorized items are purchased and Veridian will work with the training and supports provider to make the payment or purchase. Items without Veridian's approval cannot be purchased.
- 9. Veridian submits their claim to the State via MMIS.

Limits

Rate #1 Unit Component: There is a daily maximum of 8 hours (32 units).

Rate #2 Funding Component: There is a maximum allowable training budget per year.

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. All requests to exceed limits must initiate with the member's care coordinator.

Telehealth (Remote Support)

Telehealth can be used. In-person support must be provided for a minimum of 25% of all benefit planning services provided in a calendar month. See Telehealth policy for telehealth requirements.

Service Authorization Requirements

This service must receive prior authorization. See [Service Authorization Policy](#) The training and supports provider submits their service authorization for the unit component per the standard service authorization process.

Non-Covered Services

General Non-Covered Services

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

- Services not listed in the Covered Services section, including associated costs incurred for providing the service, for example, checking an individual's eligibility.
- Services provided by a non-qualified provider. Group providers are responsible for ensuring their group and affiliated individual providers meet all qualifications.
- Services provided not included in the service description including associated costs incurred for providing the service, for example, checking an individual's eligibility.

- Services when the member's unpaid caregiver is not present. Since this service is directed to the unpaid caregiver, the individual's unpaid caregiver, rather than the individual, must be present during service provision. The individual may or may not be present with the unpaid caregiver depending on the activity being provided.
- Services provided to an unpaid caregiver of a non-eligible individual. Providers are responsible for confirming individual eligibility prior to delivering each service.

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. Providers must keep any records, receipts, and original invoices for purchase made for training and support for unpaid caregivers.

Providers must provide a written monthly progress update 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.

Sample progress notes: Met with Barbara's mother, Debbie, to go over coping and de-escalation skills. Debbie stated reading is her best copy strategy as it gets her mind off things and helps her to relax. I suggested she may try meditation or getting outside to walk may help as well. We reviewed de-escalation techniques such as active listening and effective communication, use of open-ended questions, and respect of Barbara's personal space.

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.

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

Rate #1 Unit Component

Rate #1 Unit Component of the Training and Supports for Unpaid Caregiver service is a 15-minute rate. Code H0039. Modifier UK. Description: Training and Support for Unpaid Caregivers (per 15 minutes). This service can be billed for individual or group setting. If group setting is provided, modifier UA must be appended to the line and reimbursement will be 25% of the allowed amount.

Providers can bill a single 15-minute unit for services greater than or equal to 8 Minutes. Services performed for less than 8 minutes should not be billed. Minutes from the same day, with the same Place of Service (POS) code, and for the same member can be combined and billed when adding up to at least 8 minutes.

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 exceeding 2 hours

Rate 32 Funding Component

Rate #2 Funding Component of the Training and Supports for Unpaid Caregiver service is a dollar amount. Code T2025. Description: Training and Support for Unpaid Caregiver (per service)

Definitions

Home and Community Based Setting (HCBS) - means a member's own home 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.

Prevocational – means before someone is working as a paid employee or volunteer.

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.

Unpaid caregiver – means any person, including but not limited to, a parent, relative, foster parent, grandparent, legal guardian, adoptive parent, neighbor, spouse, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship, or support to a 1915(i) member.

References

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

Contact

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Policy Updates

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