

1915(i) State Plan Amendment - Home and Community Based Services (HCBS)

PURPOSE

The 1915(i) program allows Medicaid to pay for home and community-based services to support members with behavioral health conditions including mental illness, substance use disorders, and/or brain injury to live in the community rather than an institution.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll 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.

Interested 1915(i) providers must:

- Enroll with ND Medicaid as a 1915(i) group and individual provider. This includes providers already enrolled with ND Medicaid. Most providers, including providers such as Federally Qualified Health Centers (FQHCs) that are generally reimbursed on an encounter basis, can provide 1915(i) services, if they enroll as 1915(i) providers and follow 1915(i) requirements.
- Sign a provider agreement indicating they will serve 1915(i) members.
- Meet required qualifications specific to each service. Individual providers must affiliate with an enrolled 1915(i) group provider.
- Group providers are responsible for maintaining qualifications required for their group enrollment and overseeing qualifications for individuals affiliated with their group.

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.

To receive 1915(i) services, members must:

- Be currently enrolled in ND Medicaid or Medicaid Expansion;

- Have a household income of 150% or below the federal poverty level;
- Have a qualifying behavioral health diagnosis (a list of qualifying diagnoses can be found attached to the 1915(i) Eligibility Form – [SFN 741](#));
- Have a qualifying World Health Organization Disability Assessment Schedule ([WHODAS 2.0](#)) score of 25 or higher or a Daily Living Activities ([DLA-20](#)) score of 5 or lower; and
- Reside in a HCBS compliant setting. See the [HCBS Settings](#) rule for more information.

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.

The [Procedure Code Look-up Tool](#) can be used to identify if a procedure code is covered by ND Medicaid along with code specific details such as ORP requirements, Service Authorization requirements, and current rates.

1915(i) providers assisting members in applying for 1915(i) services must inform the members of other available 1915(i) providers that are available to them in their area.

The care coordinator will assist eligible members with developing their 1915(i) plan of care and submit referrals to additional service providers as needed. Conflict of interest standards apply. See the 1915(i) [Conflict of Interest](#) policy for more details.

COVERED SERVICES:

Service Type	Description	Age	Billing Code	Modifier (if applicable)
Care Coordination	Assessing the member's need for services, connecting a member with needed services, and ensuring that services are delivered appropriately. Care coordinators help the member create a person-centered process to create a member's plan of care.	0+	H2015 ^T	
Prevocational Training	Time-limited, community-based services to prepare a member for employment or volunteer work.	Available to members starting at 6 months before their 18th birthday or receipt of a high school diploma or GED, whichever comes first and all members over age 18.	H2023* ^T	
Supported Education	Individualized services to restore a member's ability to function in, engage with, and sustain participation in their learning environment.	5+	H2025 ^T	U3
Supported Employment	Individualized, person-centered services providing supports to 1915(i) eligible individuals who need ongoing support to learn a new job and maintain a job in a competitive employment or self-employment arrangement.	14+	H2025 ^T	U4

Health & Human Services

Service Type	Description	Age	Billing Code	Modifier (if applicable)
Housing Support Services	Assists members with accessing and maintaining stable housing in the community.	17.5+	H2021 ^T	U4
Family Peer Support	Provides guidance and support to the caregivers of children under age 18 and who are enrolled in 1915(i).	0 to 17	H0038 ^T	UK
Peer Support	Peer support assists members in beginning recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery.	18+	H0038 ^T	
Community Transition Services	Consists of funding for time-limited, non-recurring set-up expenses to help an individual transition from an institutional setting to a community-based living arrangement.	0+	T5999	
Training and Supports for Unpaid Caregivers	For preserving, educating, and supporting the member's family and support systems.	0+	H0039* ^T (per 15 minutes) T2025 (per service)	UK
Benefits Planning	Help members make informed choices regarding public benefits and available work incentives	0+	H2021 ^T	U3
Respite	A short-term service to provide needed relief to a caregiver or in the absence of a caregiver.	0-20	T2027	

Health & Human Services

Service Type	Description	Age	Billing Code	Modifier (if applicable)
Non-Medical Transportation	Assists members with gaining access to 1915(i) and other community services, activities, and resources as specified in the member's person-centered plan of care when no other sources of transportation are available to the member at no cost.	0+	T2001	

*This service can be billed for an individual or group setting. If a group setting is provided, modifier UA must be appended to the line and reimbursement will be 25% of the allowed amount.

†This service may be delivered via telehealth.
For more information, see the [1915\(i\) Codes, Rates and Limits PDF](#).

SERVICE AUTHORIZATION REQUIREMENTS

Effective November 1, 2024, service authorizations are only required for Community Transitions Services and Training and Supports for Unpaid Caregivers. The 1915(i) [Service Authorizations](#) policy covers the service authorization requirements.

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.

1915(i) supports and services are HCBS and must be delivered in HCBS-compliant settings. The 1915(i) program may not serve members residing in institutions such as nursing facilities, institutions for mental disease (IMD), intermediate care facilities for individuals with intellectual disabilities (ICF/IID), psychiatric residential treatment facilities (PRTF), qualified residential treatment programs (QRTP), jails/prisons, or hospitals (including the State Hospital). The member's 1915(i) care coordinator will verify that the setting(s) where the member receives services is a compliant HCBS setting. See the 1915(i) [Home and Community-Based Settings](#) policy for more information.

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.

THIRD PARTY LIABILITY

1915(i) providers are not required to bill other insurances for 1915(i) services prior to billing Medicaid. It is the provider's responsibility to verify a member's Medicaid eligibility status and 1915(i) enrollment prior to providing services to the member.

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.

Click on each service below to review each service's policy.

[Care Coordination](#)

[Benefits Planning](#)

[Community Transition Service](#)

[Family Peer Support](#)

[Housing Support](#)

[Non-Medical Transportation](#)

[Peer Support](#)

CLAIM SUBMISSION

Detailed claim instructions are available on the ND Medicaid [1915\(i\) Provider Guidance and Policies webpage](#).

CLAIM REQUIREMENTS

See the 1915(i) [Claims policy](#) for claim requirement details.

DEFINITIONS

Care coordinator - the professional responsible for plan of care development and coordinating access to needed services.

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

Institutional setting – settings include 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.

Person-centered planning – a planning technique emphasizing member preferences, strengths and choices and providing an opportunity to fully participate in the process. Further definitions are found in each 1915(i)'s service policy

REFERENCES

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)
- [Medicaid 1915\(i\) Behavioral Health Services webpage](#)

RELATED POLICIES

[1915\(i\) Provider Guidance and Policies](#)
[Telehealth](#)

CONTACT

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POLICY UPDATES

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Section	Updates
	Format changes and clarifications added throughout.