

1915(i) MEDICAID STATE PLAN

Housing Supports 510-08-65-20

This policy contains the following information about the 1915(i) housing supports service:

- [Service Definition](#)
 - [Pre-tenancy](#)
 - [Tenancy](#)
- [Service Models](#)
- [Service Necessity](#)
- [Service Requirements](#)
- [Service Limits](#)
- [Service Duplication](#)
- [Telehealth Service Delivery](#)
- [Provider Qualifications](#)
 - [Group](#)
 - [Individual](#)
 - [Supervision](#)
- [Verification of Provider Qualifications](#)
- [Payment Rate](#)

APPLICABILITY

This policy is for members receiving housing supports and service providers rendering housing supports.

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.

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

Department – means North Dakota Department of Health and Human Services.

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.

Functional needs-based assessment – means determining the needs between current abilities and desired outcomes. For the purposes of the 1915(i), the needs-based assessments utilized are the World Health Organization Disability Assessment Schedule 2.0 (WHODAS), or the Daily Living Activities-20 (DLA).

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.

Payment rate – means the amount of payment to provide the service.

Person-centered planning – means a planning technique emphasizing member choice and providing an opportunity to fully participate in the process.

Place of Service (POS) code - means the location a provider delivers a service to a member.

Plan of care – means a document that identifies the supports and services provided to address the needs of a member.

Pre-tenancy – means before a member secures housing.

Provider qualifications – means the skills or requirements needed to provide the service.

Reevaluation – means redetermining 1915(i) eligibility.

Render – means to provide the service.

Service authorization – means prior approval of the service by the Department.

Service duplication – means services that are the same in scope or nature.

Service limit – means to not exceed or go beyond the established amount.

Service model – means different ways the service may be provided.

Service necessity – means a need to receive the service.

Service requirements – means necessary factors in order to provide the service.

Service scope – means the activities or services allowed to be provided and billed for reimbursement.

Telehealth – means the use of telecommunications and information technology to provide access to physical, mental, and behavioral health care across distance."

Tenancy – means after a member secures housing.

SERVICE DEFINITION (SCOPE)

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

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 with 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.

SERVICE 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 the greater community.

SERVICE NECESSITY

Members presenting with the following needs should be considered for 1915(i) housing support services:

- 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

The determination of need for housing services must be identified through the person-centered planning process. The care coordinator must document the need for housing support services to support the member's identified goals in the plan of care. The care coordinator will ensure the plan reflects both short and long-term goals for maintaining and securing housing supports. In addition, prevention and early intervention strategies must be included in the plan of care in the event housing is jeopardized.

The care coordinator reviews the housing provider's case notes monthly for two reasons: 1) to ensure progress toward the member's goals, and 2) to evaluate service necessity. The member's progress is discussed at each 1915(i) plan of care meeting and documented in the plan.

SERVICE REQUIREMENTS

The following are requirements for this service:

1. All services must receive prior authorization. Services rendered prior to authorization will not be reimbursed. See the [Service Authorization](#) policy for requirements.
2. Services must be rendered in a setting compliant with the [HCBS Settings Rule](#).
3. The member must be present to bill for this service.

SERVICE LIMITS

Service limits are:

- Member eligibility for this service begins at Age 17.5.
- 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.

Enrolled Medicaid 1915(i) providers are required to provide the whole scope of service rather than only portions of the service. A housing support provider must offer both pre-tenancy supports and tenancy supports rather than just one or the other.

Services are limited to the activities contained in the service description. Activities performed outside the service description are non-reimbursable. See the [Claims](#) policy for non-reimbursable activities.

SERVICE DUPLICATION

Housing supports cannot be provided to a member at the same time as another service that is the same in nature and scope, regardless of source, including Federal, state, local, and private entities. For example, 1915(i) housing supports cannot be rendered at the same time as housing facilitation because the service scopes overlap.

Medicaid is the payor of last resort meaning if members can obtain housing supports and services through an alternate source they must do so before receiving 1915(i) housing supports. Similarly, members eligible for multiple Medicaid funded authorities cannot access housing services in more than one authority and are required to utilize the service through the other authority rather than the 1915(i). For example, if a member is eligible for the HCBS Waiver, the member cannot receive both the HCBS community transition service and 1915(i) housing supports at the same time. If eligible, the member is required to utilize the HCBS community transition service instead of 1915(i) housing supports.

The care coordinator must verify that services are not duplicated. The following services are duplicative of 1915(i) housing supports and cannot be rendered at the same time:

- Housing facilitation
- ND Rent Help
- ND Housing Stability
- Money Follows the Person (MFP) Community Transition Service
- ND Transition and Diversion Services Pilot Project (TDPP), formerly known as ADRL, Community Transition Service
 - If only funding is needed, collaboration between TDPP and the 1915(i) housing provider is required to ensure nonduplication of services.
- Home and Community Based Services (Aging) Community Transition Service

To ensure nonduplication of services and continued support, a 1915(i) member can have their plan of care developed and housing provider approved to begin services after the other housing source. If the full term isn't required from the other housing source, then 1915(i) housing supports could start sooner.

TELEHEALTH SERVICE DELIVERY

Telehealth may be utilized; however, in-person support must be provided for a minimum of 25% of all services provided in a calendar month. See the [Telehealth Service Delivery](#) policy for requirements.

PROVIDER QUALIFICATIONS

Provider Type: Group

Agencies must enroll with North Dakota Medicaid as a 1915(i) group provider of housing support services. Providers are required to renew their enrollments at least once every five (5) years.

There are no licensing requirements. However, a group housing supports provider must meet all of the following:

1. Be a member of the North Dakota Continuum of Care (NDCOC).
2. 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, through the use of natural supports, and/or resources available within their community.
3. Meet the other group provider requirements outlined in the [Provider Enrollment and Provider Integrity](#) policy.

Provider Type: Individual

Individual providers must enroll with North Dakota Medicaid as a 1915(i) individual provider of housing support services. Providers are required to renew their enrollments at least once every five (5) years.

The individual provider rendering the service must:

1. 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 population¹.
2. Have a high school diploma or GED.
3. 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.
4. Meet the other individual provider requirements outlined in the [Provider Enrollment and Provider Integrity](#) policy.

Supervision

Individual providers of this service must be under supervision. Supervisors must:

1. 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 population¹.
2. Have a high school diploma or GED.
3. Have two or more years of experience providing direct services to individuals experiencing homelessness.
4. Meet the other individual provider requirements outlined in the [Provider Enrollment and Provider Integrity](#) policy.

VERIFICATION OF PROVIDER QUALIFICATIONS

Agencies must have records documenting group and individual provider qualifications available for the Department's review. The Department conducts an annual review of agency records. Any non-compliance will result in payment recoupment. See the [Quality Assurance](#) policy for provider qualification review requirements.

PAYMENT RATE

Housing support is a 15-minute rate. The rates are published on the [Department's website](#).

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.

¹ Which version of the Mental Health First Aid Training required is determined by the higher percentage of the adult or child population being served by the individual provider. If an individual provider is serving 60% children and 40% adults, the child version is required.

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. See the [Claims](#) policy for requirements.

RELATED 1915(i) POLICIES

[Claims](#)

[Conflict of Interest](#)

[HCBS Settings Rule](#)

[Medical Records](#)

[Plan of Care](#)

[Provider Enrollment and Provider Integrity](#)

[Quality Assurance](#)

[Remote Support Service Delivery](#)

[Service Authorization](#)

[Service Duplication](#)

POLICY UPDATES

- 4/10/2024