

1915(i) INDIVIDUAL PROVIDER REVIEW REPORT

North Dakota Department of Health & Human Services

Medical Services Division

1915(i) Form (11-2024)

Report Completed By:	Date Report Completed:
Name of Individual Provider:	Affiliated Provider Agency:
Reporting Period:	

Purpose

This report contains all requirements for 1915(i) individual providers outlined in the 1915(i) State Plan Amendment and attested to during the 1915(i) provider enrollment process. This report is used for required CMS reporting and as an internal review by the Department of Health & Human Services to ensure compliance with 1915(i) regulations.

Instructions

1. The provider agency shall maintain a file on each 1915(i) individual provider within their agency.
2. The provider agency shall complete a review report for each 1915(i) individual provider selected during the reporting period.
3. The provider agency shall only complete the service sections below that the 1915(i) individual provider is enrolled to provide.
4. The provider agency shall attach to this report supporting documentation relevant to each requirement. **The documentation must prove the requirement has been met.**
5. If all required documentation is attached for a requirement, select the "Yes" checkbox. If not, select the "No" checkbox and explain the agency's plan of action to address the noncompliance.
6. The provider agency shall submit annually, along with the supporting documentation in one PDF file, to the State Medicaid Agency's 1915(i) Administrator at nd1915i@nd.gov by January 1st.

Select the 1915(i) Service(s) Individual Provider is Enrolled to Provide:

- [Benefits Planning Services](#)
- [Care Coordination](#)
- [Family Peer Support](#)
- [Housing Support](#)
- [Non-Medical Transportation](#)
- [Peer Support](#)
- [Pre-Vocational Training](#)
- [Respite Care](#)
- [Supported Education](#)
- [Supported Employment](#)
- [Training and Support for Unpaid Caregivers](#)

1915(i) INDIVIDUAL PROVIDER REQUIREMENTS PER 1915(i) SERVICE

(Only complete service sections below that the individual provider is enrolled to provide.)

CARE COORDINATION

Requirement 1 **Yes** **No**

Provided driver's license or other form of identification verifying individual provider is at least 18 years of age.

Requirement 2 **Yes** **No**

Provided documentation individual provider has reviewed and is competent **in all the following:**

- 1. The Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies for Integrated Behavioral Health and Primary Care or The Case Management Society of America Standards of Practice; **and**
- 2. The state-sponsored care coordination training within 6 months of enrollment; **and**
- 3. 1915(i) care coordination onboarding training; **and**
- 4. Person-Centered Plan Development and Implementation; **and**
 - At a minimum, the provider agency must document the individual provider has reviewed the Care Coordination Policy and the Therap POC Creation Guide.
- 5. Home and Community Settings Rule (HCBS); **and**
 - At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Policy, 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide.
- 6. Home and Community Settings Rule (HCBS) Compliance Verification Training; **and**
 - At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Settings Review form and 1915(i) HCBS Heightened Scrutiny Visit form.

7. Applicable 1915(i) policies and trainings on the 1915(i) website
- At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) Conflict of Interest Policy, Provider Requirements Policy, and Needs-Based Eligibility – WHODAS and DLA Assessments Policy.

Requirement 3 Yes No

Provided documentation individual provider **has one of the following:**

1. Bachelor's degree from an accredited college or university and one year of supervised experience working with special populations; **or**
- Provide a description of the experience, setting, and dates services were provided.
2. Three years of supervised experience working with individuals with special populations.
- Provide a description of the experience, setting, and dates services were provided.

Requirement 4 Yes No

Provided documentation individual provider is **supervised by an individual** meeting required qualifications by **providing one of the following:**

1. Bachelor's degree from an accredited college or university and one year of supervised experience working with special populations; **or**
- Provide a description of the experience, setting, and dates services were provided.
2. Three years of supervised experience working with individuals with special populations.
- Provide a description of the experience, setting, and dates services were provided.

If answered "No" to any of the above, what is the provider agency's plan of action to address non-compliance?

TRAINING AND SUPPORTS FOR UNPAID CAREGIVERS

Requirement 1 Yes No

Provided driver's license or other form of identification verifying individual provider is at least 18 years of age.

Requirement 2 Yes No

Provided documentation individual provider possesses a high school diploma or equivalent.

Requirement 3 Yes No

Provided documentation individual provider has reviewed and is competent in person-centered planning implementation.

- At a minimum, the provider agency must document the individual provider has reviewed the 1915(i) Training and Supports for Unpaid Caregiver and Care Coordination Policy.

Requirement 4 Yes No

Provided documentation individual provider has reviewed and is competent in the Home and Community Settings Rule (HCBS).

- At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Policy, 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide.

Requirement 5 Yes No

Provided documentation individual provider **possesses one of the following**:

- 1. Minimum of two years of experience working with or caring for individuals in the target population; **or**
 - Provide a description of the experience, setting, and dates services were provided.
- 2. Certification 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**
- 3. Other NDDHHS approved certification

Requirement 6 Yes No

Provided documentation individual provider is **supervised by an individual** meeting required qualifications by **verifying all the following**:

- 1. Employed by an enrolled ND Medicaid provider of this service; **and**
- 2. Possesses a high school diploma, or equivalent; **and**
- 3. Has two or more years of experience in providing direct support to caregivers; **and**
 - Provide a description of the experience, setting, and dates services were provided.
- 4. **Select one of the following**:
 - Minimum of two years of experience working with or caring for individuals in the target population; **or**
 - Provide a description of the experience, setting, and dates services were provided.

- Certification 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 NDDHS approved certification

If answered "No" to any of the above, what is the provider agency's plan of action to address non-compliance?

PEER SUPPORT

Requirement 1 Yes No

Provided driver's license or other form of identification verifying individual provider is at least 18 years of age.

Requirement 2 Yes No

Provided documentation individual provider has reviewed and is competent in person-centered planning implementation.

- At a minimum, the provider agency must document the individual provider has reviewed the 1915(i) Peer Support Policy and Care Coordination Policy.

Requirement 3 Yes No

Provided documentation individual provider has reviewed and is competent in the Home and Community Settings Rule (HCBS).

- At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Policy, 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide.

Requirement 4 Yes No

Provided documentation individual provider **meets all the following:**

- 1. Certified by the NDHHS Behavioral Health Division as a Peer Support Specialist I or II under NDAC 75-03-43; **and**
- 2. Current certification as a Peer Support Specialist I or II as required by NDAC 75-03-43-06. Recertification and NDAC 75-03-43-07 Continuing Education.

Requirement 5 Yes No

The provider agency employing the peer specialist and supervisor is required to document the following requirements. **Provide documentation for each of the following for the peer supervisor:**

- 1. For every 30 hours of peer support services provided, the individual provider must have one hour of face-to-face supervision with a qualified peer supervisor; **and**

- 2. Completed a state approved peer support specialist supervision training (included in PS II certification); **and**
- 3. Certified Peer Support Specialist II; **or 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; **or**
 - Three years of work experience as a peer specialist or peer recovery coach including at least 2,250 hours of direct client service; **or**
 - Provide a description of the experience, setting, and dates services were provided.
 - Two years of work experience as a peer specialist or peer recovery coach including at least 1,500 hours of direct client service, and at least one year of full-time work experience supervising others; **or**
 - Provide a description of the experience, setting, and dates services were provided.
 - 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 1,500 hours of direct client service; **or**
 - Provide a description of the experience, setting, and dates services were provided.
 - Bachelor's degree from an accredited college or university and at least two years of full-time work experience supervising others; **or**
 - Provide a description of the experience, setting, and dates services were provided.
 - Be the director of an organization providing peer support services

If answered "No" to any of the above, what is the provider agency's plan of action to address non-compliance?

FAMILY PEER SUPPORT

Requirement 1 **Yes** **No**

Provided driver's license or other form of identification verifying individual provider is at least 18 years of age.

Requirement 2 **Yes** **No**

Provided documentation that individual provider has reviewed and is competent in person-centered planning implementation.

- At a minimum, the provider agency must document the individual provider has reviewed the Family Peer Support Policy and Care Coordination Policy.

Requirement 3 Yes No

Provided documentation individual provider has reviewed and is competent in the Home and Community Settings Rule (HCBS).

- At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Policy, 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide.

Requirement 4 Yes No

Provided documentation individual provider **meets all of the following**:

- 1. Certified by the NDDHS Behavioral Health Division as a Peer Support Specialist I or II under NDAC 75-03-43; **and**
- 2. Current certification as a Peer Support Specialist I or II as required by NDAC 75-03-43-06. Recertification and NDAC 75-03-43-07 Continuing Education.

Requirement 5 Yes No

The provider agency employing the peer specialist and supervisor is required to document the following requirements. **Provide documentation for each of the following for the peer supervisor**:

- 1. For every 30 hours of peer support services provided, the individual provider must have one hour of face-to-face supervision with a qualified peer supervisor; **and**
- 2. Completed a state approved peer support specialist supervision training; (included in PS II certification); **and**
- 3. Certified Peer Support Specialist II; **or 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; **or**
 - Three years of work experience as a peer specialist or peer recovery coach including at least 2,250 hours of direct client service; **or**
 - Provide a description of the experience, setting, and dates services were provided.
 - Two years of work experience as a peer specialist or peer recovery coach including at least 1,500 hours of direct client service, and at least one year of full-time work experience supervising others; **or**
 - Provide a description of the experience, setting, and dates services were provided.
 - 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 1,500 hours of direct client service; **or**
 - Provide a description of the experience, setting, and dates services were provided.
 - Bachelor's degree from an accredited college or university and at least two years of full-time work experience supervising others; **or**
 - Provide a description of the experience, setting, and dates services were provided.

Be the director of an organization providing peer support services.

If answered "No" to any of the above, what is the provider agency's plan of action to address non-compliance?

RESPITE CARE

Requirement 1 Yes No

Provided a driver's license or other form of identification verifying individual provider is at least 18 years of age.

Requirement 2 Yes No

Provided documentation individual provider has reviewed and is competent in person-centered planning implementation.

- At a minimum, the provider agency must document the individual provider has reviewed the Respite Policy and Care Coordination Policy.

Requirement 3 Yes No

Provided documentation individual provider has reviewed and is competent in the Home and Community Settings Rule (HCBS).

- At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Policy, 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide.

If answered "No" to any of the above, what is the provider agency's plan of action to address non-compliance?

NON-MEDICAL TRANSPORTATION

Requirement 1 Yes No

Provided a government issued driver's license verifying individual provider has a valid license and is at least 18 years of age.

Requirement 2 Yes No

Provided documentation individual provider has reviewed and is competent in person-centered planning implementation.

- At a minimum, the provider agency must document the individual provider has reviewed the 1915(i) Non-Medical Transportation Policy and Care Coordination Policy.

Requirement 3	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Provided documentation individual provider has reviewed and is competent in the Home and Community Settings Rule (HCBS).</p> <ul style="list-style-type: none"> At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Policy, 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide. 	
<p>If answered "No" above, what is the provider agency's plan of action to address non-compliance?</p>	

BENEFITS PLANNING	
Requirement 1	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Provided a driver's license or other form of identification verifying individual provider is at least 18 years of age.</p>	
Requirement 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Provided documentation individual provider has reviewed and is competent in person-centered planning implementation.</p> <ul style="list-style-type: none"> At a minimum, the provider agency must document the individual provider has reviewed the 1915(i) Benefits Planning and Care Coordination Policy. 	
Requirement 3	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Provided documentation individual provider has reviewed and is competent in the Home and Community Settings Rule (HCBS).</p> <ul style="list-style-type: none"> At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Policy, 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide. 	
Requirement 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Provided documentation individual provider possesses <u>one</u> of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Certified Work Incentives Counselor (CWIC); or <input type="checkbox"/> 2. Community Partner Work Incentives Counselor (CPWIC); or <input type="checkbox"/> 3. SSI/SSDI Outreach Access and Recovery (SOAR) 	
<p>If answered "No" above, what is the provider agency's plan of action to address non-compliance?</p>	

PREVOCATIONAL TRAINING

Requirement 1 **Yes** **No**

Provided a driver's license or other form of identification verifying individual provider is at least 18 years of age.

Requirement 2 **Yes** **No**

Provided documentation individual provider **meets all the following:**

- 1. Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults, depending on scope of services/targeted population; **and**
- 2. High school diploma or GED; **and**
- 3. Select **one** of the following:
 - Employment Specialists (IPS or CESP); or
 - Certified Brain Injury Specialist; or
 - Direct Service Provider (DSP); or
 - Career Development Facilitation; or
 - Affiliated agency meets one of the licensure or accreditation requirements below:
 - NDAC 75-04-01 (DD license); or
 - Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF); or
 - Council on Accreditation (COA); or
 - The Council on Quality and Leadership (CQL); or
 - Employed by ND School

Requirement 3 **Yes** **No**

Provided documentation individual provider is **supervised by an individual meeting all the following:**

- 1. Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults, depending on scope of services/targeted population; **and**
- 2. High school diploma or GED; **and**
- 3. Two or more years of experience working in a vocational setting; **and**
 - Vocational setting is defined as: "a setting offering support and/or services assisting individuals to obtain and maintain an occupation, competitive employment, or self-employment arrangements".
 - Provide a description of the experience, setting, and dates services were provided.
- 4. Select **one** of the following:
 - Employment Specialists (IPS or CESP); or
 - Certified Brain Injury Specialist; or
 - Direct Service Provider (DSP); or
 - Career Development Facilitation; or
 - Affiliated agency meets one of the licensure or accreditation requirements below:

- NDAC 75-04-01 (DD license); or
- Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF); or
- Council on Accreditation (COA); or
- The Council on Quality and Leadership (CQL); or
- Employed by ND School

Requirement 4 Yes No

Provided documentation individual provider has reviewed and is competent in person-centered planning implementation.

- At a minimum, the provider agency must document the individual provider has reviewed the 1915(i) Prevocational Training Policy and Care Coordination Policy.

Requirement 5 Yes No

Provided documentation individual provider has reviewed and is competent in the Home and Community Settings Rule (HCBS).

- At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Policy, 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide.

If answered "No" to any of the above, what is the provider agency's plan of action to address non-compliance?

SUPPORTED EDUCATION

Requirement 1 Yes No

Provided a driver's license or other form of identification verifying individual provider is at least 18 years of age.

Requirement 2 Yes No

Provided documentation individual provider **meets all the following:**

- 1. Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults, depending on scope of services/targeted population; **and**
- 2. High school diploma or GED; **and**
- 3. Select **one** of the following:
 - Employment Specialists (IPS or CESP); or
 - Certified Brain Injury Specialist; or
 - Direct Service Provider (DSP); or
 - Career Development Facilitation; or
 - Affiliated agency meets one of the licensure or accreditation requirements below:
 - NDAC 75-04-01 (DD license); or

- Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF); or
- Council on Accreditation (COA); or
- The Council on Quality and Leadership (CQL); or
- Employed by ND School

Requirement 3 **Yes** **No**

Provided documentation individual provider is **supervised by an individual meeting all the following:**

- 1. Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults, depending on scope of services/targeted population; **and**
- 2. High school diploma or GED; **and**
- 3. Two or more years of experience working in an educational setting; **and**
 - An educational setting is defined as: “a setting offering support and/or services assisting individuals with promoting engagement, sustaining participation, and restoring ability to function in the learning environment”.
 - Provide a description of the experience, setting, and dates services were provided.
- 4. Select **one** of the following:
 - Employment Specialists (IPS or CESP); or
 - Certified Brain Injury Specialist; or
 - Direct Service Provider (DSP); or
 - Career Development Facilitation; or
 - Affiliated agency meets one of the licensure or accreditation requirements below:
 - NDAC 75-04-01 (DD license); or
 - Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF); or
 - Council on Accreditation (COA); or
 - The Council on Quality and Leadership (CQL); or
 - Employed by ND School

Requirement 4 **Yes** **No**

Provided documentation individual provider has reviewed and is competent in person-centered planning implementation.

- At a minimum, the provider agency must document the individual provider has reviewed the 1915(i) Supported Education Policy and Care Coordination Policy.

Requirement 5 **Yes** **No**

Provided documentation individual provider has reviewed and is competent in the Home and Community Settings Rule (HCBS).

- At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Policy, 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide.

If answered "No" to any of the above, what is the provider agency's plan of action to address non-compliance?

SUPPORTED EMPLOYMENT

Requirement 1 **Yes** **No**

Provided a driver's license or other form of identification verifying individual provider is at least 18 years of age.

Requirement 2 **Yes** **No**

Provided documentation individual provider **meets all the following:**

- 1. Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults, depending on scope of services/targeted population; **and**
- 2. High school diploma or GED; **and**
- 3. Select **one** of the following:
 - Employment Specialists (IPS or CESP); or
 - Certified Brain Injury Specialist; or
 - Direct Service Provider (DSP); or
 - Career Development Facilitation; or
 - Affiliated agency meets one of the licensure or accreditation requirements below:
 - NDAC 75-04-01 (DD license); or
 - Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF); or
 - Council on Accreditation (COA); or
 - The Council on Quality and Leadership (CQL); or
 - ND School

Requirement 3 **Yes** **No**

Provided documentation individual provider is **supervised by an individual meeting all the following:**

- 1. Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults, depending on scope of services/targeted population; **and**
- 2. High school diploma or GED; **and**
- 3. Two or more years of experience working in an employment setting; **and**
 - An employment setting is defined as: “a setting offering support and/or services assisting individuals to obtain and maintain an occupation, competitive employment or self-employment arrangements”.
 - Provide a description of the experience, setting, and dates services were provided.
- 4. Select **one** of the following:
 - Employment Specialists (IPS or CESP); or
 - Certified Brain Injury Specialist; or
 - Direct Service Provider (DSP); or
 - Career Development Facilitation; or
 - Affiliated agency meets one of the licensure or accreditation requirements below:
 - NDAC 75-04-01 (DD license); or
 - Accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF); or
 - Council on Accreditation (COA); or
 - The Council on Quality and Leadership (CQL); or
 - ND School

Requirement 4 **Yes** **No**

Provided documentation individual provider has reviewed and is competent in person-centered planning implementation.

- At a minimum, the provider agency must document the individual provider has reviewed the 1915(i) Supported Employment Policy and the Care Coordination Policy.

Requirement 5 **Yes** **No**

Provided documentation individual provider has reviewed and is competent in the Home and Community Settings Rule (HCBS).

- At a minimum, the provider agency must document their individual provider has reviewed the 1915(i), 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide.

If answered "No" to any of the above, what is the provider agency's plan of action to address non-compliance?

HOUSING SUPPORTS

Requirement 1 Yes No

Provided a driver's license or other form of identification verifying individual provider is at least 18 years of age.

Requirement 2 Yes No

Provided documentation individual provider **meets all the following:**

- 1. Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults, depending on scope of services/targeted population; **and**
- 2. High school diploma or GED; **and**
- 3. Select at least **one** of the following:
 - Two years of work experience providing direct client service; **or**
 - Provide a description of the experience, setting, and dates services were provided.
 - Associate degree from an accredited college or university

Requirement 3 Yes No

Provided documentation individual provider is **supervised by an individual meeting required qualifications by providing all the following:**

- 1. Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults, depending on scope of services/ targeted population; **and**
- 2. High school diploma or GED; **and**
- 3. Two or more years of experience in providing direct client services to individuals experiencing homelessness
 - Provide a description of the experience, setting, and dates services were provided.

Requirement 4 Yes No

Provided documentation individual provider has reviewed and is competent in person-centered planning implementation.

- At a minimum, the provider agency must document the individual provider has reviewed the 1915(i) Housing Support Policy and Care Coordination Policy.

Requirement 5	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided documentation individual provider has reviewed and is competent in the Home and Community Settings Rule (HCBS).	
<ul style="list-style-type: none">• At a minimum, the provider agency must document their individual provider has reviewed the 1915(i) HCBS Policy, 1915(i) HCBS Settings Rule Training by providing a certificate of completion, and 1915(i) HCBS Settings Assessment Guide.	
If answered "No" to any of the above, what is the provider agency's plan of action to address non-compliance?	

PROVIDER AGENCY

Comments:

Provider Agency Signature:

Date:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Is the affiliated individual provider in compliance?

Yes No

Comments:

HHS Medical Services Signature:

Date: