

1915(i) Services and Supports in Schools



NORTH
Dakota Be Legendary.

Health & Human Services

What is the 1915(i)?

- Fills gaps in behavioral health service delivery throughout ND; supporting people in their homes and in their community of choice
- Allows for the provision of Home and Community-Based Services that previously didn't exist, or were not previously billable to Medicaid



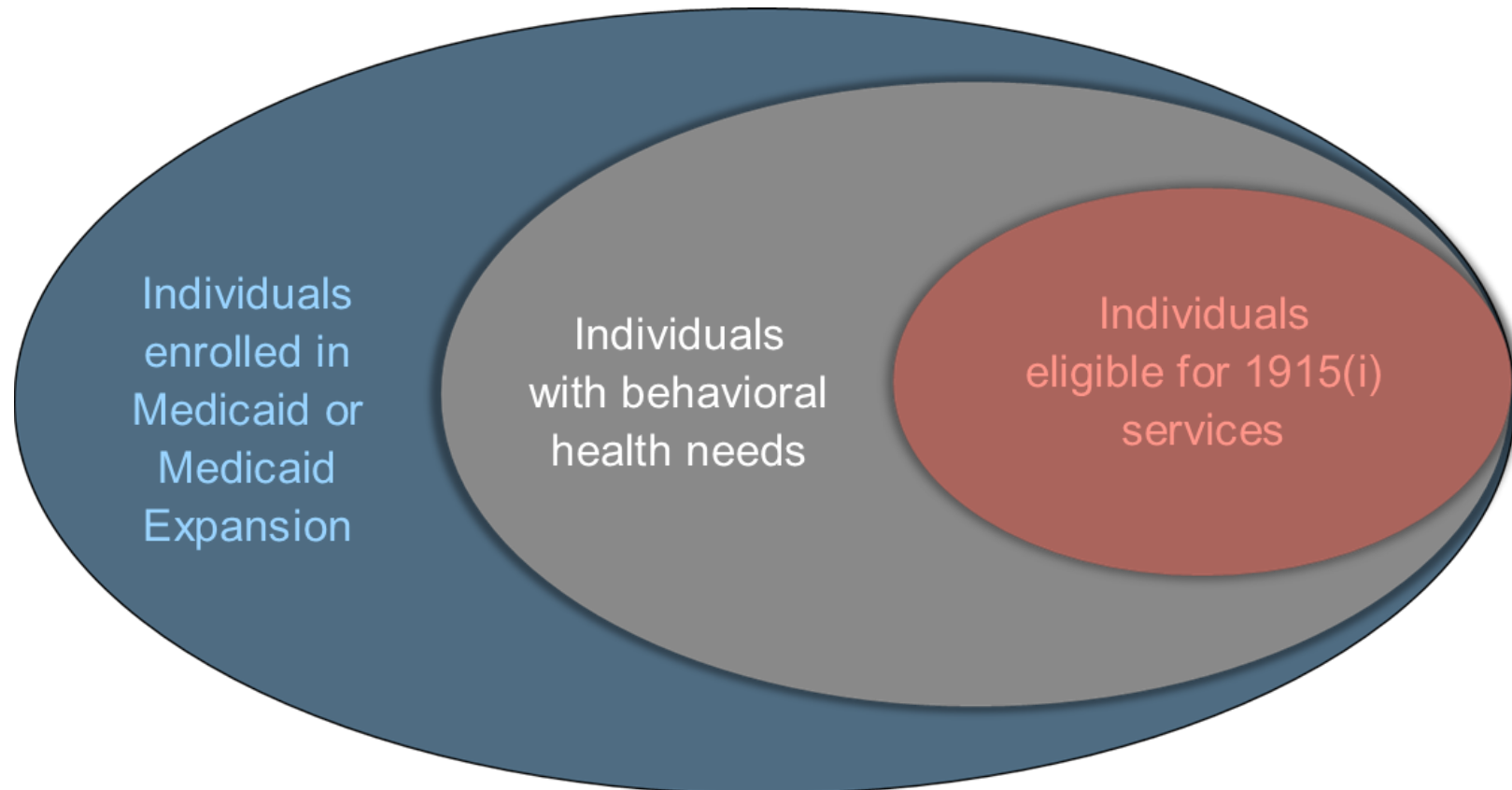


Individual Eligibility Criteria

- Ages 0+
- Enrolled in Medicaid or Medicaid Expansion
- Household income at or below 150% of Federal Poverty Level
- Qualifying Behavioral Health diagnosis
- WHODAS 2.0 Assessment score of 25 or higher
- Meet requirements of Home and Community-Based Settings Rule



Target Population



1915(i) Services

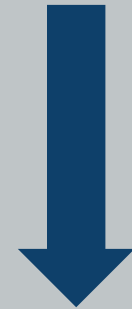
- **Care Coordination** (All ages)
- Peer Support (18+)
- Non-Medical Transportation (All ages)
- Housing Support (17.5+)
- Benefits Planning (All ages)
- **Pre-Vocational Training** (17.5+ or has GED/Diploma)
- **Supported Employment** (14+)
- **Supported Education** (5+)
- Respite (0-21)
- Training and Support for Unpaid Caregivers (All ages)
- Family Peer Support (0-18)
- Community Transition Service* (All ages)



1915(i) Service Delivery



1915(i) provider
enrolled to provide the
specific service



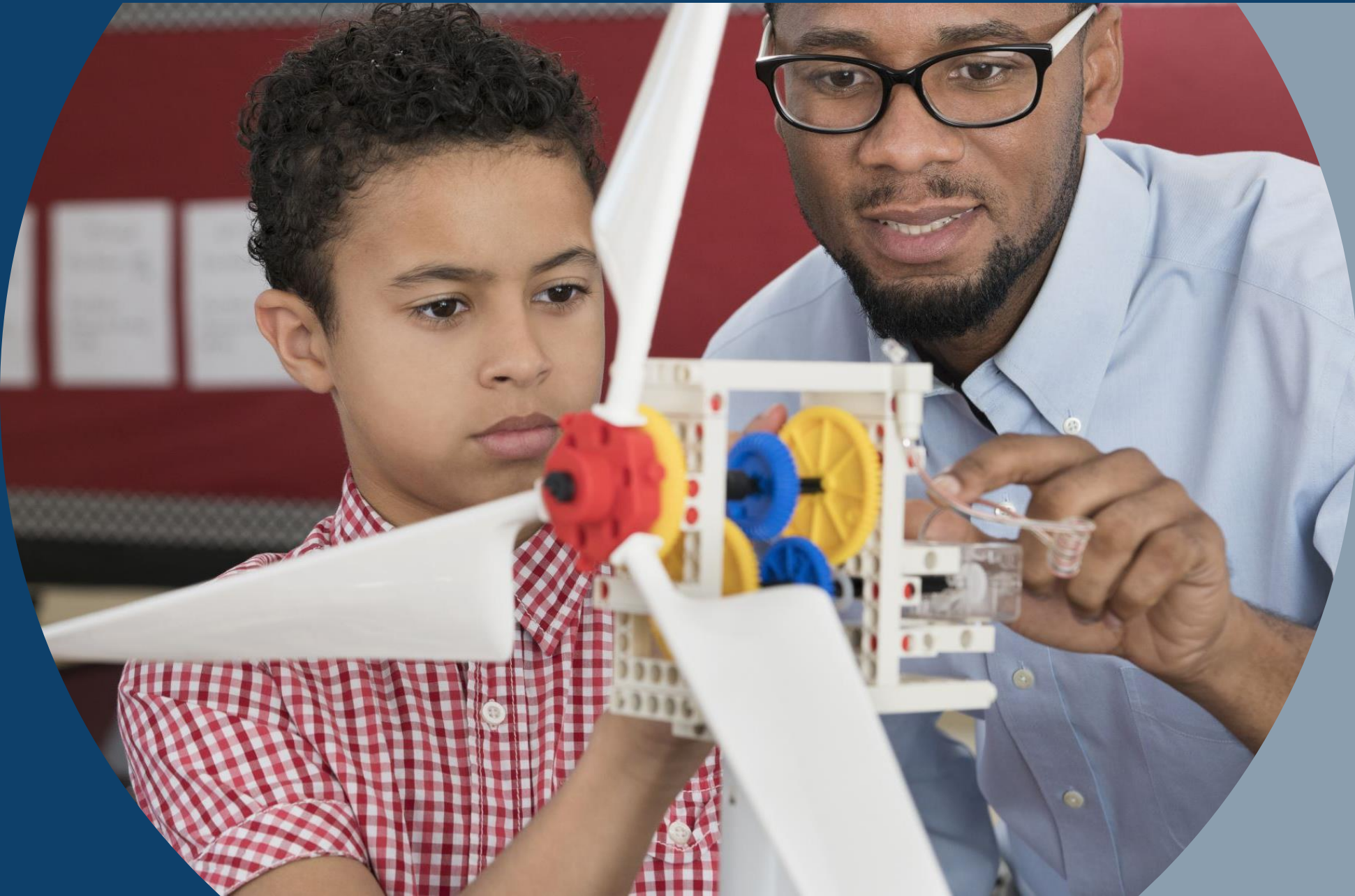
Individual currently
enrolled to receive
1915(i) services

Care Coordination



- Initial and ongoing needs assessment for 1915(i) services
- Person-Centered Plan of Care development
- Requests for 1915(i) service providers on behalf of the individual

Supported Education



- Support for children with behavioral health needs who don't have a para in their classroom
- Support during transitions in the school day
- Support outside school hours to work on social integration

Supported Employment



- support to obtain or maintain competitive employment
- ranges from intensive engagement to follow-along support
- planning, job development, job coaching, etc.

Pre-Vocational Training

Application for Employment

PERSONAL INFORMATION

Name: _____

Address: _____

Phone: _____

Security Number: _____

U.S. Citizen? Yes No

Are you currently employed? Yes No

Have you ever been convicted of a felony? Yes No

Are you willing to submit to a pre-employment drug screening test? Yes No

EDUCATION

School Name: _____

Other training, certifications: _____

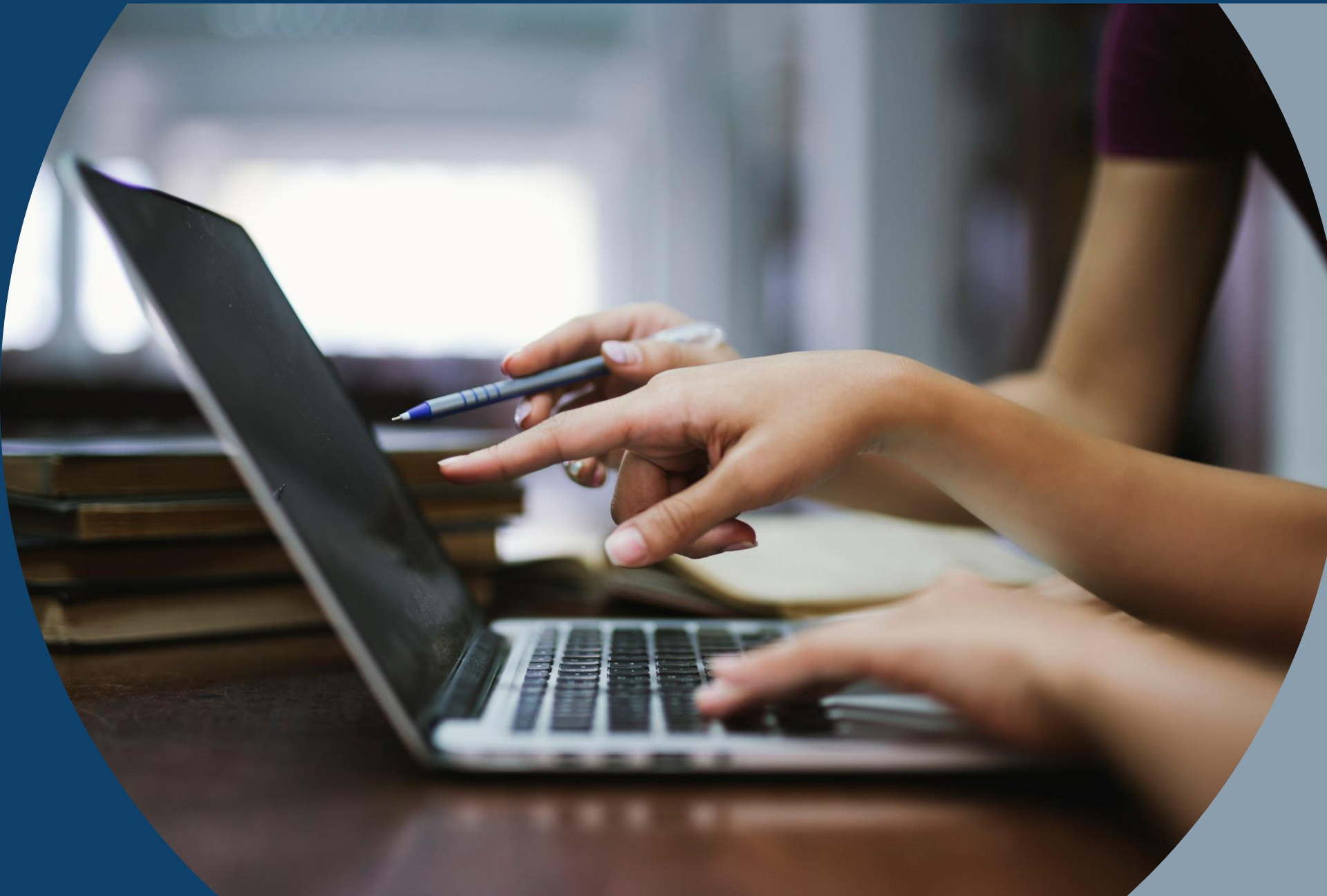
EMPLOYMENT

Employer: _____

Location	Years Attended
_____	_____
_____	_____

- assists an individual to prepare to work or volunteer
- soft skill development, in or outside a classroom environment
- can be volunteering, job shadowing, internship

Training and Support for Unpaid Caregivers



- financial assistance for caregiver training and education
- hands-on caregiving coaching, assistance with reunification efforts

Family Peer Support



- a bridge for family and service provider engagement
- encouragement to learn self-advocacy, self-efficacy, and empowerment
- support for parental skill development
- assistance with establishing natural supports

Housing Support



- support to obtain or maintain housing
- assistance with searching, leases, identifying community financial resources
- services may begin 6 months prior to individual's 18th birthday

How Can Schools Get Involved?

- **Provide 1915(i) services**
- Welcome community partners in to provide services
- Recommend families apply on behalf of their children and youth
- Assist families to apply on behalf of their children and youth



Provider Enrollment

- Group Enrollment
- Individual Provider Enrollment



IEP/Non-IEP Services

Differences between IEP and non-IEP services

Medicaid is funded jointly by state and federal governments. Each pays a certain percentage, known as a federal share and a state share.

State school aid payments are reduced by the state's share of IEP service reimbursement, aka Medicaid match. This match rate changes annually based on the Federal Matching Assistance Percentage.

Topic	IEP	Non-IEP
Is ND Medicaid the primary payer?	Yes	Yes – Medicaid 1915(i) behavioral health support and services only No – Other non-IEP services are subject to 3rd party billing requirements (most common is private insurance).
Schools keep full service cost reimbursement	Schools are responsible to pay the state match, which is withheld from state aid payments. It's never greater than 50%.	Yes
Medical documentation	Qualified services are authorized/prescribed in student's IEP. Education plan is updated as eligible services start or stop.	Non-IEP and 1915(i) support and services are documented according to ND Medicaid service provider requirements.

IEP/Non-IEP Services (cont.)



- 1915(i) services are billed separately from IEP Services
- 1915(i) services are not subject to Medicaid match

Medicaid 1915(i) Reimbursement

Care Coordination (per 15 minutes)	\$21.49
Training and Supports for Unpaid Caregivers (per 15 minutes) ¹	\$9.19
Training and Supports for Unpaid Caregivers (per service)	\$526.62
Peer Support (per 15 minutes)	\$11.05
Family Peer Support (per 15 minutes)	\$11.05
Respite (per 15 minutes)	\$7.70
Non-medical transportation (per 15 minutes)	\$9.02
Community Transition Services (per service)	\$3,159.68
Benefits Planning (per 15 minutes)	\$11.05
Supported Education (per 15 minutes)	\$11.05
Prevocational Training (per 15 minutes) ¹	\$11.05
Supported Employment (per 15 minutes)	\$11.05
Housing Support Services (per 15 minutes)	\$11.05



Income Potential

- **Care Coordination** (5 students, 2 hours per week each)
 - 10 hours/week at \$85.96/hour = \$859.96
 - \$859.96/week for 36 weeks = \$30,945.60
 - *Provider Qualification: 4-year degree or 3 years experience*
- **Supported Education** (1 student, 20 hours per week)
 - 20 hours/week at \$44.20/hour = \$884.00
 - \$884.00/week for 36 weeks = \$31,824
 - *Provider Qualification: diploma/GED; employed by school as a para or education specialist*

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1915(i) Services

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- **Non-Medical Transportation** (All ages)
- **Housing Support** (17.5+)
- Benefits Planning (All ages)
- **Pre-Vocational Training** (17.5+ or has GED/Diploma)
- **Supported Employment** (14+)
- Supported Education (5+)
- Respite (0-21)
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- Community Transition Service* (All ages)





“Visitor” Considerations

- **Background check:** Providers will have completed a criminal background check, in accordance with NDAC 75-02-05-11.2; schools may choose to require additional background checks
- **Designated space:** Schools may wish to designate space for the provision of 1915(i) services
- **Memorandum of Understanding:** Schools may wish to enter into an MOU with outside providers, outlining conduct guidelines, entry procedures, etc.

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Valuable Links

- [1915\(i\) Website](#)



- [1915\(i\) One-Sheet](#)

- [1915\(i\) Application](#)

An official website of the State of North Dakota

Language: English

Knowtify Blog

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RSV Information for Infants

Home / Medicaid 1915(i) State Plan Amendment

Medicaid 1915(i) State Plan Amendment

The North Dakota Medicaid 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

- How do I apply/access services?
[Click here](#)
- Find an Enrolled Provider
[Click here](#)
- Enrolling as a Provider and Providing Services
[Click here](#)

Feedback (+) North Dakota 1915(i) Human Service Zone BCBSND Managed Care

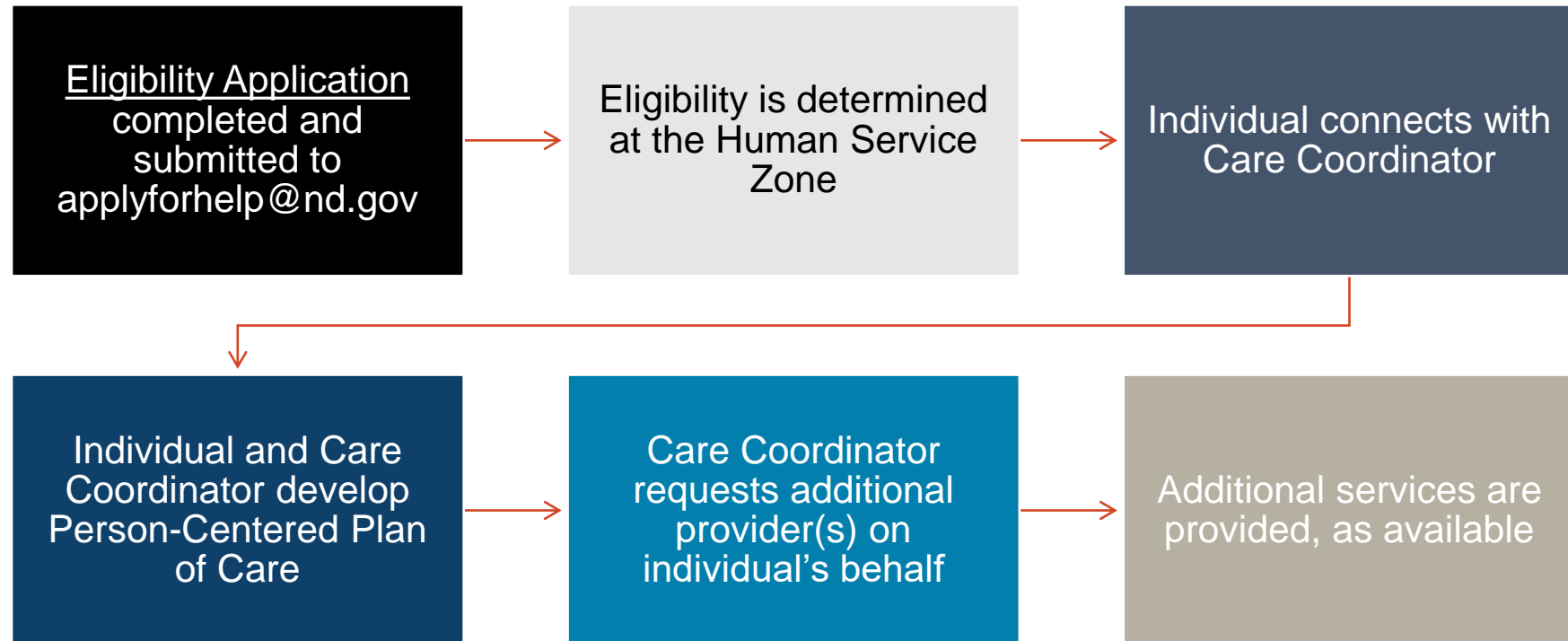
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Individual Enrollment

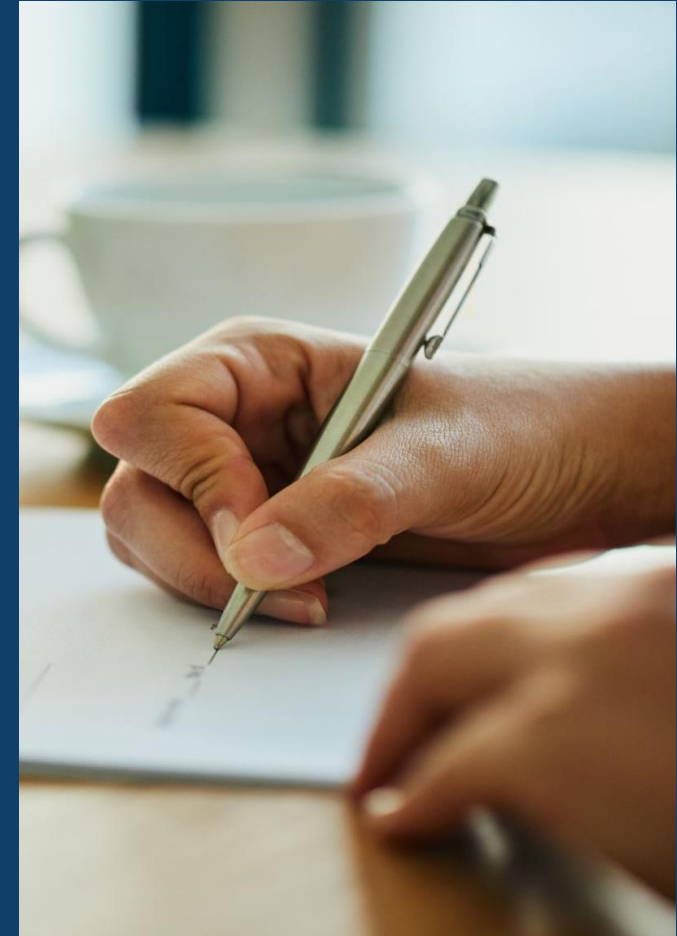


1915(i) Eligibility Application

Section 1: Applicant Information

Applicant Information			
Name (Last, First, MI) Adams, Wednesday W.	Date of Birth 03/27/2002	ND Medicaid ID Number ND46895998	
Address 1313 Mockingbird Lane	City Fargo	State ND	ZIP Code 58103
Telephone Number (701) 235-8962			
Do you prefer the use of a translator? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, what language:			
Do you need TTY Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

Currently enrolled in ND Medicaid? If answered no, the applicant must first enroll in ND Medicaid before applying for the 1915(i). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has a household income at or below 150% of the Federal Poverty Level (FPL)? (The Human Service Zone eligibility worker can assist in identifying this qualification. The 150% FPL table can be found here or go to www.behavioralhealth.nd.gov/1915i .) If answered no, the applicant is not eligible for the 1915(i). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will reside in a setting meeting the federal home and community-based setting requirements. (The statute specifies that home and community-based settings do not include a nursing facility, institution for mental diseases, or an intermediate care facility for individuals with intellectual disabilities.) If answered no, the applicant is not eligible for the 1915(i). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



If the applicant has a parent/legal guardian acting on their behalf, complete the following section.

Parent/Legal Guardian Information

Parent/Legal Guardian Name

Address or Address same as applicant.

City

State

ZIP Code

Home Number

Cell Number

Work Number

Email

An alternate contact is an individual, other than a parent/legal guardian, identified to assist with any questions relating to the application. By completing the following section, you grant permission for the ND Department of Human Services, its Managed Care Organization, and the Human Service Zone to contact the alternate contact identified on this form.

Alternate Contact Information

Name

Relationship or Organization

Address

City

State

ZIP code

Home Number

Cell Number

Work Number

Email

Section 2: Signatures

If you would like the Department to communicate with you through email regarding this application and your eligibility, please be aware that all Department emails are unencrypted (unsecure). The privacy and security of email cannot be guaranteed. There is a risk that any protected health information (PHI) contained in an email may be misdirected, disclosed to, or intercepted by an unauthorized recipient. You should not agree to email communications unless you are willing to accept these risks. The Department is not liable for emails that are not received due to technical failure or for improper disclosures of PHI that are not a result of our negligence. The Department is not responsible for any fees imposed by your email service provider. Email communications may be included in your Department record.

I understand that unencrypted (unsecure) means the added security protections that help safeguard the contents of email communications are removed. I consent to receive unencrypted (unsecure) email communications from the Department.

1915(i) Eligibility Request

As the applicant or parent/legal guardian, I am requesting eligibility for the 1915(i) by signing, dating, and submitting this application to the Human Service Zone.

Applicant Signature

Date Submitted

Parent/Legal Guardian Signature (if applicable)

Relationship

Date Submitted

As the Human Service Zone 1915(i) Eligibility Worker, I verify this 1915(i) Eligibility Application was received and eligibility determined on the dates specified below.

Human Service Zone 1915(i) Eligibility Worker Signature

Date Application Received

Date Eligibility Determined

Section 3: 1915(i) Diagnosis

The diagnosis section of this application must be completed and signed by the diagnosing professional providing the applicant's diagnosis; or, a printout of the individual's official medical record may be attached to the application.

Applicants must possess one or more of the qualified ICD-10 diagnoses approved for 1915(i) eligibility as identified on this application (Pages 5-9). Identify all qualifying diagnoses that apply. No other diagnoses codes may be used.

ICD-10 Diagnosis

Identify the individual's ICD-10 diagnosis code(s) from the diagnosis list on Pages 5-9 of this application and enter the exact ICD-10 code(s) in the box(es) below.

1. ICD-10 Code

F31.2

2. ICD-10 Code

F14.20

3. ICD-10 Code

Date of Applicant's Diagnosis

01/15/2018

Diagnosing Professional Information

Name

Dr. Fraser Crane

Clinical Licensure

MD

Telephone Number

(701) 298-6521

Email Address

dr.crane@unitedhealth.org

Signature

Fraser Crane

Date

2/18/2022

Overall Score

Overall WHODAS 2.0 Complex Score 70.75	Date WHODAS 2.0 Assessment Administered <i>within 90 days of app</i>
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Domain	Score	Domain	Score
<u>Cognition</u> understanding & communicating	55	<u>Getting along</u> interacting with other people	83.33
<u>Participation</u> joining in community activities	95.83	<u>Mobility</u> moving & getting around	75
<u>Life activities</u> domestic responsibilities, leisure, work & school	35.71	<u>Self-care</u> hygiene, dressing, eating & staying alone	50

Attach a copy of the WHODAS 2.0 assessment and scoring sheet.

Qualified Administrator

I hereby verify that I am an independent agent and meet the criteria above for the definition of an independent, trained and qualified administrator.

Name of Qualified WHODAS Administrator Elaine Benes	Title LICSW	Agency Therapy For The Rest Of US
Telephone Number (701) 235-8962	Email Address elaine.benes@counselingservices.org	
Signature <i>Elaine Benes</i>	Date <i>2/18/2022</i>	

More Information



nd1915i@nd.gov [hhs.nd.gov/1915i](https://www.hhs.nd.gov/1915i)
Training/TA Calls: 1pm Thursdays; click “Join Now”
<https://www.hhs.nd.gov/1915i/trainings>