



# 1915(i) ELIGIBILITY APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
MEDICAL SERVICES  
SFN 741 (6-2022)

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

To be approved for the 1915(i), applicants must:

- be currently enrolled in ND Medicaid or Medicaid Expansion; and
- have a household income at or below 150% of the Federal Poverty Level; and
- have a qualifying behavioral health diagnosis; and
- receive a WHODAS score of 25 or above; and
- not reside in an institution.

This application must be completed and submitted to a Human Service Zone where eligibility will be determined. This application consists of several sections:

- Section 1: Applicant Information (completed by the applicant or parent/legal guardian)
- Section 2: Signatures (completed by the applicant or parent/legal guardian and Human Service Zone)
- Section 3: 1915(i) Diagnosis (completed by diagnosing professional)
- Section 4: WHODAS 2.0 Assessment (can be completed at the Human Service Zone or by any independent, trained and qualified WHODAS administrator)

See Pages 10-11 for detailed instructions on completion of this application.

## Section 1: Applicant Information

Applicant Information				
Name (Last, First, MI)		Date of Birth	ND Medicaid ID Number	
Address		City	State	ZIP Code
Home Number	Cell Number	Work Number	Email	
Do you prefer the use of a translator?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what language:		
Do you need TTY Services?		YES   NO		

Currently enrolled in ND Medicaid? If answered no, the applicant must first enroll in ND Medicaid before applying for the 1915(i). <input 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 <a href="http://www.behavioralhealth.nd.gov/1915i">here</a> or go to <a href="http://www.behavioralhealth.nd.gov/1915i">www.behavioralhealth.nd.gov/1915i</a> .) If answered no, the applicant is not eligible for the 1915(i). <input 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 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 <input type="checkbox"/> 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.

<b>ICD-10 Diagnosis</b>		
Identify the individual's ICD-10 diagnosis code(s) from the diagnosis list on Pages 5-9 of this application and enter the <u>exact</u> ICD-10 code(s) in the box(es) below.		
1. ICD-10 Code	2. ICD-10 Code	3. ICD-10 Code
Date of Applicant's Diagnosis		

<b>Diagnosing Professional Information</b>	
Name	Clinical Licensure
Telephone Number	Email Address
Signature	Date

### **Section 4: WHODAS 2.0 Assessment**

The World Health Organization Disability Assessment Schedule (WHODAS) is the tool used for assessment of needs-based eligibility and is required as part of the 1915(i) eligibility determination process. The WHODAS assessment must be completed via a face-to-face interview or face-to-face interview by proxy if necessary.

Individuals completing this section must meet the requirements of an "independent, trained and qualified" administrator as defined by the State and must complete the WHODAS 2.0 User Agreement. If the diagnosing professional is not an "independent, trained and qualified" WHODAS administrator, please refer the applicant to a Human Service Zone for completion of the WHODAS assessment.

The application must contain the WHODAS 2.0 assessment and scoring information; and name, contact information, verification of "independent, trained and qualified" status, and signature of the WHODAS administrator. The WHODAS 2.0 assessment and 1915(i) scoring sheet must accompany the application. A printout of the applicant's Human Service Center Electronic Health Record containing the WHODAS scores may be attached to the application as a substitute for the required 1915(i) score sheet.

See the instruction guide on Page 11 of this application and visit [www.behavioralhealth.nd.gov/1915i](http://www.behavioralhealth.nd.gov/1915i) for links to the correct scoring sheet and specific instructions for completing the WHODAS assessment.

<b>Overall Score</b>	
Overall WHODAS 2.0 Complex Score	Date WHODAS 2.0 Assessment Administered

<b>Domain</b>	<b>Score</b>	<b>Domain</b>	<b>Score</b>
<u>Cognition</u> understanding & communicating		<u>Getting along</u> interacting with other people	
<u>Participation</u> joining in community activities		<u>Mobility</u> moving & getting around	
<u>Life activities</u> domestic responsibilities, leisure, work & school		<u>Self-care</u> hygiene, dressing, eating & staying alone	

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

<b>1915(i) Qualified WHODAS Administrator</b>		
<input type="checkbox"/> I hereby verify I meet the criteria above for the definition of an independent, trained and qualified 1915(i) WHODAS administrator.		
Name of Qualified 1915(i) WHODAS Administrator	Title	Agency
Telephone Number	Email Address	
Signature	Date	

ICD-10	Description	DSM-5
F02.81*	Dementia in other diseases classified elsewhere with behavioral disturbance	294.11
F06.0*	Psychotic Disorder Due to Another Medical Condition with hallucinations	293.82
F06.1*	Catatonic Disorder Due to Another Medical Condition or Mental Disorder	293.89
F06.2*	Psychotic Disorder Due to Another Medical Condition with delusions	293.81
F06.30*	Mood Disorder due to known physiological condition, unspecified	293.83
F06.31*	Mood Disorder due to known physiological condition with depressive features	293.83
F06.32*	Mood Disorder due to known physiological condition with major depressive-like disorder	293.83
F06.33*	Mood Disorder due to known physiological condition with manic features	293.83
F06.34*	Mood Disorder due to known physiological condition with mixed features	293.83
<p>*ICD-10 Code F01-F09 for Mental disorders due to known physiological conditions: Note: This block comprises a range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction. The dysfunction may be primary, as in diseases, injuries, and insults that affect the brain directly and selectively; or secondary, as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved.</p>		
F06.4	Anxiety Disorder Due to Another Medical Condition	293.84
F10.10	Alcohol use mild	305
F10.129	Alcohol Intoxication with use disorder, mild	303
F10.20	Alcohol use moderate or severe	303.9
F10.229	Alcohol Intoxication with use disorder, moderate or severe	303
F10.259	Substance/medication-induced psychotic disorder, with alcohol use disorder, moderate or severe	
F11.10	Opioid Use Disorder, mild	305.5
F11.122	Opioid Intoxication with perceptual disturbances, with use disorder, mild	292.89
F11.129	Opioid Intoxication without perceptual disturbances, with use disorder, mild	292.89
F11.20	Opioid Use Disorder, moderate or severe	304
F11.222	Opioid Intoxication with perceptual disturbances, with use disorder, moderate or severe	292.89
F11.229	Opioid Intoxication without perceptual disturbances, with use disorder, moderate or severe	292.89
F12.10	Cannabis use mild	305.2
F12.20	Cannabis use moderate or severe	304.3
F12.229	Cannabis Intoxication without perceptual disturbances, with use disorder, moderate or severe	282.89
F12.259	Substance/medication-induced psychotic disorder, with cannabis use disorder, moderate or severe	292.9
F13.10	Sedative, Hypnotic, or Anxiolytic Use Disorder, mild	305.4

F13.20	Sedative, Hypnotic, or Anxiolytic Use Disorder, moderate or severe	304.1
F13.232	Sedative, Hypnotic, or Anxiolytic Use Disorder with perceptual disturbances	292.89
F13.239	Sedative, Hypnotic, or Anxiolytic Use Disorder without perceptual disturbances	292.89
F13.259	Substance/medication-induced psychotic disorder, with sedative, hypnotic, or anxiolytic use disorder, moderate or severe	292.9
F14.10	Stimulant Use Disorder, mild, cocaine	305.6
F14.122	Stimulant Intoxication, cocaine, with perceptual disturbances, with use disorder, mild	292.89
F14.129	Stimulant Intoxication, cocaine, without perceptual disturbances, with use disorder, mild	292.89
F14.20	Stimulant Use Disorder, moderate or severe, cocaine	304.2
F14.222	Stimulant Intoxication, cocaine, with perceptual disturbances, with use disorder, moderate or severe	292.89
F14.229	Stimulant Intoxication, cocaine, without perceptual disturbances, with use disorder, moderate or severe	292.89
F14.259	Substance/medication-induced psychotic disorder, with cocaine use disorder, moderate or severe	292.9
F15.10	Stimulant Use Disorder, mild, amphetamine type substance	305.7
F15.10	Stimulant Use Disorder, mild, other or unspecified stimulant	305.7
F15.122	Stimulant Intoxication, amphetamine or other stimulant, with perceptual disturbances, with use disorder, mild	292.89
F15.129	Stimulant Intoxication, amphetamine or other stimulant, without perceptual disturbances, with use disorder, mild	292.89
F15.20	Stimulant Use Disorder, moderate or severe, amphetamine type substance	304.4
F15.20	Stimulant Use Disorder, moderate or severe, other or unspecified stimulant	304.4
F15.222	Stimulant Intoxication, amphetamine or other stimulant, with perceptual disturbances, with use disorder, moderate or severe	292.89
F15.229	Stimulant Intoxication, amphetamine or other stimulant, without perceptual disturbances, with use disorder, moderate or severe	292.89
F15.259	Substance/medication-induced psychotic disorder, with amphetamine (or other stimulant) use disorder, moderate or severe	292.9
F16.10	Other Hallucinogen Use Disorder, mild	305.3
F16.10	Phencyclidine Use Disorder mild	305.9
F16.129	Phencyclidine or Other Hallucinogen Intoxication with use disorder, mild	292.89
F16.20	Other Hallucinogen Use Disorder, moderate or severe	304.5
F16.20	Phencyclidine Use Disorder moderate or severe	304.6
F16.229	Phencyclidine or Other Hallucinogen Intoxication with use disorder, moderate or severe	292.89
F16.259	Substance/medication-induced psychotic disorder, with other hallucinogen use disorder, moderate or severe	292.9
F16.259	Substance/medication-induced psychotic disorder, with phencyclidine use disorder, moderate or severe	292.9
F16.983	Hallucinogen Persisting Perception Disorder	292.89

F18.10	Inhalant Use Disorder, mild	305.9
F18.129	Inhalant Intoxication with use disorder, mild	292.89
F18.20	Inhalant Use Disorder, moderate or severe	304.6
F18.229	Inhalant Intoxication with use disorder, moderate or severe	292.89
F18.259	Substance/medication-induced psychotic disorder, with inhalant use disorder, moderate or severe	292.9
F20.0	Schizophrenia, Paranoid	295.3
F20.1	Schizophrenia, Disorganized	295.1
F20.2	Schizophrenia, Catatonic	295.2
F20.3	Schizophrenia, Undifferentiated	295.9
F20.5	Schizophrenia, Residual	295.6
F20.81	Schizophreniform Disorder	295.4
F20.89	Schizophrenia, Other	295.8
F20.9	Schizophrenia, Unspecified	295.9
F21	Schizotypal (Personality) Disorder	301.22
F22	Delusional Disorder	297.1
F23	Brief Psychotic Disorder	298.8
F24	Shared Psychotic Disorder	297.3
F25.0	Schizoaffective Disorder, Bipolar type	295.7
F25.1	Schizoaffective Disorder, Depressive type	295.7
F30.11	Manic Episode without psychotic symptoms, mild	296.11
F30.12	Manic Episode without psychotic symptoms, moderate	296.12
F30.13	Manic Episode without psychotic symptoms, severe	296.13
F30.2	Manic Episode with psychotic symptoms, severe	296.14
F30.3	Manic Episode in partial remission	296.15
F31.0	Bipolar I Disorder, current or most recent episode hypomanic	296.4
F31.11	Bipolar I Disorder, current or most recent episode manic, mild, without psychotic features	296.43
F31.12	Bipolar I Disorder, current or most recent episode manic, moderate, without psychotic features	296.41
F31.13	Bipolar I Disorder, current or most recent episode manic, severe, without psychotic features	296.14
F31.2	Bipolar I Disorder, current or most recent episode manic, severe, with psychotic features	296.44
F31.31	Bipolar I Disorder, current or most recent episode depressed, mild	296.51
F31.32	Bipolar I Disorder, current or most recent episode depressed, moderate	296.52
F31.4	Bipolar I Disorder, current or most recent episode depressed, severe, without psychotic features	296.53
F31.5	Bipolar I Disorder, current or most recent episode depressed, severe, with psychotic features	296.54
F31.61	Bipolar I Disorder, current or most recent episode mixed, mild	296.61
F31.62	Bipolar I Disorder, current or most recent episode mixed, moderate	296.62
F31.63	Bipolar I Disorder, current or most recent episode mixed, severe without psychotic features	296.63
F31.64	Bipolar I Disorder, current or most recent episode mixed, severe with psychotic features	296.64

F31.71	Bipolar I Disorder, current or most recent episode hypomanic, in partial remission	296.45
F31.72	Bipolar I Disorder, current or most recent episode hypomanic, in full remission	296.46
F31.73	Bipolar I Disorder, current or most recent episode manic, in partial remission	296.45
F31.74	Bipolar I Disorder, current or most recent episode manic, in full remission	296.46
F31.75	Bipolar I Disorder, current or most recent episode depressed, in partial remission	296.55
F31.76	Bipolar I Disorder, current or most recent episode depressed, in full remission	296.56
F31.77	Bipolar I Disorder, current or most recent episode mixed, in partial remission	296.65
F31.78	Bipolar I Disorder, current or most recent episode mixed, in full remission	296.66
F31.81	Bipolar II Disorder	296.89
F32.0	Major Depressive disorder, Single, mild	296.21
F32.1	Major Depressive disorder, Single, moderate	296.22
F32.2	Major Depressive disorder, Single, severe without psychotic features	296.23
F32.3	Major Depressive disorder, Single, with psychotic features	296.24
F32.4	Major Depressive disorder, Single, in partial remission	296.25
F32.5	Major Depressive disorder, Single, in full remission	296.26
F33.0	Major Depressive Disorder, Recurrent Episodes, mild	296.31
F33.1	Major Depressive Disorder, Recurrent Episodes, moderate	296.32
F33.2	Major Depressive Disorder, Recurrent Episodes, severe without psychotic features	296.33
F33.3	Major Depressive Disorder, Recurrent Episodes, with psychotic features	296.34
F33.41	Major Depressive Disorder, Recurrent Episodes, in partial remission	296.35
F33.42	Major Depressive Disorder, Recurrent Episodes, in full remission	296.36
F34.0	Cyclothymic Disorder	301.13
F34.1	Persistent Depressive Disorder (Dysthymia)	300.4
F34.81	Disruptive Mood Dysregulation Disorder	296.99
F40.00	Agoraphobia	300.22
F40.01	Agoraphobia with panic disorder	300.21
F40.02	Agoraphobia without panic disorder	300.22
F40.10	Social Anxiety Disorder (Social Phobia)	300.23
F40.11	Social Anxiety Disorder, generalized	300.23
F41.0	Panic Disorder	300.01
F41.1	Generalized Anxiety Disorder	300.02
F42.3	Hoarding Disorder	300.3
F42.8	Obsessive-Compulsive Disorder	300.3
F43.10	Posttraumatic Stress Disorder	309.81
F43.11	Posttraumatic Stress Disorder, acute	309.81
F43.12	Posttraumatic Stress Disorder, chronic	309.81
F44.0	Dissociative Amnesia	300.12



F44.4	Conversion Disorder (Functional Neurological Symptom Disorder) with weakness or paralysis, abnormal movement, swallowing symptoms, or speech symptoms	300.11
F44.5	Conversion Disorder (Functional Neurological Symptom Disorder) with attacks or seizures	300.11
F44.6	Conversion Disorder (Functional Neurological Symptom Disorder) with anesthesia, sensory loss, or special sensory symptom	300.11
F44.7	Conversion Disorder (Functional Neurological Symptom Disorder) with mixed symptoms	300.11
F44.81	Dissociative Identity Disorder	300.14
F44.9	Dissociative and Conversion Disorder, unspecified	300.15
F45.0	Somatization Disorder	300.82
F45.1	Somatic Symptom Disorder	300.82
F45.22	Body Dysmorphic Disorder	300.7
F45.41	Pain Disorder exclusively related to psychological factors	
F45.42	Pain Disorder with related psychological factors	
F48.1	Depersonalization/Derealization Disorder	300.6
F50.01	Anorexia Nervosa, restricting type	307.1
F50.02	Anorexia Nervosa, binge-eating/purging type	307.1
F53.1	Puerperal (Postpartum) Psychosis	
F60.3	Borderline Personality Disorder	301.83
F63.81	Intermittent Explosive Disorder	312.24
F84.0	Autism Spectrum Disorder	299
F90.0	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type	314
F90.1	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive/Impulsive Type	314.01
F90.2	Attention-Deficit/Hyperactivity Disorder, combined presentation	314.01
F90.8	Attention-Deficit/Hyperactivity Disorder, other presentation	314.01
F91.0	Conduct Disorder confined to family context	312.89
F91.1	Conduct Disorder, childhood-onset type	312.81
F91.2	Conduct Disorder, adolescent-onset type	312.32
F91.3	Oppositional Defiant Disorder	313.81
F91.9	Conduct Disorder, unspecified onset	312.89
F93.0	Separation Anxiety Disorder	309.21
F94.0	Selective Mutism	312.23
F94.1	Childhood Reactive Attachment Disorder	313.89
F94.2	Disinhibited Attachment Disorder of Childhood	313.89

## **Instructions for SFN 741 1915(i) Eligibility Application**

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

To be approved for the 1915(i), applicants must:

- be currently enrolled in ND Medicaid or Medicaid Expansion; and
- financially meet the Federal Poverty Level of 150% or below; and
- have a qualifying behavioral health diagnosis; and
- receive a WHODAS score of 25 or above; and
- not reside in an institution.

The SFN 741 1915(i) Eligibility Application must be completed in its entirety and submitted to the Human Service Zone where eligibility will be determined. It is the responsibility of the applicant, or the individual properly seeking services on their behalf, to provide the Human Service Zone with the completed SFN 741.

The SFN 741 application consists of several sections:

- Section 1: Applicant Information (completed by the applicant or parent/legal guardian)
- Section 2: Signatures (completed by the applicant or parent/legal guardian and Human Service Zone)
- Section 3: 1915(i) Diagnosis (completed by diagnosing professional)
- Section 4: WHODAS 2.0 Assessment (can be completed at the Human Service Zone or by an independent, trained and qualified administrator)

### **Section 1: Applicant Information (Pages 1 and 2)**

The applicant, or parent and/or legal guardian, will complete the applicant information table and complete the initial eligibility requirements checklist.

The parent/legal guardian information table must be completed if an individual is acting on behalf of the applicant.

An alternate contact is an individual, other than a parent/legal guardian, identified to assist with any questions relating to the application. If the applicant or parent/legal guardian want us to contact someone else regarding the application (family member, friend, someone assisting you in completing this application, or someone who knows your situation), complete the alternate contact information table. By completing this section, your granting permission for the ND Department of Human Services, its Managed Care Organization, and the Human Service Zone to contact the alternate contact identified on the application.

### **Section 2: Signatures (Page 2)**

The applicant, and/or parent/legal guardian, must sign and date the completed application.

Once the application is fully completed, it can be provided to the Human Service Zone via mail, email, fax, or in person for eligibility determination. The applicant, parent/legal guardian if applicable, or individual properly seeking services on their behalf, may request an eligibility determination from any Human Service Zone location. To find your local Human Service Zone, visit [www.nd.gov/dhs/locations/countysocialserv/](http://www.nd.gov/dhs/locations/countysocialserv/).

Upon receipt of the completed application by the Human Service Zone, the Zone 1915(i) Eligibility Worker will sign and date the application and complete the eligibility determination no later than five (5) business days from receipt of the completed application.

The applicant, or parent/legal guardian, will receive an approval or denial letter from the Human Service Zone informing them of the eligibility determination.

### **Section 3: 1915(i) Diagnosis (Page 3)**

The diagnosis section of the SFN 741 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.

The applicant, or individual properly seeking services on behalf of the applicant, must contact the diagnosing professional to request they complete the SFN 741. The applicant, or individual properly seeking services on behalf of the applicant, may forward the SFN 741 to the

diagnosing professional for completion, or they may instruct the diagnosing professional how to obtain the application on the 1915(i) website (<https://www.behavioralhealth.nd.gov/1915i>) to complete and return to the applicant.

Applicants must possess one or more of the qualifying ICD-10 diagnoses approved for 1915(i) eligibility as identified on Pages 5-9 of the application. The diagnosing professional must identify the ICD-10 code(s) the applicant is diagnosed with from the diagnosis list and include the exact ICD-10 code(s) in the box(es) provided on the application. Only these exact ICD-10 codes will be accepted. If the applicant isn't diagnosed with an ICD-10 code on the list, they are not eligible for the 1915(i).

#### **Section 4: WHODAS 2.0 Assessment (Page 4)**

The World Health Organization Disability Assessment Schedule (WHODAS) is the tool used for assessment of needs-based eligibility and is required as part of the 1915(i) eligibility determination process. Individuals completing the WHODAS and completing this section of the application must meet the requirements of an "independent, trained and qualified" administrator as defined by the State and must complete the WHODAS 2.0 User Agreement.

The State defines an "independent, trained and qualified" administrator as:

- Independent is defined as: a person who does not have a "Conflict of Interest" with the individual being assessed per the rules below. The WHODAS administrator cannot:
  - Be related by blood or marriage to the individual or to any paid caregiver of the individual;
  - Be financially responsible for the individual;
  - Be empowered to make financial or health related decisions for the individual; or
  - Have a financial interest in any entity paid to provide care to the individual (includes a 1915(i) service provider for the individual).
- Trained and qualified is defined as: an independent agent verifying completion of the WHODAS User Agreement and associated training on the administration and scoring of the WHODAS 2.0.
  - Associated training includes review of the two WHODAS PowerPoint trainings on the 1915(i) website ([www.behavioralhealth.nd.gov/1915i](http://www.behavioralhealth.nd.gov/1915i)) and review of the WHODAS 2.0 Manual including completion of the test used to assess knowledge related to administration of the WHODAS 2.0 located in Chapter 10 of the WHODAS Manual.

If the diagnosing professional is not an "independent, trained and qualified" administrator, the applicant, or individual properly seeking services on behalf of the applicant, can contact the Human Service Zone for completion of the WHODAS assessment.

The following modes of the WHODAS administration are allowed in determining 1915(i) eligibility:

- Face-to-Face Interview: General interview techniques contained in the WHODAS Instruction Guide are sufficient to administer the interview in this mode. A link to the WHODAS 2.0 Assessment used to complete the face-to-face interview is located [www.behavioralhealth.nd.gov/1915i](http://www.behavioralhealth.nd.gov/1915i).
- Face-to-Face Proxy: An individual's representative may provide a third-party view of functioning. An individual's representative, with respect to an individual being evaluated or assessed for 1915(i) eligibility, means the individual's legal guardian. A link to the WHODAS 2.0 Assessment used to complete the proxy interview is located [www.behavioralhealth.nd.gov/1915i](http://www.behavioralhealth.nd.gov/1915i).

For the purposes of the 1915(i), the [WHODAS 2.0 36 item version and complex scoring method](#) for the WHODAS is required. The link to the correct WHODAS complex scoring sheet is located at [www.behavioralhealth.nd.gov/1915i](http://www.behavioralhealth.nd.gov/1915i). Do not use the scoring sheet on the WHO website as it is not accurate.

The application must contain the WHODAS 2.0 assessment and scoring information; and name, contact information, verification of "independent, trained and qualified" status, and signature of the qualified 1915(i) WHODAS administrator. The WHODAS 2.0 assessment and 1915(i) score sheet must accompany the application. A printout of the applicant's Human Service Center Electronic Health Record containing the WHODAS scores may be attached to the application as a substitute for the required 1915(i) score sheet.

All WHODAS 2.0 Assessment tools and resources can be found at [www.behavioralhealth.nd.gov/1915i](http://www.behavioralhealth.nd.gov/1915i).