



**1915(i) ELIGIBILITY APPLICATION**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES  
SFN 741 (3-2025)

Home and community-based services to support individuals with behavioral health conditions are available through the North Dakota Medicaid 1915(i) State Plan Amendment.

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, or a DLA score of 5 or lower; and
- not reside in an institution.

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 or verifying staff person)
- Section 4: Needs-Based Assessment (**only one is required**):
  - WHODAS 2.0 Assessment (can be completed at a Human Service Zone or by any trained and qualified WHODAS administrator), or
  - DLA-20 Assessment (completed at a Human Service Center)

See Pages 10-11 for application instructions. For assistance with completing this application, email [nd1915i@nd.gov](mailto:nd1915i@nd.gov).

Complete and submit your application:

In person: at any Human Service Zone. To find your local Human Service Zone, visit <https://www.hhs.nd.gov/service-locations/human-service-zones>.

Email: [applyforhelp@nd.gov](mailto:applyforhelp@nd.gov)

Mail: Customer Support Center, P.O. Box 5562, Bismarck, ND 58506

Fax: 701-328-1006

Eligibility will be determined 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 informing them of the eligibility determination.

**SECTION 1: APPLICANT INFORMATION**

Applicant Information				
Name (Last, First, MI)		Date of Birth	ND Medicaid ID Number	
Address		City		State ZIP Code
Telephone Number	Cell Phone Number	Work Phone Number	Email Address	
How were you referred to 1915(i) services? <input type="checkbox"/> Human Service Center <input type="checkbox"/> Provider <input type="checkbox"/> Eligibility Redetermination <input type="checkbox"/> Other (explain):				
Do you prefer the use of a translator? <input type="checkbox"/> No <input type="checkbox"/> Yes - What language?			Do you need TTY services? <input type="checkbox"/> No <input type="checkbox"/> Yes	
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"/> No <input type="checkbox"/> Yes				
Has a household income at or below 150% of the Federal Poverty Level (FPL)? (A Human Service Zone eligibility worker can assist in identifying this qualification. The 150% FPL table can be found at <a href="https://www.hhs.nd.gov/1915i">https://www.hhs.nd.gov/1915i</a> . <input type="checkbox"/> No - the applicant is not eligible for the 1915(i) <input type="checkbox"/> Yes				
Will reside in a setting meeting the federal home and community-based setting requirements. (The following are not compliant home and community-based settings: jail or prison, nursing facility, institution for mental diseases (like the State hospital), an intermediate care facility for individuals with intellectual disabilities, qualified residential treatment program, or psychiatric residential treatment facility.) <input type="checkbox"/> No - the applicant is not eligible for the 1915(i) <input type="checkbox"/> Yes				

**Parent/Legal Guardian Information**

Complete this section if the applicant has a parent/legal guardian acting on their behalf.

Name (Last, First, MI)			
Address <input type="checkbox"/> Address same as applicant		City	State ZIP Code
Telephone Number	Cell Phone Number	Work Phone Number	Email Address

**Alternate Contact Information**

An alternate contact may be a family member, friend, someone assisting with completion of the eligibility application, or someone who knows the applicant's situation. If no other alternate contact exists, a 1915(i) provider may serve as the alternate contact on the initial eligibility application. By completing the following section, you grant permission for the ND Department of Health and Human Services, its Managed Care Organization, and the Human Service Zone to contact the alternate contact identified on this application.

Name (Last, First, MI)		Relationship	
Address		City	State ZIP Code
Telephone Number	Cell Phone Number	Work Phone Number	Email Address

**WHODAS Proxy Information**

The applicant may select someone (proxy) to answer the WHODAS assessment questions for them. A proxy may be an individual's representative, legal guardian, parent, family member or advocate (teacher, friend, etc.). A 1915(i) provider cannot act as a proxy. By completing the following section, you agree that the listed person may act as your proxy.

Name (Last, First, MI)		Relationship	
Address		City	State ZIP Code
Telephone Number	Cell Phone Number	Work Phone Number	Email Address

**SECTION 2: SIGNATURES**

If you would like the Department of Health and Human Services ("Department") to communicate with you through email regarding this application and your eligibility, please know that all Department emails are unencrypted (unsecure). The privacy and security of email cannot be guaranteed. There is 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 from 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 a Human Service Zone.

☐ I understand by checking this box and typing my name below, I am signing this SFN 741 for 1915(i) Eligibility electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature.

Applicant Signature		Date Submitted
Parent/Legal Guardian Signature (if applicable)	Relationship	Date Submitted
As a 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

### Assistance with Completing this Application

*You can choose an authorized representative.*

*You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application. This person is called an "authorized representative." If you ever need to change your authorized representative, contact your Human Service Zone office. If you're a legally appointed representative for someone on this application, submit proof with the application.*

Name of Authorized Representative (First Name, Middle Name, Last Name)			
Address			Apartment or Suite Number
City	State	ZIP Code	Telephone Number
Organization Name			ID Number (if applicable)

By signing, you allow this person to get official information about your application.

Applicant Signature	Date
---------------------	------

### SECTION 3: 1915(i) DIAGNOSIS

This section can be completed in one of two ways:

1. Have a diagnosing professional or verifying staff person complete all boxes and sign this page, or
2. Attach documentation to this application containing:
  - a. the applicant's qualifying behavioral health diagnosis(es), and
  - b. diagnosing professional's name.

The diagnosing professional or verifying staff person's signature, or attached documentation, must be dated within 12 months before the day this application is submitted.

*A diagnosing professional* is a healthcare professional who is qualified to diagnose behavioral health conditions.

*A verifying staff person* is a person with access to an applicant's health record which includes the applicant's behavioral health diagnosis(es).

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. Include all qualifying diagnoses.*

1. ICD-10 Code	2. ICD-10 Code	3. ICD-10 Code
----------------	----------------	----------------

### Diagnosing Professional or Verifying Staff Person Information

Name	Clinical Licensure		
Telephone Number	Email Address		
Signature			Date

#### SECTION 4: NEEDS-BASED ASSESSMENT

This section must document at least one of these qualifying scores:

1. 25 or higher on the WHODAS 2.0 Assessment, or
2. 5 or lower on the Daily Living Activities-20 (DLA) Assessment.

##### WHODAS 2.0 Assessment

The WHODAS assessment must be completed by a face-to-face, or by proxy, interview by a professional or Human Service Zone staff who is a "trained and qualified" WHODAS administrator.

One of the following must be attached to this application:

1. WHODAS 2.0 assessment and 1915(i) scoring sheet (the summary tab of the 1915(i) score sheet is sufficient), or
2. A printout of the applicant's Human Service Center Electronic Health Record containing the WHODAS score.

The application must contain the overall WHODAS 2.0 complex score, date administered, name of the WHODAS administrator, and the date this form was completed.

See the instruction guide on Pages 10 and 11 of this application or visit [www.hhs.nd.gov/1915i/trainings](http://www.hhs.nd.gov/1915i/trainings) to find the correct scoring sheet and instructions for completing the WHODAS assessment.

Overall Score	
Overall Complex Score	Date Administered

☐ Attach a copy of the WHODAS 2.0 assessment and scoring sheet, or a Human Service Center Electronic Health Record.

WHODAS Administrator		
Administrator Name	Agency	Title
Email Address	Telephone Number	Date

#### DAILY LIVING ACTIVITIES-20 (DLA) ASSESSMENT

Individuals completing this section of the application must meet Human Service Center requirements.

The application must contain the overall DLA score, date administered, name of the DLA administrator, and the date this form was completed. The DLA assessment must accompany the application.

Refer to a Human Service Center for completion of the DLA.

Overall Score	
Overall Score	Date Administered

☐ Attach a copy of the DLA assessment.

DLA Administrator		
Administrator Name	Agency	Title
Email Address	Telephone Number	Date

### QUALIFYING BRAIN INJURY DIAGNOSES

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

\*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.

### QUALIFYING SUBSTANCE USE DISORDER DIAGNOSES

ICD-10	Description	DSM-5
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

QUALIFYING SUBSTANCE USE DISORDER DIAGNOSES (continued)		
ICD-10	Description	DSM-5
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

### QUALIFYING MENTAL HEALTH DIAGNOSES

ICD-10	Description	DSM-5
F06.4	Anxiety Disorder Due to Another Medical Condition	293.84
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

QUALIFYING MENTAL HEALTH DIAGNOSES (continued)		
ICD-10	Description	DSM-5
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



QUALIFYING MENTAL HEALTH DIAGNOSES (continued)		
ICD-10	Description	DSM-5
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	312.81
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 SFN 741 application consists of the following sections:

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

The applicant, or parent/legal guardian, will complete the following:

- Applicant information table
- Initial eligibility requirements checklist
- The parent/legal guardian information table (if an individual is acting on behalf of the applicant)

An alternate contact may be a family member, friend, someone helping complete the eligibility application, or someone who knows the applicant's situation. If no alternate contact exists, a 1915(i) provider may serve as the alternate contact on the initial eligibility application.

The applicant may select someone (proxy) to answer the WHODAS assessment for them. A proxy may be an individual's representative, legal guardian, parent, family member or advocate (teacher, friend, etc.). A 1915(i) provider cannot act as a proxy.

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

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

The Human Service Zone, upon receipt of the completed application, will sign and date the application the date it was received and the date eligibility was determined.

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

The applicant, or parent/guardian, must request that the diagnosing professional complete this section of the application and return to the applicant or request documentation of the information required in this section. The applicant or parent/guardian can forward the application to the diagnosing professional. The application can be found on the 1915(i) website at <https://www.hhs.nd.gov/1915i/forms>.

Applicants must have one or more qualifying ICD-10 diagnoses approved for 1915(i) eligibility. The approved diagnoses are listed on this application (Pages 5-9). The diagnosing professional or verifying staff person must list all approved diagnoses that apply in the box(es) provided on the application. No other diagnoses codes may be used. If the applicant isn't diagnosed with an ICD-10 code on the list, they are not eligible for the 1915(i).

### **Section 4: Needs-Based Assessment (Pages 3 and 4)**

This section of the application must document at least one of these qualifying scores:

- 25 or higher on the WHODAS 2.0 Assessment, or
- 5 or lower on the Daily Living Activities-20 (DLA) Assessment.

## WHODAS 2.0 Assessment

The World Health Organization Disability Assessment Schedule 2.0 (WHODAS) is used for assessment of needs-based eligibility. Individuals completing the WHODAS and completing this section of the application must meet the requirements of a "trained and qualified" administrator as defined by the State.

A "trained and qualified" administrator is:

- An agent verifying completion of the associated training on the administration and scoring of the WHODAS 2.0.
- Associated training includes:
  - o Review of two WHODAS PowerPoint trainings on the 1915(i) website at [www.hhs.nd.gov/1915i/trainings](http://www.hhs.nd.gov/1915i/trainings),
  - o Review of the 1915(i) Needs-Based Assessment policy at [www.hhs.nd.gov/1915i/resources](http://www.hhs.nd.gov/1915i/resources),
  - o Review of the WHODAS 2.0 Manual at [www.hhs.nd.gov/1915i/trainings](http://www.hhs.nd.gov/1915i/trainings), and
  - o Completion of the test used to assess knowledge related to administration of the WHODAS 2.0 (located in Chapter 10 of the WHODAS Manual).

## WHODAS 2.0 Assessment (continued)

The applicant or the individual seeking services on behalf of the applicant can contact any Human Service Zone for completion of the WHODAS assessment if the diagnosing professional is not a "trained and qualified" administrator. To contact a Human Service Zone, visit <https://www.hhs.nd.gov/service-locations/human-service-zones>.

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 at [www.hhs.nd.gov/1915i/trainings](http://www.hhs.nd.gov/1915i/trainings).

**Face-to-Face by Proxy:** Individual's representative (proxy) can be the individual's legal guardian, authorized representative, parent, family member, or advocate (teacher, friend, etc.). An individual's proxy can provide a third-party view of the individual's ability to function. A 1915(i) provider cannot act as a proxy. A link to the WHODAS 2.0 Assessment used to complete the proxy interview is located at [www.hhs.nd.gov/1915i/trainings](http://www.hhs.nd.gov/1915i/trainings).

A face-to-face assessment may be performed by telehealth, or other information technology mediums if the individual receives appropriate support during the assessment and provides informed consent for this type of assessment. A telephone is not considered telehealth.

For the purposes of eligibility for 1915(i) services, the WHODAS 2.0 36-item version and complex scoring method is required. The link to the correct WHODAS complex scoring sheet is located at [www.hhs.nd.gov/1915i/trainings](http://www.hhs.nd.gov/1915i/trainings). Do not use the scoring sheet on the World Health Organization's website.

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

## Daily Living Activities-20 (DLA) Assessment

The Daily Living Activities-20 (DLA) Assessment is used for assessment of needs-based eligibility.

The Human Service Centers have trained professionals to assess the DLA.

The applicant or the individual seeking services on behalf of the applicant can contact their local Human Service Center for completion of the DLA assessment. A DLA administered by any other entity or agency is not acceptable for the eligibility of 1915(i) services. If a DLA has already been completed for an individual, a copy can be requested from the Human Service Center case manager. If a DLA is not obtained from the Human Service Center, a WHODAS assessment is required. To contact a Human Service Center, visit <http://www.hhs.nd.gov/HSC>.

If the DLA shows that an individual is not eligible for 1915(i) services, a WHODAS assessment will be administered. If the individual has a qualifying WHODAS score, the applicant must use the qualifying WHODAS score on this application.