To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.

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Related Clinical Coverage Policies

Refer to https://medicaid.ncdhhs.gov/ for the related coverage policies listed below:
8H-2 Individual Placement and Support
8H-3 Individual and Transitional Support
8H-4 1915(i) Respite
8H-5 1915(i) Community Living and Supports
8H-6 Community Transition

1.0 Description of the Procedure, Product, or Service

1915(i) Supported Employment services provide assistance for a beneficiary with an Intellectual or Developmental Disability (I/DD) or Traumatic Brain Injury (TBI) with choosing, acquiring, and maintaining a job for a beneficiary age 16 or older. The service is available when competitive, integrated employment (CIE) has not been achieved or has been interrupted or intermittent. Supported Employment services may be either temporary or long-term.

Refer to **Attachment B** for specific 1915(i) Supported Employment Service Details.

1.1 Definitions

Competitive Integrated Employment

Is defined as employment that:

a. is typically found in the community;
b. the individual is paid at least minimum wage; and
c. the beneficiary performs duties of the position- to the same extent possible as individuals without disabilities in comparable positions while having the same opportunities for interaction and advancement as their non-disabled coworkers.

1915(i) Supported Employment

Are services that provide assistance to develop skills based on the beneficiary's circumstances and need for a beneficiary to:

a. Explore;
b. Seek;
c. Choose;
d. Acquire;
e. Maintain;
f. Increase;
g. Advance in competitive integrated employment; or
h. Develop and operate micro-enterprise.

Traumatic Brain Injury (TBI)

Is an injury to the brain caused by an external physical force resulting in total or partial functional disability, psychosocial impairment, or both, and meets all the following criteria:

a. Involves an open or closed head injury;
b. Resulted from a single event or resulted from a series of events which many include multiple concussions;
c. Occurs with or without a loss of consciousness at the time of injury;
d. Results in impairments in one or more areas of the following functions: cognition, language, memory, attention, reasoning, abstract thinking, judgement, problem-solving, sensory, perceptual, and motor abilities, psychosocial behavior, physical functions, information processing, speech; and
e. Does not include brain injuries that are congenital or degenerative.

Intellectual or Developmental Disability (I/DD)

Is a severe, chronic disability attributed to a cognitive or physical impairment, or a combination of cognitive and physical impairments diagnosed or that manifests before 22 years of age. The condition is likely to continue indefinitely and substantially impacts the beneficiary's functioning in three or more of the following areas:

a. Self-care;
b. Receptive and expressive language;
c. Learning;
d. Mobility;
e. Self-direction;
f. Capacity for independent living; or
g. Economic self-sufficiency

Meaningful Day

These services are habilitative or rehabilitative in nature and focus on keeping, learning or improving skills and functioning for daily living.

Career Planning

Means the provision of a person-centered approach in the delivery of services, documented in the Career Development & Planning Assessment document and designed to do the following:

a. prepare and coordinate comprehensive employment plans, which could include service strategies for the beneficiary to ensure access to necessary workforce investment activities; supportive services; use of computer-based technologies;
b. provide job, education; and
c. career counseling, as appropriate during program participation and after job placement.

Career Development Plan (CDP)

Is a plan that identifies the beneficiary's employment interests, preferences, and goals; describes the services and supports needed to achieve those goals; the persons, agencies, and providers that will assist the beneficiary to meet those goals; and any obstacles to achieving competitive integrated employment and actions to address those obstacles. The CDP is incorporated in the Person Centered Plan (PCP) or Individual Support Plan (ISP). The Career Development plan is developed under the presumption that a beneficiary is able to seek, obtain and maintain competitive integrated employment.
The CDP documents all employment service options presented to a beneficiary receiving services, even if the beneficiary refuses competitive integrated employment.

The following components must be addressed within the Career Development Plan:

a. Goals and objectives related to obtaining, maintaining, or advancing in competitive integrated employment.
    1. Goals are increasing the number of hours a beneficiary desires to work, improving wages and promoting career or advancement opportunities.
b. Documentation of individualized planning based on a beneficiary's choice to pursue working full-time, part-time, or another goal identified by the beneficiary.

Reassessment

Is defined as the re-evaluation of the progress achieved in the career plan.

Technical Assistance

Means the formal review and individualized action planning undertaken to address a beneficiary's challenges, barriers and lack of progress toward obtaining and maintaining competitive integrated employment using evidence based and evidence informed practices that support obtaining the defined goals and objectives.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(*The term "General" found throughout this policy applies to all Medicaid policies*)

a. An eligible beneficiary shall be enrolled in the NC Medicaid Program *(Medicaid is NC Medicaid program, unless context clearly indicates otherwise*).
b. Provider(s) shall verify each Medicaid beneficiary's eligibility each time a service is rendered.
c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.1.2 Specific

a. <u>Medicaid</u>
This service is available for beneficiaries who meet the I/DD Eligibility Criteria and are 16 years or older.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. **EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing*

Assistance Guide, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide: https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html

EPSDT provider page: https://medicaid.ncdhhs.gov/

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

3.1 General Criteria Covered

Medicaid shall cover the procedure, product, or service related to this policy when medically necessary, and:

a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by Medicaid

None Apply

3.2.2 Medicaid Additional Criteria Covered

Medicaid shall cover Supported Employment when the following criteria are met:

a. The beneficiary is age 16 and older; and
b. The beneficiary has a diagnosis of I/DD or TBI as defined in **Subsection 1.1** of this policy; or
c. The beneficiary has a diagnosis of Intellectual Disability (ID), Unspecified ID, or Autism Spectrum Disorder (ASD) based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 (or later); or
d. The beneficiary has a genetically diagnosed syndrome that is typically associated with an Intellectual or Developmental Disability (I/DD) (such as Down Syndrome); and
e. The beneficiary requires assistance; to explore, seek, choose, acquire, maintain, increase, or advance in competitive integrated employment, including self-employment.

3.2.3 Admission Criteria

a. A standardized independent evaluation completed by the Division of Health Benefits to determine beneficiary eligibility for 1915(i) benefit based on the needs-based criteria; and
b. An Independent Assessment completed by a tailored care manager or the Cherokee Indian Hospital Authority (CHIA) for Tribal members that indicates the beneficiary would benefit from Supported Employment. and
c. Proof of Ineligibility Decision Document that the Division of Vocational Rehabilitation Services (DVRS) provides; or Documentation from a DVRS Counselor that DVRS funded supports have ended.

3.2.4 Continuation Criteria

Medicaid shall cover continued stay when the beneficiary:
a. continues to meet Admission Criteria for service. Refer to **Subsection 3.2.3;** and
b. needs support, or training to obtain or maintain their job, change jobs, increase hours or advance in their career.

3.2.5 Discharge Criteria

The beneficiary meets the criteria for discharge if any ONE of the following applies:
a. no longer meets Admission Criteria for service. Refer to **Subsection 3.2.3**;
b. can maintain competitive integrated employment without 1915(i) supported employment services. This would be evidenced by supportive assistance no longer being necessary or needed assistance can be reasonably accommodated by the employer;
c. has requested discharge or expresses a decision not to work and continues to request discharge after review of benefits of work by support team; or
d. is enrolled in an NC Medicaid Home and Community Based Services (HCBS) Waiver.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid shall not cover the procedure, product, or service related to this policy when:
a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0;**
b. the beneficiary does not meet the criteria listed in **Section 3.0;**
c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by Medicaid

None Apply.

4.2.2 Medicaid Additional Criteria Not Covered

In addition to the Specific Criteria Not Covered in **Subsection 4.2.1** of this policy, the following are not covered:

a. 1915(i) Supported Employment (SE) may not be provided if the service is otherwise available under a program funded under the Rehabilitation Act of 1973, P.L. 94-142, or under the Individuals with Disabilities Education Act, 20 U.S.C. 1401 et seq.).

b. A provider shall not bill both DVRS and UM Contractor at the same time for duplicative Supported Employment activities provided to a beneficiary. Medicaid is always the payer of last resort.

c. A beneficiary who is on the Innovations Waiver is not eligible for 1915(i) SE funded services.

d. 1915(i) SE may not be provided during the same time and at the same place as any other direct support Medicaid service.

e. 1915(i) SE may not be provided to a beneficiary living in an ICF-IID.

f. Federal Financial Participation (FFP) shall not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

    1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program.
    2. Payments that are passed through to users of supported employment programs;
    3. Payments for training that are not directly related to a beneficiary's supported employment program or
    4. While it is not prohibited to both employ a beneficiary and provide services to that same beneficiary, the use of Medicaid funds to pay for 1915(i) SE to providers that are subsidizing their participation in providing this service is not allowed. The following types of situations are indicative of a provider subsidizing its participation in 1915(i) SE:
        A. The job position would not exist if the provider agency was not being paid to provide the service;
        B. The job position would end if the beneficiary chose a different provider agency to provide the service;
        C. The hours of employment have a direct correlation with the amount of hours the services are authorized.

g. 1915(i) SE may not be provided by family members who live in the same primary residence as the beneficiary.

h. For beneficiaries who are eligible for educational services under the Individuals With Disability Educational Act (IDEA), 1915(i) SE does not provide transportation to or from school settings. SE does not provide transportation to and from the beneficiary's primary private residence, provider private residence where the participant is receiving services before

or after school or any community location where the beneficiary is receiving services before or after school; and

i. Supported Employment activities cannot occur in non-integrated settings.

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

5.1 Prior Approval

Medicaid shall require prior approval for 1915(i) Supported Employment. The provider shall obtain prior approval before rendering service.

5.2 Prior Approval Requirements

5.2.1 General

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Contractor the following:

a. the prior approval request; and
b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy.

5.2.2 Specific

Utilization management of covered services is a part of the assurance of medically necessary service provision. Authorization, which is an aspect of utilization management, validates approval to provide a medically necessary covered service to an eligible beneficiary.

Initial Authorization

Authorization is an aspect of utilization management and validates approval to provide a medically necessary covered service to an eligible beneficiary.

Services are based upon a finding of medical necessity, must be directly related to the beneficiary's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals detailed in the beneficiary's service plan. Medical necessity is determined by North Carolina community practice standards, as verified by the DHHS Utilization Management Review Contractor or the Cherokee Indian Hospital Authority, who evaluates the request to determine if medical necessity supports intensive services.

Medically necessary services are authorized in the most cost-effective modes, if the treatment that is made available is similarly efficacious as services requested by the beneficiary's physician, therapist, or another licensed practitioner. The medically necessary service must be recognized as an accepted method of medical practice or treatment. Reauthorizations should be based on the level of intensity required to acquire stable employment or interventions required for continued employment.

To request an authorization, the individual assessment, independent evaluation, and service order and the required NC Medicaid authorization request form must be submitted to the DHHS Utilization Management Review Contractor or the Cherokee Indian Hospital Authority.

Reauthorization

Reauthorization must be submitted prior to initial or concurrent authorization expiring. Authorizations are based on medical necessity documented in the service plan, the authorization request form, and supporting documentation.

5.3 Additional Limitations or Requirements

Pre-employment Phase and Employment Stabilization Phase:
A maximum of 20 hours per week (or 80 units per week) for up to 180 consecutive days of services for initial job development, training, and support. If the beneficiary obtains employment and their schedule and support needs require more than 20 hours a week (or 80 units per week) of services, additional hours can be authorized. If the beneficiary needs more than 180 consecutive days for initial job development, additional requests can be made and must provide justification as to why additional job development time is necessary.

Employment Stabilization Phase:
Services must be requested based on the beneficiary's work schedule and support needs, not to exceed 40 hours a week (or 160 units a week). Services can be authorized for up to 365 days if the beneficiary's work schedule and support needs are not anticipated to change.

Long-Term Supported Employment Phase:
For a beneficiary with ongoing support needs, Supported Employment may be authorized for the number of hours necessary to support the beneficiary to remain stable in their employment; not to exceed 40 hours a week or 160 units a week.

For a beneficiary who is stable in their employment and has minimal support needs, a maximum of 10 hours (40 units) per month may be approved annually for periodic long-term support. If the beneficiary has an increase in support needs; additional hours may be authorized based on the anticipated need to support the beneficiary to remain stabilized in their employment.

1915(i) Supported Employment (SE) and Community Living and Supports (CLS) are available as a meaningful day option. 1915(i) SE and CLS cannot exceed a combined limit of 40 hours per week. (If member is receiving 1915(i) Community Living and Supports (CLS) for 25 hours per week then Supported Employment (SE) cannot exceed 15 hours per week). A beneficiary in school can access 1915(i) Community Living and Supports based on the limits outlined in that policy.

1915(i) Supported Employment (SE) Group is allowable for the employment Stabilization Phase or the Long-Term Supported Employment Phase for a beneficiary who works in the same Competitive Integrated setting and has support needs at the same day(s) and time(s) and the needs of each beneficiary beneficiaries can be met by the staff. The maximum group size is 3 beneficiaries to 1 staff.

5.4 Service Order

A Service order is a mechanism to demonstrate medical necessity for a service and are based upon an assessment of the beneficiary's needs. A signed service order must be completed by one of the following;

a. qualified professional;
b. licensed behavioral health clinician;
c. licensed psychologist;
d. physician;
e. nurse practitioner; or
f. physician assistant per their scope of practice.

Note: A Service order is valid for one calendar year. Medical necessity must be revisited, and service must be ordered at least annually, based on the date of the original service order.

ALL the following apply to a service order:

a. Backdating of the service order is not allowed;
b. Each service order must be signed and dated by the authorizing professional and must indicate the date on which the service was ordered; and
c. A service order must be in place prior to or on the first day that the service is initially provided, to bill Medicaid for the service. Even if the beneficiary is retroactively eligible for Medicaid, the provider cannot bill Medicaid without a valid service order.

5.5 Documentation Requirements

To bill Medicaid, providers must ensure that their documentation is consistent with the requirements contained in this policy. The staff member who provides the service is responsible for documenting the services billed and reimbursed by Medicaid.

A service grid is a form that is designed to efficiently document the service provided which contains the identified goal(s) being addressed. The grid contains an accompanying key which specifies the intervention or activity provided, as well as a key which reflects the assessment of the beneficiary's progress toward the goal(s) during that episode of care.

Contents of a Service Note or Service Grid
For this service, a full service note or grid for each date of service, written and signed by the person who provided the service is required.

a. A service note must document ALL following elements:
   1. Beneficiary's name;
   2. Medicaid identification number;
   3. Date of the service provision;
   4. Name of service provided;
   5. Place of service;
   6. Purpose of contact as it relates to the person-centered plan or individual support plan goals;
   7. Description of the intervention provided. Documentation of the intervention must accurately reflect activities for the duration of time indicated;
   8. Duration of service, amount of time spent performing the intervention;
   9. Assessment of the effectiveness of the intervention and the beneficiary's response and progress towards their goals; and
   10. Date and full signature with credentials or job title of the staff member who provided the service.

b. A service grid shall have all the following required elements:
   1. Name of the beneficiary ;
   2. The service record number;
   3. Medicaid ID number;
   4. Full date [month/day/year] that the service was provided;
   5. Goals addressed;
   6. A number or letter as specified in the appropriate key which reflects the intervention, activities, and tasks performed;
   7. A number or letter as specified in the appropriate key which reflects the assessment of the beneficiary 's progress toward goals;
   8. Duration [required for most services that are allowed to be documented on a grid];
   9. Initials of the individual providing the service. The initials shall correspond to a full signature and initials on the signature log section of the grid; and
   10. Space for entering additional information may be allocated on the grid as needed.

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

a. meet Medicaid qualifications for participation;
b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

The provider shall comply with 10A N.C.A.C. 27G and NC G.S. Chapter122 C.

6.2 Provider Certifications

None Apply

6.2.1 Staff Requirements

Supported employment is designed to be a supportive, therapeutic employment relationship between the provider and the beneficiary which addresses and implements interventions outlined in the Career Development Plan that is integrated in the person centered (PCP) or individual support plan (ISP).

Staff shall receive training, as indicated based upon staff experience, demonstrated professional competencies and training needs, on Competitive Integrated Employment and the 1915(i) SE Services Definition, on special populations they serve (such as intellectual and developmental disabilities, geriatric, traumatic brain injury, deaf and hard of hearing, co-occurring intellectual and mental health and co-occurring intellectual and developmental disabilities and substance use disorder) as required. Such training must be completed in advance of working with the beneficiary and updated as the beneficiary's needs change. Additional training standards may be required based on DHHS guidance.

Supported Employment staff must be under the Supervision of a Qualified Professional (QP) who meets the requirements according to 10A NCAC 27G .0104 (19).

6.2.2 Agency staff shall meet the following requirements who work with a beneficiary:

a. Are at least 18 years of age.
b. If providing transportation, have a valid North Carolina driver's license or other valid driver's license, safe driving record and automobile Liability Coverage along with uninsured motorist coverage as required by NC DOI.
c. Upon completion of a criminal background check the staff presents no health and safety risk to the beneficiary.
d. Not be listed in the North Carolina Health Care Personnel Registry
e. Must be qualified in CPR and First Aid.
f. Staff who work with a beneficiary shall be qualified in the customized needs of the beneficiary as described in the ISP, and involve the natural support, when available and when appropriate. Staff shall receive supervision from a QP with at least two (2) years' experience working with the population served focused on the provision of Supported Employment services.
g. High school diploma or high school equivalency (GED).
h. Supervision of a paraprofessional must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline.

6.2.3 Professional Competency

Direct Support Professional must have competency in the following areas:

a. Communication - The Direct Support Professional builds trust and productive relationships with people they support, co-workers and others through respectful and clear verbal and written communication.
b. Person-Centered Practices - The Direct Support Professional uses person-centered practices, assisting the beneficiary to make choices, plan goals, and provides services to help the beneficiary achieve their goals.
c. Evaluation and Observation - The Direct Support Professional closely monitors the beneficiary's physical and emotional health, gathers information about the beneficiary, and communicates observations to guide services.
d. Crisis Prevention and Intervention - The Direct Support Professional identifies risk and behaviors that can lead to a crisis and uses effective strategies to prevent or intervene in the crisis in collaboration with others.
e. Professionalism and Ethics – The Direct Support Professional works in a professional and ethical manner, maintaining confidentiality and respecting the beneficiary and family rights.
f. Health and Wellness - The Direct Support Professional plays a vital role in helping the beneficiary to achieve and maintain good physical and emotional health essential to their well-being.
g. Community Inclusion and Networking - The Direct Support Professional helps the beneficiary to be a part of the community through valued roles and relationships and assists the beneficiary with major transitions that occur in community life.
h. Cultural Competency – The Direct Support Professional respects cultural differences and provides services and supports that fit with the beneficiary's preferences.
i. Education, Training and Self-Development - The Direct Support Professional obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal

contractor(s). Federally recognized tribal and IHS providers may be exempt to one or more of these items in accordance with Federal law and regulations.

8.0 Policy Implementation and History

Original Effective Date:
History:

Date	Section or Subsection Amended	Change
12/15/2023	All Sections and Attachment(s)	New policy 1915(i) SE 8H-1

Attachment A: Claims-Related Information

Provider(s) shall comply with the *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid. Federally recognized Tribal and Indian Health Service providers may be exempt from one or more of these items in accordance with Federal law and regulations:

A. Claim Type

Professional (CMS-1500/837P transaction)

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.

B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

HCPCS Code(s)
H2023 Supported Employment Initial
H2026 Supported Employment Maintenance

D. Modifiers

Provider(s) shall follow applicable modifier.

HCPCS Code(s)
H2023 U4- Supported Employment Initial
H2023 HQ U4- Supported Employment Initial Group
H2026 U4- Supported Employment Maintenance
H2026 HQ U4- Supported Employment Maintenance Group

E. Billing Units

A billing unit is 15 minutes.

F. Place of Service

Beneficiary's job site or a community setting where Supported Employment service activities are taking place.

G. Co-payments

For Medicaid refer to Medicaid State Plan:
https://medicaid.ncdhhs.gov/meetings-notices/medicaid-state-plan-public-notices

H. Reimbursement

Provider(s) shall bill their usual and customary charges.
For a schedule of rates, refer to: https://medicaid.ncdhhs.gov//

Attachment B: Supported Employment (SE) Service Details

The intent of Supported Employment service is to assist a beneficiary with developing skills to seek, obtain and maintain competitive, integrated employment or develop and operate a micro-enterprise. Employment positions are found based on beneficiary's preferences, strengths, and experiences. Job finding is utilized to support with exploring options for competitive, integrated employment and is not based on placement from a pool of jobs that are available or set aside specifically for individuals with disabilities.

A. Supported Employment (SE) Service

1915(i) Supported Employment includes the following:

a. Job Placement and Coaching Services;
b. Customized Employment;
c. Transportation Services between; and
    1. service delivery location(s) and the beneficiary's primary private residence,
    2. different service delivery locations,
    3. locations that support the respective employment phase; and
    4. the beneficiary's job site.
d. Evidence-based models that are supported by the Office of Disability Employment Policy (ODEP) specific to supporting a beneficiary with an I/DD and TBI.

Note: The provider agency's payment for transportation from the beneficiary's residence and the beneficiary s job site is authorized service time.

A1. Supported Employment Phases:

Supported Employment services occur in three phases:

a. Pre-employment Phase,

b. Employment Stabilization Phase and

c. Long-term Supported Employment Phase.

Note: Supported Employment Career Planning is expected to be provided during the pre-employment Phase and reassessment must occur during the Employment Stabilization or Long-Term Support Phase. SE Career Planning can be conducted during any phase to ensure the beneficiary meets their employment goals.

B Pre-employment Phase:

The pre-employment phase consists of the following activities which must occur before obtaining Competitive Integrated Employment (CIE):

a. benefits counseling referral;

b. career exploration and discovery;

c. job readiness skills; and,

d. job development activities.

The goal of this phase is to have the beneficiary work-ready and to assist the beneficiary to obtain employment. Detailed documentation must reflect how each of the above services are preparing the beneficiary for employment. The Pre-Employment Phase typically does not exceed six consecutive months.

B.1 Service activities in the employment phase

a. Pre-employment activities to assist a beneficiary to engage in activities that lead to competitive integrated employment are:
   1. Career and educational counseling,
   2. Creating a Career Development Plan (CDP),
   3. Discovery activities that allow the beneficiary to explore various job opportunities,
   4. Active job searching,
   5. Job shadowing,
   6. Assistance in the use of educational resources,
   7. Training in resumé preparation,
   8. Job interview skills training,
   9. Study skills, and
   10. Assistance in learning skills necessary for job retention.

b. Job development activities to identify and secure employment opportunities.

c. Assisting a beneficiary to develop self-employment. This assistance must have all of the following:
   1. Aiding the beneficiary to identify potential business opportunities,
   2. Assisting in the development of a business plan, including potential sources of business financing, supplies, equipment, and other resources needed
   3. Identification of the supports necessary for the beneficiary to operate the business.

d. Providing technical assistance to potential employers regarding Federal ADA (Americans with Disabilities Act) accommodations and requirements.

e. Helping with the coordination of benefits counseling services along with assisting with gathering supportive documentation for benefit management or compliance of work incentive programs.

f. Development of long-term work travel plans and alternative transportation plans to and from work. This may include aid in completing paratransit application or other assistance to secure affordable, reliable appropriate transportation.

B.2 Technical assistance in the employment phase

a. The designated employment staff shall review the beneficiary's employment service delivery record to determine what employment services have been received.

b. Hold a meeting to discuss employment service delivery with the beneficiary and the applicable beneficiary's team to examine the progress made towards competitive integrated employment and employment barriers.

c. A review of the staff's employment competency level must be reassessed to determine if appropriately trained staff is assigned to the beneficiary, or another staff could best meet the beneficiary's employment needs.

d. Develop a specific action plan to target employment barriers preventing successful completion of the Pre-employment Phase.

C Employment Stabilization Phase:

The goal of the Employment Stabilization Phase of this service is to:

a. enable a beneficiary to complete initial job training,

b. develop skills necessary to maintain competitive integrated employment, and

c . successfully assimilate into the workplace.

Typical activities include a variety of approaches to teach the beneficiary how to complete assigned job tasks. It is critical that job fading occurs early during this phase to allow the beneficiary to develop on-the-job and natural supports. The Employment Stabilization Phase can also be used to stabilize a beneficiary's unique needs related to self-employment. This phase consists of the following activities that must occur when the beneficiary has obtained competitive integrated employment.

C.1 Service activities in the Employment Stabilization Phase

a. Assistance to ensure the beneficiary's successful participation in employer-provided initial orientation, job training and work task management.
b. Teaching of job tasks through systematic instruction or other evidence- based practices such as, demonstration of work activities through hands-on or video modeling.
c. Introduction and training to use technology to promote the beneficiary to be able to work independently.
d. Illustration of how to complete related work duties (such as clocking- in and out, reporting time worked, calling-in procedure and accessing work schedules)
e. Identifying natural supports and on-the-job supports for assistance with work tasks
f. Providing technical assistance to employers regarding ADA accommodations
g. Supporting with operational aspects of development and operation of a microenterprise or small business.

C.2 Continuation in the employment Stabilization phase

The Employment Stabilization Phase will end once the beneficiary has achieved satisfactory work performance or when work tasks meet the employer’s expectations. The Employment Stabilization Phase is not expected to exceed a year. Continuation in the employment phase is determined by:

a. An individualized assessment of employment independence,
b. a summary of the need for ongoing employment training or supports,
c. the ability or inability to complete job tasks to the employer’s supervisory expectations as documented in the Career Development Plan that is incorporated in the beneficiary’s person-centered plan (PCP) or individual support plan (ISP).
d. The PCP or ISP plan goals must show a progression in skill acquisition or a documented need for ongoing training and support.

C.3 Discharge in the Employment Stabilization Phase

Discharge planning will start during the initiation of the Employment Stabilization Phase; this includes the following:

a. A fade out plan;
b. technology utilization,
c. documentation of exhausted efforts to maximize on-the-job and natural supports and attempts to ensure the job fits the beneficiary's abilities.

The Employment Stabilization Phase will not continue solely as a means of transportation to and from the worksite. An individualized plan of assistance must be provided to identify appropriate long-term modes of transportation, apply for appropriate long-term modes of transportation, and learn how to use these modes of transportation.

C.2 Technical Assistance in the Employment Stabilization Phase

a. A review, by the designated employment staff, of the beneficiary's employment service delivery record to determine what employment services and employment training has been received.
b. Meeting to discuss employment service delivery with the applicable team members to examine the progress made towards maintaining competitive integrated employment and review the challenges which place competitive integrated employment at risk.
c. A review of the staff's employment competency level to determine if appropriately trained staff is assigned to the beneficiary or if another staff would better meet the beneficiary's employment needs.
d. A review of assistive technology usage to assess if assistive technology can reduce or eliminate employment challenges at work or offsite barriers.
e. Development of a specific action plan to target employment barriers preventing successful completion of the Employment Stabilization Phase.

D Long-Term Supported Employment Phase:

This employment maintenance phase has various activities designed to continue to support the beneficiary in maintaining competitive integrated employment. The goal of this phase is to enable a beneficiary to work as independently as possible and prepare for a reduced level of staff support. In this phase the assessment of long-term support needs occurs. The outcome of the assessment of long-term support needs will address ongoing retention, prevention of job loss, or make recommendations for discharge.

Detailed documentation of goals specific to long-term support needs must reflect how the services are received and preparing the beneficiary for working as independently as possible.

Continuation in this employment phase is determined by an individualized assessment of employment goals and the need for ongoing employment support, as well as the ability to perform work tasks at a level of the employer's supervisory expectations. A beneficiary that continues in the Long-Term Supported Employment Phase shall have a long-term support plan that outlines the goals, support services and activities provided to prevent employment loss. Beneficiary's who are self-employed must work on their employment related goals as

outlined is their ISP or PCP and receive Long- Term Supported Employment as necessary for their unique situation.

Service activities in this employment phase are the following:

a. Coaching and employment support activities that enable a beneficiary to maintain their competitive integrated employment through at least monthly face-to-face activities, such as monitoring, supervision, maintaining skills necessary for job tasks and counseling.
b. Documented ongoing assistance, counseling and guidance for a beneficiary who operates a microenterprise self-employment once the business launched.
c. Employer consultation with the objective of identifying work related needs of the beneficiary and proactively engaging in supportive activities to address the problem or need.
d. Providing ongoing technical assistance to employers regarding Federal ADA accommodations and requirements.
e. Conducting documented work performance reviews, assisting the beneficiary to understand their level of work performance, and developing a written plan to address work performance deficits.

The transition to Long-Term Supported Employment must occur from successful completion of the Employment Stabilization Phase in a competitive integrated employment setting. It is expected that staff time will be reduced as the beneficiary becomes more independent in their job duties. The Employment Stabilization Phase may be needed again if the beneficiary's job duties change or if a new job is acquired.

Feedback regarding the success and integration of the beneficiary into their position must be obtained from the employer through employee evaluations that provide information on the level of supervision and oversight that the beneficiary requires. Part of the responsibility of the provider agency staff is to provide ongoing education to the employer regarding ADA accommodations. This will help ensure the transition from the Employment Stabilization Phase to the Long-Term Supported Employment Phase is successful and the beneficiary's needs are met. The beneficiary 's employment integration feedback and employer's ADA accommodations must be documented in the Person-Centered Plan (PCP) or Individual Support Plan (ISP).

Long-Term Supported Employment can be used on a regular basis to meet specific and detailed documented needs. Long-Term Supported Employment related to medical, behavioral, or physical support needs requires medical or behavioral records and accompanying documentation in the PCP or ISP supporting the need for beneficiary services as the most appropriate and viable option.