

## SUPPORTED EDUCATION

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### APPLICABILITY

This policy applies to members who need support to achieve their educational goals and supported education service providers.

### PURPOSE

Supported education services are individualized services to restore a member's ability to function in, engage with, and sustain participation in their learning environment.

- the goals of supported education services are for individuals to:
- engage and navigate the learning environment;
- support and enhance attitude and motivation;
- develop skills to improve educational competencies (social skills, social-emotional learning skills, literacy, study skills, time management);
- promote self-advocacy, self-efficacy, and empowerment (e.g. disclosure, reasonable accommodations, advancing educational opportunities);
- build community connections and natural supports.

### ELIGIBILITY CRITERIA

Services are available to members ages five (5) and older.

### DEFINITIONS

*Home and Community Based Setting (HCBS)* - means a member's own home or community location rather than an institution or other isolated setting.

*Institutional setting* – means nursing facilities (NF), intermediate care facilities for individuals with intellectual disabilities (ICF/IID), Qualified Residential Treatment Programs (QRTPs), Psychiatric Residential Treatment Facilities (PRTF), hospitals, and jails/prisons.

*Telehealth* – means the use of telecommunications and information technology to provide access to physical, mental, and behavioral health care across distance. Services must occur in real-time with the member present via telecommunications or information technology.

### COVERED SERVICES & LIMITS

Members must be present for this service to occur.

Services must be specified in the person-centered plan of care to enable the member to integrate more fully into the community and/or educational setting and must ensure the health, welfare, and safety of the member.

Services are designed to be delivered in and outside of the classroom setting and may be provided by schools and/or agencies enrolled as Medicaid providers of the 1915(i) supported education service. Services must be person-centered and honor the individual's preferences (scheduling, choice of service provider, direction of work, etc.) and provide consideration for common courtesies such as timeliness and reliability.

Supported education services may include, but are not limited to, any combination of the following:

### Engage, Bridge and Transition

- Act as a liaison/support in the member's educational learning environment.
- Facilitate outreach and coordination.
- Familiarize the member and caregiver, if applicable, to school settings to help navigate the school system and student services.
- Assist with admission applications and registration.
- Assist with transitions and/or withdrawals from programs such as those resulting from behavioral health challenges, medical conditions, or other co-occurring disorders.
- Improve access by effectively linking recipients of mental health services to educational programs within the school, college, or university of their choice.
- Assist with developing a transportation plan.
- Act as a liaison and coordinator between the education, mental health, treatment, and rehabilitation providers.
- Assist with advancing education opportunities including applying for work experience, vocational programs, apprenticeships, and colleges.

### Support and Enhance Attitude and Motivation

- Develop an education/career plan and revise as needed in response to member's needs and recovery process.
- Assist in training to enhance interpersonal skills and social-emotional learning skills (effective problem solving, self-discipline, impulse control, increase social engagement, emotion management and coping skills).
- Individualize behavioral supports in all educational environments including, but not limited to, classroom, lunchroom, recess, and test-taking environments.
- Conduct a need assessment/educational assessment based on goals to identify education/training requirements, personal strengths, and necessary support services.

### Develop Skills to Improve Educational Competencies

- Work with members to develop the skills needed to remain in the learning environment (e.g. effective problem solving, self-discipline, impulse control, emotion management, coping skills, literacy, English-learning, study skills, note taking, time and stress management, and social skills).

- Provide training on how to access transportation (e.g. training on how to ride the bus).
- Provide opportunities to explore individual interests related to career development and vocational choice.

Self-Advocacy, Self-Efficacy, and Empowerment

- Act as a liaison to assist with attaining alternative outcomes (e.g. completing the process to request an incomplete rather than failing grades if the student needs a medical leave or withdrawal).
- Manage issues of disclosure of disability.
- Provide advocacy support to obtain accommodations such as requesting extensions for assignments and different test-taking settings if needed for documented disability.
- Advocacy and coaching on reasonable accommodations as defined by Americans with Disabilities Act (ADA) (e.g. note-taking services, additional time to complete work in class and on tests, modifications in the learning environment, test reading, taking breaks during class when needed, changes in document/assignment format, etc.).
- Provide instruction on self-advocacy skills in relation to independent functioning in the educational environment.

Community Connections and Natural Supports

- Serve as a resource clearinghouse for educational opportunities, tutoring, financial aid, and other relevant educational supports and resources.
- Provide access to recovery supports including, but not limited to, cultural, recreational, and spiritual resources.
- Provide linkages to education-related community resources including supports for learning and cognitive disabilities.
- Identify financial aid resources and assist with applications for financial aid.
- Assist in applying for student loan forgiveness on previous loans because of disability status.

Ongoing supported education service components are conducted after an individual is successfully admitted to an educational program.

**LIMITS**

Daily maximum of eight (8) hours (32 units).

Service authorization requests exceeding the maximum limit which are deemed necessary to prevent the member's imminent institutionalization, hospitalization, or out of home/out of community placement will be reviewed. All requests to exceed limits must initiate with the member's care coordinator.

### TELEHEALTH (REMOTE SUPPORT)

Telehealth can be used. In-person support must be provided for a minimum of 25% of all benefit planning services provided in a calendar month.

See [Telehealth policy](#) for telehealth requirements.

### NON-COVERED SERVICES

- Services not listed in the Covered Services section, including associated costs incurred for providing the service, for example, checking an individual's eligibility.
- Services provided to a non-eligible individual. Providers are responsible for confirming individual eligibility prior to delivering each service.
- Services provided by a non-qualified provider. Group providers are responsible for ensuring their group and affiliated individual providers meet all qualifications.
- «Text or electronic messaging to and from the member, see Telehealth policy.
- Transporting the member. Transportation is within the scope of Non-Medical Transportation.»

### DUPLICATIVE SERVICES

Care coordinators are responsible for ensuring there is no duplication of services.

### SERVICE REQUIREMENTS

Services must be rendered in a Home and Community-Based setting rather than an institutional setting. Providers not rendering this service in a member's private residence or a community-based non-residential setting, such as a school, should refer to the [Home and Community-Based setting policy](#) to ensure services are rendered in a compliant setting.

### DOCUMENTATION

Supported education providers must provide a written monthly progress update to the member's care coordinator. This happens for two reasons:

- 1) to ensure progress toward the member's goals, and
- 2) to evaluate service necessity.

The member's progress is discussed at each 1915(i) plan of care meeting and documented in the plan.

Sample progress notes:

*“Met with Brooke to discuss her goals. She stated she would like math tutoring as she struggles in this area. I asked how she would like a tutoring schedule set up, and she thought twice a week for 30 minutes would be sufficient. I informed her of her tutoring options, and she will begin within the next two weeks.”*

See “Documentation Guidelines” section of [Provider Requirements policy](#) for Medicaid documentation requirements.

«Service documentation must occur in Therap using the Supportive Service Case Note beginning January 6, 2025.»

## PROVIDER QUALIFICATIONS

### Group

A group provider of this service must meet all the following:

- be licensed under NDAC 75-04-01; or
- have accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA) or the Council on Quality Leadership (CQL); or
- if the group provider cannot meet the licensure or accreditation requirements, they may enroll as a 1915(i) group provider provided the individual service providers and their supervisors meet the individual requirements.

and,

have a North Dakota Medicaid provider agreement and attest to all the following:

- individual practitioners meet the required qualifications
- services will be provided within their scope of practice
- individual practitioners will have the required competencies identified in the service scope
- agency conducts training in accordance with state policies and procedures
- agency adheres to all 1915(i) policies and procedures, including but not limited to, participant rights, abuse, neglect, exploitation, use of restraints, and reporting procedures are written and available for ND Medicaid review upon request
- agencies not licensed as a Development Disabilities (DD) provider under NDAC 75-04-01, or accredited, or a school, will ensure each individual provider affiliated with their group possesses one of the required individual certifications identified in the individual provider qualification section.

Licensing or accreditation requirements do not apply to North Dakota schools enrolled as Medicaid 1915(i) group providers of the service; however, schools must ensure that the individual service providers affiliated with their group and their supervisors meet individual requirements;

### Individual

Individual prevocational service providers must:

- be at least 18 years of age; and
- be employed by an enrolled ND Medicaid provider or enrolled billing group of this service; and
- complete \*Mental Health First Aid Training for Youth and/or Mental Health First Aid Training for Adults, depending on scope of services/target population; and
- have a High School Diploma or GED;
- be knowledgeable and competent in person-centered plan implementation;

and

- have one of the following certifications:
  - Employment Specialist or
  - Brain Injury Specialist or
  - Direct Support Provider (DSP) or
  - Career Development Facilitator; and
- in addition to the requirements listed above, and in lieu of one of the approved certifications, a staff providing services may instead be employed by a school in North Dakota who is an enrolled group provider of the service, at a paraprofessional level, and be trained in \*Mental Health First Aid Training for Youth and/or Adults, depending on the scope of services/targeted population, within 6 months of provider enrollment approval; and
- in addition to the requirements listed above, and in lieu of one of the approved certifications, an individual service provider may enroll if they are employed by a 1915(i) enrolled group provider who meets the aforementioned licensure or accreditation requirements.

Supervisors of individual providers must meet the individual provider requirements and have two or more years of experience working in an educational setting.

\*Which version of the Mental Health First Aid Training required is determined by the higher percentage of the adult or child population being served by the individual provider. If an individual provider is serving 60% children and 40% adults, the child version is required.

**BILLING AND REIMBURSEMENT**

Supported Education is a 15-minute rate.

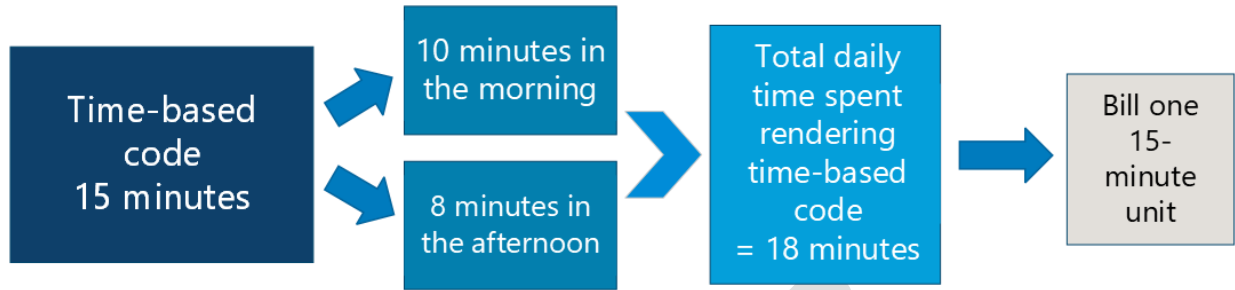
<b>Code</b>	<b>Modifier</b>	<b>Description</b>
H2025	U3	Supported Education (per 15 minutes)

**15 Minute Units**

Providers can bill a single 15-minute unit for services greater than or equal to 8 Minutes. Services performed for less than 8 minutes should not be billed. Minutes from the same day, with the same Place of Service (POS) code, and for the same member can be combined and billed when adding up to at least 8 minutes.

- 1 unit: ≥ 8 minutes through 22 minutes
- 2 units: ≥ 23 minutes through 37 minutes
- 3 units: ≥ 38 minutes through 52 minutes
- 4 units: ≥ 53 minutes through 67 minutes
- 5 units: ≥ 68 minutes through 82 minutes
- 6 units: ≥ 83 minutes through 97 minutes
- 7 units: ≥ 98 minutes through 112 minutes
- 8 units: ≥ 113 minutes through 127 minutes

The pattern remains the same for times exceeding 2 hours.



Rates are published [here](#) under 1915(i) Services.

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