

1915(i) Supported Employment

Purpose

Supported employment services are individualized, person-centered services providing support to 1915(i) eligible individuals who need ongoing support to learn a new job and maintain a job in a competitive employment or self-employment arrangement.

Applicability

This policy applies to members who are at least 14 years old, who need support to obtain and keep competitive employment at or above the minimum wage.

Eligible Providers

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled with ND Medicaid on the date of service. Servicing providers acting as a locum tenens provider must be enrolled with ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

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 and
- 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; and

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

Eligible Members

Services are available to members ages fourteen (14) and older. Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the through the Automated Voice Response System by dialing 1.877.328.7098. Refer to the [Member Eligibility Manual](#) for additional information regarding eligibility including information regarding limited coverage categories.

Covered Services and Limits

General Provider Policies

The [General Provider Policies](#) details basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid
- Services must be medically necessary
- The member must be eligible on the date of service and
- If applicable, the service has an approved service authorization.

Covered Services

Members must be present for this service to occur. Supported employment services begin with a period of intensive engagement and then follow-up support available for an indefinite period as needed by the member to maintain their paid competitive employment position.

Supported employment services can be provided through many different service models. Some of these models can include evidence-based supported employment or customized employment for individuals with significant disabilities. Supported employment services may be offered in conjunction with Assertive Community-based Treatment (ACT) models, Integrated Dual Diagnosis Treatment (IDDT), or with other treatment/therapeutic models that promote community inclusion and integrated employment.

If a member is receiving supported employment services through Vocational Rehabilitation (VR), and the plan is for the member to eventually receive ongoing follow-

along supports through 1915(i) Supported Employment, then the VR Supported Employment provider will need to keep both the 1915(i) Care Coordinator and the VR Counselor apprised in preparation for the client's transition from VR funded supported employment to 1915(i) Supported Employment.

Services must be provided in a manner which honors the member's preferences (scheduling, choice of provider, direction of work) and consideration for common courtesies such as timeliness and reliability.

Supported employment services are individualized and may include any combination of the following services:

- vocational/job-related discovery or assessment,
- person-centered employment planning,
- job placement,
- rapid job placement,
- job development,
- negotiation with prospective employers,
- job analysis,
- job carving,
- support to establish or maintain self-employment (including home-based self-employment),
- training and systematic instruction,
- job coaching,
- benefits planning support/referral,
- guidance on income reporting,
- training and planning,
- asset development and career advancement services,
- education and training on disability disclosure,
- education and training on reasonable accommodations as defined by ADA,
- assistance with securing reasonable accommodations as defined by ADA, and/or
- other workplace support services including services not specifically related to job skill training that enable the member to successfully integrate into the job setting.

Prior to a member's first day of employment, the supported employment provider will work with the individual and members of the individual's team to create a plan for job stabilization. The provider will continue to coordinate team meetings when necessary, follow up with the member once they are employed, and provide monthly progress reports to the entire team.

Ongoing follow-along support services are available to a member once they are employed and are provided periodically to address work-related issues as they arise. The goal of follow-up support services is to identify any problems or concerns early to provide the best opportunity for long lasting work opportunities.

Examples of follow-up support services include, but are not limited to assistance with:

- understanding employer leave policies
- scheduling
- time sheets
- tax withholding
- addressing issues and barriers in the work environment including:
 - accessibility
 - employee – employer relations
 - conflict with coworkers
 - attendance
 - dress code
 - supervisory issues

Also included are supports to address any barriers that interfere with employment success/maintaining employment which may include providing support to the employer.

Limits

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

After maintaining employment for 6 months, the member may receive ongoing follow-along support. Ongoing support services are billed in 15-minute units and may not exceed a maximum of 20% of hours worked by the member per week.

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

Telehealth can be used. In-person support must be provided for a minimum of 25% of all supported employment services provided in a calendar month. See Telehealth policy for telehealth requirements.

Service Requirements

The supported employment provider must provide a monthly update to the member's care coordinator.

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 business, should refer to the Home and Community-Based setting policy to ensure services are rendered in a compliant setting.

Service Authorization Requirements

No service authorization required.

Non-Covered Services

General Non-Covered Services

The [Noncovered Services Policy](#) contains a general list of services that are not covered by North Dakota Medicaid.

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 or 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.

Documentation Requirements

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for

at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

Documentation

The date when a member has maintained employment for six months must be documented. This is the point where follow-up support services begin.

The member's weekly work hours must also be documented to ensure that billable hours per week do not exceed 20% of the number of hours the member works each week.

Supported employment 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.

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

Reimbursement Methodology and Claim Instructions

Timely Filing

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

Client Share (Recipient Liability)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

Claim Requirements

Starting January 1, 2026, all claims for all services rendered on or after January 1, 2026, are to be submitted in the Therap billing module.

Supported Employment is a 15-minute rate. Code H2025 Modifier U4. Providers can bill a single 15-minute unit for services greater than or equal to 8 minutes through and including 22 minutes. Providers should not bill for services performed for less than 8 minutes. If the duration of a service in a day is greater than or equal to 23 minutes through and including 37 minutes, then 2 units should be billed. Time intervals for 1 through 8 units are as follows:

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 in excess of 2 hours.

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.

References

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

Contact

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Policy Updates

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