

1915(i) Policy

Supported Education 510-08-65-50

Service Title: Supported Education Service

Service Definition (Scope)

Supported education services are individualized and promote engagement, sustain participation, and restore an individual's ability to function in the learning environment. Services must be specified in the person-centered plan of care to enable the individual to integrate more fully into the community and/or educational setting and must ensure the health, welfare, and safety of the individual. The goals of supported education services are for individuals to: (1) engage and navigate the learning environment; (2) support and enhance attitude and motivation; (3) develop skills to improve educational competencies (social skills, social-emotional learning skills, literacy, study skills, time management); (4) promote self-advocacy, self-efficacy, and empowerment (e.g. disclosure, reasonable accommodations, advancing educational opportunities); and (5) build community connections and natural supports.

An individual's need for initial and continued services shall be discussed at each 1915(i) person-centered plan of care meeting, and formally evaluated during the WHODAS 2.0 functional needs assessment as part of the initial and annual reevaluation and service authorization/reauthorization process. The care coordinator must document a need for the service to support an individual's identified goals in the person-centered plan of care and document the individual's progress toward their goals.

Supported education services are requested by the care coordinator as a support to achieve educational goals identified in the person-centered planning process. 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 educational learning environment.
- Facilitate outreach and coordination.
- Familiarize individual 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 consumers 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 individuals' 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 individuals 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 American's 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.

Enrolled Medicaid 1915(i) providers are required to provide the whole scope of service rather than only portions of the service. The activities contained in the service description is what CMS allows reimbursement for. The following are examples of what is not reimbursable to the provider:

- Services provided not included in the service description including associated costs incurred for providing the service, for example, checking a member's eligibility.
- *Client not present.* The client must always be present with the provider for reimbursement to occur.
- *Services provided to a non-eligible member.* Providers are responsible for confirming member 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.
- Services provided to a member not meeting the specific requirements of the service, such as age.
- Services provided without a valid service authorization.
- Non-valid claims.

Service Limits

This service is available to individuals Age 5 and above.

There is a daily maximum of 8 hours (32 units) and an annual maximum of 156 hours per calendar year.

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 by the NDDHHS. All requests to exceed limits must initiate with the care coordinator.

Service Duplication

1915(i) services cannot be provided to an individual at the same time as another service that is the same in nature and scope regardless of source including Federal, state, local, and private entities. For the client to be authorized for 1915(i) Supported Education services, the care coordinator must first verify that services are not duplicated.

See 1915(i) Service Duplication Policy.

Care Coordinator responsibility to ensure nonduplication with the 1915(c) Waivers.

To avoid service duplication with 1915(c) waiver services, the care coordinator will contact the State Medicaid Office to inquire if the member has any eligibility spans for any of the C waivers in MMIS. If yes, the care coordinator will reach out to the C Waiver authority and do due diligence to ensure the POC will not include services the member could receive through the 1915(c) waiver.

At this time the state has identified no duplication between this service offered in the 1915(i) and Supported Education services offered in the State's HCBS 1915(c) Waivers.

See the "Avoiding Service Duplication with 1915(c) Waivers" section of the 1915(i) Service Duplication policy for specific requirements.

Care Coordinator responsibility to ensure nonduplication with IDEA

1915(i) funding may not be used to pay for special education and related services that are included in a child's Individualized Educational Plan (IEP) under the provisions of Individuals with Disabilities Education Improvement Act of 2004 (IDEA). The funding of such services is the responsibility of state and local education agencies. §1903(c)(3) of the Act provides that federal financial participation (FFP) is available for services included in an IEP when such services are furnished as basic Medicaid benefits. 1915(i) services are not considered to be basic Medicaid services; therefore, FFP is not available for IEP special education and related services.

Services provided through Medicaid 1915(i) must not be duplicated by services provided in the IDEA (20 U.S.C. 1400 et seq.). To ensure duplication does not occur, the 1915(i) Care Coordinator must coordinate efforts with the local educational system and North Dakota Department of Public Instruction.

Prior to the supported education service being added to the 1915(i) Plan of Care, justification that services are not otherwise available to the individual through the IDEA (20 U.S.C. 1400 et seq.) must be documented in the individual's record and kept on file.

See the "Avoiding Service Duplication with Children's Education Services (IDEA)" section of the 1915(i) Service Duplication Policy for specific requirements.

Conflict of Interest

See 1915(i) Conflict of Interest Standards Policy.

Remote Support

Remote support may be utilized for up to 25% of all Supported Education services provided in a calendar month.

See 1915(i) Remote Support Service Delivery Policy for requirements.

Provider Qualifications

Provider Type: Group

North Dakota Medicaid enrolled group provider of 1915(i) Supported Education Services.

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

1. 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; 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;

and,

2. Have a North Dakota Medicaid provider agreement and attest to all of 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 NDDHHS review upon request
- agencies not licensed as a 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.

Provider Type: Individual

The individual practitioner providing the service must:

- a. be employed by an enrolled ND Medicaid provider or enrolled billing group of this service; and
- b. be at least 18 years of age; and
- c. 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
- d. have a High School Diploma or GED; and
- e. have one of the following certifications:
 - Employment Specialist or
 - Brain Injury Specialist or
 - Qualified Service Provider (QSP) or
 - Direct Support Provider (DSP)
- f. 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, as a paraeducator/education specialist and be trained in Mental Health First Aid Training for Youth and/ or Adults depending on the scope of services/targeted population; and
- g. 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
- h. 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. Individual providers who currently have Mental Health First Aid training at the time of enrollment have a waiver period of 6 months to obtain the required version.

Verification of Provider Qualifications

Provider Type: ND Medicaid enrolled agency provider of Supported Education Services

Entity Responsible for Verification: Medical Services Provider Enrollment

Frequency of Verification: Provider will complete an "Attestation" as part of the provider agreement process upon enrollment and at revalidation. Providers are required to revalidate their enrollments at least once every five (5) years.

Service Delivery Method: Provider Managed

Payment Rate

The client must be present to bill for this service.

Supported Education is a 15-minute rate. The rates are published on the Department's website.

<https://www.hhs.nd.gov/medicaid-provider-information/medicaid-provider-fee-schedules>

Quality Assurance

See 1915(i) Quality Assurance Policy.

Medical Records Requirements including Documentation Guidelines, Signatures, Confidentiality, and Availability of Records

See 1915(i) Medical Records Policy.

Person Centered Service Delivery

Supported Education service delivery must be person-centered.

Agencies must have records available for NDDHHS review documenting that individual providers have knowledge of and competency in the following:

- o Person-Centered Plan Implementation

See 1915(i) Person- Centered Care Policy.

Person-Centered Plan of Care

See 1915(i) Plan of Care Policy.

HCBS Settings Rule Compliance Verification

Settings must be compliant with the HCBS Settings Rule.

See 1915(i) HCBS Settings Rule Policy.

Service Authorizations

All 1915(i) services must receive prior authorization.

See 1915(i) Service Authorization Policy.

Claims

See 1915(i) Claims Policy.