

1915(i) Prevocational Training

Applicability

This guideline applies to members who are preparing for employment or volunteer work and prevocational training providers.

Purpose

Prevocational training services are time-limited, community-based services to prepare a member for employment or volunteer work.

Eligibility Criteria

Services are available to all members age 21-64.

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.

Prevocational – means before someone is working as a paid employee or volunteer.

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 and Limits

Members must be present for this service to occur.

Prevocational services provide learning and work experiences where the member can develop general, non-job-task-specific strengths and soft skills. Achieving these strengths and soft skills help members attain future employment or volunteer work opportunities. Services are designed to be delivered in and outside of a classroom setting. Services must honor the member’s preferences (scheduling, choice of service provider, direction of work, etc.) and provide consideration for common courtesies such as timeliness and reliability.

Prevocational Training components include:

- Teach concepts such as: work compliance, attendance, task completion, problem solving, safety, and, if applicable, teach individuals how to identify obstacles to employment, obtain paperwork necessary for employment applications, and how to interact with people in the work environment.
- Coordinate scheduled activities outside of an individual’s home that support acquisition, retention, or improvement in job-related skills related to self-care, sensory-motor development, daily living skills, communication community living, improved socialization, and cognitive skills. This could include financial skills including maintaining a bank account.

- Gain work-related experience considered crucial for job placement (e.g. volunteer work, time-limited unpaid internship, job shadowing) and career development.

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.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program.
- Payments that are passed through to users of supported employment programs.
- Payments for training that is not directly related to an individual's supported employment program.

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.

Duplicate Services

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

Service Requirements

Prevocational service providers must provide a written 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 school, should refer to the Home and Community-Based setting policy to ensure services are rendered in a compliant setting.

Documentation

Benefits planning 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 Bobby to work on soft skills. Specifically, we went over critical thinking and problem-solving in the workplace. We will be meeting again next week to continue working on soft skills."

See "Documentation Guidelines" section of Provider Requirements policy for Medicaid Expansion 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;
- 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

Prevocational Training is a 15-minute rate.

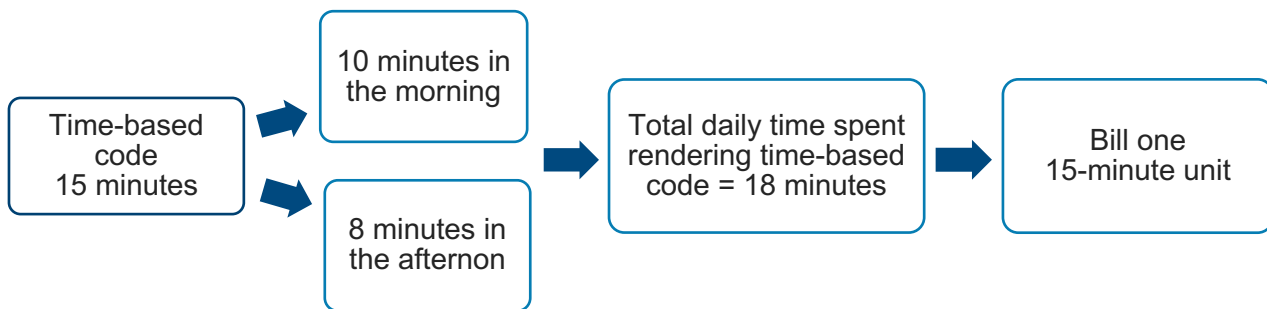
Code	Modifier	Description
H2023	U4	Prevocational Training (per 15 minutes)

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 under 1915(i) Services.