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1.0 Description of the Service

Community Engagement Options (CEO) is a range of community based and comprehensive services that enables a recipient 18 years of age and older with an Intellectual Developmental Disability (I/DD) who is enrolled in Adult Developmental Vocational Program (ADVP), Sheltered Workshop settings or considering enrollment to an ADVP or Sheltered Workshop settings earning sub-minimum wage to achieve competitive integrated employment (CIE). Recipients receiving this service may reside in a licensed Supervised Living facility (i.e., Group Home, licensed Alternative Family Living (AFL) home), unlicensed Alternative Family Living (AFL)), their own home, the home of their family or natural supports and be an active recipient of their community. The recipient must be able to control where they live. Any recipient that is living in a licensed facility, group home, supervised living setting, alternative family living arrangement or any other setting that they nor their family own must have a lease agreement in place with the owner/ provider. A Person-Centered Plan (PCP) or Individual Support Plan (ISP) process allows engagement in active treatment to promote functional status through skill development and community-based supports.

Community Engagement Options must be provided at the least restrictive level based on the assessed needs and health and safety of the recipient. Recipients in this service must have a support person that is independent of the CEO provider who can provide them with information about affordable housing options and oversight of their overall behavioral healthcare and long-term service needs. This service provides technical assistance to unpaid supports who live in the home of the recipient to assist the recipient to maintain the skills they have learned. This assistance can be requested by the unpaid support or recommended by the person-centered planning team and must be a collaborative decision. The technical assistance is incidental to the provision of Community Engagement Options.

Community Engagement Options may include the following services and supports:

- Learn and practice new, and improve existing skills related to the following: interpersonal, independent living, community living, self-care, and self-determination.
- In conjunction to new skill acquisition, provides supervision and assistance for the recipient to complete an activity to their level of independence: common daily living activities and covering emergencies and becoming a participating recipient in community life through meaningful day services separate from the residential setting, managing personal financial affairs and other supports, as needed.

Group services may be provided as long as services outlined within the Person-Centered Plan (PCP) or Recipient Support Plan (ISP) are able to be fully addressed. The PCP or ISP documents the supports needed based on the Support Needs Assessment Profile (SNAP) and/or Supports Intensity Scale (SIS) assessment(s).

Recipients in must be enrolled in the NCSWTCIE (NC Subminimum Wage to Competitive Integrated Employment)/SPARK (Strength, Positivity, Access, Respect and Knowledge) Pilot.

The service includes transportation to and from the individual's residence, individual's service delivery location, community locations that support the respective employment phase and to and from the job site for 365 days from authorization of Community Engagement Options

service to the degree that they are not reimbursed by another funding source, natural supports are unavailable and not used for personal use. Assisting the recipient with identifying consistent transportation from natural supports or scheduled transportation services is an inclusive component of the PCP or ISP. The provider agency's payment for transportation from the individual's residence and the individual's community locations is authorized service time.

1.1 Definitions

Competitive Integrated Employment means working in the community alongside other employees without disabilities. It also means earning at least minimum wage and getting the same workplace benefits and opportunities as other employees doing the same job.

NCSWTCIE/SPARK Pilot is a project focused Open Customized Integrated Employment cases for 500 individuals. 300 individuals will be successfully working in their communities with ongoing support and wrap around services as needed.

Telehealth is the use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations.

2.0 Eligibility Criteria

2.1 Provisions

2.1.1 General

An eligible recipient shall be enrolled with the LME-MCO on or prior to the date of service, meet the criteria for the I/DD state-funded Benefit Plan and shall meet the criteria in Section 3.0 of this policy.

2.1.2 Specific

State funds may cover Community Engagement Options (I/DD) for an eligible recipient who is 18 years of age and older with an I/DD and meets the criteria in Section 3.0 of this policy.

3.0 When the Service is Covered

3.1 General Criteria Covered

State funds shall cover the service related to this policy when medically necessary, and

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

3.1.1 Telehealth General Criteria Covered

As outlined in Attachment A, select services within this clinical coverage policy can be provided via telehealth. Services delivered via telehealth must follow the requirements and guidance in State-Funded Telehealth and Virtual

Communications Services, at https://www.ncdhhs.gov/providers/provider-info/mental-health-development-disabilities-and-substance-abuse-services/service-definitions.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by State Funds

State funds may cover Community Engagement Options (I/DD) when ALL of the following criteria are met:

a. 18 years of age or older and express a desire to obtain and maintain service, **AND**

- To demonstrate that a recipient has a developmental disability as defined by G.S. 122-C-3(12a) for Intellectual Disability, a recipient must have:
    - A psychological, neuropsychological, or psychiatric assessment that includes Appropriate psychological / neuropsychological testing (with validated tools) performed by a licensed clinician within their scope
    - The disability is manifested before the person attains age 22, unless the disability is caused by a traumatic brain injury, in which case the disability may be manifested after attaining age 22.
- To demonstrate that a recipient has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities, a recipient must have:
    - A physician assessment, substantiating a definitive diagnosis and associated functional limitations consistent with a developmental disability. Associated psychological or neuropsychological testing is not required in this situation **AND**

b. Enrolled in an ADVP or Sheltered Workshop, **OR**

c. Considering employment in an ADVP or Sheltered Workshop, **AND**

d. Enrolled in the NCSWTCIE/SPARK Pilot

3.2.1.2 Telehealth Specific Criteria

State funds shall cover services delivered via telehealth services when the all the following additional criteria are followed before rendering services via telehealth:

a. Provider(s) shall ensure that services can be safely and effectively delivered using telehealth.

b. Provider(s) shall consider a recipient's behavioral, physical and cognitive abilities to participate in services provided using telehealth;

c. The recipient's safety must be carefully considered for the complexity of the services provided;

d. In situations where a caregiver or facilitator is necessary to assist with the delivery of services via telehealth their ability to assist and their safety must also be considered;

e. Delivery of services using telehealth must conform to professional standards of care: ethical practice, scope of practice, and other relevant federal, state and

institutional policies and requirements, such as Practice Act and Licensing Board rules;

f. Provider(s) shall obtain and document verbal or written consent. In extenuating circumstances when consent is unable to be obtained, this must be documented;

g. Recipients shall be informed that they are not required to seek services through telehealth and shall be allowed access to in-person services, if the recipient requests;

h. Provider(s) shall verify the recipient's identity using two points of identification before initiating service delivery via telehealth;

i. Provider(s) shall ensure that the recipient's privacy and confidentiality is protected to the best of their ability.

3.2.1.3 Admission Criteria

State funds shall cover Community Engagement Options service when the following Admission Criteria are met:

The recipient meets the **Specific Criteria for this service as outlined in Subsection 3.2.1.**

Relevant clinical information must be obtained and documented in the recipient's Person-Centered Plan or Recipient Service Plan.

Prior authorization by the LME/MCO is required. A service authorization request that indicates the recipient would benefit from Community Engagement Options must be completed by the Qualified Professional and submitted to the LME/MCO prior to service being provided.

3.2.1.4 Continued Stay Criteria

The recipient continues to require this service to learn and practice new, and improve existing skills related to the following: interpersonal, independent living, community living, self-care, and self-determination. In conjunction to new skill acquisition, provides supervision and assistance for the recipient to complete an activity to their level of independence: common daily living activities and covering emergencies and becoming a participating recipient in community life through meaningful day services separate from the residential setting, managing personal financial affairs and other supports, as needed.
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Community Engagement Options should be maintained when the recipient meets criteria for continued stay if ONE of the following applies:

a. The desired outcome or level of functioning has not been acquired, sustained, restored, or improved over the time frame documented in the recipient's PCP or ISP; **OR**

b. The recipient has documentation to support it can be reasonably anticipated that regression is likely to occur if the service is withdrawn based on current clinical assessment, and history, or the tenuous nature of the functional gains; **OR**
c. Continuation of service is supported by documentation of the recipient's progress toward goals within the recipient's PCP or ISP.

Prior authorization by the LME-MCO is required. A service authorization request must be completed by a Qualified Professional and submitted to the LME-MCO prior to services.

3.2.1.5 Transition and Discharge Criteria

The recipient's level of functioning has improved with respect to the goals outlined in the PCP or ISP, or no longer benefits from this service. The recipient meets criteria for discharge if any ONE of the following applies:

a. Recipient's level of functioning has improved with respect to the goals outlined in the PCP or ISP (i.e., goals do not show a progression),
b. Recipient no longer benefits from this service.
c. Recipient has achieved PCP or ISP goals, discharge to a lower level of care is indicated
d. Recipient is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
e. Recipient has expressed they desire discharge from the service.

4.0 When the Service is Not Covered

4.1 General Criteria Not Covered

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

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by State Funds

State funds shall not cover the following activities of Community Engagement Options (I/DD):
None that apply.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

State funded Community Engagement Options (I/DD) shall require prior approval. Refer to **Subsection 5.3** for additional limitations.

A service order must be signed prior to or on the first day Community Engagement Options (I/DD) are rendered. Refer to **Subsection 5.4** of this policy.

5.2 Prior Approval Requirements

5.2.1 General

The provider(s) shall submit to the LME-MCO both of the following:

a. the prior approval request; and
b. all health records and any other records that support the recipient 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 recipient.

Initial Authorization

Services are based upon a finding of medical necessity, must be directly related to the individual's diagnostic and clinical needs, and are expected to achieve the specific employment goals detailed in the recipient's Individual Work Plan that is integrated in the PCP or ISP. The goals should be designed to support with increasing individual's level of independence; therefore, employment goals for individuals with I/DD should be specifically documented within the Individual Work Plan that crosswalk to identified needs from the work plan. Medical necessity is determined by North Carolina community practice standards, as verified by the LME-MCO who evaluates the request to determine if medical necessity supports intensive services. Medically necessary services are authorized in the most cost-effective manner (i.e., the treatment that is made available is similarly efficacious as services requested by the recipient's physician, therapist, or another licensed practitioner). The medically necessary service must be recognized as an accepted method of treatment.

To request an initial authorization, the psychological evaluation, service order for medical necessity, PCP or ISP, and the required LME-MCO authorization request form must be submitted to the LME-MCO. Refer to **Subsection 5.4** for Service Order requirements.

Reauthorization

Reauthorization requests must be submitted to the LME-MCO 14-days prior to the end date of the recipient's active authorization.
Reauthorization is based on medical necessity documented in the PCP or ISP, the authorization request form, and supporting documentation. The duration and frequency at which In-home and Facility Skill Building (I/DD)

is provided must be based on medical necessity and progress made by the recipient toward goals outlined in the PCP or ISP.

If medical necessity dictates the need for increased service duration and frequency, clinical consideration must be given to other services and interventions with a more intense clinical component.

Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient, legally responsible person or both about the recipient's appeal rights pursuant to G.S. 143B-147(a)(9) and Rules10A NCAC27I .0601-.0609.

5.3 Additional Limitations or Requirements

a. For recipients who are eligible for educational services under the Recipients with Disability Educational Act, Community Engagement Options Support does not include transportation to/from school settings. This includes transportation to/from the recipient's home, provider's home where the recipient may be receiving services before or after school or any other community location where the recipient may be receiving services before or after school.
b. The paraprofessional is responsible for incidental housekeeping and meal preparation only for the recipients.
c. Incidental housekeeping and meal preparation for other household recipients is not covered.
d. Only one Community Engagement Options provider can provide this service to a recipient at a time.
e. Transportation is available up to 365 days from utilization of Community Engagement Options service.
f. A recipient may not be enrolled in a four year post-secondary education program.
g. This service may not exceed 30 hours a week.

5.4 Service Orders

Service orders are a mechanism to demonstrate medical necessity for a service and are based upon an assessment of the recipient's needs. A signed service order must be completed by a qualified professional, physician, licensed psychologist, physician assistant, or nurse practitioner, per his or her scope of practice.

ALL the following apply to a service order:

a. Backdating 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;
c. A service order must be in place prior to or on the first day that the service is provided to bill state funds for the service; and

d. Service orders are valid for one calendar year. Medical necessity must be reviewed, and service must be ordered at least annually, based on the date of the original PCP or ISP service order.

5.5 Documentation Requirements

Documentation is required as specified in the Records Management and Documentation Manual and service definition.

The service record documents the nature and course of a recipient's progress in treatment. To bill state funds, providers must ensure that their documentation is consistent with the requirements contained in this policy. The staff recipient who provides the service is responsible for documenting the services billed to and reimbursed with state funds. The staff person who provides the service shall sign and date the written entry. A Service Note or a Service Grid, as outlined in the Records Management and Documentation Manual, may be utilized for this service.

5.5.1 Contents of a Service Record

For this service, a full service note for each contact or intervention for each date of service, written and signed by the person who provided the service is required. More than one intervention, activity, or goal may be reported in one service note, if applicable. A service note must document ALL following elements:

a. Recipient's name;
b. Service record identification number;
c. Date of the service provision (month/day/year);
d. Name of service provided;
e. Type of contact(face-to-face, telehealth) Services eligible to be provided via telehealth must be provided according to State-Funded Telehealth and Virtual Communications Services policy, at: https://www.ncdhhs.gov/providers/provider-info/mental-health-development-disabilities-and-substance-abuse-services/service-definitions;
f. Place of service;
g. Purpose of contact as it relates to the PCP or ISP goals;
h. Description of the intervention/prompting provided. Documentation of the intervention must accurately reflect services for the duration of time indicated;
i. Duration of service, start and end time of intervention; total amount of time spent performing the intervention;
j. Assessment of the effectiveness of the intervention and the recipient's progress towards the recipient's goals; and
k. Date and signature and credentials or job title of the staff recipient who provided the service.

6.0 Provider(s) Eligible to Bill for the Service

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

a. meet LME-MCO qualifications for participation; and

b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement;

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

Community Engagement Options (I/DD) Services must be delivered by practitioners employed by organizations that:

a. meet the provider qualification policies, procedures, and standards established by the NC Division of MH/DD/SUS;
b. meet the requirements of 10A NCAC 27G;
c. demonstrate that they meet these standards by being credentialed and contracted by an LME-MCO;
d. within one calendar year of enrollment as a provider with the LME-MCO, achieve national accreditation with at least one of the designated accrediting agencies; and
e. become established as a legally constituted entity capable of meeting all the requirements of the DMH/DD/SUS Bulletins and service implementation standards. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services.

Community Engagement Options is designed to be a supportive therapeutic relationship between the provider and the recipient which addresses and/or implements interventions outlined in the person centered/recipient support plan. Many CEO recipients may work in the community, with supports, or participate in vocational or other meaningful day activities outside of the residence and engage in community interests of their choice. The CEO provider is responsible for all activities. The concept of active treatment is that all aspects of support and service to the individual are coordinated towards specific individualized goals in the PCP.

Community Engagement Options providers:

a. Help develop community involvement and relationships that promote full citizenship,
b. Coordinate education and assistance related to finances, healthcare, and other needs,
c. Assist with day-to-day planning and problem solving,
d. Train and support people who assist the recipient incidental to the PCP or ISP,
e. Train and support recipients on accessing public transportation,
f. Train and support recipients with new skill acquisition related to interpersonal, independent living, community living, self-care, and self-determination.

6.2 Provider Certifications

Community Engagement Options (I/DD) must be provided by a legally constituted entity that meets all of the requirements of the LME-MCO and is contracted with the LME-MCO to serve individuals with I/DD.

6.2.1 Staffing Requirements

The Community Engagement Options (I/DD) service is provided by qualified providers with the capacity and adequate workforce to offer this service to recipients meeting the I/DD state-funded Benefit Plan. The service must be available during times that meet the needs of the recipient which may include evening, weekends, or both. The service must have designated competent developmental disability qualified professionals to provide supervision to the paraprofessional. The Community Engagement Options (I/DD) paraprofessional must meet the requirements according to 10A NCAC 27G .0104 (15).

Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to the supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline.

The maximum program staff ratios are as follows: Community Engagement Options (I/DD) Group Paraprofessional to Recipients ratio is 1:3, as long as the health and safety of the recipients can be maintained.

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6.2.2 Staff Training Requirements

The provider shall ensure that staff who are providing Community Engagement Options (I/DD) Group have completed special population training based on staff experience and training needs (e.g., intellectual and developmental disabilities, geriatric, 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 should be completed prior to working with recipients and updated as recipients' needs change.

Agency staff that work with recipients:

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 and a safe driving record and has an acceptable level of automobile liability insurance
c. Criminal background check presents no health and safety risk to person/s
d. Not listed in the North Carolina Health Care Personnel Registry
e. Qualified in CPR and First Aid
f. Staff that work with person/s must be qualified in the specific needs of the beneficiary as described in the PCP or ISP.
g. Staff that work with recipients who are responsible for medication administration must be trained in medication administration in accordance to 10A NCAC 27G .0209, as applicable.

h. Staff that work with recipients must be trained in alternatives to restrictive intervention and restrictive intervention training (as appropriate).
i. High school diploma or high school equivalency (GED).

Professional Competency

Paraprofessionals have competencies through training and supervision in the following areas:

A. Communication - The Paraprofessional builds trust and productive relationships with people he/she supports, co-workers and others through respectful and clear verbal and written communication.
B. Person-Centered Practices - The Paraprofessional uses person-centered practices, assisting recipients to make choices and plan goals, and provides services to help recipients achieve their goals.
C. Evaluation and Observation - The Paraprofessional closely monitors a recipient's physical and emotional health, gathers information about the recipient, and communicates observations to guide services.
D. Crisis Prevention and Intervention - The Paraprofessional 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 Paraprofessional works in a professional and ethical manner, maintaining confidentiality and respecting recipient and family rights.
F. Health and Wellness - The Paraprofessional plays a vital role in helping recipients to achieve and maintain good physical and emotional health essential to their well-being.
G. Community Inclusion and Networking - The Paraprofessional helps recipients to be a part of the community through valued roles and relationships and assists recipients with major transitions that occur in community life.
H. Cultural Competency - The Paraprofessional respects cultural differences and provides services and supports that fit with a recipient's preferences.
I. Education, Training and Self-Development - The Paraprofessional obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

6.3 Expected Outcomes

The expected outcomes for this service are specific to recommendations resulting from clinical assessments and meeting the identified goals in the recipient's PCP or ISP. Further, expected outcomes of Community Engagement Options (I/DD) is the following:

1. To increase the recipient's life skills and independent living skills,
2. Maximize their self-sufficiency,
3. Increase self-determination, and

4. Ensure the recipient's opportunity to have full membership in their community as defined within the PCP and ISP goals.

7.0 Additional Requirements

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), 42 CFR Part 2 and record retention requirements; and
b. All NC Division of MH/DD/SUS's service definitions, guidelines, policies, provider manuals, implementation updates, and bulletins, DHHS, DHHS division(s) or fiscal contractor(s).

8.0 Policy Implementation and History

Original Effective Date: April 1, 2021

History:

Date	Section or Subsection Amended	Change
	All Sections and Attachment(s)	

Attachment A: Claims-Related Information

Provider(s) shall comply with the, NC Tracks Provider Claims and Billing Assistance Guide, DMH/DD/SUS bulletins, fee schedules, NC Division of MH/DD/SUS service definitions and any other relevant documents for specific coverage and reimbursement for state funds:

A. Claim Type

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), Healthcare Common 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. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

HCPCS Code(s)		Billing Unit
YM855	Individual	1 unit = 15 minutes
YM856	Group	1 unit = 15 minutes

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions for Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Telehealth Claims: Modifier GT must be appended to the HCPCS code to indicate that a service has been provided via interactive audio-visual communication.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

Units are billed in 15-minute increments.

LME-MCOs and provider agencies shall monitor utilization of service by conducting record reviews and internal audits of units of service billed. LME-MCOs shall assess their Community Engagement Options (I/DD) network providers' adherence to service guidelines to assure quality services for recipients served.

Providers must bill Division of Employment and Independence for People with Disabilities for transportation to and from the residence and points of travel in the community as outlined in the PCP or ISP.

F. Place of Service

The service may be provided in the home of recipient and/or community. The involvement of unpaid supports in the generalization delivery of the service is an important aspect to ensure that achieved goals are practiced and maintained.

Telehealth claims should be filed with the provider's usual place of service code(s).

This service is not Medicaid billable.

G. Co-payments

Not applicable

H. Reimbursement

Provider(s) shall bill their usual and customary charge.

Note: DMH/DD/SAS will not reimburse for conversion therapy.