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## 1.0 Description of the Service

Job Retention Services (WAES) is a wraparound support service that enables a recipient 18 years of age and older 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).

The goal of this service is to enable a recipient to work as independently as possible and prepare for reduced level of staff support. An assessment of long-term support needs will occur, which support ongoing retention, prevent job loss, or make recommendations for discharge. Detailed documentation of goals specific to long-term support needs should reflect how the services being received is preparing the recipient to work as independently as possible.

Continuation in this employment service is determined by individualized assessment of employment goals and the need for ongoing employment support, as well as the ability to perform work tasks at a level of the employer's supervisory expectations. Recipients that continue in Job Retention Services should have an updated work plan that outlines the goals, support services and activities provided to prevent employment loss. This service should not exceed documented need for service. Ongoing assessment of promoting the recipient's level of independence should be continued throughout this service and reflected in the Individual Work Plan.

Job Retention Services may include the following activities:

- A. Coaching and employment support activities that enable a recipient to maintain their competitive integrated employment is completed through no less than monthly or more based upon the recipient's needs face-to-face or telehealth activities, such as monitoring, supervision, maintaining skills necessary for job tasks and counseling;
- B. Documented ongoing assistance, counseling and guidance for a recipient who operates a microenterprise self-employment once the business has been launched;
- C. Employer consultation with the objective of identifying work related needs of the recipient and proactively engaging in supportive activities to address the problem or need;
- D. Providing ongoing technical assistance to employers regarding Federal (Americans with Disabilities Act) ADA accommodations and requirements;
- E. Conducting documented work performance reviews, assisting the recipient to understand their level of work performance, and developing a written plan to address work performance deficits.

Job Retention Services should occur from successful entry in a Competitive Integrated Employment setting. At this time, it is expected that staff time will reduce as the recipient becomes more independent in their job duties. Employment Stabilization may be needed again if the recipient's job duties change or if a new job is acquired.

Feedback regarding the success and integration of the recipient into their position should be obtained from the employer, through employee evaluations that provide information on

the level of supervision and oversight that the recipient requires. Part of the responsibility of the provider agency staff is to provide ongoing education to the employer regarding ADA accommodations to ensure Job Retention Services is successful and the recipient's needs are met. The recipient's employment integration feedback and employer's ADA accommodations need to be documented in the PCP or ISP.

Job Retention Services may be used on a regular basis to meet specific and detailed documented needs. Job Retention Services related to medical/behavioral/physical support needs shall require medical or behavioral records and accompanying documentation in the PCP or ISP supporting the need for recipient services as the most appropriate and viable option.

Recipients 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 Job Retention Services 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 job site 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.

Employment Stabilization is to enable a recipient to complete initial job training, develop skills necessary to maintain Competitive Integrated Employment, and successfully assimilate into the workplace.

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 Job Retention Services (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
- 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 Job Retention Services (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 Job Retention Services 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 Job Retention Services 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 maintain their function for Competitive Integrated Employment within the community as documented by detailed work deficiencies and planned goals which reflect strategies to correct deficiencies.

Job Retention Services should be maintained when the recipient meets criteria for continued stay if ONE of the following applies:

- a. Evidence that the recipient is interested in and needs Job Retention Services to maintain Competitive Integrated Employment or to obtain a change in job conditions. This must be documented in the Career Development Plan that is integrated in the PCP or ISP. **OR**
- b. Evidence that continued Job Retention Services are needed to maintain or obtain Competitive Integrated Employment, or to prevent an unfavorable change in employment conditions, in the event that the timeframe of one year has been exceeded. **OR**
- c. The recipient is placed in Competitive Integrated Employment

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 no longer needs Job Retention Services to maintain or obtain Competitive Integrated Employment, or

- b. Insufficient documented evidence to support the need for continued Supported Employment service.
- c. The recipient chooses to withdraw from Job Retention Services(I/DD), or the legally responsible person(s) chooses to withdraw the recipient from services.

The PCP and a documented discharge plan must be discussed with the recipient and documented in the PCP or ISP.

## 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 Job Retention Services(I/DD):  
None that apply.

## 5.0 Requirements for and Limitations on Coverage

### 5.1 Prior Approval

State funded Job Retention Services (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 Job Retention Services (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 individual's physician, therapist, or another licensed qualified provider). 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 Job Retention Services(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. Job Retention Services does not cover incentive payments made to an employer to encourage or subsidize the employer's participation in a Supported Employment program;
- b. Payments that are passed through to users of Job Retention

- Services programs; or
- c. Payments for training that are not directly related to a recipients' Job Retention Services.
  - d. State-funded Job Retention Services may not be utilized to employ and provide services to the same recipient at the provider agency location.
  - e. For recipients who are eligible for educational services under the Recipients with Disability Educational Act, Job Retention Services 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.
  - f. This service is not available at the same time of day as any other state funded service, Medicaid waiver service or one of the State Plan Medicaid services that works directly with the Recipient.
  - g. A recipient can receive Job Retention Services (I/DD) from only one provider organization during an active authorization period.
  - h. Family members or legally responsible person(s) of the recipient are not eligible to provide this service to the recipient.
  - i. Transportation for the recipient outside of what is outlined in the PCP or ISP.
  - j. Transportation is available up to 365 days from initial utilization of Job Retention Services.
  - k. Clinical and administrative supervision of the Paraprofessional at which is covered as an indirect cost and part of the rate.
  - l. Covered services that have not been rendered.
  - m. Childcare services or services provided as a substitute for the parent or other recipients responsible for providing care and supervision.
  - n. Services provided to teach academic subjects or as a substitute for education personnel.
  - o. Interventions not identified in the recipient's Person-Centered Plan or Recipient Support Plan.
  - p. A recipient may not be enrolled in a four year post-secondary education program.
  - q. Services provided without prior authorization.
  - r. This service may not exceed 40 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 member 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.

The Career Development & Planning Assessment, which includes the Career Development Plan, should be attached to the ISP or PCP and the information documented in the assessment is utilized to support the development of the long-term support needs outlined in the Career Development Plan) and can be the bases for technical assistance meetings.

### 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;
- d. Name of service provided;
- e. <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 member 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

Job Retention Services (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/SAS;
- 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.

Job Retention Services 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.

Job Retention Services 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

Job Retention Services (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 Job Retention Services(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 Job Retention Services (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.

### 6.2.2 Staff Training Requirements

The provider shall ensure that staff who are providing Job Retention Services(I/DD) 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.

The provider shall ensure that staff (i.e., paraprofessionals, Direct Support Professionals) who are providing Job Retention Services have completed competency-based training in an evidenced-based supported employment model endorsed and/or supported by the Office of Disability Employment Policy (ODEP) and/or NC DHHS.

Minimally, staff (i.e., paraprofessionals, Direct Support Professionals) providing the services are required to have completed Job Coach training. Job Coach training requires pre-approval from NC DHHS in accordance with the published employment training list housed on the DHHS website.

Additionally, staff (i.e., paraprofessionals, Direct Support Professionals) providing Job Retention Services are recommended to have initiated training to meet certification requirements of either Association of Community Rehabilitation Educators (ACRE), including ACRE with a focus on Customized Employment OR Association of People Supporting

Employment First (APSE) (i.e., Certified Employment Support Professional (CESP)) within one year of the onset of Job Retention Services.

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.

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- 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 ongoing job retention in Competitive Integrated Employment and meeting the identified employment goals in the individual's Career Development Plan that is integrated in the PCP or ISP. Further, expected outcomes of Job Retention Services(I/DD) is the following:

1. To maintain and advance in Competitive Integrated Employment,
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/SAS'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)	

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## 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/SAS 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
YM857	Recipient	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

Provider(s) shall follow applicable modifier guidelines. Documentation in the record must clearly indicate who provided the service.

Non-Telehealth Claims: Provider(s) shall follow applicable modifier guidelines.



Telehealth Claims: Modifier GT must be appended to the CPT or 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 Job Retention Services (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 individual's residence, individual's service delivery location, community locations that support the respective employment phase and to and from the job site. The provider agency's payment for transportation from the individual's residence and the individual's job site is authorized service time.

#### F. Place of Service

Job Retention Services (I/DD) is a direct periodic service provided in a range of community settings. This service is not Medicaid billable. Job Retention Services is provided to individuals in a setting that meets the home and community-based characteristic established by Centers for Medicare & Medicaid Services and adopted by NC Department of Health Services. Additionally, Job Retention Services must occur in a Competitive Integrated Employment setting, providing meaningful full or part-time work at minimum wage or higher, with wages and benefits similar to those without disabilities performing the same work, and fully integrated with coworkers without disabilities (Reference Workforce Innovation and Opportunities Act).

#### G. Co-payments

Not applicable

#### H. Reimbursement

Provider(s) shall bill their usual and customary charge

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