Division of Employment and Independence for People with Disabilities (EIPD)

NC Department of Health and Human Services
2801 Mail Service Center
Raleigh, NC 27699-2801

Individual Placement & Support (IPS) - Supported Employment (SE) New Contractor Application

Applicant Information

Organization Name: _____ Date: _____

Organization Type: ☐ Profit ☐ Non-Profit

Director Name: _____ Phone: _____ Email: _____

Contact Person: _____ Phone: _____ Email: _____

Billing Address: _____

_____

Local Management Entity (LME) / Managed Care Organization (MCO)

LME/MCO Name: _____

Contact Person: _____ Phone: _____ Email: _____

If your organization is contracted with additional LME/MCO's please include their information below:

LME/MCO Name: _____

Contact Person: _____ Phone: _____ Email: _____

LME/MCO Name: _____

Contact Person: _____ Phone: _____ Email: _____

*** Attach documentation of your current contract to provide IPS SE with each LME/MCO**

Individual Placement and Support Key Criteria

Please list internal and/or external behavioral health providers where integration occurs: _____

_____

*** Attach a copy of your MOU and/or MOA with any external behavioral health providers with this application**

Please describe your organizations mission and values on employment for individuals with SPMI, SMI, and SUD conditions: _____

_____

Counties your organization plans to serve: _____

_____

_____

Provide a brief explanation of your experience and/or knowledge of the Division of Employment and Independence for People with Disabilities.

For the following documentation, please provide an index, label and attach:

1. Organizational Information
   A. Please provide your agency's mission, vision, and core values.

2. Job Supports
   A. Please describe how you will customize Job Supports to comply with Fidelity Model of IPS SE and the North Carolina state service definition.

   NC DHHS Medicaid Service Definition IPS

   NC DHHS State Service Definition IPS

3. Your organization's definition and experience of each of the following terms:
   A. Job Development with individuals with SMI, SPMI, SED, and SUD conditions.
   B. Natural Supports

4. Your organization's policies on the following areas:
   A. Conflict of Interest
   B. Criminal Background Checks
   C. Consumer Complaints
   D. Consumer Satisfaction
   E. Consumer Grievance
   F. ADA Policy
   G. Staff Training
   H. Informed Choice
   I. Accessibility Standard/Physical Accessibility
   J. Health and Safety Standard
   K. Affirmative Action Policy
   L. Fiscal Management Policy
   M. Program Evaluation Standard

5. Provide your organization's job descriptions for each position on the IPS team. Reference the State and Medicaid IPS service definition.

6. Please provide sample copies of the following (if applicable):
   A. Referral and Intake forms
   B. Career profile
   C. Monthly summary or case note used to document service provisions.
   D. New Hire or Job Start Form
   E. Employer contact log
   F. Other forms you plan on using in the delivery of IPS.

7. IPS is an evidenced based practice that involves key components according to fidelity. Illustrate a case beginning from receipt of referral to successful completion of IPS. This is used to demonstrate your agency's understanding of the IPS service. Your organization should include a completed copy of a referral, intake, Career Profile, case notes showing activities/interventions that are done by each member of the IPS team during each milestone.

   Please reference the NC CORE Milestone Structure to guide each stage of the IPS service: Engagement with informed

decision, Collaboration with the Career Profile, Job Development and Retention, Job Support and Vocational Recovery, 90 Day Placement, Long Term Job Retention, and Vocational Recovery and Independence.

8. Supporting documentation:
   A. Evidence that Organization is a Registered Business with the State of North Carolina.
   B. Documentation of non-profit status, if applicable.
   C. A roster of your board of directors, if applicable, including names and addresses.
   D. A copy of your organization chart

Conflict of Interest Certification

Real or apparent conflicts of interest may occur when a EIPD employee, officer or immediate family member has a financial or other interest in the business relationship involving a provider and that interest might reasonably be expected to influence the outcome of an official action. If it is found that such conflict of interest occurs and is not disclosed and remedied, the provider or potential provider may be barred from performing authorized services with EIPD; and existing authorization and vendor approval may be cancelled. *If a real or apparent conflict of interest exists, attach a separate sheet describing the situation.*

I certify, by signature below, that no real or apparent conflict of interest exists between the applicant organization and EIPD.

Signature: _____

Acknowledgement & Signature

I hereby acknowledge that I have been read the requirements of IPS-SE established by DHHS here, have read and agree to abide by them, and I am making application on behalf of the provider named afore to become an approved contractor with EIPD.

Printed Name: _____

Signature: _____ Date: _____

For EIPD Use Only

Date Received by EIPD: _____

Responsible Unit Manager(s): _____

Assigned CRP Specialist: _____

Vendor Review Date: _____