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Related Clinical Coverage Policies

Refer to <https://www.ncdhhs.gov/providers/provider-information/mental-health-development-disabilities-and-substance-abuse-services/service-definitions> for the related state-funded service definition policies listed below:

State-Funded Enhanced Mental Health and Substance Use Services
State-Funded Assertive Community Treatment Team (ACT) Program

1.0 Description of the Service

Individual Placement and Support (IPS) is a person-centered behavioral health service with a focus on employment and education. IPS assists in choosing, acquiring, and maintaining competitive paid employment in the community for an individual 16 years and older with significant behavioral health needs for whom employment has not been achieved or employment has been interrupted or intermittent. This service is provided by Employment Support Professionals (ESPs) and Employment Peer Mentors (EPMs) who are trained in the evidence-based practice to support the vocational needs of a beneficiary, to promote community connections, and employment success.

The foundation for this policy is the IPS evidence-based Supported Employment model and IPS-Supported Employment (SE) Fidelity Scale developed by the Dartmouth Psychiatric Research Center and promoted by the Substance Abuse Mental Health Services Administration (SAMHSA). It is required that any provider delivering IPS align service delivery to the fidelity model. IPS assists individuals in securing competitive employment in the community that fits their particular needs, interests, and skills while enabling workplace success. These jobs can be part-time or full-time and can include self-employment.

IPS teams shall have a zero-exclusion criterion, meaning that an individual is not disqualified from engaging in employment because of readiness factors (such as active substance use, criminal background issues, active mental health symptoms, treatment or medication non-adherence, or personal presentation). An individual is not required to participate in pre-vocational training or other job readiness models. IPS teams assist in addressing barriers to employment through behavioral health integration.

1.1 Definitions

1.1.1 Severe and Persistent Mental Illness (SPMI)-

As defined in NC General Statute 122C-3. Definitions (33a) “a mental disorder suffered by persons of 18 years of age or older that leads these persons to exhibit emotional or behavioral functioning that is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long term or indefinite duration. This disorder is a severe and persistent mental disability, resulting in a long-term limitation of functional capacities for the primary activities of daily living, such as interpersonal relations, homemaking, self-care, employment, and recreation.”

1.1.2 Serious Mental Illness (SMI)-

As defined by the Substance Abuse Mental Health Services Administration (SAMHSA), “SMI is defined by someone over 18 years of age having within the past year a diagnosable mental, behavior, or emotional disorder that causes

serious functional impairment that substantially interferes with or limits one or more major life activities.”

1.1.3 Serious Emotional Disturbance (SED)-

As defined by SAMHSA, “for people under the age of 18 years of age, the term Serious Emotional Disturbance refers to a diagnosable mental, behavioral, or emotional disorder in the past year which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.”

1.1.4 Career Profile-

A comprehensive vocational assessment of a beneficiary’s strengths, abilities, and interests relating to employment and education. Identifies work preferences, supports needed, and other information pertinent to a beneficiary’s employment and education goals.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

- a. An eligible individual shall be enrolled with the LME/MCO on or prior to the date of service, meet the criteria for a state-funded Benefit Plan and shall meet the criteria in Section 3.0 of this policy.
- b. Provider(s) shall verify each individual’s eligibility each time a service is rendered.

2.1.2 Specific

(The term “Specific” found throughout this policy only applies to this policy)

State funds shall cover IPS services for an eligible individual who is 16 years of age and older 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 symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the individual’s needs;
- 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 individual, the individual’s caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by State Funds

State Funds shall cover IPS when the following criteria are met:

- a. The individual is 16 years of age and older; and has:
 1. A serious mental illness (SMI) that includes severe and persistent mental illness (SPMI), a serious emotional disturbance (SED); or a diagnosis of substance use disorder (SUD), severe as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM-5), or any subsequent editions of this reference material;
 2. Expressed the desire to work at the time of entrance to the program, and
 3. Has either:
 - a. an established pattern of unemployment, underemployment, or sporadic employment, or has never been employed, or
 - b. educational goals that relate to employment goals; and
 4. A need for assistance in obtaining or maintaining employment in addition to what is typically available from the employer because of functional limitations as described above and behaviors associated with SMI, SPMI, SED, or a severe SUD.

3.2.2.1 Admission Criteria

An assessment that documents that the individual has met the specific criteria in **Subsection 3.2.1** that reflects a current diagnosis and level of functioning must be completed prior to provision of this service. The assessment must have been completed within the past year by a behavioral health practitioner for which establishing diagnoses is within their scope.

3.2.2.2 Continued Service Criteria

The individual shall continue receiving IPS services if they meet at least one of the following requirements:

- a. The individual has made little progress in meeting employment goals, and there is documentation that supports that continuation of IPS is effective in meeting employment goals identified in Career Profile;
- b. The individual is making progress in meeting employment goals, but the interventions identified in the Career Profile need to be modified to maintain competitive employment;
- c. The individual has obtained a job, it has been less than a year since starting employment and requires follow-along supports as identified in the Career Profile;
- d. The individual needs follow-along support in learning how to manage benefits (Social Security); or
- e. The individual needs support to change jobs, increase hours of employment, or advance in their career.

3.2.2.3 Discharge Criteria

The decision to discharge must be based on one or more of the following and documented in the service record:

- a. The individual has achieved positive employment outcomes that support stable and ongoing vocational recovery, and is no longer in need of IPS;
- b. The individual has requested that IPS be discontinued; or
- c. The individual no longer meets eligibility for IPS services.

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 individual does not meet the eligibility requirements listed in **Section 2.0**;
- b. the individual 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:

- a. Services provided to teach academic subjects or as a substitute for educational personnel, including a teacher, teacher's aide, or an academic tutor;
- b. Pre-vocational classes;
- c. Supports or services to help with volunteering;
- d. Services that support individuals in set-aside jobs for people with disabilities, enclaves, mobile work crews, or transitional employment positions;
- e. Group employment searches or classes;
- f. Habilitative services for the individual to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to reside successfully in community settings;
- g. Non-employment-related transportation for the individual or family members;
- h. Any services provided to family, friends, or natural supports of the individual receiving IPS to address problems not directly related to the individual's issues and not listed on the Career Profile;
- i. Clinical and administrative supervision of staff IPS staff, which is covered as an indirect cost and part of the rate;
- j. Time spent in meetings where the eligible individual is not present;
- k. Time spent attending or participating in recreational activities;
- l. Covered services that have not been rendered;
- m. Childcare services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision;
- n. Interventions not identified on the individual's service plan;

- o. Service provided under the Rehabilitation Act of 1973;
- p. Special education provided under the Individuals with Disabilities Education Act (IDEA); or
- q. Payment for room and board.

4.2.2 State-Funded Additional Criteria Not Covered

None Apply

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

State funds shall require prior approval of Individual Placement and Support. The provider shall obtain prior approval before rendering service.

5.2 Prior Approval Requirements

5.2.1 General

The provider(s) shall submit to the LME/MCO the following:

- a. the prior approval request; and
- b. all health records and any other records that support the individual has met the specific criteria in **Subsection 3.2.1** of this policy.

5.2.2 Specific

Initial Authorization

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 individual.

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 rehabilitative goals detailed in the individual's service plan. Medical necessity is determined by North Carolina community practice standards, as verified by the LME/MCO or the DHHS Utilization Management Review Contractor, who evaluates the request to determine if medical necessity supports intensive services.

Medically necessary services are authorized in the most cost-effective modes, if the treatment that is made available is similarly efficacious as services requested by the beneficiary's physician, therapist, or another licensed practitioner. The medically necessary service must be recognized as an accepted method of medical practice or treatment.

To request an authorization, the individual's assessment (as defined in **Subsection 3.2.1**) and the Career Profile must be submitted to the LME/MCO or

the DHHS Utilization Management Review Contractor within the first 30 calendar days of service initiation.

Reauthorization

Reauthorization request must be submitted to the LME/MCO or the DHHS approved Utilization Management Review Contractor prior to the initial or concurrent authorization expiring. State funds may cover IPS for a year or more after the individual is working steadily. Reauthorization is based on medical necessity documented in the service plan, the authorization request form, and supporting documentation. Reauthorizations should be based on the level of intensity required to acquire stable employment or interventions required for continued employment. The duration and frequency at which IPS is provided must be based on medical necessity and progress made by the individual toward goals outlined in the Career Profile.

5.3 Utilization Management and Additional Limitations

5.3.1 Utilization Management

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 individual.

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 rehabilitative goals detailed in the individual's service plan. Medical necessity is determined by North Carolina community practice standards, as verified by the LME/MCO or the DHHS Utilization Management Review Contractor, who evaluates the request to determine if medical necessity supports intensive services.

Medically necessary services are authorized in the most cost-effective modes, if the treatment that is made available is similarly efficacious as services requested by the individual's physician, therapist, or another licensed practitioner. The medically necessary service must be recognized as an accepted method of medical practice or treatment.

To request an authorization, the assessment (as defined in **Subsection 3.2.1**) and the Career Profile must be submitted to the LME/MCO or DHHS Utilization Management Review Contractor within the first 30 calendar days of service initiation.

Reauthorization requests must be submitted to the LME/MCO or DHHS approved Utilization Management Review Contractor prior to the initial or concurrent authorization expiring. State funds may cover IPS for a year or more after the individual is working steadily. Reauthorization is based on medical necessity documented in the service plan, the authorization request form, and supporting documentation. Reauthorizations should be based on the level of

intensity required to acquire stable employment or interventions required for continued employment. The duration and frequency at which IPS is provided must be based on medical necessity and progress made by the individual toward goals outlined in the service plan.

5.3.2 Additional Limitations and Requirements

IPS providers must refer an individual to the Division of Vocational Rehabilitation Services (DVRS) for eligibility determination of employment services. A referral must be made at the initiation of IPS.

IPS services are community based, individualized, and are provided as the individual needs and requests the interventions. IPS staff must spend 65% or more of total scheduled work hours in the community. Frequency and intensity of services must be documented in the individual's Career Profile and must be individualized. Interventions may be provided on-site, at the individual's place of employment, or off-site. ESPs must pay special attention to disclosure preferences and business relations.

An individual can receive IPS from only one provider organization during any active authorization period. IPS services can only be billed when providing employment services and supports directly to the individual or on behalf of the beneficiary. IPS cannot be billed for meetings, paperwork, documentation, or travel time.

IPS services must not be provided during the same authorization period as Assertive Community Treatment (ACT).

Note: IPS is not a "first responder" service. As documented in the individual's care plan, or Career Profile, the service provider shall coordinate with other service providers to ensure "first responder" coverage and crisis response for the individual.

5.4 Service Order

- a. A service order is a mechanism to demonstrate medical necessity for a service and is based upon an assessment of the individual's needs. A signed service order must be completed by one of the following per their scope of practice:
 1. a qualified professional;
 2. licensed behavioral health clinician;
 3. licensed psychologist;
 4. physician;
 5. nurse practitioner, or
 6. physician assistant.

Note: A service order is valid for one calendar year. Medical necessity must be revisited, and service must be ordered at least annually, based on the date of the original service order.

- b. ALL the following apply to a service order:
 1. Backdating of the service order is not allowed;

2. Each service order must be signed and dated by the authorizing professional and must indicate the date on which the service was ordered; and
3. A service order must be in place prior to or on the first day that the service is initially provided, to bill state funds for the service.

5.5 Documentation Requirements

The service record documents the nature and course of an individual's progress in treatment. To bill state funds, providers must ensure that their documentation is consistent with the requirements contained in this policy. A full-service note must be written per date of service. The staff member who provides the service is responsible for accurately documenting the services billed to and reimbursed by state funds. The staff person who provides the service must sign and date the written entry. The signature must include credentials for the staff member who provided the service. Service notes must meet the requirements of the Department of Health and Human Services (DHHS) Records Management and Documentation Manual.

A Career Profile is required. If the individual receives an enhanced service, employment and other services received must be identified by the clinical home on the integrated Person-Centered Plan with an attached in-depth Career Profile.

A documented discharge plan must be discussed with the individual and contained in the service record and coordinated with other providers when engaged in an enhanced service.

5.5.1 Contents of A Service Note

A full-service note is required for each contact or intervention provided to an individual that is written and signed by the person who provided the service. A service note must document ALL following elements:

- a. Individual name;
- b. Date of service provision;
- c. Name of service provided;
- d. Type of contact (in-person, phone call, collateral);
- e. Place of service;
- f. Purpose of contact as it relates to the goals in the Career Profile;
- g. Description of the interventions provided. Documentation of the intervention must accurately reflect the individual's treatment for the duration of time indicated;
- h. Duration of service, amount of time spent performing the intervention;
- i. Assessment of the effectiveness and of interventions and the individual's progress towards the individual's goals;
- j. Date, signatures, credentials, or job title of staff providing the service; and
- k. Each service note page must be identified with the individual's name.

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 state-funded Benefit Plan qualifications for participation;

- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

IPS services must be delivered by providers employed by behavioral health organizations that:

- a. meet the provider qualification policies, procedures, and standards established by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Use Services (DMH/DD/SUS)
- b. meet the requirements of 10A NCAC 27G;
- c. demonstrate that they meet these standards by being credentialed and contracted by the LME/MCO or the DHHS designated contractor;
- d. become established as a legally constituted entity capable of meeting all the requirements of the Provider Certification, communication bulletins, and service implementation standards; and
- e. comply with all applicable federal and state requirements. This includes the North Carolina Department of Health and Human Services statutes, rules, policies, communication bulletins and other published instructions.
- f. are a current Division of Vocational Rehabilitation Services (DVRS) vendor for IPS services or are in the process of becoming a vendor with DVRS.

NC Division of Health Service Regulation
Mental Health Licensure and Certification Section
Refer to <https://info.ncdhhs.gov/dhsr/mhlcs/mhpage.html>

6.2 Provider Certifications

IPS must be delivered by a behavioral health provider organization that meets the provider qualification policies, procedures and standards established by DHHS and the requirements of 10A NCAC 27G .5800 Supported Employment For Individuals Of All Disability Groups.

Providers operating IPS teams shall be evaluated by DHHS or state approved contractor according to a standardized fidelity measure to evaluate the extent to which defining elements of the program model are being implemented. The IPS-SE Fidelity Tool, or its successor as approved by DHHS, must be used to measure a team's level of implementation of the IPS model. The aim of these evaluations is not only to ensure that the model is being implemented as intended, but also to provide a mechanism for quality improvement feedback and guided consultation.

DHHS shall track adherence to the IPS model through their participation in the administration of the most current IPS fidelity assessment. LME/MCOs and providers shall monitor adherence to the IPS model, overall fidelity and zero exclusion scores, and competitive employment rates for population served by conducting record reviews and audits.

A tiered certification process for IPS teams must be used to guide technical assistance and consultation. These tiers define ranges for exceptional practice and provide opportunities for growth for marginal teams through strategic plans for improvement of practice.

Programs must participate in a baseline fidelity review after a minimum six consecutive months of continuous operation.

New IPS teams that do not have the required staffing or are serving less than 20 individuals after six months of continuous operation shall meet with DHHS, and LME/MCO staff to review the barriers to completing a baseline fidelity evaluation. An IPS Fidelity Action Plan that clearly identifies all current barriers as well as specific steps to address the barriers to program implementation must be developed and shared with DHHS and LME/MCO Provider Network staff. In these cases, a baseline fidelity evaluation must be scheduled three consecutive months after the development of the IPS Fidelity Action Plan.

An IPS team must score a minimum of 74 on fidelity evaluations to maintain certification.

Subsequent fidelity reviews are required to be scheduled based on the most recent fidelity review score.

Table 1. Tiered Certification Process for IPS Based on the IPS- Fidelity Tool Total Rating and Subsequent Fidelity Evaluation Timeframe		
<i>Certification</i>	<i>Score Range</i>	<i>Follow Up Timeframe</i>
Fair Fidelity Level	Rating 74-99	6 months after final report is received
Good Fidelity Level	Rating 100-114	12 months after final report is received
Exemplary Fidelity Level	Rating 115-125	18 months after final report is received

After receiving and reviewing the draft IPS fidelity report, IPS teams that score a 74 or higher are allowed to contest no more than three scoring items. IPS teams that score 73 or lower are allowed to contest more than three scoring items. IPS teams contesting scoring items must submit concrete data that was current at the time of the on-site evaluation. Any data provided that reflects practice after the last day of the on-site fidelity evaluation must not be considered or reviewed. Contesting data must be submitted to the fidelity evaluation team no later than 10 business days after the receipt of the draft IPS fidelity report.

6.2.1 Staffing Requirements:

Table 1. IPS Staffing Level Requirements, Experience and Qualifications:

IPS Team Lead	Must be a Qualified Mental Health Professional (QMHP), with at least 6 months of vocational experience. Certified IPS (CIPS) or Certified Employment Support Professional (CESP) credential recommended
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Employment Support Professional (ESP)	Must be a QMHP, or Associate Mental Health Professional (AMHP), CIPS, or CESP
Employment Peer Mentor (EPM)	Must be a NC Certified Peer Support Specialist (CPSS), who has a minimum education of a High School (HS) Diploma or has passed a General Educational Development (GED) exam. Recommend a CPSS with an employment history in the recent past.
Benefits Counselor	Must be either a Certified Work Incentives Counselor (CWIC) or a Credentialed Work Incentives Planner-Credentialed (WIP-C CWIP) and have a minimum of a HS diploma or has passed a GED exam. A benefits counselor must have either their CWIC or WIP-C CWIP certification within six months of hire date.
Program Assistant	Must have a minimum of a HS diploma or has passed a GED exam

The following charts reflect the activities and appropriate scopes of practice for the IPS team members:

IPS Team Lead
<ul style="list-style-type: none"> • Drive the delivery of the service. • Oversee the operations of the program or team to support high fidelity program implementation. • Provide oversight of employment services and collaborates with behavioral health supports. • Supervise staff to assure the delivery of evidence-based and ethical practices. • Provide weekly outcome-based supervision and monthly field mentoring with each staff member. • Collaborate with DVRS to discuss referrals and problem solve barriers. • Directly provide IPS services, maintaining a caseload of no more than nine individuals. • Provide psychiatric rehabilitation interventions that support employment and educational goals. • Ensure the integration of IPS with other mental health services. • Use assertive engagement strategies to continuously engage beneficiaries in IPS services.

Employment Support Professional (ESP)
<ul style="list-style-type: none"> • Use assertive engagement strategies to continuously engage beneficiaries in IPS services. • Directly provide IPS services to individuals, maintaining a caseload of no more than 25 individuals. • Promote self-determination, recovery, self-advocacy, and self-direction. • Assist in identifying strengths, wellness goals, setting objectives, and identifying barriers. • Explore career and educational aspirations. • Develop the Career Profile and the ongoing revisions and guides their implementation for individuals on their caseload. • Collaborate with EPMS, DVRS, behavioral health providers, families, natural supports, housing, transportation, Tailored Care Management (TCM) or Care Coordination provider and other community service providers who support the individual. • Assist in obtaining the proper documentation necessary for employment. • Case management functions shall not exceed more than five percent of the ESP's FTE. • Coordinate services and assuring person-centeredness in the employment planning process.

- Develop relationships with employers by learning about their businesses, hiring practices, hiring preferences, and business priorities over multiple in- person visits that will meet the employment goals of the individual.
- Provide psychiatric rehabilitation interventions that support employment and educational goals.

Employment Peer Mentor (EPM)

- Use assertive engagement strategies to continuously engage beneficiaries in IPS services.
- Promote self-determination, recovery, self-advocacy, and self-direction.
- Assist in identifying strengths, wellness goals, setting objectives, and identifying barriers.
- Explore career and educational aspirations.
- Attend treatment team meetings to promote the use of self-directed advocacy tools.
- Assist in the vocational assessment and employment goal planning and participates in the development of the Career Profile.
- Assist in learning how to ask for appropriate services in community.
- Model self-advocacy skills for addressing disclosure issues or requesting job accommodations.
- Teach wellness management strategies and help develop self-management plan and tools to use in the workplace and in their personal lives.
- Use manualized strategies such as Illness Management and Recovery (IMR), Wellness Management and Recovery (WMR), Wellness Recovery Action Plan (WRAP), Vocational IMR, and others.
- Connect to support groups in the community to learn from other peers, promote hope, problem-solve through work situations, and decrease social isolation.
- Provide education to increase the IPS team's understanding of self-advocacy and peer support roles and promote a culture in which individual's point of view and preferences are recognized, understood, respected, and integrated into service delivery.
- Share their personal story to model how to choose, obtain, and keep employment.
- Support making informed decisions about employment and building community connections.
- Assist with building social skills in the community that enhance job acquisition and tenure.
- Attend community recovery support groups meetings with the individual, if appropriate.
- Assist with financial wellness using tools for money management and asset development.
- Provide psychiatric rehabilitation interventions that support employment and educational goals.

Benefits Counselor

- Create a written Work Incentive Benefits Analysis or amends a written Work Incentive Benefits Analysis in the event of changes in income.
- Support the individual in accessing work incentives, (1916b) subsidies, Impairment Related Work Expense (IRWE), Plan to Achieve Self Support (PASS).
- Develop IRWEs, Subsidies, Special Conditions, and PASS.
- Gather and report accurate information about benefits.
- Support a better understanding of benefits and working and address any concerns regarding the impact of working on benefits.
- Support the development of a plan to maximize earning potential, report earnings, and navigate the benefit systems the individual is involved in or seeks to gain involvement in.
- Provide a report explaining the results of the work incentive benefit analysis, including any changes to benefits.
- Provide a list of work incentives available, as applicable.

- Support the individual to access the work incentive they want to use.

Program Assistant

- Organize, coordinate, and monitor all administrative operations of the team.
- Maintain client and programmatic records.
- Enter and track team performance and beneficiary outcomes data.
- Run reports.
- Receive calls and responds to referral sources.
- Manage authorization requests.
- Assist with organizational record-keeping.
- Manage human resources and continuing education files for ESPs.
- Schedule activities.

6.2.2 Staff Training Requirements

Time Frame	Training Required	Who	Total Minimum Hours Required
Within 90 <u>calendar days</u> of hire to provide service	▪ DHHS approved Individual Placement and Support 101	IPS Team Lead, ESP, EPM, Benefits Counselor	Hours to commensurate with DHHS approved training
	▪ DHHS approved person-centered Employment Planning	IPS Team Lead, ESP, EPM	Hours to commensurate with DHHS approved training
	▪ Supervising NC Certified Peer Support Specialists	IPS Team Lead	Hours to commensurate with DHHS approved training
Within six consecutive months of hire to provide this service	▪ DHHS approved Employment Peer Mentoring	EPM	Hours to commensurate with DHHS approved training
	▪ Motivational Interviewing or Motivational Interviewing for Employment*	IPS Team Lead, ESP, Benefits Counselor	Hours to commensurate with DHHS approved training
Annually	▪ Employment and IPS fidelity focused training	IPS Team Lead, ESP, EPM, Benefits Counselor	10 hours

Time Frame	Training Required	Who	Total Minimum Hours Required
	and training related to the populations being served		

DMHDDSUS shall maintain the authority to approve DHHS trainers and to monitor and update training curricula as needed.

The initial training requirements may be waived by the hiring agency if the employee can produce documentation certifying that training appropriate for the population being served was completed no more than 48-months prior to hire date.

Training must be approved and certified by a nationally recognized program that issues continuing education for licensed or clinical professionals. Some examples of approved programs include North Carolina Addictions Specialist Professional Practice Board (NCASPPB), National Association for Addiction Professionals (NAADAC), National Board for Certified Counselors (NBCC) Approved Continuing Education Provider (ACEP), National Association of Social Work (NASW), and Motivational Interviewing Network of Trainers (MINT). If a staff person is a MINT trainer, they are not required to have this training. The training requirement for MINT Motivational Interviewing may be waived by the hiring agency if the employee can provide documentation certifying prior completion.

IPS teams that score between a 74 and a 99 on their fidelity evaluation shall be required to participate in technical assistance provided by a DHHS approved technical assistance vendor. The IPS team shall meet with their LME/MCO(s) to review the Fidelity Action Plan, and the LME/MCO(s) shall identify the number of hours of technical assistance the team shall receive in the next 12 months. The LME/MCO(s) should monitor the team’s progress toward completing the Fidelity Action Plan.

6.3 Program Requirements

IPS is a clearly defined evidence-based practice for supporting individuals with serious mental illness and substance use disorders in finding and maintaining competitive employment. Agencies providing IPS services shall reference the materials provided by the model developers, which can be found at ipsworks.org and institutebestpractices.org. Services are community based, individualized, and are provided as the individual needs and requests the interventions (daily, weekly, monthly). Services are not provided in groups or congregate settings. IPS staff spend 65 percent or more of total scheduled work hours in the community. Frequency and intensity of services must be documented in the Career Profile. Interventions can be provided on-site (at the individual’s place of employment) or off-site. ESP shall pay special attention to disclosure preferences and business relations. Not every individual needs daily or weekly support, and not every individual wants on-site supports.

The IPS Team shall have weekly vocational unit meetings inclusive of all IPS staff to review caseloads, share individuals progress, successes, and needs, job leads, and other issues. In-person meetings are preferred. IPS teams can use a virtual telehealth platform that is Health Insurance Portability and Accountability Act (HIPAA) compliant for vocational unit meetings for no more than three meetings a month. It is recommended that cameras are used during this meeting. Telephonic participation in the vocational unit meetings is not allowed.

The IPS model requires behavioral health integration. This service is co-located with a provider's behavioral health treatment services to ensure consistent behavioral health integration. If a provider does not offer integrated behavioral health services, the provider must partner with a behavioral health provider(s), with a signed Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA). The signed MOU or MOA must be submitted to the LME/MCO(s) prior to providing IPS service and shall include all the behavioral health components of the IPS Fidelity Model. The IPS team works side by side with a behavioral health team(s), meeting frequently to discuss individuals they mutually serve. The IPS staff shall attend the behavioral health treatment team meeting weekly with their assigned behavioral health team(s). The treatment team meeting is hosted by the behavioral health team(s) and can include prescribers, therapists, counselors, nurses, or other staff that support the individual in their psychiatric rehabilitation. In-person meetings are preferred. IPS teams can use a virtual telehealth platform that is HIPAA compliant for all treatment team meetings. It is recommended that cameras are used during this meeting. Telephonic participation in the behavioral health treatment team meetings is not allowed. Guidance is provided in the *Employment Behavioral Health Team for Individual Placement & Support (IPS)* policy, published November 15, 2017.

- a. IPS teams shall be a DVRS vendor, and actively collaborate with DVRS on the following areas:
 1. referrals;
 2. shared individuals;
 3. benefits counseling;
 4. shared outcomes; and
 5. access to funding.

Collaboration with DVRS must occur through scheduled, documented meetings at least monthly. In-person meetings are preferred. IPS teams can use a virtual telehealth platform that is HIPAA compliant for all vocational rehabilitation meetings. It is recommended that cameras are used during this meeting. Telephonic participation in the vocational rehabilitation meetings is not allowed.

- b. IPS teams shall provide services that align with the Practice Principles of Evidence-Based Supported Employment:
 1. Focus on Competitive Employment;
 2. Eligibility Based on Client Choice (Zero-Exclusion);
 3. Integration of Rehabilitation and Mental Health Services;
 4. Attention to Individual Preferences;
 5. Personalized Benefits Counseling;

6. Rapid Job Search;
 7. Systematic Job Development; and
 8. Time Unlimited and Individualized Support.
- c. Critical elements of IPS are:
1. Development of the Career and Educational Profile;
 2. Ongoing Benefits Counseling;
 3. Behavioral Health Integration;
 4. Addressing Barriers to Employment;
 5. Employment Peer Mentor;
 6. Rapid Job Search and Systematic Job Development;
 7. Disclosure;
 8. Job Accommodations and Assistive Technology; and
 9. Follow-Along Supports.

IPS teams shall complete the Quarterly Outcome Tracking form and submit completed forms to DHHS for outcome monitoring. All IPS teams shall complete North Carolina-Treatment Outcomes and Program Performance System (NC-TOPPS) assessments on individuals receiving services.

6.4 Expected Clinical Outcomes

Expected clinical outcomes include the following:

- a. The individual finds and maintains competitive employment consistent with their employment recovery goals;
- b. The individual enrolls in or completes credits towards an educational program that can then be leveraged to find employment;
- c. The individual increases the average number of hours worked a week; or
- d. The individual increases their average pay.

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) and record retention requirements; and
- b. All DMH/DD/SUS's service definition clinical policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the DHHS, DHHS division(s) or fiscal contractor(s). Federally recognized tribal and Indian Health Services (HIS) providers may be exempt to one or more of these items in accordance with Federal law and regulations.

8.0 Policy Implementation and History

Original Effective Date: April 18, 2013

History:

Date	Section or Subsection Amended	Change
	All Sections and Attachment(s)	
11/5/14	All sections.	Removed IDD specific language.
1/1/16	Communication Bulletin #132, Critical elements of IPS-SE	The service definition and billing code for Long Term Vocational Supports (MH/SA LTVS) for individuals (YM645) will end effective (12-31-2015). Any individuals receiving this service from a non-IPS-SE provider should be assessed to determine if their employment/educational goals could be met through an IPS-SE team. Follow along supports are part of the IPS-SE EBP, and not a separate service. Provision of follow along supports should be seamless and based on what the individual needs to ensure they maintain stable employment. Therefore, the provision of follow along supports is now part of the IPS-SE for AMH/ASA service definition.
1/1/16	Practice Principles of Evidence-Based Supported Employment, Critical elements of IPS-SE	The IPS-SE for AMH/ASA clearly defines the eight practice principles and corresponding critical elements of IPS-SE to ensure that providers and LME/MCOs are aware of what makes this model unique and effective with individuals with MH/SU.
1/1/16	Provider Requirements	A brief overview of Employment First practices and principles are provided, as agencies providing IPS-SE should ensure that their agency policies and practices align with the mission and vision of Employment First.
1/1/16	Staffing Requirements	A fully staffed IPS-SE team (1 IPS-SE Team Lead, 8 Employment Support Professionals (ESPs), 1 Employment Peer Mentor (EPM) can now serve a maximum of 200 individuals, as one ESP can work with up to 25 individuals.
1/1/16	Staff Responsibilities	Staff responsibilities for the IPS-SE Team Lead, ESPs and EPMs has been clearly identified.
1/1/16	Training and Certification Requirements	Training requirements have been updated, specifically: all staff must be trained on the IPS-SE EBP must be completed within 90 days of hire, EPM must be completed within 6 months of hire, all staff must complete 6 hours of Person Centered Thinking and Motivational Interviewing within 90 days of hire.
1/1/16	Fidelity Evaluation	The process and procedures specific to fidelity evaluations has additional detail, including: a certification chart, procedures for when fidelity

**Division of Mental Health,
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**State-Funded Individual Placement &
Support (IPS) For AMH/ASU
Amended Date: November 1, 2023**

Date	Section or Subsection Amended	Change
		evaluations will be completed, what will happen if a team doesn't meet fidelity on their first review, and the schedule for subsequent fidelity reviews.
1/1/16	Documentation Requirements	Documentation requirements have been updated to reflect that staff should complete a full services note shall be written per date of service.
1/7/19	Service Definition and Required Components	Revised eligibility age to 16 years and older to align with NC Medicaid eligibility requirements; Added that all IPS providers are required to apply to become a DVR vendor.
1/7/19	Staffing Requirements	Revised qualification for IPS Team Lead to reflect that vocational experience and/or being a Certified Employment Support Professional (CESP) is a recommendation rather than a requirement; Addition of Program Assistant and qualifications.
1/7/19	Staffing Responsibilities	Added the responsibility of teaching psychiatric rehabilitative skills to promote independent living to the role of the Employment Support Professional; Revised responsibilities for Employment Peer Mentor to focus on wellness management; Added Program Assistant responsibilities.
1/7/19	Fidelity Evaluations	Clarified the IPS fidelity evaluation timeline, responsible parties, and contesting requirements as documented in the Communication Bulletin #J235 published on February 14, 2017.
1/7/19	Service Type and Setting	Revised percentage of community time for Employment Support Professionals to align with the Supported Employment Fidelity Review Manual.
1/7/19	Program Requirements	Updated criteria that a long-distance ESP or EPM must attend group supervision meeting at least once monthly; Identified that requirements for behavioral health integration can be found in the Employment Behavioral Health Team (EBHT) guidance policy published on November 15, 2017.
1/7/19	Eligibility Criteria	Revised eligibility age to 16 years or older to align with NC Medicaid eligibility requirements.
1/7/19	Utilization Management	Language added regarding use of DVR funding.
1/7/19	Staffing Requirements	Updated maximum number of people served for one team to account for a Team Lead caseload; Added the Individual Placement and Support (CIPS), offered by The IPS Employment Center at The Rockville Institute at Westat, as an acceptable qualification for hire of an Employment Support Professional; Added optional Benefits Counselor role and required qualifications;

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Date	Section or Subsection Amended	Change
		Added the Program Assistant as necessary staff to be in place within 6 months of program start date.
1/7/19	Staffing Responsibilities	Added Benefits Counselor responsibilities.
1/7/19	Training and Certification Requirements	IPS Team Leads are required to complete the Supervising NC Certified Peer Support Specialists training available through a DMH/DD/SAS vendor within 6 months of hire.
1/7/19	Fidelity Evaluations	Revised timeline for fidelity evaluation schedule based on ratings; Revised score range for criteria in determining eligibility for a re-evaluation when a team does not score the minimum fidelity score.
1/7/19	Service Exclusions and Limitations	Added IPS activities that shall not be covered by State funds.
1/7/19	Fidelity Evaluations	Referenced most recent Communication Bulletin, #J309 published October 18, 2018, on contesting requirements that includes release of full fidelity reports for each fidelity evaluation to LME/MCOs. This replaces Communication Bulletin #J235.
10/1/23	Description of Service	Added definitions for SPMI, SMI, SED and Career Profile.
10/1/23	When the Service is Covered	Added SED and SUD severe diagnoses and revised functional impairments in eligibility criteria.
10/1/23	When the Service is Not Covered	Added additional exclusionary criteria.
10/1/23	Requirements for and Limitations on Coverage	Revised authorizations, utilization management, and service order criteria, added DVR referral language, added contents of a service note, and added QP to service order criteria.
10/1/23	Provider Eligible to Bill for Service	Added DVR vendorship to provider qualifications section, revised fidelity evaluation procedures, revised staffing requirements and staff training requirements, added permission for virtual telehealth for required staff meetings.
10/1/23	Attachment A	Added NC CORE milestone billing code and modifiers.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, bulletins, fee schedules, DMHDDSUS's service definition clinical policies and any other relevant documents for specific coverage and reimbursement for state funds. Federally recognized tribal and Indian Health Service providers may be exempt from one or more of these items in accordance with Federal law and regulations:

A. Claim Type

Professional (837P transaction)

Institutional (837I transaction)

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.

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 service provided and the most accurate payment model(s) for the service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and 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 service using the appropriate unlisted service code.

HCPCS Code(s)	Billing Unit
YP630	1 unit =15 minutes
H2023	See Section D

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.

HCPCS Modifier for H2023 code
Z1 IPS Milestone 1: Engagement with Informed Decision
Z2 IPS Milestone 2: Collaboration with Career Profile
Z3 IPS Milestone 3: Job Development with Retention
Z4 IPS Milestone 4: Job Support and Vocational Recovery
Z5 IPS Milestone 5: VR Successful Closure
Z6 IPS Milestone 6: Long-term Job Retention
Z7 IPS Milestone 7: Career Advancement
Z8 IPS Milestone 8: Vocational Advancement
Z9 IPS Milestone 9: Vocational Recovery and Independence

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s). Federally recognized tribal or Indian Health Services providers may be entitled to alternate reimbursement methodologies under Federal Law and Regulations.

F. Place of Service

Individual Placement and Support can be provided in the individual's private primary residence, in a shelter, licensed group home, adult care home, the community or in an office setting.

G. Co-payments

Not applicable

H. Reimbursement

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

Note: DMHDDSUS will not reimburse for conversion therapy.