

**Individual Placement and Support  
(IPS) for AMH/ASA  
YP630**

**Service Definition and Required Components**

Individual Placement and Support (IPS) is a person-centered, behavioral health service with a focus on employment, that provides assistance in choosing, acquiring, and maintaining competitive paid employment in the community for individuals 16 years and older for whom employment has not been achieved or employment has been interrupted or intermittent. This service is co-located with an agency's behavioral health treatment services to ensure consistent behavioral health integration. If a provider of IPS does not also provide behavioral health services, the provider must partner with one or two behavioral health agencies, and a signed Memorandum of Understanding/Memorandum of Agreement (MOU/MOA) is required once both agencies agree to partner with each other and shall be submitted to the LME-MCO. A MOU/MOA is a written agreement between at least two parties to establish official partnerships and define roles for each entity. The target populations for this model are individuals with primary diagnosis of a serious to severe and persistent mental illness (SPMI), or a primary diagnosis of substance use disorder. This service is provided by Employment Support Professionals (ESPs) and Employment Peer Mentors (EPMs) who are trained in national research standards that support the vocational needs of individuals and promote community connections and employment success.

The foundation for this service definition is the *Individual Placement and Support (IPS)* evidence-based Supported Employment model and SE Fidelity Scale developed by the Dartmouth Psychiatric Research Center and promoted by SAMHSA<sup>1</sup>. It is required that any agency providing IPS is well informed on the evidence-based practice (EBP) and provides IPS services that align to the EBP. Additional approaches (including Customized Employment, Self-Employment and Business-Led Internships) may be used under the umbrella of IPS to assist individuals in securing competitive employment in the community that fits their particular needs, interests, and skills while enabling workplace success.

***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*
8. *Time Unlimited and Individualized Support*

***Collaboration with Division of Vocational Rehabilitation Services (DVRS):*** All IPS providers are required to apply to become a DVR vendor, and actively collaborate with DVR on areas including but not limited to: referrals, shared clients, benefits counseling, shared outcomes, and access to funding. This collaboration shall occur through scheduled, documented face-to-face meetings at least monthly, and

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<sup>1</sup> Drake, R.E., Bond, G.R., & Becker, D.R. (2012). *Individual Placement and Support: An Evidence-Based Approach to Supported Employment*. New York: Oxford University Press. *Approach to Supported Employment*. New York: Oxford University Press. Resources Available at: <http://www.ipsworks.org>

client-related contacts (phone, e-mail, in person). The team works quickly in the process of identifying sources of services in a collaborative, prompt, and timely manner to maximize motivation, provide assertive engagement, and overcome any barriers to accessing services (principle of Rapid Job Search).

IPS is implemented through a rapid job search approach, preceded by the development of a thorough career profile, and strategic job development. Interventions are individualized and may include any combination of the services indicated below.

***Critical elements of IPS include:***

1. *Development of the Career and Educational Profile.* Required components of the Career Profile include: previous work experience, goals, preferences, strengths, barriers, skills, disclosure preferences, career advancement/education/plan for graduation.
2. *Ongoing Benefits Counseling.* ESPs provide information on available Social Security Work Incentives, including assistance with reporting earnings to Social Security and assistance with accessing eligibility to the North Carolina Division of Medical Assistance (NCDMA) Health Coverage for Workers with Disabilities or referral to professional Work Incentives Planning and Assistance (WIPA) or benefits counselors for a personalized work incentives plan for any state or federal entitlement.
3. *Behavioral Health Integration.* Requirements are identified in the *Employment Behavioral Health Team for Individual Placement and Support (IPS)* guidance published on November 15, 2017.
4. *Addressing Barriers to Employment.* Barriers to employment may be actual or perceived and support may include: addressing justice system involvement, a lack of work history, limited housing, child care, and transportation.
5. *Employment Peer Mentor.* EPMs provide support around assertive engagement, recovery, and wellness management. EPMs shall have their NC Certified Peer Support Specialist (NC CPSS) and will be required to receive specialized employment peer mentoring training.
6. *Rapid Job Search and Systematic Job Development.* ESPs help individuals seek jobs directly, and do not provide extensive pre-employment assessment and training, or intermediate work experiences. The job process begins early, within 30 days of starting IPS services. This rapid job search is supported by ESPs developing relationships with employers through multiple face-to-face meetings. ESPs take time to learn about the employers' needs and the work environment while gathering information about job opportunities that might be a good fit for individuals they are working with.
7. *Disclosure.* Assuring that the individual has all the necessary information to make an informed decision on disclosing a disability by jointly discussing the risks and benefits of disclosure on an ongoing basis as well as the degree of disclosure during the entire employment process.
8. *Job Accommodations and Assistive Technology.* ESPs identify and address job accommodations or technology needs. Job accommodations can include the following: adjusting work schedule to reduce exposure to triggering events (i.e., heavy traffic triggering symptoms of agoraphobia);

providing a private area for individuals to take breaks if they experience an increase in symptoms; access to telephone to contact support person if needed while at work; adjusting job schedule to accommodate scheduled mental health appointments; and small, frequent breaks as opposed to one long one. Assistive Technology can include the following: bedside alarms, electronic medication reminders while at work or at home, and use of portable music device/headset to block out internal or external distractions.

9. *Follow along supports.* These supports are planned for early in the employment process, are personalized, and follow the individual for as long as they need and want support. The focus is supporting the individual in becoming as independent as possible, and seeking to involve family members, co-workers, and other natural supports. These supports can be provided on the job site or off site, and focus on the continued acquisition and development of skills needed to maintain employment (i.e.- addressing absences, personal leave, dealing with crises, conflict resolution skills, budgeting skills, financial literacy, and asset development.)

ESPs shall collaborate with the individual on what level of “on-the-job” and/or “off-site” training and support is needed or desired to master the duties and requirements of the job. The support frequency, modality and location should be tailored to the individual, their needs, and preferences. Efforts should be made to ensure that the follow along support service is sufficient to ensure ongoing employment retention and success, yet focused on titrating paid supports down and increasing natural and community supports. The team should also be flexible in the provision of short term retraining, based on changing job requirements or performance issues identified.

**Table 1. Evidence-Based Model and Supplemental Approaches**

The following evidence-based model and supplemental best practice approaches encompass all the critical elements of IPS described above. It is preferred that providers develop their program by being trained in and offering supplemental approaches in practice to provided person-centered and individualized/customized services and meet the variety of consumer needs.	
<b>Required</b>	<b><u>Individual Placement and Support (IPS)</u></b> Resources Available at: <a href="http://www.ipsworks.org">http://www.ipsworks.org</a>
<i>Supplemental Employment Approaches used within the IPS framework</i>	<b><u>Customized Employment (CE)</u></b> Resources available at <a href="http://www.dol.gov/odep/categories/workforce/CustomizedEmployment/what/">http://www.dol.gov/odep/categories/workforce/CustomizedEmployment/what/</a>
<i>Supplemental Employment Approach used within the IPS framework</i>	<b><u>Self-Employment, Micro-Enterprise, Small Business:</u></b> Resources available at: <a href="http://www.dol.gov/odep/topics/SelfEmploymentEntrepreneurship.htm">http://www.dol.gov/odep/topics/SelfEmploymentEntrepreneurship.htm</a> <a href="http://www.dol.gov/odep/#">http://www.dol.gov/odep/#</a>
<i>Supplemental Employment Approach used within the IPS framework</i>	<b><u>Business-Led Internship Training:</u></b> <a href="http://www.dol.gov/odep/#">http://www.dol.gov/odep/#</a>

**Provider Requirements:** IPS is administered by a provider organization that meets all of the following requirements:

- a. Meet provider qualification policies, procedures, and standards established by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS);
- b. Fulfill the requirements of 10A NCAC 27G;
- c. Demonstrate that they meet these standards by being certified by the Local Management Entities-Managed Care Organizations (LME-MCO);
- d. Establishment as a legally constituted entity capable of meeting all of 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.

Further, agencies providing IPS should integrate *Employment First* practices into their policies, procedures, and agency mission and values. *Employment First* principles include that competitive employment is the first and preferred outcome for individuals with mental health and co-occurring diagnoses, that employment opportunities are integrated in the community, pay at least minimum wage, and are not set aside jobs for individuals with disabilities. Agencies shall ensure that IPS-service information is evident through marketing flyers and posters in lobbies and service areas. The agency as a whole tracks employment as an outcome for all individuals served within the Agency, not just within the IPS team.

**Staffing Requirements:** Employment Support Professionals (ESPs) work as an IPS team, or “Vocational Unit”, comprised of a Team Lead, ESPs and Employment Peer Mentors (EPMs) to help problem-solve and share job leads and responsibilities. Sufficient staff must be in place to meet the varying needs of individuals served and promote community inclusion and employment success. The IPS program can grow to a team with a full time Team Lead supervising a maximum of 10 staff (8 ESPs with 2 EPMs) and cannot serve more than 210 individuals (8 ESPs with caseloads of 25 each and a TL with a caseload of 10). Thereafter, an additional Team Lead must be hired to create a new team.

**Table 2. Employment Staff Level Requirements, Experience and Qualifications**

<b>IPS Team Lead</b>	1.0 FTE, dedicated IPS Team Lead (also referred to as Lead ESP) who is a Qualified Mental Health Professional. The Team Lead shall have at least 12 months of experience working with individuals with mental illness and recommended at least 6 months of vocational experience and/or be a Certified Employment Support Professional (CESP). The Team Lead may supervise other IPS staff (maximum of 10) including additional ESPs and EPMs.
<b>Employment Support Professional (ESP)</b> (No more than 2 individuals may share this FTE position.)	1.0 FTE Employment Support Professionals who may be either a Qualified Professional (MH), an Associate Professional (MH), a Certified Employment Support Professional (CESP), or certified in Individual Placement and Support (CIPS) through The IPS Employment Center at <a href="http://www.ipsworks.org">www.ipsworks.org</a> and has the required experience serving the MH/SA population. Additional ESPs should be hired to be part of the team as caseloads grow per caseload ratio.
<b>Employment Peer Mentor (EPM)</b>	1.0 FTE Employment Peer Mentor is a NC Certified Peer Support Specialists, who has a minimum education of HS/GED and who preferably has been employed in any capacity in

(No more than 2 individuals may share this FTE position.)	<p>the past*. Staff fulfilling this role must successfully complete the NC approved Employment Peer Mentoring course within 6 months of employment.</p> <p>*If a provider has limited availability of qualified EPMs in their catchment area, efforts to build capacity, train, and recruit peers must be continuous and documented. Exceptions may be made for providers who are sponsoring an individual to become certified and they will have 90 days from their hire date to obtain their North Carolina Certified Peer Support Specialist (NC CPSS) certification. <b><i>Providers must employ certified EPMs in this role no later than six months after the provider start date for this service.</i></b></p>
<b>Program Assistant (PA)</b>	0.5 FTE Program Assistant to support the IPS team who has a minimum education of a HS/GED and who preferably has been employed in any capacity in the past.
<b>Benefits Counselor (BC) - Optional</b>	0.3 FTE Benefits Counselor to support the IPS team who is a Certified Work Incentives Counselor (CWIC) or a credentialed Work Incentives Planner (WIP), who has a minimum of a HS/GED and who preferably has been employed in any capacity in the past.

**Caseload Ratios:** Staff caseloads vary, depending on where individuals are in their employment phase. For 1 FTE ESP a ratio should not exceed **1:25** Caseload size for the IPS Team Lead should vary based on the number of ESPs and EPMs they supervise. For guidance, if an IPS Team Lead supervises a team of 10 staff, the IPS Team Lead’s caseload should not exceed 3 individuals.

**IPS Team Start-up/Transition:** New programs must start with a full time, dedicated Team Lead and at least a 0.5 FTE ESP and a 0.5 FTE EPM as they build up the program, with the expectation that the full team to include the 0.5 FTE PA (see Table 2) must be in place within 6 months of program start date. The program may hire additional ESPs while reducing the caseload for the Team Lead as the team staffing and caseload sizes grow and must keep the ESP to individual served ratio at 1 per 25 individuals receiving services.

**Staff Responsibilities**

**Team Leader (TL):** Knowledge and application of the evidence-based model and applicable approaches as described in Table 1 is required. In addition to providing IPS critical elements mentioned above, the team lead is responsible for:

- Overseeing the operations of the program or team;
- Providing oversight of employment services and collaborating with behavioral health supports;
- Supervising staff to assure the delivery of evidence-based and ethical practices;
- Providing weekly outcome based supervision and monthly field mentoring with each staff member;
- Collaborating with VR as necessary to discuss referrals and problem solve barriers; and
- Directly provide IPS services to individuals.

**Employment Specialist Professional (ESP):** Knowledge and application of the evidence-based model and applicable approaches as described in Table 1 is required. In addition to providing the ***Critical elements of IPS*** (career profile, benefits counseling, behavioral health integration, addressing barriers to employment, rapid job search, systematic job development, support with disclosure, job

accommodations/assistive technology, follow along supports, and career and education development), the responsibilities of the ESP may include, but not be limited to:

- Using assertive engagement strategies to engage individuals considering IPS services;
- Directly provide IPS services to individuals;
- Developing the Career Profile and PCP and/or Employment Plan for individuals assigned to him or her;
- Collaborating with EPMs, DVR, behavioral health providers, families, natural supports, housing, transportation, and other community service providers who support the individual;
- Coordinating services and assuring person-centeredness in the employment planning process; and
- Developing relationships with employers by learning about their businesses, hiring practices, hiring preferences, and business priorities over multiple visits.
- Teaching psychiatric rehabilitative skills to promote independent living.

ESPs primarily provide only employment services; however, providers may need to spend some of their time providing employment-related case management functions. However, provision of case management functions should not exceed more than 5-10% of the ESP's FTE.

**Employment Peer Mentor (EPM):** EPMs offer hope and motivation by drawing from their lived experience and their own employment experiences to encourage other individuals to seek and maintain employment, wellness, and community integration. Employment Peer Mentors do not hold their own caseloads and do not function as an extension of ESPs or as case managers. They support any and all individuals enrolled in the service through the provision of wellness interventions, promoting self-determination, and helping individuals advocate for themselves. The responsibilities of the Employment Peer Mentor may include, but are not limited to, the following:

- Promoting self-determination, recovery, self-advocacy, and self-direction; assisting individuals in identifying strengths; wellness goals; setting objectives, and identifying barriers;
- Exploring career and educational aspirations with the individual;
- Attending treatment team meetings with the individual to promote the individual's use of self-directed advocacy tools; assisting the individual in goal planning and participating with the individual and the ESP in the development of the Career Profile and PCP and/or Employment Plan; assisting the individual in learning how to ask for appropriate services in community;
- Modeling self-advocacy skills for addressing disclosure issues or requesting job accommodations;
- Teaching wellness management strategies and helping individuals develop their own self-management plan and tools to use in the workplace and in their personal lives; using manualized strategies such as Illness Management and Recovery (IMR)/Wellness Management and Recovery (WMR), Wellness Recovery Action Plan (WRAP), Vocational IMR, and others;
- Connecting to support groups in the community to learn from other peers, to promote hope, to problem-solve through work situations, and to decrease social isolation;
- Providing education to increase the IPS team's understanding of self-advocacy and peer support roles, and to promote a culture in which individuals' points of view and preferences are recognized, understood, respected, and integrated into service delivery;
- Sharing his or her own personal story to model how to choose, obtain, and keep employment;
- Supporting individuals in making informed decisions about employment and building community connections;

- Supporting individuals in the vocational choices they make and in overcoming job-related concerns;
- Building social skills in the community that will enhance job acquisition and tenure;
- Assisting in obtaining the proper documentation necessary for employment;
- Attending recovery support groups and NA/AA meetings with the individual if appropriate; and
- Assisting with financial wellness using tools for money management and asset development.

**Program Assistant (PA):** The Program Assistant shall provide a full range of supports to the team, including but not limited to:

- Organizing, coordinating, and monitoring all administrative operations of the team;
- Record management;
- Entering and tracking team performance beneficiary outcome data;
- Running reports;
- Receiving calls and responding to referral sources;
- Managing authorization requests;
- Assisting with organizational record-keeping;
- Managing human resources and continuing education files for ESPs; and
- Scheduling activities.

**Benefits Counselor (BC):** Work Incentive Benefits Analysis Services (WIBAS) is a service designed to inform the individual (and guardian, payee representative, and/or natural support, if applicable) of the multiple pathways to ensuring individualized competitive and integrated employment or self-employment which results in economic self-sufficiency (net financial benefit) through the use of various work incentives. Services are face-to-face, individualized, and are provided as the person needs and requests the interventions (i.e., daily, weekly, monthly, etc.). Individuals providing work incentive and benefits counseling must:

- Possess a thorough understanding of all eligibility requirements (including local requirements), processes, and rules for all types of benefits, including, SSI/SSDI, Food Stamps, Veteran's benefits, housing subsidies, etc.
- Have the ability to complete benefits calculations.
- Have knowledge of work incentives (how they work, how they are calculated, etc.).
- Understand how to access work incentives (i.e., 1916b, Subsidies, IRWEs, PASS, etc.).
- Possess the ability to develop IRWEs, Subsidies, Special Conditions, and PASS with individuals.
- Gather and report accurate information about the individual's benefits.
- Support the individual to develop a better understanding in regard to the questions and concerns he/she has around his/her benefits and working.
- As appropriate, help the individual develop a plan to maximize his/her earning potential, report his/her earnings, and navigate the benefit systems he/she is involved in or seeks to gain involvement in.
- Provide the individual with a report explaining the results, including any changes to his/her benefits, of the work incentive benefit analysis.
- Provide the individual a list of work incentives available to him/her (as applicable).
- As appropriate, support the individual to access the work incentive he/she wants to use.

- Create a Work Incentive Benefits Analysis and/or amend a Work Incentive Benefits Analysis in the event of the individual seeking changes in his/her income.

### **Training and Certification Requirements**

All training shall be documented and kept on file with the provider agency. All staff in Table 2, with the exception of the Program Assistant and Benefits Counselor, must be trained in the DHHS approved “*Individual Placement and Support 101*” training offered by the Institute for Best Practices or the Online Practitioner Skills course offered through [www.ipsworks.org](http://www.ipsworks.org) within **90** days of each staff’s date of hire. Additional training is required for Employment Peer Mentors. EPMs must participate in DHHS approved “*Employment Peer Mentoring*” curriculum within **6** months of their date of hire. It is recommended that EPMs participate in the Vocational Illness Recovery Management (VIMR) training available on the UNC Behavioral Health Springboard website. These trainings have been developed in collaboration with DMH/DD/SAS and external stakeholders. DMH/DD/SAS will maintain the authority to approve DHHS trainers, and to monitor and update training curricula as needed.

This DHHS approved curricula meets nationally accepted professional skills and competencies to ensure high quality services and high outcomes for individuals. Additionally, these trainings enable ESPs to earn the designation of *Certified Employment Support Professional (CESP)* by passing the national examination established by the Employment Support Professional Certification Council (ESPCC), founded by APSE (Association of People Supporting Employment First). It is highly recommended that all staff in Table 2, with the exception of the Program Assistant and Benefits Counselor, work to become *CESPs* or certified in Individual Placement and Support (CIPS), offered through the IPS Employment Center at [www.ipsworks.org](http://www.ipsworks.org) to demonstrate that national competencies for evidence-based practices have been met. ESPs are also encouraged to seek out other national credentials, such as the Certified Rehabilitation Counselor (CRC) credential.

ESPs, EPMs and team leads are required to complete 6 hours of Person Centered Thinking and 6 hours of Motivational Interviewing Training within 90 days of their date of hire. IPS Team Leads are required to complete the *Supervising NC Certified Peer Support Specialists* training available on the UNC Behavioral Health Springboard website or applicable DHHS vendor within 6 months of hire.

For each additional year of employment from the date of hire, all staff in Table 2, except for the Program Assistant, must receive 5 or more hours of additional training which include specialty approaches for the implementation of ethical, person-centered, best practice IPS per population served. Training may be in the form of locally-provided training, webinars, or regional/national conferences and must be documented.

### **Fidelity Evaluation**

Providers operating IPS teams will be evaluated, by DMH/DD/SAS or affiliates of DMH/DD/SAS, according to a standardized fidelity measure to evaluate the extent to which defining elements of the program model are being implemented. The Individual Placement Support-Supported Employment Fidelity Tool, or its successor as approved by DHHS, must be used to evaluate teams. 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. IPS teams will be expected to complete the Quarterly Outcome Tracking form and submit completed forms to DHHS for outcome monitoring.

A tiered certification process for IPS teams will 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 will participate in their first fidelity review after a minimum 6 months of continuous operation.

Teams that do not have either the required staffing in place or are serving less than 20 individuals after 6 months of continuous operation will meet with a member of the DMH/DD/SAS Adult Mental Health Team, DMA staff, DVR staff, and a staff from the LME-MCO to review the barriers to completing a fidelity evaluation. An IPS implementation plan that clearly identifies all current barriers as well as specific steps to address the barriers to program implementation shall be developed and shared with DMH/DD/SAS, DMA, DVR and LME-MCO Provider Network staff. In these cases, a fidelity evaluation will be scheduled three months after this meeting and the development of the IPS implementation plan.

The first review will serve as a fidelity starting point and guide the development of a fidelity action plan, with the help of the assigned trainer, that clearly details quality improvement steps to make prior to the next fidelity review. An IPS team must score a minimum of 74 on fidelity evaluations to continue to bill State funds and DVR milestones.

Subsequent fidelity reviews will be scheduled based on the most recent fidelity review score.

<b>Table 1. Tiered Certification Process for IPS Based on the IPS- Fidelity Tool Total Rating and Subsequent Fidelity Evaluation Timeframe</b>		
<i>Certification</i>	<i>Score Range</i>	<i>Follow Up Timeframe</i>
No Certification	Rating below 74	6 months after final report if approved
Fair Fidelity Level	Rating 74-99	6-12 months after final report is received
Good Fidelity Level	Rating 100-114	12-18 months after final report is received
Exemplary Fidelity Level	Rating 115-125	18 months after final report is received

DMH/DD/SAS published Joint Communication Bulletin #J309 on October 18, 2018, which replaced Joint Communication Bulletin #J235 published on February 14, 2017, providing guidance to teams on the procedures and timeline for the fidelity evaluation process, including the addition of an option for teams to contest up to three fidelity items by submitting supporting documentation as evidence to support the reasoning for the score to be changed.

Teams not meeting fair fidelity may be eligible for an IPS fidelity re-evaluation. The IPS fidelity re-evaluation must be requested by the LME-MCO and the provider and scheduled within 180 days from the date of the finalized IPS fidelity score from the previous fidelity evaluation. All criteria must be in place at the time of the fidelity evaluation in which the score fell below 74.

To qualify for an IPS fidelity re-evaluation the IPS team must meet all of the following:

- The score must be between 65-73.

AND

- All staffing requirements identified in the service definition (based on census, excluding the program assistant and benefits counselor) must be fully met. Programs that are 0-6 months post start date will be expected to have the start-up staffing ratios in place. Programs that have been in operation for more than 6 months will be expected to have full staffing (based on census) in place.

AND

- Evidence of behavioral health integration. If an IPS team is a stand-alone provider, there must be at least one MOU/MOA in place with a behavioral health provider that clearly establishes a formal partnership that integrates IPS services and behavioral health services.

AND

- At least 80% of individuals receiving services must have a Career Profile completed.

If an IPS team is granted a re-evaluation and they do not pass the subsequent fidelity evaluation, they will not be eligible for an additional re-evaluation. If an IPS team's second score falls below the 74 identified in the service definition, they will not be eligible to bill State funds for IPS services.

### **Service Type and Setting**

IPS is a periodic, outpatient service. Services are community based, individualized, and are provided as the person needs and requests the interventions (i.e., daily, weekly, monthly, etc.). IPS staff should spend 65% or more of total scheduled work hours in the community. Frequency and intensity of services must be documented in the individual's PCP and/or Employment Plan. 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. Not every individual will need daily or weekly support, and not every individual will want on-site supports.

### **Program Requirements:**

The IPS model requires a team approach. Caseloads are discussed in regular IPS team meetings, so all staff are up to date on everyone's progress and needs. The IPS Team is required to have weekly face-to-face group supervision with the IPS Team Lead to discuss individual situations, job leads, and other issues. Face-to-face meetings are preferable but accommodations for staff may be made by using a HIPAA compliant video teleconference/webinar if an ESP/EPM is located more than 30 miles from the main office to ensure they can consistently attend team meetings. It is expected that the long-distance ESP/EPM(s) attend the meeting face-to-face at least once monthly. Individual supervision and field mentoring must be provided in person.

The IPS model requires ongoing Behavioral Health Integration. The IPS team works side by side with a behavioral health team(s) - typically in the same building or close enough so they can frequently meet and discuss individuals they mutually serve. The IPS staff 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 may include prescribers, therapists/counselors, nurses, or other staff that

help the individual in their psychiatric rehabilitation. Guidance is provided in the *Employment Behavioral Health Team for Individual Placement & Support (IPS)* policy, published November 15, 2017.

The activities and services of the IPS team shall be driven by the person-centered planning process in an integrated treatment team model, and developed by the consumer into their PCP and/or Employment Plan.

### **Eligibility Criteria**

The individual is working age (16+) and:

- A. Has a primary diagnosis of a serious mental illness (SMI) that includes severe and persistent mental illness (SPMI), or a primary diagnosis of substance use disorder (State funded individuals only.)

AND

- B. Experiences difficulties in at least two or more of the following areas:
  1. In or at risk of placement in a congregate setting or difficulty maintaining safe living situations, including homelessness;
  2. Co-occurring mental health and substance abuse disorders;
  3. High risk of crisis diversion, intervention, including hospital transitions;
  4. Difficulty effectively using traditional office-based outpatient services;
  5. Difficulty with daily living, communication, interpersonal skills, self-care, self-direction;
  6. High risk or recent history (within the past 12 months) of criminal justice involvement (such as arrest, incarceration, probation);

AND

- C. Expresses the desire to work at the time of admission to the program, and has an established pattern of unemployment, underemployment, or sporadic employment; and requires 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 the individual's diagnosis.

### **Entrance Process**

Per the evidence-based model, there is a zero-exclusion criterion, meaning that individuals are not disqualified from engaging in employment simply because of perceived readiness factors, such as active substance use, criminal background issues, active mental health symptoms, treatment or medication non-adherence, or personal presentation. Individuals are not required to participate in pre-vocational training or other job readiness models. Teams assist individuals in addressing barriers to employment through behavioral health integration.

### **Continued Service Criteria**

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

1. The individual has made little progress in meeting employment goals, and there is documentation that supports that continuation of IPS services will be effective in meeting employment goals identified in service plan;
2. The individual is making progress in meeting employment goals, but the interventions identified in the PCP and/or Employment Plan need to be modified to achieve competitive employment;

3. 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 PCP and/or Employment Plan.
4. The individual needs follow-along support in learning how to manage benefits, such as Social Security, Ticket to Work, etc.
5. The individual needs support to change jobs, increase hours of employment, or advance in his or her career.

### **Discharge Criteria**

The individual's level of functioning has improved with respect to the goals outlined in the PCP and/or Employment Plan and follow along services have been provided to ensure long-term job maintenance and ongoing behavioral health support as needed by the individual. When applicable, an IPS team shall initiate a transfer to another provider. The decision to discharge should be based on one or more of the following and documented in the service record:

1. The individual has requested that IPS be discontinued.
2. The individual has moved outside of the LME/MCO catchment area.
3. The individual has long-term medical issues and work is not an option at the time.
4. The individual no longer meets criteria for this service.

### **Expected Clinical Outcomes**

Expected clinical outcomes include, but are not limited to the following:

- The individual finds and maintains competitive employment
- The individual enrolls in/completes credits towards an educational program that can then be leveraged to find employment
- The individual increases the average number of hours worked a week
- The individual increases their average pay

All IPS teams shall complete NC-TOPPS assessments on individuals receiving services to track the outcomes identified above.

### **Documentation Requirements**

A service record shall be maintained for each individual served. A full service note shall be written per date of service.

A Person-Centered Plan (PCP) and/or Employment Plan is required. If the person receives an enhanced service, employment and other services received must be identified on the integrated Person-Centered Plan with an attached in-depth Employment Plan.

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

### **Utilization Management**

State-funded IPS services require no prior authorization for the first 64 units (16 hours) of IPS services for the initial engagement (motivational interviewing and assertive outreach) of the individual.

Authorization for continued services must occur after the 64 units and services may cover up to 12 months for the initial authorization period. To continue IPS, reauthorizations should be based on the level

of intensity required to acquire stable employment or interventions required for continued employment. Units are billed in 15-minute increments.

### **Service Exclusions and Limitations**

An individual may receive IPS services from only one IPS provider organization during any active authorization period for this service. Service can only be billed when providing direct service to the individual, and cannot be billed for meetings, paperwork, documentation, or travel time.

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

IPS services are individual and community based. All IPS services are provided on an individual basis by IPS team members, not in groups, facilities, and/or congregate settings.

State funds shall not cover the following under IPS activities, and these activities may not be billed or considered the activity for which the IPS unit is billed:

- 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 and/or services to help individuals with volunteering;
- d) Set-aside jobs for people with disabilities, such as enclaves;
- e) Group employment/work crews;
- f) Transitional employment;
- g) Group employment searches or classes;
- h) Habilitative services for the individual to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to reside successfully in community settings;
- i) Non-employment related transportation for the individual or family;
- j) 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 Person-Centered Plan and/or Employment Plan;
- k) Clinical and administrative supervision of staff; or
- l) Time spent in meetings where the eligible individual is not present.

Additionally, if an eligible individual is a shared case between DMH/DD/SAS and DVR, State funds will only reimburse for services not covered in a DVR milestone. For example, if an individual is working towards **IPS Milestone 1- Job Development with Retention**, State funds would not cover services related to consumer specific job development and placement, and time spent analyzing information relevant to a consumer's job development and placement. State funds would reimburse for completion of the Intake and Career Profile (when working directly with the individual), and services provided by the Employment Peer Mentor.

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

**Policy Implementation and History**

**Original Effective Date:** April 18, 2013

**History:**

<b>Date</b>	<b>Section or subsection Revised</b>	<b>Change</b>
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 <i>Employment First</i> 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 <i>Employment First</i> .
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.

<b>Date</b>	<b>Section or subsection Revised</b>	<b>Change</b>
1/1/16	Fidelity Evaluation	The process and procedures specific to fidelity evaluations has additional detail, including: a certification chart, procedures for when fidelity 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

<b>Date</b>	<b>Section or subsection Revised</b>	<b>Change</b>
		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; 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 <i>Supervising NC Certified Peer Support Specialists</i> 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.
12/15/19	Attachment A & Service Exclusions	Added Note: DMH/DD/SAS will not reimburse for conversion therapy.

## Resources and References

Americans with Disabilities Act. *Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.* [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm)

APSE (Association of Persons Supporting Employment First): <http://www.apse.org/employmentfirst/>

Butterworth, J., Gandolfo, C., Revell, G., Inge, K.J. (2007). *Community Rehabilitation Programs And Organizational Change: A Mentor Guide to Increase Customized Employment Outcomes*. T-TAP Training and Technical Assistance for Providers. [https://www.dol.gov/odep/documents/6f2ed557\\_ad21\\_466a\\_8f93\\_01f93e41f046.pdf](https://www.dol.gov/odep/documents/6f2ed557_ad21_466a_8f93_01f93e41f046.pdf)

Department of Labor Office of Disability Employment Policy- *Integrated Employment Toolkit*: <http://www.dol.gov/odep/ietoolkit/> *Employment First*: <http://www.dol.gov/odep/topics/EmploymentFirst.htm>

Employment Support Professional Certification Council (ESPCC). *CESP Candidate Handbook* (2012). [www.apse.org](http://www.apse.org)

Financial Education for Persons in Recovery. <http://www.cmhsrp.uic.edu/nrtc/financial-ed.asp>



Gross, L., Moore, J. & Keul, P.K., (2011) *National APSE Certification Institute: Role Delineation Study*. [www.apse.org](http://www.apse.org)

NC APSE: Employment First Initiative. <https://www.ncapse.org/employment-first-north-carolina/>

NC Business Leadership Network. <http://www.ncbln.org>

NC Certified Peer Support Specialist Program <https://pss.unc.edu/>

NC Division of Medical Assistance Health Coverage for Workers with Disabilities.  
<http://www.ncdhhs.gov/dma/medicaid/hcwd.htm>

North Carolina Assets Alliance. <http://ncassets.org/>

Social Security Benefits Counseling- Work Incentive Resources. <http://www.ssa.gov/work/home.html>

### **IPS- Supported Employment**

Becker, D.R., Swanson, S., Bond, G.R., & Merrens, M.R. (2011, May). *Evidence-Based Supported Employment Fidelity Review Manual*. [https://ipsworks.org/wp-content/uploads/2017/08/ips-fidelity-manual-3rd-edition\\_2-4-16.pdf](https://ipsworks.org/wp-content/uploads/2017/08/ips-fidelity-manual-3rd-edition_2-4-16.pdf)

Drake, R.E., Bond, G.R., & Becker, D.R. (2012) *Individual Placement and Support: An Evidence-Based Approach to Supported Employment*. New York: Oxford University Press. <http://www.ipsworks.org>

Substance Abuse and Mental Health Services Administration (2009). *Supported Employment: How to Use the Evidence-Based Practices KITs*. DHHS Pub. No. SMA-08-4364, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Available at: <http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365>

### **Customized Employment**

Griffin, C. Hammis, D. *Customized Employment* <http://www.griffinhammis.com/customizedemployment.html>

Department of Labor Office of Disability Employment Policy. *Customized Employment and Flexible Work Arrangements*. Available at: [http://www.dol.gov/odep/topics/CustomizedEmployment.htm#UJ0wT2cm\\_E0](http://www.dol.gov/odep/topics/CustomizedEmployment.htm#UJ0wT2cm_E0)

### **Self-Employment**

Department of Labor Office of Disability Employment Policy. *Self-Employment & Entrepreneurship*. [http://www.dol.gov/odep/topics/SelfEmploymentEntrepreneurship.htm#UJ0vdGcm\\_E0](http://www.dol.gov/odep/topics/SelfEmploymentEntrepreneurship.htm#UJ0vdGcm_E0)

Griffin, C. and Hammis, D. (2003) *Making Self-Employment Work for People with Disabilities*. Resources. <http://www.griffinhammis.com/selfemploy.html>

### **Business-Led Internships**

Project SEARCH High School Transition Program (1995) Cincinnati Children's Hospital Medical Center, Ohio. Resources Available at: [www.projectsearch.us/OurPROGRAM/ProgramModel.aspx](http://www.projectsearch.us/OurPROGRAM/ProgramModel.aspx)

**Attachment A: Claims-Related Information**

LME-MCOs and provider(s) shall comply with the, NCTracks Provider Claims and Billing Assistance Guide, joint communication bulletins, fee schedules, DMH/DD/SAS's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for state funds:

**A. Claim Type:** Professional (837 P transaction)

**B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and DMHDDSAS Benefit Plans:**

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. The subset of allowed codes, including the DMHDDSAS Benefit Plan Diagnosis Array for state-funded billing may be found at [https://files.nc.gov/ncdhhs/documents/files/DMH%20Service%20Array%202019%2005-18-2017\\_0.xlsx](https://files.nc.gov/ncdhhs/documents/files/DMH%20Service%20Array%202019%2005-18-2017_0.xlsx). Use the ICD-10 codes on the current array.

**C. Code(s):**

Provider(s) shall report the most specific local billing code that accurately and completely describes the service provided. LME-MCOs must identify the appropriate **YP630** service provided by using the following local procedure code(s):

**YP630- IPS (without Benefit Counseling)**

**YP630 BC- IPS with Benefits Counseling (Modifier must be utilized when billing for Benefits Counseling.)**

**D. Billing Units:**

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

**1 unit= 15 minutes up to 32 units a day**

**E. Place of Service:**

All valid place of service codes for DMH/DD/SAS.

**F. Reimbursement**

Provider(s) shall bill based on their contractual agreement with the LME-MCO.

**NC Division of Mental Health,  
Developmental Disabilities &  
Substance Abuse Services**

**State-Funded Individual Placement &  
Support (IPS) For AMH/ASA  
Amended Date: December 15, 2019**

NOTE: The Division of MH/DD/SAS will not reimburse for conversion therapy.