VOCATIONAL REHABILITATION

Implementing and Sustaining a Successful Individual Placement and Supports (IPS) Program

Missy McGaw
Assistant Director-Mental Health Training

Missouri Department of Elementary and Secondary Education

July 12, 2018
MISSOURI IPS TEAM

Rebecca Maynard-Director Mental Health Vocational Rehabilitation
Bianca Farr-Director of Employment Department of Mental Health
Missy McGaw-Assistant Director Mental Health Training Vocational Rehabilitation
Tish Thomas-Vocational Specialist Vocational Rehabilitation
Millie Robinson-Employment Liaison Department of Mental Health
Chad Hinkle-Employment Liaison Department of Mental Health
VOCATIONAL REHABILITATION IPS REGIONAL SPECIALISTS

Kansas City Region
  Alise Dodds-Counselor IV
St. Louis Region
  Annie Lorenz-Counselor III
Central Region
  Sheryl Toole-Bowles-Counselor III
Southwest Region
  Heather DeLuce-Counselor II
Southeast Region
  Jennifer Holzbauer-Counselor II
PRE-IMPLEMENTATION

• Develop an Implementation Team;
  • Agency Leadership
  • Member(s) of IPS Team
  • Vocational Rehabilitation
  • IPS State Team Member(s)
  • Leader of Treatment Team(s) to be Served
  • DMH Employment Liaison
    • Chad Hinkle-Farmington/Cape Girardeau area
    • Millie Robinson-Kansas City area
    • Vacant-St. Louis area
  • Consumer and/or Family Member

Chad Hinkle - Farmington/Cape Girardeau area
Millie Robinson - Kansas City area
Vacant - St. Louis area
IDENTIFY SOURCES OF REVENUE

• Vocational Rehabilitation (VR), which will require a Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation, to become a Community Rehabilitation Provider (CRP) for VR.

• State or county mental health funding.

• Medicaid for medically necessary services that occur within the context of employment. See the Billing Guidance for IPS/SE Programs handout for further information.

• Grants.
NOTIFYING STATE IPS LEADERSHIP OF INTEREST

• Contact one of the following;
  • Rebecca Maynard, Director-Mental Health Services, Vocational Rehabilitation
  • Bianca Farr, Director of Employment, Department of Mental Health
  • Missy McGaw, Assistant Director-Mental Health Training, Vocational Rehabilitation

• This will start the official process to become an official member of the Missouri IPS Collaborative.
MAKE PLANS TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE

- IPS State Team
  - Missy McGaw/Tish Thomas/Chad Hinkle/Millie Robinson
    - Trainers available in Missouri
    - Multiple training modules available

- Ipsworks.org
  - Multiple training tools available

- The IPS Employment Center online course for IPS practitioners and the online course for IPS supervisors

- The IPS Employment Center’s in-person IPS Leadership Training
CREATE AN IPS STEERING COMMITTEE

Convene a diverse group of stakeholders to support IPS implementation and sustainability.

Members include:
- Family Members and/or Consumers
- IPS Supervisor
- Clinical Director
- VR Counselor(s) and/or VR Supervisor
- At least one high level leader from the agency (CEO, Executive Director, QI/QA Director, Fiscal Director)
- IPS State Team Member(s)
- DMH Employment Liaison

Committee meets at least quarterly during implementation to discuss implementation plan and progress on fidelity. After good IPS fidelity is achieved, committee meets at least twice each year.

Committee develops strategies for all eligible people to learn about the IPS program.
EARLY IMPLEMENTATION

• The IPS Supervisor
  • One full time supervisor responsible for no more than ten employment specialists.
  • If supervising more than five, only supervises IPS.
  • May carry a small caseload (fidelity suggests 2-3).
  • Weekly group supervision with IPS team focusing on client goals, employer relationships and celebrations.
  • Field mentoring; teaching job development by going into the field with employment specialists monthly to meet with employers.
  • Monitor monthly/quarterly outcomes (percentage/number of people working, number of people on caseloads, number of people closed successfully, number of job starts, etc.) and help set goals for improvement.
EARLY IMPLEMENTATION

• The Employment Specialist
  • Has a caseload of 20 or less.
  • Provides a full range of employment services including job development.
  • Provides only employment services.
  • Spends at least 65% of their time in the community.
  • IPS team members should reflect the cultures of the people they serve and/or are educated about different cultures.
  • The team may include people with lived experience of mental illness as employment specialist or peers.
EARLY IMPLEMENTATION

• Integration with Mental Health Treatment Teams
  • Each employment specialist is assigned to one or two mental health teams and receives at least 90% of referrals from those teams.
  • Employment specialists offices are located in the same space as the treatment team.
  • Employment specialists attend weekly treatment team meetings that they are assigned to. These meetings should focus on client situations (mental health and/or employment). Employment specialists stay for the entire meeting and are active participants.
  • Client records are integrated (mental health and employment).
EARLY IMPLEMENTATION

• The VR Counselor(s)
  • The assigned VR Counselor(s) should know the IPS Principles.
  • The IPS supervisor and the VR Counselor should strategize ways to expedite the eligibility process.
  • The VR Counselor should adhere to the Zero Exclusion criteria for most people.
  • VR Counselors should meet with employment specialists monthly to discuss caseloads and employment goals.
  • The VR Counselor should be afforded the opportunity to attend mental health treatment team meetings on at least a quarterly basis.
EARLY IMPLEMENTATION

• Benefits Planning
  • Investigate options for clients to receive benefits planning to understand how their benefits can be affected by going to work.
    • SSI
    • SSDI
    • TANF
    • Housing
    • Medicaid/Medicare
  • Ensure benefits planners have extensive training and receive ongoing updates as rules for benefits change.
MID-IMPLEMENTATION

• This is where it all comes together!!!
  • You’re assisting people in finding employment,
  • You’re providing Follow-Along Supports,
  • You’re developing relationships with employers,
  • You’re building partnerships with VR,
  • You’re becoming a member of the treatment team(s),
  • You’re providing Benefits Planning,
  • You have an active Steering Committee,
  • You’re educating your agency on the importance of work to recovery and the role of the IPS program,
  • You’ve scheduled your Baseline Fidelity Review.
AGENCY READINESS FOR IMPLEMENTATION

- Agency Leadership
  - Motivation to Implement
    - Do they understand difference between IPS and other employment approaches?
    - Do they know the census of employed clients served within agency?
    - Is it about revenue or the “right thing to do”?
  - Leadership’s Role in Implementation
    - How do they plan to help implement?
    - Will they participate in training?
    - How will they create a “culture of employment”?
- Financial Planning
  - What sources of revenue will be used?
  - Will the agency provide start-up funds?
AGENCY READINESS FOR IMPLEMENTATION

• Agency Leadership
  • VR Partnership
    • Does the program have a vendor relationship with VR?
    • How do leaders from both agencies describe their current relationship?
    • If there’s a current employment program, how do they coordinate services?
    • What do VR supervisors and counselors think about IPS?
• Integration of Employment with Mental Health Treatment Services
  • Are practitioners divided into teams that meet weekly to discuss clients?
  • Will ES’s be located in close proximity to treatment teams served?
AGENCY READINESS FOR IMPLEMENTATION

• Employment Team
  • Interest in IPS
    • What do ES’s already know about IPS?
    • How are ES’s currently helping people find jobs?
    • How much time are they spending out of the office?
  • Belief in Recovery
    • Do ES’s talk about clients in a respectful manner?
    • Do ES’s believe people can go to work despite barriers?
    • How do ES’s intend to honor client preferences?
• Supervision for IPS
  • How much of supervisors time will be devoted to IPS?
  • Is supervisor willing to provide field mentoring?
AGENCY READINESS FOR IMPLEMENTATION

• Clients
  • Client Participation in Implementation
    • Have clients been included in considering IPS?
    • How do they feel about the new program?
    • Do they feel the ES’s are hopeful and encouraging?
    • Does the agency intend to include clients on the steering committee?
KEYS TO SUSTAINING AN IPS PROGRAM LONG TERM

• Multiple funding sources
  • VR/Medicaid/Grants/Levy's/Bonds/Taxes/Donations

• Agency Support
  • Creating a “Culture of Employment”
  • Believing work is recovery

• Agency Senior Leadership Support
  • It has to start at the top and work all the way down

• Experienced Staff
  • Low turnover rate among ES staff

• Being a part of the IPS Collaborative
  • Missouri Collaborative
  • International Learning Community
IPS Program Implementation Plan for Agencies

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<thead>
<tr>
<th>Implementation Area</th>
<th>Action Steps</th>
<th>Responsible Person(s)</th>
<th>Target Date</th>
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<tr>
<td>Funding</td>
<td>Investigate possible sources of funding. In the U.S., sources may include:</td>
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<td>• Vocational Rehabilitation (VR), which may require accreditation, such as Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation, to become a Community Rehabilitation Provider (or “vendor”) for VR. This varies by state. Contact state VR.</td>
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<td>• State or county mental health funding.</td>
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<td>• Medicaid for medically necessary services that occur within the context of employment (talk to state mental health about your state’s Medicaid plan).</td>
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<td>• Grants.</td>
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<td></td>
<td>• Identify funding for each step of the vocational process.</td>
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<td>IPS Program Supervision</td>
<td>1) One full-time supervisor is responsible for no more than 10 IPS team members.</td>
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<td>2) Supervisor has responsibilities for only IPS if supervising 5 or more people.</td>
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<td>3) Supervisor may have a small caseload (2-3 people).</td>
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<td>4) Weekly group supervision with IPS team focuses on client goals, employer relationships, and celebrations.</td>
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<td>5) Field mentoring: teaches job development by going with employment specialists to meet with employers monthly.</td>
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<td>6) Supervisor monitors client outcomes quarterly for team (%/# employed, # on caseloads, # closed from IPS while working, # job starts...) and individual specialists. Helps set goals for improvement.</td>
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The IPS Employment Center at The Rockville Institute
February 2017
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<td>Employment Specialist Positions</td>
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<td>1) Caseloads of 20 or less.</td>
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<td>2) Provides full-range of employment services to caseload, including job development.</td>
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<td>3) Provides employment services only.</td>
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<td>4) Spends at least 65% of total work hours in the community.</td>
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<td>5) IPS team members reflect the cultures of the people they serve, or are educated about different cultures.</td>
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<td>6) Team may include people with lived experience of mental illness as employment specialists or peers.</td>
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<tr>
<td>IPS Training</td>
<td>1) IPS principles. For IPS team, Vocational Rehabilitation (VR) counselors, and mental health practitioners.</td>
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<td>2) Developing employer relationships. For IPS team (and invite VR counselors).</td>
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<td>3) Discussing options for disclosure of a disability at work. For IPS team (invite VR).</td>
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<td>4) Active listening skills. For IPS team.</td>
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<td>5) Helping people consider employment. For mental health practitioners.</td>
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<td>6) Job supports. For IPS team (invite VR).</td>
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<td>7) IPS overview. For local NAMI chapter or other family and client advocacy groups.</td>
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<td>8) Other possible training: Training from IPS state trainers, The IPS Employment Center online course for IPS practitioners and the online course for IPS supervisors, The IPS Employment Center’s in-person IPS Leadership Training. <a href="http://www.IPSworks.org">www.IPSworks.org</a>, select Training and Consultation.</td>
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<td>Integration of IPS and Mental Health Services</td>
<td>1) Each employment specialist is assigned to only 1-2 mental health teams and receives at least 90% of referrals from those teams.</td>
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<td>2) Employment specialist office space is located with mental health practitioners, regardless of whether IPS program is in separate agency from mental health agency.</td>
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<td>3) Employment specialists attend weekly mental health team meetings for each team to which they are assigned. Meetings focus on client situations (mental health or employment). Employment specialists attend and participate in entire meeting.</td>
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<td>4) Client records are integrated (mental health and employment documents are in the same record).</td>
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<td>Collaboration with Vocational Rehabilitation</td>
<td>1) Vocational Rehabilitation (VR) counselors know about IPS practice principles.</td>
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<td></td>
<td>• They discuss strategies to expedite eligibility process when possible.</td>
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<td>• They adhere to zero exclusion criteria for most people (in any point in time, a few people in the IPS program may not have open VR cases).</td>
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<td>2) VR counselors meet with the IPS team at least monthly to discuss how to help people with their employment goals.</td>
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<td>3) The mental health agency offers opportunities for VR counselors to visit (at least some) mental health team meetings in order to better coordinate services for clients.</td>
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<td>4) The VR supervisor considers assigning 1 or 2 VR counselors to the IPS program so that they can develop relationships with the IPS team and learn about the IPS approach.</td>
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<td>5) See Steering Committee and IPS Training.</td>
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<td>IPS Steering Committee</td>
<td>1) Convene a diverse group of stakeholders to support IPS implementation and sustainability. Members include family members, clients, IPS supervisor, clinical director, Vocational Rehabilitation (VR) counselors and/or VR supervisor. At least one high-level leader from the agency (such as quality assurance director, fiscal director, or executive director) should also participate. If a mental health agency and separate employment agency are collaborating on IPS, members of both agencies should participate in the steering committee.</td>
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<td>2) Committee meets at least quarterly during implementation to discuss implementation plan and progress on fidelity. After good IPS supported employment fidelity is achieved, committee meets at least twice each year.</td>
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<td>3) Committee develops strategies for all eligible people to learn about the IPS program.</td>
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<td>IPS Supported Employment Fidelity</td>
<td>1) Arrange a baseline fidelity review after 6 months of implementation and then every 6 months until good fidelity is achieved. Yearly reviews thereafter to sustain the program.</td>
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<td>2) Ideally, trained reviewers from outside of the agency are available for fidelity reviews. If someone within the agency (such as a quality assurance director) will apply the fidelity scale, it is strongly recommended that the person attend state fidelity review training or Leadership Training from the IPS Employment Center.</td>
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<td>3) Develop a written fidelity action plan in response to each fidelity report.</td>
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<td>4) Include the fidelity review, or aspects of the review, in the agency quality assurance process.</td>
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<td>Benefits Planning</td>
<td>1) Investigate options for clients to receive benefits planning (information about how disability benefits, housing subsidies, food subsidies, etc.) would be affected by a return to work.</td>
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<td>2) Ensure benefits planners have extensive training and receive ongoing updates as rules for benefits change.</td>
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Billing Guidance for IPS Supported Employment Programs

Department of Mental Health – Division of Behavioral Health
And
Office of Adult Learning and Rehabilitation Services - Vocational Rehabilitation

This guidance will provide information on the use of Medicaid funded services while serving clients under a Vocational Rehabilitation (VR) Individual Placement and Support (IPS) Supported Employment Individualized Plan for Employment.

As a reminder, Medicaid is a program designed to fund medical services. Demonstrating the “medical necessity” of services is an administrative requirement attached to the development and documentation of an individual plan. The individual care plan must clearly demonstrate the clinical need, which provides the justification for services prescribed in the individual plan.

In general, Medicaid will **NOT** pay for:

1. Job skill training and coaching for specific job skills and job tasks (do not bill for teaching the job functions, i.e., how to work the computer, fryer, phone system, drill press, hand over hand, etc.)
2. Tuition for training programs
3. Supplies for work (boots, computers, uniforms, etc.)
4. Speeches to Rotary and other community groups seeking employer engagement
5. Job development
6. “Cold calls” to employers for generic job leads

VR Billing System, activities leading to milestone outcomes/payments:

1. Completion of Career/Vocational Profile - Appointments to learn about a person’s work history, job preferences, supports, etc.
2. Job development/Job search - Assisting with job applications, preparing for interviews, participating in job interviews, cold calls, engaging and following up with employers with and without individual served.
3. Job Supports/Coaching to include job skill training and coaching for specific job skills, on/off the jobsite.

Additionally, VR can provide secondary services needed to participate in IPS such as:

1. Transportation- bus passes, cab fare, assistance with gas for personal vehicles;
2. Licensures, background checks, food handlers, certificates, etc.
3. Maintenance-appropriate interview clothing, required uniforms, haircuts, etc.
**Q1:** We hired an Employment Specialist to work in our newly formed IPS Supported Employment program and it will take a while to achieve a full caseload. In the meantime, we divided the Employment Specialist’s time between case management and employment services. How should we handle billing?

A. To bill Community Support, Employment Specialists must meet the community support specialist qualifications as defined in the [Community Support Specialist Qualifications document](#). Services must be medically necessary and the individual’s plan must clearly document need.

An Employment Specialist that does not meet the professional qualifications of a Community Support Specialist cannot bill Medicaid.

Employment Specialists cannot bill as a Community Support Specialist for employment services included in VR IPS milestone payments. VR IPS employment services includes the career profile\(^1\), job search\(^2\)/placement, job supports\(^3\)/coaching.

**Q2:** Our Employment Specialist meets the mental health professional qualifications as defined in 9 CSR 10 – 7.140.(2)(QQ). Can he or she bill VR for milestone payments and bill Medicaid for employment activities rendered to achieve the milestone?

A. The answer to this question is two-fold. Billing VR and Medicaid for the same service is not allowable. However, Community Support can be billed for [key service functions](#) not covered by VR IPS milestone payments.

**Example:** Johnny has rapid cycling manic symptoms, can be unpredictable and is not always appropriate with customers (inappropriate jokes, offers steep discounts on merchandise without manager’s approval, excessive talkativeness). He has a desire to be employed and is interested in retail sales. He comes from a family of jewelers and

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1. **Career Profile:** A document in which the employment specialist records work preferences, work history, education history, strengths, legal history and other information pertinent to a person’s employment and education goals.
2. **Job Search:** Helping with job applications, introducing people to managers, preparing for job interviews, participating in job interviews, following up with employers.
3. **Job supports:** Job supports vary based upon each worker’s preferences and needs. Generally, employment specialists are encouraged to provide intensive supports, including in-person contact, on a weekly basis for at least the first month of employment. Examples of supports are wake-up phone calls, meetings with employers to obtain extra feedback, help learning how to take the bus to work, family meetings to talk about the job, meetings with the worker to talk about how the job is going, on-the-job coaching to learn new duties, etc. Over time, most clients want and require fewer supports, and eventually transition off the IPS caseload. On average clients remain in the IPS program for about a year.
wants to have a similar job. The Employment Specialist meets with Johnny to learn about his work history, job preferences and support needs to develop a career profile (employment plan). Development of an employment plan is an employment activity covered by the VR IPS milestones; therefore Community Support cannot be billed. Submit the required documentation to the designated VR Office for payment.

A person who meets the mental health professional qualifications can bill Community Support for providing clinical services to the individual in an effort to support their goal of employment.

**Example:** The person you are working with begins hearing voices on the job, walks off the job site, and calls to tell you he does not want to work. You discuss with him that there are ways to manage increased symptoms at work, and you are willing to coordinate with his psychiatrist and/or licensed Mental Health Clinician to develop a plan that would include ways to deal with symptoms on the job site. You spend time with him planning and practicing which strategies to try when symptoms occur at work.

**Q3:** Is time spent helping consumers and families understand how work and earnings will affect benefits billable as Community Support?

**A.** Yes, if medically necessary. It is important that individuals and families have access to accurate information so they can make good decisions about their vocational goals, potential earnings and health insurance needs.

**Q4:** Is time spent helping consumers input information and understanding work incentives information provided through the Missouri Disability Benefits 101 online tool billable as Community Support?

**A.** Yes, if medically necessary and documented on individualized treatment plan. The Community Support Specialist should have received some training and be qualified to perform this function.

**Q5:** Can Community Support be billed when an individual is enrolled in VR IPS services?

**A.** Yes, IPS supported employment services are integrated with behavioral health treatment. The goal is for all team members (medication prescriber, therapist, community support specialist, peer/recovery specialist, etc.) to support the individual’s
employment goal. Supporting individuals in crisis, reinforcing the importance of taking medications as prescribed, providing information and education in order to learn about and manage mental illness/serious emotional disturbance and/or substance use disorders including symptoms, triggers and cravings are examples of community support key service functions.

Q6: When can a Community Support Specialist bill for employment activities?

A. Community Support Specialists may bill for employment activities when medically necessary. The treatment plan must clearly demonstrate the legitimate clinical need, the justification for services provided, and indicate an appropriate response to that need. Progress notes must clearly state activities and interventions that are directly related to the goals and interventions described in the treatment plan. In addition, progress notes must clearly support medical necessity of a clinical service as opposed to a typical employment activity covered by a VR milestone payment.

Please note, there is a difference between typical on the job supports/coaching and medically necessary services to address a clinical issue that impacts the individual’s employment.

Q7: What type of employment activities can Community Support Specialists bill to Medicaid?

A. Helping individuals develop skills and resources to address symptoms that interfere with seeking or successfully maintaining a job, including but not limited to, communication, personal hygiene and dress, time management, capacity to follow directions, planning transportation, managing symptoms/cravings, learning appropriate work habits, and identifying behaviors that interfere with work performance.

Please note, there is a difference between typical on the job supports/coaching and medically necessary services to address a clinical issue that impacts the individual’s employment.

Example: An individual you are working with needs assistance with completing an online application as he believes the computer is controlling his thoughts. The individual care plan must clearly demonstrate the clinical need, which provides the justification for assisting the individual to complete an online employment application. An example of
providing typical job supports would be assisting someone who lacks computer skills to complete an online application.

Q8: Our organization is a Certified Community Behavioral Health Clinic. Does the above guidance apply to us?

A. As a Certified Community Behavioral Health Clinic your agency may continue to bill the VR IPS milestone payments for the allowable Employment Specialist client specific outcomes. Community Support, Peer Support, and clinical services allowable in the Community Psychiatric Rehabilitation and Comprehensive Substance Treatment and Rehabilitation programs will be billed to the Prospective Payment System.
Agency Readiness for IPS Supported Employment Implementation Checklist

IPS trainers, state mental health workers, and state Vocational Rehabilitation employees visit agencies to assess readiness to implement IPS supported employment prior to implementation. The visit for at least a few hours to complete the following activities:

1. Facilitate a meeting with agency leadership to hear about plans for IPS. People to involve in the meeting could include the executive director, clinical director, Vocational Rehabilitation counselors or supervisor who will work with the program, and current employment supervisor if one is available. If a mental health agency and employment agency will collaborate to provide IPS, top leaders from both agencies should participate in the meeting.

2. If the agency already has an employment program, ask to observe an employment meeting. Alternatively, meet with the employment staff as a group.

3. Meet with a small group of people who have received services from the employment program (or from the agency). This could also include a client advocacy group that is associated with the center.

During the meeting with agency leaders, explain that you will send a short report following your visit. Ask who should receive the report. If Vocational Rehabilitation counselors participate in the visit, offer to send them a copy. (Encourage the notion that Vocational Rehabilitation should be viewed as a partner from the beginning.) Use the report to outline barriers and facilitators to IPS implementation, and include action steps to help agency leaders prepare for successful implementation.
Agency name: Date:

AGENCY LEADERSHIP

Names/titles of leaders who participated in meeting:

Motivation to implement:

☐ Ready

☐ Work is needed

1. Does agency leadership know how IPS is different from other employment approaches? Examples: Are they aware of research for IPS? Are they interested in rapid job search? Give examples.

2. What is the evidence that leaders are interested in increasing the number of clients who have competitive jobs as a reason for implementation? Do they know how many people with severe mental illness at their agency are employed?

3. Does it appear that leaders are primarily interested in capturing a revenue stream that is related to IPS? Give examples of what appear to be the primary reasons for implementing IPS.

4. What issues appear to be of primary interest of the agency leaders at this time?

Notes:
Agency mission supports recovery and employment:

☐ Ready
☐ Work is needed

1. Does the agency have other programs such as pre-vocational programs or day treatment programs that will conflict with IPS?

2. Has the agency recently discontinued any programs such as the ones above?

3. What has the agency done to promote the idea of recovery? Hiring staff that has lived experience of mental illness or giving people control over their own treatment? If the agency has hired peers, do those positions have equal status with other practitioners?

4. How will clients be involved in implementation?

Notes:

Leadership’s role in implementation:

☐ Ready
☐ Work is needed

1. How do leaders plan to help with implementation? Will the IPS supervisor be the primary person responsible for implementation or do other administrators plan to be involved?

2. Will agency leaders participate in training? Which training?

3. How will leaders help to change the culture of the agency to promote principles such as zero exclusion?

Notes:
Financial planning for IPS:

1. What will be the sources of revenue for the program?

2. Does the agency have plans to provide start-up money for the program since it is likely that a new program will bill less?

3. Do leaders anticipate that any specific IPS activities will be difficult to fund? Job development without a client present? On-the-job skills training (job coaching)? Multiple job placements? Helping people with co-occurring mental illness and substance use disorders?

Notes:

VR Partnership:

1. Does the program have a vendor relationship with Vocational Rehabilitation?

2. How do leaders from both agencies describe their current relationship?

3. How does the current employment program coordinate services with Vocational Rehabilitation? Does employment staff meet regularly with VR counselors?

4. What do Vocational Rehabilitation counselors and supervisors think about IPS? What concerns or hopes do they have for the program?

Notes:
1. Are mental health practitioners organized in teams that meet weekly to discuss clients?

2. If the mental health agency will collaborate with an employment agency to provide IPS, where will the employment specialist(s) office be located? How will practitioners meet to discuss how to help clients? How will client records be integrated?

3. What barriers/facilitators do leaders anticipate in regard to integrating services?

Notes:

EMPLOYMENT TEAM

☐ Not applicable—employment is not currently part of the agency

1. What do practitioners already know about IPS? What do they think about this approach? Any concerns?

Interest in IPS supported employment:

☐ Ready

☐ Work is needed

2. Do practitioners believe in a step-wise approach to help people with work (e.g., work readiness groups, assessments, volunteer jobs,...)?

3. How do they currently help people find jobs? How much of their time do they currently spend out of the office?

Notes:
Beliefs about recovery:

☐ Ready
☐ Work is needed

1. Do practitioners talk about clients in a respectful manner?

2. Do they appear to believe that people can work in spite of problems like substance use disorders? Give examples.

3. How do practitioners currently honor client preferences for work?

Notes:

Supervision for IPS:

☐ Ready
☐ Work is needed

1. How much of the supervisor’s time will be devoted to IPS? How many positions will he or she supervise? Is the supervisor also responsible for mental health treatment teams?

2. If the supervisor is already in place, what do you think about the person’s ability to make program changes? To use client outcomes to develop plans for improved services? To be a teacher when new skills are needed? To be a champion for new philosophies?

3. Is this a person who is interested in going outside of the agency to help train employment specialists (field mentoring)?

Notes:
CLIENTS

Client participation in implementation:

☐ Ready

☐ Work is needed

1. Have clients been included in considering IPS? Give examples.

2. How do they feel about the new program? Any concerns?

3. What do they have to say about the employment services that are currently provided at the agency?

4. Do they feel that practitioners at the agency are hopeful and encouraging about work?

5. Does the agency plan to include clients in implementation, for example, in steering committees?

Notes: