Stakeholder Workgroup

Individual Placement and Support (IPS) and the 1915 (i) Waiver

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Individual Placement and Support (IPS)

- Workgroup Objectives
  - Review of the transition from 1915(b)(3) to 1915(i)
  - Review the draft 1915(i) IPS Clinical Coverage Policy
  - Brief review of current payment models for IPS

Why Services Need to Transition

- The 1915(b)(3) waiver currently covers Home and Community Based Services from managed care savings
- Tailored Plan will be under the 1115 waiver authority
- (i) Option will allow selected services to continue Services will be available under the Tailored Plan, Medicaid Direct, and the future Foster Care Plan

1915(i)

- The State must identify one or more specific populations eligible to receive benefits
- The State must establish additional needs-based criteria
- Must meet HCBS Final Rule

What are the qualities of a HCBS setting?

1. Integrated Setting
2. Setting Choice
3. Individual Rights
4. Personal Independence
5. Service and Provider Choice

HCBS Requirements for residences:

1. Tenancy rights
2. Privacy
3. Freedom
4. Visitation
5. Accessibility

2014 HCBS Final Rule

- Delivery of 1915(i) benefits must comply with requirements pertaining to:
  - Person-Centered Planning
  - Conflict-free case management
  - Provision of services in home and community-based settings

1915(i) - Requirements

- There must be independent and unbiased assessments and evaluations
- The benefit must be available to all qualifying individuals in the State
- There must be adequate and reasonable provider standards to meet the needs of the target population
- Services must be provided in accordance with the person-centered service plan
- Must establish a quality assurance, monitoring and improvement strategy

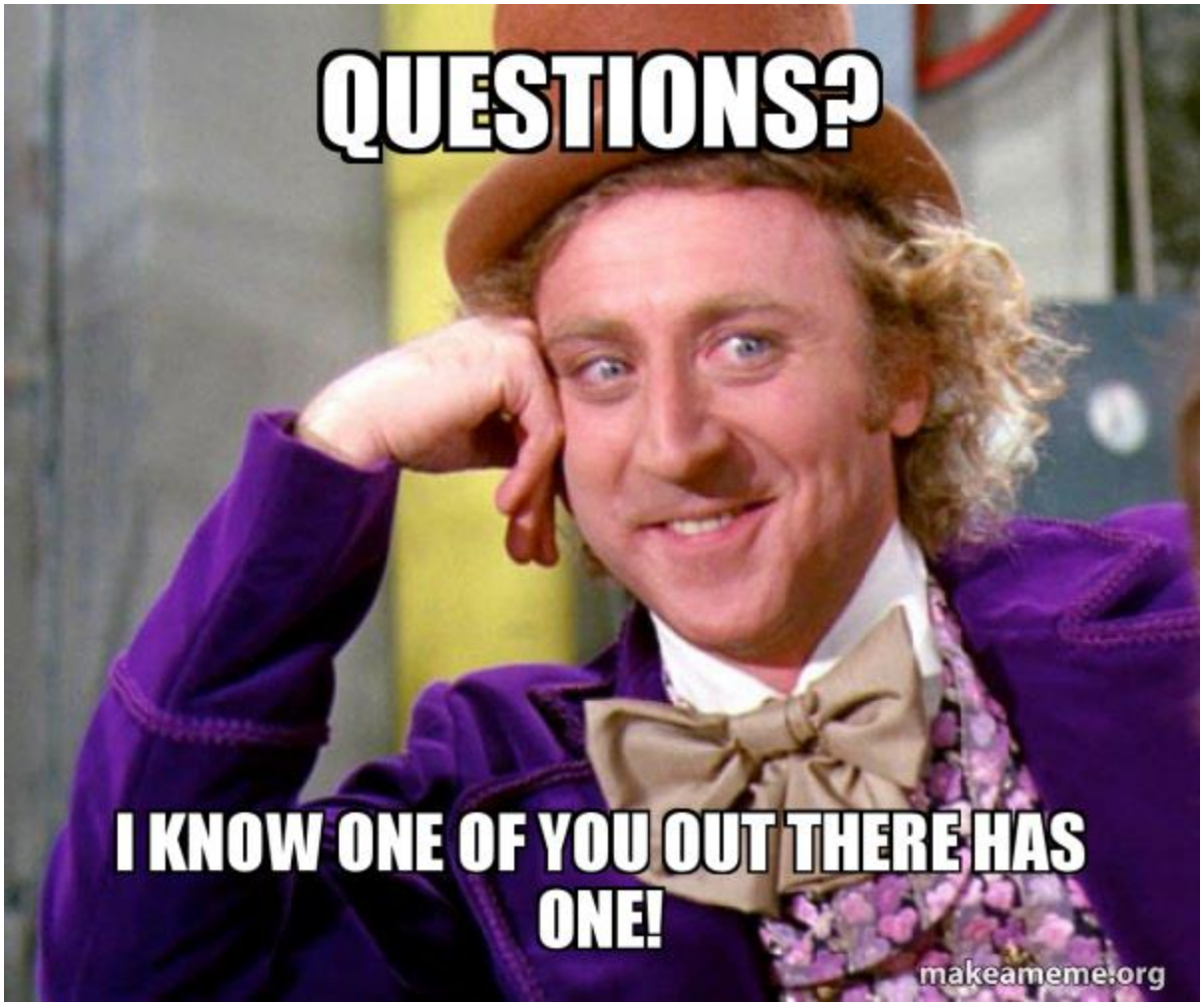
Benefits of the (i) waiver

- Services are not subject to cost savings
- Not a demonstration waiver
- State Plan language will be developed for all services moving to the (i) waiver
- Access expectations will more closely resemble the expectations for State Plan services vs. waiver (b)(3) services
- The CCP for DHB and the Service Definition for DMH will mirror each other

1915(i)

- According to federal rules, an independent evaluation must be used to determine member eligibility for 1915(i) benefits. To obtain 1915(i) benefits, an independent entity must conduct an assessment to inform the person-centered plan.

Entity	Process	Requirement
Tailored Plan	Independent Evaluation	Plans will be required to use a standardized tool to evaluate needs-based eligibility criteria
Care Manager	Independent Assessment	Care Managers will be required to use a standardized assessment tool to determine the services a person needs


QUESTIONS?
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DRAFT IPS Clinical Coverage Policy

- Section 1.0- Description of the Procedure, Product, or Service
  - IPS is a person-centered, behavioral health service with a focus on employment/education
  - 16 yrs. and older
  - Must be co-located with an agency's behavioral health treatment services
  - Foundation is the IPS evidence-based practice developed by Dartmouth
  - Services must align with the EBP

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- 3.2.1- Specific criteria covered by both Medicaid and NCHC
  - Beneficiary is 16 yrs or older
  - Has a primary dx. of SMI or SPMI, **OR**
  - Has a primary dx. of substance use disorder, severe, **AND**
  - Experiences difficulties in at least two or more of the following areas:

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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 (arrest, incarceration, probation); **AND**

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- Expresses the desire to work at the time of admission to the program, and
- has an established pattern of unemployment, underemployment, or sporadic employment, or
- the beneficiary has educational goals that relate to employment goals; 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 beneficiary's diagnosis.

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- Team must practice zero-exclusion
- Team cannot require pre-vocational training or any other job readiness models
- CCA is required that demonstrates medical necessity for admission

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- Continued Stay Criteria:

1. The beneficiary 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 beneficiary is making progress in meeting employment goals, but the interventions identified in the Employment Plan need to be modified to achieve competitive employment;
3. The beneficiary has obtained a job, it has been less than a year since starting employment and requires follow-along supports as identified in the Employment Plan.
4. The beneficiary needs follow-along support in learning how to manage benefits (Social Security, Ticket to Work.)
5. The beneficiary needs support to change jobs, increase hours of employment, or advance in his or her career.

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- Discharge Criteria:

1. The beneficiary has requested that IPS be discontinued.
2. The beneficiary has moved outside of the LME/MCO catchment area.
3. The beneficiary no longer meets criteria for this service.

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- Services that are not covered/billable

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 individuals with volunteering;
d) Set-aside jobs for people with disabilities, such as enclaves;
e) Group employment or work crews;
f) Transitional employment;
g) Group employment searches or classes;
h) Habilitative services for the beneficiary to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to reside successfully in community settings;
i) Transportation for the beneficiary or family members;
j) Any services provided to family, friends, or natural supports of the beneficiary receiving IPS to address problems not directly related to the beneficiary's issues and not listed on the Employment Plan;

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- Services that aren't covered/billable (continued)

  k) Clinical and administrative supervision of IPS staff, which is covered as an indirect cost and part of the rate;

  l) Time spent in meetings where the eligible beneficiary is not present

  m) Time spent attending or participating in recreational activities

  o) Covered services that have not been rendered

  p) Childcare services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision

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- Services that aren't covered/billable (continued)

  q) interventions not identified on the beneficiary's service plan

  r) payment for room and board

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- Section 5.0 Requirements for and Limitations on Coverage
  - 64 units/16 hours unmanaged units for the purpose of engagement and outreach
  - Initial authorization requires:
    - CCA
    - Service Order
    - Employment Plan
    - Medicaid required authorization forms
  - Submitted within first 30 days of service initiation
  - Can cover up to 160 units/40 hours for six months

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- Reauthorization
  - May cover an additional 100 units (25 hours) for reauthorization
  - Must be submitted prior to concurrent authorization expiring
- Additional Limitations
  - 1 vendor/provider per service authorization period
  - Can only bill FFS when providing direct service and supports to the beneficiary
  - Cannot bill for paperwork, meetings, job development without the beneficiary present, documentation, travel time

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- Documentation Requirements
  - Full service note on date of service
  - Employment Plan is required
  - If the beneficiary receives an enhanced service in addition to IPS, the enhanced service provider must identify IPS on the PCP, and attach the in-depth Employment Plan to the PCP

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- Section 6.0- Provider Qualifications and Occupational Licensing Entity Regulations
- IPS services must be delivered by providers employed by behavioral health organizations that:

    f. be a current Division of Vocational Rehabilitation vendor for IPS services, or are in the process of becoming a vendor with DVR.

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- Section 6.2- Provider Certifications
  - Requires fidelity evaluations by DMHDDSAS or affiliates of DMHDDSAS, according to a standardized fidelity measure
  - Identifies the specific fidelity tool to be used
  - Requires teams to complete Quarterly Outcome Tracking forms
  - Defines the tiered certification process
  - Programs will have their first fidelity evaluation after 6 months of continuous operation

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- Section 6.2- Provider Certifications (continued)
  - If a team cannot complete their first fidelity evaluation after six months due to either staff or census issues, requires a meeting with the IPS team, PIHP staff (TP), DMHDDSAS, DHB and DVR to identify the barriers to completing a fidelity evaluation and developing an implementation plan
  - Minimum score must be a 74

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Table 1. Tiered Certification Process for IPS Based on the IPS- Fidelity Tool Total Rating and Subsequent Fidelity Evaluation Timeframe		
Certification	***Score Range***	***Follow Up Timeframe***
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

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- *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 will 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.*
- There is no longer a second review if a team fails to score a 74 on a fidelity evaluation. They can go through the contesting process.

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- Section 6.3- Staffing Requirements

	Small Team (up to 35 beneficiaries)	**Medium Team (between 36 to 85 beneficiaries)**	**Large Team (between 86 to 210 beneficiaries)**
IPS Team Leader	One full-time team leader	One full-time team leader	One full-time team leader
Employment Support Professionals (ESP)	1.0 FTE	3.0 FTE	8.0 FTE
Employment Peer Mentor (EPM)	1.0 FTE	1.5 FTE	2.0 FTE
Benefits Counselor	0.3 FTE	0.5 FTE	1.0 FTE
Program Assistant	0.5 FTE	0.5 FTE	1.0 FTE

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- The draft policy also identifies qualifications, activities, and appropriate scopes of practice for the IPS team members:

IPS Team Lead
Must be a Qualified Mental Health Professional, with at least 6 months of vocational experience. Certified Employment Support Professional (CESP) credential recommended
• Drives the delivery of the service • Oversees the operations of the program or team to support high fidelity program implementation • Provides oversight of employment services and collaborates with behavioral health supports • Supervises staff to assure the delivery of evidence-based and ethical practices • Provides weekly outcome-based supervision and monthly field mentoring with each staff member • Collaborates with DVR to discuss referrals and problem solve barriers • Directly provides IPS services to beneficiaries, maintaining a caseload of no more than 10 beneficiaries • Provides weekly outcome-based supervision and monthly field mentoring with each staff member • Collaborates with DVR to discuss referrals and problem solve barriers

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Employment Support Professional (ESP)
Must be a Qualified Mental Health Professional, Associate Mental Health Professional, CESP, or Certified-Individual Placement and Support (CIPS)
• Uses assertive engagement strategies to engage beneficiaries considering IPS services • Directly provides IPS services to beneficiaries, maintaining a caseload of no more than 25 beneficiaries • Develops the Employment Plan and its ongoing revisions, and oversees its implementation for beneficiaries on their caseload • Collaborates with EPMs, DVR, behavioral health providers, families, natural supports, housing, transportation, and other community service providers who support the beneficiary • Assists in obtaining the proper documentation necessary for employment; • Case management functions shall not exceed more than 5% of the ESP's FTE • Coordinates services and assuring person-centeredness in the employment planning process • Develops relationships with employers by learning about their businesses, hiring practices, hiring preferences, and business priorities over multiple visits

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Employment Peer Mentor (EPM)
Must be a NC Certified Peer Support Specialist (CPSS), who has a minimum education of HS/GED. Recommend a CPSS with an employment history in the recent past.
• Promotes self-determination, recovery, self-advocacy, and self-direction; • Assists in identifying strengths, wellness goals, setting objectives, and identifying barriers; • Explores career and educational aspirations; • Attends treatment team meetings to promote the use of self-directed advocacy tools; • Assists in goal planning and participates in the development of the Employment Plan; • Assists in learning how to ask for appropriate services in community; • Models self-advocacy skills for addressing disclosure issues or requesting job accommodations; • Teaches wellness management strategies and helping develop self-management plan and tools to use in the workplace and in their personal lives; • Uses manualized strategies such as Illness Management and Recovery (IMR), Wellness Management and Recovery (WMR), Wellness Recovery Action Plan (WRAP), Vocational IMR, and others; • Connects 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; • Provides education to increase the IPS team's understanding of self-advocacy and peer support roles, and to promote a culture in which beneficiary's point of view and preferences are recognized, understood, respected, and integrated into service delivery; • Shares his or her own personal story to model how to choose, obtain, and keep employment; • Supports making informed decisions about employment and building community connections; • Builds social skills in the community that will enhance job acquisition and tenure; • Attends recovery support groups and NA/AA meetings with the beneficiary, if appropriate; • Assists with financial wellness using tools for money management and asset development. • Provides psychiatric rehabilitation interventions that support employment and educational goals

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Benefits Counselor
Must be either a Certified Work Incentives Counselor (CWIC) or a Credentialed Work Incentives Planner (CWIP) and have a minimum of a HS diploma or GED
• Creates a Work Incentive Benefits Analysis, or amends a Work Incentive Benefits Analysis in the event of changes in income. • Supports the beneficiary in accessing work incentives (1916b, Subsidies, Impairment Related Work Expense (IRWE), Plan to Achieve Self Support (PASS)). • Develops IRWEs, Subsidies, Special Conditions, and PASS. • Gathers and reports accurate information about benefits. • Supports the development of a better understanding in regard to the questions and concerns around benefits and working. • Supports the development of a plan to maximize earning potential, report earnings, and navigate the benefit systems he/she is involved in or seeks to gain involvement in. • Provides a report explaining the results, including any changes to benefits, of the work incentive benefit analysis. • Provides a list of work incentives available, as applicable. • Supports the beneficiary to access the work incentive he/she wants to use.

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Program Assistant
Minimum of a high school diploma or GED, at least 1 years' experience in a program assistant role
• Organizes, coordinates, and monitors all administrative operations of the team; • Records management; • Enters and tracks team performance beneficiary outcome data; • Runs reports; • Receives calls and responds to referral sources; • Manages authorization requests; • Assists with organizational record-keeping; • Manages human resources and continuing education files for ESPs; • Schedules activities.

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- Section 6.3 Program Requirements
  - IPS staff spend 65% or more of total scheduled work hours in the community
  - Special attention to disclosure preferences
  - Weekly team meetings are required and all IPS staff shall attend. Accommodations can be made if a staff lives 30+ miles from the office, but they must attend at least one meeting a month in office
  - Weekly behavioral health team meetings are required. Teams must follow the guidance in the Employment Behavioral Health Team for IPS policy, published 11/15/2017

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- IPS teams shall provide services that align with the 8 Practice Principles of Evidence-Based Supported Employment
- IPS teams shall be a DVR vendor and actively collaborate with DVR on areas including:
    - referrals,
    - shared beneficiaries,
    - benefits counseling,
    - shared outcomes,
    - access to funding.
- At minimum, monthly meetings with DVR are required

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Critical elements of IPS include:

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*
9. *Follow-Along Supports*

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- Training Requirements:

Time Frame	Training Required	Who	Total Minimum Hours Required
Within 90 **calendar days** of hire to provide service	▪ DHHS approved Individual Placement and Support 101	IPS Team Lead, ESP, EPM, Benefits Counselor	9 hours
	▪ Person Centered Thinking	IPS Team Lead, ESP, EPM	6 hours
	▪ Motivational Interviewing for Employment	IPS Team Lead, ESP	6 hours
	▪ Supervising NC Certified Peer Support Specialists	IPS Team Lead	1 hour

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Within 6 months of hire to provide this service	▪ DHHS approved Employment Peer Mentoring	EPM	20 hours
Annually	▪ Employment focused training, which can include specialty approaches for the implementation of ethical, person-centered, best practice IPS per population served.	IPS Team Lead, ESP, EPM, Benefits Counselor	5 hours

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- IPS teams that score between a 74 and a 99 on their fidelity evaluation will be required to participate in technical assistance provided by a DHHS approved technical assistance vendor. The IPS team must meet with their PIHP(s) to review the Fidelity Action Plan, and the PIHP(s) shall identify the number of hours of technical assistance the team shall receive in the next twelve (12) months.

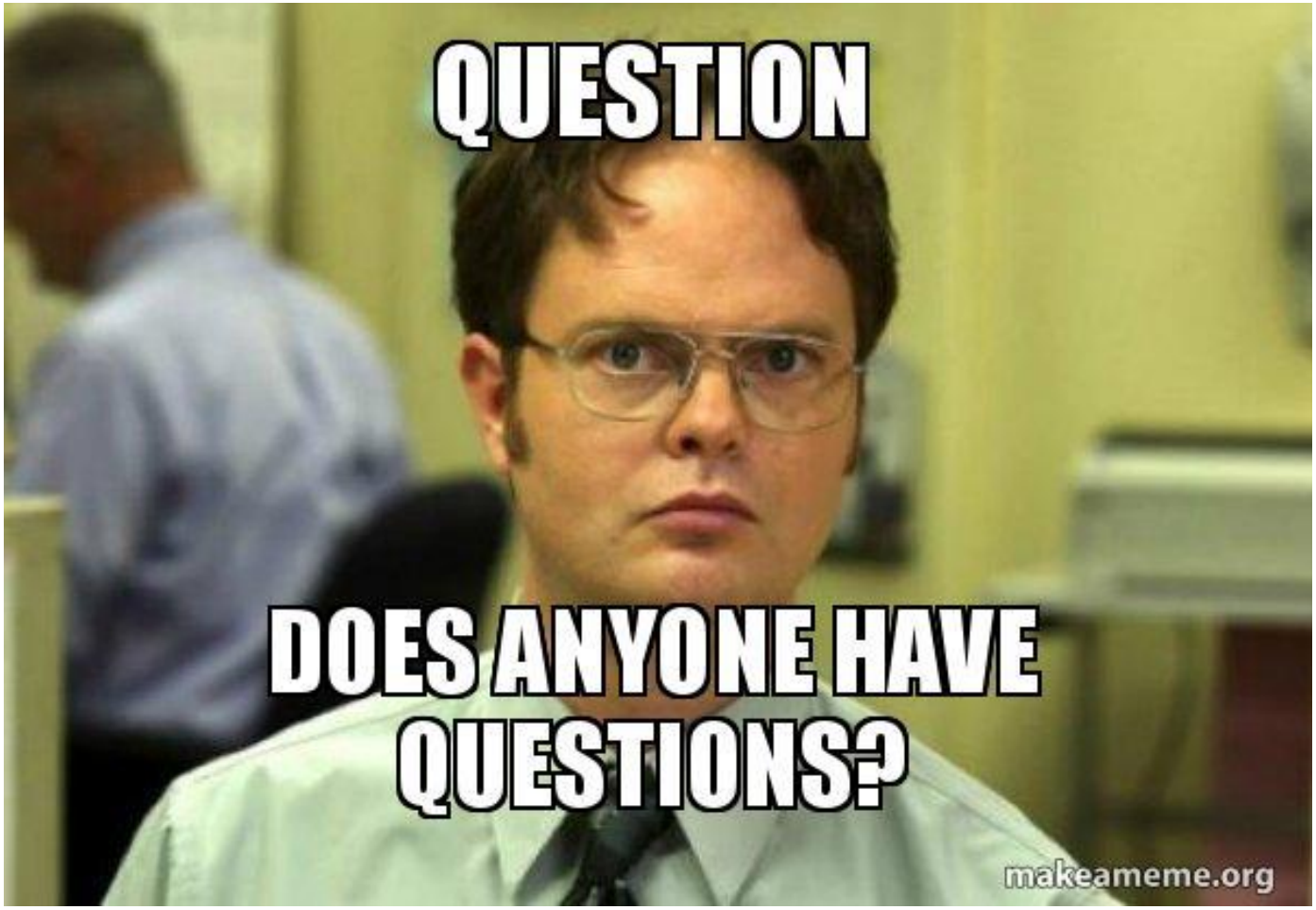
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Expected Clinical Outcomes

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

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

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


QUESTION
DOES ANYONE HAVE QUESTIONS?
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Payment Models for IPS

Fee for Service

- Providers bill for 15 minute units of service using the correct billing code based on funding source:
  - H2023 U4- Medicaid
  - YP630- State funds
- Some LME-MCOs currently tier rates based on most recent fidelity evaluation
- Expectation is that providers are billing DVR for the milestones that DVR funds

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- Providers provide documentation that supports meeting a milestone and receive reimbursement that covers the rate of all work done towards that milestone
- Providers use a series of modifiers to indicate what milestone they are requesting payment for
- Seamless transition between Medicaid/State funded milestones and DVR milestones

Payment Models for IPS

- Some advantages of NC CORE vs. FFS
  - Minimal to no confusion over when to bill what payor source
  - Less focus on is a service provided billable as the focus is on reaching and achieving a milestone
  - Significantly less burden on State funds, which in turn allows either more individuals to receive the service, individuals to receive the services for the length of time they need it, or both
  - Ensures providers are truly using Medicaid as a payor of last resort by using DVR funding

Payment Models for IPS

- Payment models are NOT service models
- A payment model can align with and support fidelity to a model, but the payment model isn't the service model
- The clinical coverage policy and/or service definition provides the requirements and guidance providers must adhere to, and provides a framework for the LME-MCOs to monitor

Payment Models for IPS

- Transitioning from the 1915(b)(3) waiver to the 1915(i) waiver will not impact the payment models being used for IPS
- LME-MCOs (future Tailored Plans) will continue to have the authority and ability to implement alternative and value-based payment models for services
- Tailored Plans have clear expectations regarding the percent of funding that must be distributed in a value-based methodology

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Questions/Comments?

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- If needed, the next Stakeholder Work Group will start where we left off on 11/19/2021
- Date to be determined, will send out invite once it's been scheduled
- Send any questions or initial comments/thoughts/concerns to Stacy A. Smith stacy.smith@dhhs.nc.gov

Thank you!