

Individual Placement and Support (IPS) Evidenced Based Supported Employment Model

Target Geographical Area for Implementation:

Arenac County

Bay County

Other:

Consumer Populations to be Served: Persons with Medicaid and Healthy Michigan in the following Populations

Adults with **Severe and Persistent** Mental Illnesses
 Children with Serious Emotional Disturbances

Adults with **Intellectual /** Developmental Disabilities
 Other:

Persons with Substance Use Disorders
 Other:

Services to be Provided:

Provider is engaged to render the services listed and defined below to the consumer populations in the geographic areas identified herein.

Individual Placement and Support (IPS)			
Service Title	HCPCS Code	Unit Type	Unit Rate
Supported Employment – Job Coaching/follow along	H2023 Y5	1 unit=15 min	\$
Supported Employment – Job Development	H2023 HX Y5		\$
For 1:2 staff ratio, add UN	UN		
For 1:3 staff ratio, add UP	UP		
For 1:4 staff ratio, add UQ	UQ		
For 1:5 staff ratio, add UR	UR		
For 1:6+ staff ratio, add US	US		

**After the Fidelity Review which is completed after 12 months of program operation, if the Provider achieves a favorable Fidelity Review, MDHHS will approve the Provider to bill the IPS Codes.

Description: The Provider shall provide employment services that follow the Individual Placement and Support (IPS) model of supported employment to adults that have a serious and persistent mental illness including those with co-occurring mental health and substance use disorders. The Provider will use the Supported Employment Fidelity Scale as the guide in program development (Exhibit D).

There are eight (8) core principles that must be followed to meet fidelity.

1. **Zero Exclusion:** Every person who wants to work is eligible for IPS. People are never excluded due to legal histories, symptoms of mental illness, decisions about treatment, including decisions not to use medications, personal presentation, missed appointment, substance use disorders, cognitive disorders, homelessness or

unstable housing, past problems with employment. The IPS model meets the person where they are at not try to “change” the individual.

2. **Competitive Jobs are the Goal:** Competitive work is defined as employment that pays minimum wage or higher and the wage that others are earning to perform the same work, based in community settings alongside others that do not have disabilities, and not reserved for people with disabilities.
3. **Integration with Treatment Teams:** IPS supported employment services are integrated with mental health treatment. IPS staff are members of multidisciplinary teams that meet regularly to review individual’s progress.
4. **Attention to Individual’s Preferences:** Services are based on individual’s preferences and choices. This includes preferences regarding job type, nature and amount of support needed as well as disclosure of a disability to employers.
5. **Benefits Counseling:** IPS staff help individual’s access ongoing guidance regarding Social Security, Medicaid and other government entitlements.
6. **Rapid Job Search:** The job development process starts at time of referral. This means that no extensive pre-employment assessment and training, or intermediate work experiences are involved with the process. This process with begin **30 days or less** after the IPS staff meet the individual for the first time after referral is received.
7. **Systematic Job Development:** IPS staff develop quality relationships with employers, based upon their individuals’ work preferences, by meeting face to face over multiple visits. IPS staff learn about the employer’s work needs. They find out about jobs that they may not be aware of at employment sites. They gather information about the nature of job opportunities and assess they may be a good job fit. IPS staff continue to make periodic visits to network.
8. **Time-Unlimited Support:** Follow along is individualized and available according to the person’s needs. IPS staff as well as other members of the treatment team provide the support needed by the individual to maintain their job. IPS staff actively look for natural supports and work towards transitioning those supports once the person has been working steadily. It is typical that these supports would eventually be provided by natural supports and/or less intense professional support such as case management.

Service Definitions: Per Medicaid Guidelines.

Supported Employment provides job development, initial and ongoing support services and activities as identified in the individual plan of services that assist persons served to obtain and maintain paid employment that would be otherwise unachievable without such supports. Support services are provided continuously, intermittently, or on a diminishing basis as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this service. Supported/integrated employment must be provided in integrated work settings where the person served works alongside people who do not have disabilities.

Coverage includes:

- A. Job development, job placement, job coaching, and benefits counseling;
- B. Beneficiary run businesses; and
- C. Transportation provided from the beneficiary’s place of residence to the site of the supported employment service, among the supported employment sites if applicable, and back to the beneficiary’s place of residence.

Coverage excludes:

- Employment preparation; and

- Services otherwise available to the beneficiary under the Individuals with Disabilities Education Act (IDEA).

Specific Services:

- **Career Planning/Discovery/Vocational Profile** (H2023 HX Y5) - This service is designed to be time-limited and target services for an individual who wishes to pursue individual competitive integrated employment or individual self-employment but for whom more information is needed to support a job search including employment interests, skills, or strengths. Career Planning and Discovery services will result in a written profile and employment effectively outlining such interests. Utilization of the standard MDHHS Vocational Profile form is a requirement. The Vocational Profile must be started at intake, completed over 2-3 sessions with the consumer, updated as changes occur and reviewed annually. The document must be completed in the first 30 days after the referral is received. Progress notes must include that the vocational profile was being developed. A specific employment goal must be identified in the profile before Job Development can begin. A copy of the Vocational Profile must be scanned into the individual's medical record.
- **Job Development/Placement Services** (H2023 HX Y5) - Defined as any activity that assists an individual in becoming competitively employed. This includes but is not limited to: resume development, job exploration activities, job development on the individual's behalf, and job placement services, as well as, benefits planning. Per MDHHS-Medicaid policy, these services must be provided face to face with the individual in order to be billable. Services or activities that occur without the person present must be documented but are not billable.
- **Self -Employment** (H2023 Y5) - The development of Self Employment is a billable service. Before work begins with an individual in this area the Program Manager at BABHA must be contacted. This service includes support to establish or maintain an IRS recognized self-employment business. Sustained paid self-employment that is home-based or conducted in an integrated community setting(s) where net income in relation to hours worked is equivalent to no less than the state's minimum wage, after reasonable self-employment start up period to be reviewed at six months, and twelve months and achieved in no longer than 24 months from start of business as shown by IRS Schedule SE (Form 1040).
- **Job Coaching/ Follow-Along Services** (H2023 Y5) - Includes activities on the job or in the community that assists the individual with learning the job they were hired to do including support in maintaining that job, to include ongoing benefits planning and assistance. Employment Specialists also provide support to individuals in moving into more preferable jobs and also with school or training programs. Follow-Along Services must be performed at least monthly - touching base with the employer as well as the individual. The method and frequency of Follow-Along should be the decision of the individual and their employer in consultation with the Employment Specialist.
 - All job coaching/follow along services require a prior authorization. No service will be paid without prior authorization.
 - If the provider is billing for a one-on one job coach, the individual that is working must in fact be receiving and determined to need a one-on-one service.
 - The Job Coach should be an individual that is employed by the provider preferably the one that assisted the individual in securing the position. They should not be employed by the competitive employer where the individual is working. If someone that works at the business is going to assist the individual with his/ her work duties then that is a natural support. This is not a job coach and therefore would not be billed to BABHA.
 - For each individual that is working competitively in the community and is receiving any type of support service (job coaching or follow along) a progress note needs to be completed and scanned into the EHR. If the individual is receiving job coaching, a note needs to be completed that is task specific to the duties that they are performing. Each day that they are receiving support should be able to be cross referenced with a progress note, filled out and signed by the staff person that was

directly working with them. The same process should be followed for those receiving follow along supports.

- In the IPS model, follow along supports should be specific and purposeful to the individual's situation and their preferences. It is recommended that Employment Specialists have a face to face contact one week before starting a job, within 3 days after starting a job, weekly for the first month, and monthly for at least a year. This is based on the needs and the preferences of the individuals. Individuals should be transitioned to step down job supports, from a BABHA worker after steady, successful employment.
- Employment Specialists also provide supports to the employer in the form of educational information, job accommodations, etc. At the individual's request.

D. **Financial Planning (H2023 HX Y5):** This service is designed to inform the individual (family, guardian, or other party, if applicable) of opportunities to best ensure, encourage, and support that individualized competitive integrated employment is feasible, almost always provides more income, and most often health coverage is retained. The Vocational Provider will provide individuals seeking employment with ongoing Benefits Counseling by a well-trained Benefits Specialist to assist them in determining the effect of employment on benefits so the individual may make informed decisions.

Other Conditions:

1. Transportation costs are rolled into the Provider's unit rate. It is expected that the Provider will work with the Individual to identify long term transportation arrangements that the person can use independent of the Provider.
2. Provider will demonstrate that the employment search was based on the individual's preferences, interests, and choices and that services are covered in the Individual Plan of Service (IPOS).
3. Provider will demonstrate collaboration with community groups and agencies such as MRS, BABHA, ISD/Schools, Chamber of Commerce, etc.
4. There must be demonstrated upper management support at the Provider agency as evidenced by
 - Executive Director and Clinical Leadership demonstrate knowledge of the principles of the IPS evidence based employment model.
 - The Provider actively participates in quality improvement efforts and utilization management of this service.
 - The Provider conducts a 6 month internal review of the program using the Supported Employment Fidelity Scale. (Exhibit D) until the program meets high fidelity and then it would be completed annually.
 - The providers QA process should include the review of the IPS model and use the results of the fidelity assessment to improve IPS implementation and sustainability.
 - At least one member of the executive team actively participates in supported employment leadership meetings quarterly for programs that have not achieved fidelity and every six months for programs that have achieved fidelity. (e.g. steering committee meetings). This group would be made up of diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. This group should include the Program Manager at BABHA.
 - The Executive Leadership sets clear and specific goals for the program.

A.1 Provider Specific Services Requirements.

In addition to the duties and obligations set forth in the Agreement, the provider will comply with the following requirements.

A.1.1. Fidelity:

- a) The Provider will develop and provide services by following the eight principles of the IPS model as well as the items identified in the Fidelity Review Tool (Exhibit D).
- b) After one year of program implementation, the Provider will participate in a fidelity review conducted by the MIFAST team from the Michigan Department of Health and Human Services (MDHHS). After the baseline review, if the Provider achieves an **Exemplary Fidelity** a review will be completed in 3 years, **Good Fidelity** every 2 years, **Fair Fidelity** every year.
- c) BABH expects that the provider will achieve Exemplary Fidelity. Should the Provider fail to achieve a rating of at least Good Fidelity, a plan of correction with close monitoring will occur. This plan of correction should be shared with the Program Manager as well as the MIFAST Reviewers. It is expected that the provider utilizes Technical Assistance from the MiFAST Review Team.
- d) The Program Manager will coordinate with MDHHS during the Fidelity Review Process and review quarterly data with the Review Team to ensure the program is in compliance with state standards and the service contract.

A.1.2 Staffing:

- a) Provider will identify one supervisor responsible for the IPS program. The supervisor may carry a small caseload. The supervisor will meet weekly with the IPS team as a group and with each Employment Specialist (ES) for individual supervision, to include field mentoring on a monthly basis. This group and individual supervision must be documented.
- b) The Provider will employ adequate Employment Specialists (ES) to meet fidelity to the IPS model with no more than 20 people on their caseload
- c) Employment Specialists (ES) only provide employment services and at least 95% of their time is direct employment related.
- d) Each Employment Specialist is responsible for all six phases of the employment service including intake, engagement, assessment, job development/job placement, job coaching and follow along support. It must be noted that in the IPS model, although job **support** may be ongoing, job coaching is not typically needed long term.
- e) Employment Specialists are attached to one or two mental health treatment teams from which 90-100% of their caseload is comprised. The BABHA Program Manager will assist with engagement and participation in the Team Meetings.
- f) Benefits Planning should occur with all individuals involved in the IPS program both initially and ongoing. Ongoing Benefit Planning must be well documented from intake to case closure in progress notes for all individuals.
- g) The Employment Specialist should be degreed staff typically in a social services, mental health, or business related field.
- h) The Provider will develop natural supports for people so that individuals served do not have to utilize job coaching long term and after a period of successful employment people will be transitioned out of IPS.
- i) All IPS staff will be trained on the IPS model upon hire and receive annual refreshers. The

MIFAST team offer various trainings throughout the year.

A.1.3. Specific Activities and Timeframes:

- a) The first face-to-face contact with an employer by the individual or the Employment Specialist should be within 30 days after entry into the program (vocational profile start date).
- b) Employment specialist for job development should meet with each individuals on their caseload that are looking for employment at least once per week until employment is obtained.
- c) Employment specialist should make six (6) or more face to face contacts with potential employers per week that are consumer specific. When there are less than 3 individuals looking for work (such as in a new program) 2 employer contacts times the number of individuals should be made. This should be documented in a progress note and scan into the EMR. An on-going employer contact log should be kept of such contacts and the outcomes of the contacts so all staff can refer to the log if they have contacts to make.
- d) Employment specialists should spend 65% or more of their weekly work hours in the community. This information should be able to be found in a format kept by the supervisor or by looking at a daily calendar.
- e) The Program Manager will participate in the Fidelity Review process and will meet with MDHHS quarterly to review program data and discuss any concerns.

A.1.4 Documentation:

- a) After the Vocational Profile is complete, a copy is to be scanned into the individual's electronic health record (EHR) within 7 days after completion. It should be completed over 2-3 sessions with the individual. This should be utilized as a working document.
- b) Progress notes for face to face billable services must be scanned into Phoenix (BABHA EHR) at least weekly. Progress notes should be task specific to the job that the individual is performing. Per Medicaid standards, progress notes must include date, start and stop time, case number, summary of service, location of service and signed and dated by the person that provided the service. This includes job development as well as support services. When documenting job development staff need to document clearly what activities have been done with and on behalf of the job seeker.
- c) Follow-Along reporting should be done at least once per month and more often as needed. The method of Follow-Along should be the decision of the individual and their employer.

A.1.5 Referrals and Unit Authorization

- a) The Provider will identify a primary contact to receive referrals.
- b) Referrals for employment services will be generated by the Client Services Specialist at the referring agency. This contract only serves adults with Medicaid/Healthy Michigan that are receiving a case management/supports coordination and/or therapy service through BABHA or one of its contract agencies and who have a serious and persistent mental illness. Staff at BABHA or one of its contract providers will forward referrals to the Program Manager at BABHA who will forward them on to the Provider. The Client Service Specialist will generate an authorization for units of service that is connected to the IPOS. BABHA

Program Manager is responsible for approving authorizations over the identified parameters and for ongoing monitoring of authorizations and utilization.

A.1.6 Expectations, Outcomes and Reporting

- a) Provider is expected to obtain competitive employment for 40% of individuals referred.
- b) All jobs must be competitive in nature which means they are jobs that anyone in the community may apply for (not a position reserved for someone with a disability). Seasonal, temporary and jobs secured through temporary agencies are appropriate if this is the preference of the individual. Transitional employment is not defined as competitive employment in this model. Seasonal jobs that are reserved for vocational provider agencies will not be considered competitive employment for the IPS model.
- c) Develop a tracking tool that is *consistently maintained* that contains the following information. A sample tool may be viewed at www.improvingmipractices.org.
 - a. Date of referral
 - b. Vocational profile start date (first meeting with the individual) and end date,
 - c. Job development start date (first face to face meeting with an employer)
 - d. Employment start date
 - e. Employment information (business, position, hours and wage)
 - f. Exit date and reason
 - g. Log of employer contacts
- d) The Provider will monitor and report on job retention (length of time employed). The goal is that not only will people become employed at jobs they find interesting and enjoyable but that they stay employed. To calculate this percentage use the total of number of people that secured employment since program start date and divide by the number of those people that are still working.
- e) The Provider will submit quarterly data using the report format in Exhibit E. Additional reporting and monitoring may be required for monitoring outcomes for the IPS model.
- f) At a minimum, reports are due quarterly as directed by MDHHS and should be provided to **Stephani Rooker, Clinical Services Program Manager - CLS** (srooker@babha.org).