Employment Works!

Twice-yearly IPS Supported Employment/Education Newsletter Spring 2022

THIS ISSUE

Funding for IPS

A Family Member's Perspective

Anonymous Family Member

If it hadn't been for everyone who helped my son since he was released from jail, he wouldn't be the person he is today. Before he became employed, he sat around the house moping. Mental health treatment has helped him and having a job has been tremendous. Working a job is all my son talked about. Employment has given him independence, and he feels successful because he has a job.

In the beginning, his IPS specialist drove him to job interviews because he didn't have a car. The factory that hired him was willing to work with his schedule for meeting doctors and nurses. When he got the job, his grandmother helped him get a car and he paid her back when he was working.

After the company shut down, he got laid off, but he went out and got a job on his own because he was feeling more confident. He is mechanically inclined and has been all his life. His current job is to build trailers for hauling cars and tractors.

I attended some appointments with my son. It gave me insight into what people were offering to him. I could see that they really wanted him to be successful. I didn't need to worry as much about whether he would be able to work because I could see that he had a team of people who were helping him.

IPS Employment Center

www.ipsworks.org

RFMH

IPS stands for Individual Placement and Support and is an evidence-based practice.

IPS Employment Center Notes

Though IPS is an evidence-based practice, the United States lacks a single-payer source. Many programs use braided funding to combine several funding streams. In this issue of ***Employment Works!*** we explore many of the different funding sources states have found to contribute to their IPS programs. We will hear an international perspective from New Zealand, which saw the first cross-government funding of IPS programs. North Carolina shares their success story of using a milestone system with DVR to provide funding. We also feature articles about Medicaid and grant funding.

Also in this jam-packed issue, a family member shares their perspective, a client success story, and a list of all of our upcoming online courses.

Medicaid Language Decoder: What Do They Mean by "Medical Necessity"?

Virginia Selleck, Subjuct Matter Expert

It is important to remember that Medicaid is fundamentally a medical program. As such, services that are funded by Medicaid need to meet a standard of being "medically necessary." Essentially, this means:

*"Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs; non experimental."**

Thinking about this in the context of assisting a person in areas of employment and education, it is vital to be clear that your work is directed to, as noted above, the symptoms of the illness that qualifies a person to receive Medicaid. Here is an example:

A person struggles with anxiety and intrusive thoughts resulting in disorganization that keep them from performing their work tasks on time. These symptoms are consistent with their depression and anxiety disorder diagnoses. You teach them cognitive techniques to self soothe the anxiety and share strategies to track their tasks, such as making a task chart tied to time of the day. You are providing an illness management service not a "vocational" service. You might use the same strategies to help them deal with housekeeping, billpaying, or other activities of daily living.

Here is another example: A person is enrolled in a community college and is troubled by feeling that the other students are staring at her and she is hearing strange sounds that others are not hearing, causing her distress. These symptoms of her schizophrenia are impeding her academic success. You analyze the problem with her and come up with a strategy that she will sit closer to the front of the class so she is focused on the teacher, not the others in the room, and in between classes, she will use headphones to listen to soothing music. You also suggest she share these symptoms with her clinical provider and you tell her you will help her do that. You have provided an illness management service not an education service.

These examples are intended to point out that the context/setting of the service is not the point, the point is the medically necessary service you are delivering that addresses the symptoms of the person's Medicaid qualifying diagnosis.

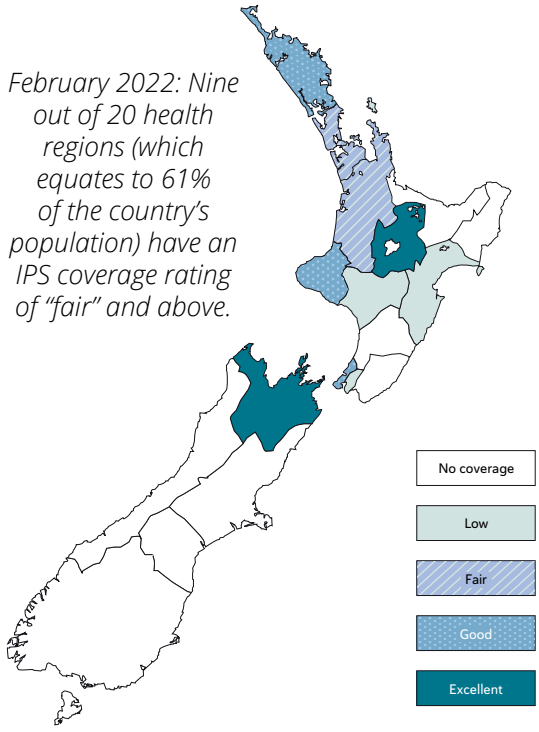
Conversely: You may be serving a person who does not know how to read. While unfortunate, this is not a medical condition, so helping with teaching literacy is not Medicaid reimbursable. If however, the person is very depressed because they are ashamed about not knowing how to read, and they are eligible for Medicaid due to depression, your services designed to enhance self-esteem and reduce depression might indirectly lead to their reading success.

It is a good idea to confer with your Medicaid colleagues about these types of examples. They form a platform to create a relationship with these colleagues, who are bound by Medicaid regulations, and often don't understand the details about providing IPS and Supported Education.

**SAMSHA Medicaid Handbook: Interface with Behavioral Health Services. Module 3 The Medicaid Behavioral Health Services Benefit Package.*

Scaling up Access to IPS Employment Support in Aotearoa New Zealand

Dr. Helen Lockett, Work Counts, New Zealand



February 2022: Nine out of 20 health regions (which equates to 61% of the country's population) have an IPS coverage rating of "fair" and above.

Aotearoa New Zealand

New Zealand (NZ) has a small, diverse, and largely urbanized population of just over 5 million, three-quarters of whom live on the North Island. The indigenous Māori population make up 16.5 percent of the population. Whilst the country has a developed and relatively good economy, there are ongoing economic, health, and social inequities between Māori and Pacific Island communities, compared to New Zealanders of European descent (known as Pākehā).

The 1840 Treaty of Waitangi (Te Tiriti o Waitangi) means the NZ government has responsibilities to Māori. Equity of access to and outcomes from IPS employment support is paramount to honouring the Treaty and must be central to the scale up and implementation of IPS in NZ.

IPS program delivery since 2001

IPS delivery in NZ began in 2001. Early developments were led by champions from within non-government employment services and local health funders, rather than mandated from the central government. The result of this local leadership means that IPS employment programs are well-established in some health regions, and completely lacking in others (see map). Access therefore has always been, and remains, patchy and inequitable.

Until 2017, IPS programs were largely funded by health budgets, but increasingly the Ministry of Social Development is investing in IPS programs, both in secondary mental health and addiction services and in youth community-based mental health services. In the past five years following a successful IPS implementation manager pilot and joining the International IPS Learning Community, NZ has embarked on an intentional scale-up process. The IPS centre of expertise, Work Counts, supports the delivery of high-fidelity IPS implementation, including capacity and capability of the workforce and the IPS national steering group brings a formal process of joint working across government agencies. In 2019, Honouring Aspirations, a plan to scale up IPS employment support, was developed and agreed to. This year saw the first cross-government funding of IPS programs.

As of February 2022, there are 86.3 full-time equivalent employment consultants working across 69 clinical mental health and addiction teams, with the size of programs in each region varying from one to 13 employment consultants. Workwise Employment Agency, a non-government provider of employment support services, pioneered the development of IPS, and there are now nine other government and non-government providers of IPS employment support.

IPS in the Far North

In 2017, IPS was set up in the far north of NZ, a region where incomes are low in comparison to other areas of the country. The IPS program is integrated under a wider program to reduce the harm caused by methamphetamine. Initially there were two employment consultants and now there are eight working across six clinical teams, with joint funding from the Ministry of Social Development and the local health authority.

The local newspaper, *The Northland Age*, recently published an article on the IPS program, stating "this degree of intensive wraparound support is unprecedented in the Far North." The article profiled the employment journey of Hemi Rihari, who is 37 years old. Read more of Hemi's story in the included excerpt featured at right.

To read more about IPS in New Zealand visit the Work Counts website: www.workcounts.co.nz.

Hemi's Story

Excerpt from The Northland Age, https://bit.ly/3pj7aSs

"I've had lots of jobs over the last two years, but they haven't lasted long," Hemi said.

The employer, Waste Management, came to the table "without preconceptions and allowed Hemi's work to speak for itself," said the employment consultant. Waste Management manager, Shane Robbertsen said "Hemi has been very reliable, turns up, and does a good job. He gets on well with his colleagues and has even picked up work on Saturdays, which means he is being exposed to other areas of the business and expanding his skill set."

Now in permanent work, Hemi has set himself some financial goals and is putting aside weekly savings. "I want to get a car so I can get myself to work, and I want to build a small place to live on some family land," Hemi said.

Myths About Medicaid and IPS Supported Employment

John O'Brien, Subject Matter Expert

Myth #1: Medicaid cannot pay for IPS
Medicaid can pay for IPS—but it varies. Historically, Medicaid has limited payment for IPS services for individuals that are participating in Medicaid Home and Community-based (HCBS) Waivers or HCBS State Plan amendments. Some states have also included IPS in their Medicaid managed care programs—if and only if the State has accrued savings to pay for these services. Over the past 10 years, states have included IPS and supported employment as part of a larger research and demonstration Medicaid 1115 Waiver. The Centers for Medicare and Medicaid Services (CMS) does not allow states to cover employment skills training, a significant component of IPS in their regular Medicaid State Plan. Several states have covered some, but not all, IPS activities under their regular Medicaid States Plan—BUT these activities are tied to existing Medicaid services (e.g., community supports of psychosocial rehabilitation) and must be more focused on illness management and recovery services and supports rather than an explicit IPS service. Under regular Medicaid state plans, employment services per se are not a coverable Medicaid service.

Myth #2: Medicaid only reimburses IPS providers in short increments
When Medicaid pays for IPS, state Medicaid agencies have broad flexibility in determining how to pay providers. They need to make sure that however they pay IPS providers, the methodology is considered to be economic and efficient by CMS. Some states do reimburse providers in short increments—generally 15-minute units. However, other state Medicaid programs have created more flexible payments for IPS activities. Some state Medicaid programs pay providers similar rates as that state's vocational rehabilitation program—using milestone versus incremental fee for service payments. Other states have created monthly rates for paying providers for the delivery of IPS.

Myth 3: Only licensed or qualified practitioners can deliver a Medicaid service including IPS
False. CMS does require each state to define the provider qualification for all services. Therefore, states and not CMS define who can provide a Medicaid service. In most instances, states have tailored the qualification for IPS to reflect the qualifications and competencies recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) and by national IPS experts. States sometimes face challenges when they are covering various IPS activities under certain state plan services that are more focused on certain populations (e.g., individuals with mental illness). The qualifications of these providers are often more focused on staff needing behavioral health licensure and/or competencies and may not neatly include staff that have IPS competencies. In these instances, states have changed their qualification to include staff and agencies that provide IPS.

A Value Based Payment Model in North Carolina

Stacy A. Smith, North Carolina Department of Health and Human Services

North Carolina traditionally has been challenged with IPS funding, as it was always intended to be shared between Medicaid, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) and Division of Vocational Rehabilitation (DVR) funds.

NC DVR has been an active partner in the implementation, support, and funding of IPS. They committed to paying for Job Development, Job Supports/Vocational Recovery and 90 Day Placement milestones. Yet for the first four years of implementation, DVR utilization (including funding) remained low to non-existent for a majority of IPS teams.

DMHDDSAS and DVR staff met to determine what could be done to address the low DVR utilization, as training and outreach did not increase utilization. Initially, the focus was understanding the payment models these respective agencies were using and identifying the pros and cons of each. State and Medicaid funds used a fee for service model, while DVR used a milestone payment model. DVR moved to a milestone funding structure in 2013; and while the transition had some challenges, a point had been reached where all parties preferred this model.

DMHDDSAS and DVR staff used the three milestone payments that DVR reimbursed IPS for as a base. Jointly, the Divisions developed Medicaid/State milestone payments that aligned with the IPS model and fit around the established DVR milestones. Their theory was that this would increase DVR funding utilization and increase collaboration with DVR. The final pilot model that DVR and DMHDDSAS began pitching to managed care organizations was:

Engagement	*Career Profile*	*Job Development plus 3 days*	*Job Supports/ Vocational Recovery*	*90 Day Placement*	*Closure plus 210 days*	*Vocational Advancement*	*Educational Advancement*

Blue- Medicaid or State funded milestone payment; Orange- DVR funded milestone payment

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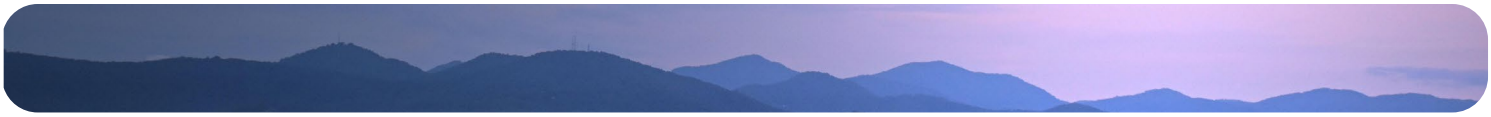
A Value Based Payment Model in North Carolina Continued

The Department of Health and Human Services (DHHS) team was fortunate to have a willing managed care partner to pilot this payment model. Their IPS provider network was an equal partner from the beginning and had a voice in implementation.

There was understandably a reluctance to change, as providers were used to billing throughout the month. This model pays lump sums, but only after a milestone has been achieved. DVR, DMHDDSAS, the managed care organization, and the IPS providers worked through the concerns and made adaptations when possible. DVR's commitment to dedicate one staff member to the IPS team one half day per week gave IPS providers increased confidence in the pilot project. During this time, teams could conduct shared intakes, team meetings and other functions that improve the working relationship between DVR and IPS teams.

The pilot, known as NC Collaborative for Ongoing Recovery through Employment (CORE), went live December 1, 2019. DHHS have seen the NC CORE providers have a higher percent of individuals linked to DVR (53%, next highest 38%) which has remained consistent in spite of the COVID-19 pandemic. Because providers were maximizing DVR fund utilization, the managed care organization had the ability to use State funds to issue provider stabilization payments during COVID-19 and support teams with funding to add staff to expand services.

The initial reluctance to change has been replaced by an appreciation for the new payment model, easier authorizations, a lessening of administrative tasks and the continued support they receive from their managed care organization to modify the parameters of the value-based payment to ensure they are financially feasible. Additionally, the pilot site is now able to use claims data to track progress at an individual, team and managed care level since each payment represents achieving a milestone related to employment.



Tapping Vocational Rehabilitation Funding for IPS

IPS Employment Center

In the U.S., the Vocational Rehabilitation (VR) system is the designated state unit in assisting individuals with disabilities pursue competitive integrated employment. The federal share for expenditures made by the state for VR services is 78.7%. States can draw down federal matching funds when they appropriate state funding.

For over two decades, VR has been a supporter of IPS along with the state mental health system. State VR agencies are in a unique position to assist with the individualized needs (*transportation, maintenance, occupational licenses, tools, equipment, and supplies, etc.*) of IPS program participants as well as funding IPS services.

IPS does not use traditional vocational evaluations. Instead, IPS programs assist participants to explore employment within 30 days of IPS program entry. IPS services begins with the Career Profile. This engagement service is to learn and have discussions on work preferences, work and education history, legal history, mobility, supports, mental health symptoms, substance use or other factors that may impact the vocational choice and needed supports. A State VR could appropriate the funds for the Career Profile as a pre-planned service, prior to the VR eligibility and development of the Individualized Plan for Employment, under *assessment for determining eligibility* and *vocational rehabilitation needs*.

Job Finding entails helping IPS participants with résumés and job applications, engaging with employers to learn about the work environment, supervision, social interaction, work speed, and other activities. This helps determine how the client's mental illness symptoms and personal strengths affect work performance. IPS employment specialists and clients may visit employers together. Job Supports are activities including meetings with the client and employer to discuss work performance and may include problem solving interventions and teaching, or assisting the client with self-advocacy for better hours, raises, promotions, accommodations, etc. Job supports could include teaching job skills when the employer-provided support is not sufficient for an individual or assisting with symptom management on the job. A State VR could appropriate funds using designated *job-related services, including job search and placement assistance, job retention services, follow-up services and follow-along services*. It is also very likely that *supported employment services funding* are tapped for job supports and follow-along supports.

Career Development in IPS is the exploration of careers related to interests, such as, visiting training programs or schools to help a client develop comfort in that setting, to learn about resources, to meet with academic advisors, and to assist IPS clients maneuver training programs. A State VR counselor appropriates funds using *vocational and other training services* or *post-employment services*.

Financial Literacy is to assist IPS clients

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IPS Expansion and Funding in Wisconsin

Regina Acevedo, Theresa C. Iacullo, Beth Lohman, Alexa G. Nobis, Stacey Teegardin

The Wisconsin IPS State Team received the Advancing State Policy Integration for Recovery and Employment (ASPIRE) grant in the fall of 2020 to support greater application of the IPS model across the state. Wisconsin has a county-based health and human services system with about one third of all counties having IPS.

Before the expansion efforts could begin, the Wisconsin team needed to answer: Are providers successful financially if the provider is utilizing all billable funding from Medicaid and the Division of Vocational Rehabilitation (DVR)? To gain insight on how counties fund their IPS program, the Wisconsin team asked all participating counties to complete a survey in the summer of 2021. The following questions were asked:

- How much money did the program receive from Medicaid reimbursement in 2020? What was the reimbursement rate?
- Has the program ever negotiated an increase in their Medicaid reimbursement rate for supported employment services?
- How much money did the program receive from state Division of Vocational Rehabilitation reimbursement in 2020?
- Does the program use county levy dollars, adult long-term care funds, or any other grant funding to maintain services? If so, how much?
- Did the county have start-up funds when they implemented IPS? If so, how much and where did the money come from?
- Does the program use a braided funding model by utilizing both Division of Vocational Rehabilitation and Medicaid funding sources?
- What percentages of your total services are billable to either Division of Vocational Rehabilitation or Medicaid?
- How do program staff get trained in billing?
- What tips, if any, does the program have for new/existing programs struggling to get started financially?
- What challenges or lessons learned, if any, does the program wish to share regarding the implementation of IPS?

Through the survey, the Wisconsin team learned that if providers are billing both Medicaid and the DVR appropriately, they are financially successful. This knowledge led the team to continue expansion efforts with an emphasis on offering technical assistance about billing options for providers who may be struggling. One of those efforts includes drafting a braided billing guidance document in partnership with Medicaid and the Division of Vocational Rehabilitation to provide more concrete information to counties, providers, and the Division of Vocational Rehabilitation counselors on how to bill for IPS-related supports. Results of the survey were presented to IPS supervisors in a forum that provided an opportunity for supervisors to learn from each other.

For more information on specific data points or information collected through this process, please visit: Wisconsin IPS State Team.

The ASPIRE Initiative: Working to Integrate a Medicaid Perspective

The IPS Employment Center

Advancing State Policy Integration for Recovery and Employment (ASPIRE) is an initiative sponsored by the Department of Labor's Office of Disability Employment Policy (ODEP) to assist seven states to integrate state policy, program, and funding infrastructures to expand evidence-based IPS employment services for people with a mental health condition. ODEP has contracted with Westat to implement the ASPIRE initiative. Westat works with Subject Matter Experts (SMEs) to provide support and ongoing policy consultation to state agencies, community mental health sites, and local providers in each of the selected ASPIRE states. ASPIRE states include Florida, Indiana, Iowa, Minnesota, Oklahoma, Virginia, and Wisconsin.

Each state has a small core work group that meets monthly with SMEs to assist with the goal of expanding IPS services and increasing employment for people with mental health conditions. In addition, each state has a large statewide ASPIRE steering committee. The core group and steering committee works on identifying sustainable sources of funding, aligning culturally appropriate policies and practices, providing training and technical assistance, and developing a strategic plan.

Florida's core work group has representation from the Department of Children and Families, State Vocational Rehabilitation, the Agency for Health Care Administration, Workforce Development, and a peer leader. Kirk Hall, a government analyst working in Medicaid policy, noted that he realized how productive it is for IPS to have

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The ASPIRE Initiative Continued

employment services integrated in clinical treatment so there is a whole team supporting the achievement of the person's employment goals. Kirk is familiar with traditional supported employment but was impressed to discover that IPS outcomes are far higher than other employment models for people with mental health conditions no matter the setting, e.g., urban or rural, and that it worked well for people with serious mental illness and substance use disorders, two groups that are historically difficult to treat. Kirk has helped the ASPIRE core group to understand that from Medicaid's perspective they are interested, first and foremost, in delivering medically necessary services that are proven to advance the person's mental and physical health. When new or adopted services can also lower overall costs or time in treatment, they see that as the kind of innovative return on investment that can be used to enhance Medicaid services. Members of the core work group benefit from having access to SMEs, IPS research articles, and briefs on how employment can reduce recidivism to hospitals and improve overall health. Kirk understands that employment is a critical intervention and appreciates how IPS leverages employment to address the other social determinates of health to promote a person's mental and physical health.

Tapping Vocational Rehabilitation Funding for IPS Continued

understand current entitlements and consequences of working, and assist in clients' access to other financial literacy tools. Many State VR systems fund Benefits Planning programs that may have designated Certified Work Incentives Counselors on staff. IPS sites access this VR service to assist clients make informed choices on how their public entitlements are impacted by going to work, and to learn about the different work incentive programs that can assist them to become gainfully employed.

There have been few VR State agencies that started funding IPS by establishing grant contracts as a startup. The majority have created milestone payment systems that fund IPS services. It is extremely important that State VR be involved in planning IPS implementation because they need to consider how the federal rules and regulations for VR relate to the IPS approach. Collaboration and coordination of funders who pay for IPS services helps to ensure program sustainment.

Upcoming Online Courses

Practitioner Skills Course
- May 2 through July 22. Registration: March 28 through April 22.
- September 19 through December 9. Registration: August 12 through September 9.

French Practitioner Course
- September 12 through December 2. Registration: August 1 through September 2.

Spanish Practitioner Course
- May 9th through July 29th Registration Monday, April 4 through Friday April 29.

IPS Supervisor Course
- June 6 through August 12. Registration: May 2 through May 27

VR Counselor Course
- May 9 through June 10. Registration: April 4 through April 29.

Online IPS Fidelity Review Course
- June 13 through July 29. Registration: May 9 through June 3.

NEW - IPS for Non-Employment Practitioners
- First Monday of every month starting in June. Registration is the previous month.

To learn more about any of our courses, visit
www.ipsworks.org/index.php/training-courses/

IPS Employment Center

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