Supported Employment

The purpose and intent of Individualized Placement and Support (IPS) Supported Employment is to promote recovery through the implementation of evidence based and best practices which allow individuals with severe and persistent mental illness or co-occurring mental illness and a substance use disorder to obtain and maintain integrated competitive meaningful employment by providing training, ongoing individualized support, and skill development that honor client choice.

The outcome of an employment service is that individuals will obtain and maintain a job of their choosing through rapid job placement which will increase their self-sufficiency and further their recovery. Employment services should be coordinated with mental health services and substance use treatment and services.

Consistent with the purpose and intent of this service definition, IPS-SE includes at least one of the following evidence-based and best practice employment activities, as provided by the qualified IPS-SE provider and as listed below:

- Vocational assessment and planning
- On-the-job training and skill development
- Job seeking skills training
- Job development and placement
- Job coaching
- Individualized job supports, which may include regular contact with the employers, family members, guardians, advocates, treatment providers, and other community supports
- Benefits planning
- General consultation, advocacy, building and maintaining relationships with employers
- Rehabilitation guidance and counseling
- Time unlimited vocational support.
INSTRUCTIONS FOR USE

This Level of Care Guideline provides assistance in interpreting behavioral health benefits managed by Optum, and is used to make coverage determinations in accordance with the terms of the member’s benefits.

All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the member’s benefits prior to use of this guideline.

Optum reserves the right, in its sole discretion, to modify its Level of Care Guidelines and other clinical guidelines as necessary.

While this Level of Care Guideline does reflect Optum’s understanding of generally accepted standards of clinical practice, it does not constitute medical advice.

Admission Criteria

1. (See Common Criteria for All Levels of Care)

   AND

2. The member is 21 years of age or older, has a current diagnosis of Schizophrenia, Bipolar, Major Depressive Disorder or Severe Affective Disorder, and is enrolled in the 1915(i) Waiver.

   AND

3. The member has chosen to participate in activities to support the process of acquiring and maintaining employment.

   AND

5. The member is not in imminent or current risk of harm to self, others, and/or property.

   AND

6. Changes in the member's signs and symptoms, psychosocial and environmental factors, or level of functioning indicate that the member needs intensive ongoing support to obtain and maintain employment.

   AND

7. At minimum the following Supported Employment services and activities should be available to the member:

   7.1. Vocational Assessment
   7.2. Development of a Vocational Plan
   7.3. On-the-job Training and skill development
   7.4. Job seeking skills training (JSST)
   7.5. Job development and placement
   7.6. Job coaching
7.7. Individualized job supports, which may include regular contact with the employers, family members, guardians, advocates, treatment providers, and other community supports

7.8. Benefits planning

7.9. General consultation, advocacy, building and maintaining relationships with employers

7.10. Rehabilitation guidance and counseling

7.11. Time unlimited vocational support.

**Continued Service Criteria**

1. (See Common Criteria for All Levels of Care)

   AND

2. The severity of the member’s conditions and resulting occupational impairment continue to require this level of service.

   AND

3. Service planning is individualized to the member’s changing condition; realistic and specific goals and objectives are stated. The mode, intensity and frequency of services are consistent with best known evidence-based practice.

   AND

4. Progress in relation to goals is clearly evident, measurable and described in observable terms.

   AND

5. The admission criteria in the previous section otherwise continue to be met.

**Discharge Criteria**

1. (See Common Criteria for All Levels of Care)

   AND

2. Goals of the person-centered plan related to employment have been substantially met.

   OR

3. The member requests a discharge from this service.

   OR

4. The member does not currently desire competitive employment.

   AND

5. The duration of services is for up to one year, but a six month review with person-centered plan to review progress is recommended. The recovery manager can recommend extended follow along after twelve months.
Clinical Best Practices

1. Evaluation & Person-Centered Planning
   1.1. (See Common Clinical Best Practices for All Levels of Care)
   1.2. The responsible service provider in conjunction with the treatment team completes an initial evaluation of the member’s employment needs upon admission.
   1.3. The responsible service provider in conjunction with the treatment team and, whenever possible, the member develops a person-centered service plan that includes a description of the following:
       1.3.1. The member’s recovery and resiliency goals;
       1.3.2. Strengths;
       1.3.3. Problems;
       1.3.4. Specific and measurable goals for each problem;
       1.3.5. Interventions that will support the member in meeting the goals.
   1.4. The comprehensive person-centered service planning process:
       1.4.1. Includes people chosen by the member.
       1.4.2. Provides necessary information and support to the member to ensure that the member directs the process to the maximum extent possible.
       1.4.3. Is timely and occurs at times and locations of convenience to the member.
       1.4.4. Reflects cultural considerations and uses plain language.
       1.4.5. Includes strategies for solving a disagreement.
       1.4.6. Offers choices to the member regarding services and supports the member receives and from whom.
       1.4.7. Includes a method to request updates.
       1.4.8. Records the alternative home and community based settings that were considered by the individual.
       1.4.9. The services plan must reflect the services and supports that are important for the member to meet the needs identified through the assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports. The plan:
           1.4.9.1. Reflects the member’s strengths and preferences
           1.4.9.2. Reflects clinical and support needs
       1.4.10. Includes observable and measurable goals and desired outcomes:
1.4.10.1. Identify interventions and supports needed to meet those goals with incremental action steps, as appropriate.

1.4.10.2. Identify the staff people, businesses, or organizations responsible for carrying out the interventions or supports.

1.4.10.3. Identifies for a member receiving supported employment:
   1.4.10.3.1. The member’s living environment at the time of enrollment,
   1.4.10.3.2. The number of hours per day of on-site staff supervision needed by the member, and
   1.4.10.3.3. The number of other members who will live with the member in the living unit.

1.4.11. Reflects providers of services and supports including:
   1.4.11.1. Name of the provider
   1.4.11.2. Service authorized
   1.4.11.3. Units of service authorized

1.4.12. Includes risk factors and measures in place to minimize risk

1.4.13. Includes individualized backup plans and strategies when needed.

1.4.14. Identify any health and safety issues that apply to the member based on information gathered before the team meeting, including a risk assessment.

1.4.15. Identifies an emergency backup support and crisis response system to address problems or issues arising when support services are interrupted or delayed or the member’s needs change.

1.4.16. Providers of applicable services shall provide for emergency backup staff.

1.4.17. Includes individuals important in supporting the member.

1.4.18. Includes the names of the individuals responsible for monitoring the plan

1.4.19. Is written in plain language and understandable to the member

1.4.20. Documents who is responsible for monitoring the plan

1.4.21. Documents the informed consent of the member for any restrictions on the member’s rights, including maintenance of personal funds and self-administration of medications, the need for the restriction, and either a plan to restore those rights or written documentation that a plan is not necessary or appropriate.
1.4.22. Includes the signatures of all individuals and providers responsible
1.4.23. Is distributed to the member and others involved in the plan
1.4.24. Includes purchase and control of self-directed services
1.4.25. Excludes unnecessary or inappropriate services and supports

1.5. The provider completes a comprehensive employment assessment in order to establish a vocational profile and individual employment support plan to include:

1.5.1. Evaluating for job readiness by understanding the member’s strengths, capabilities, needs, skills and experiences. For example:

1.5.1.1. Employment/education history and preferences;
1.5.1.2. Ability to attend a job and learn job duties;
1.5.1.3. Ability to perform age appropriate daily functions (e.g. dressing, feeding self);
1.5.1.4. Ability to relate to the expectations of a work environment;
1.5.1.5. Mental health history;
1.5.1.6. Existing natural supports;
1.5.1.7. Social skills and ability to relate to co-workers;
1.5.1.8. Existing barriers;
1.5.1.9. Benefits received and impact of employment;
1.5.1.10. Ability to follow stepwise directions and response to supervision;
1.5.1.11. Ability to self-restrain as redirected;
1.5.1.12. Ability to maintain and/or attend to basic hygienic needs independently or as instructed by supportive party;
1.5.1.13. Ability to manage medical expectations, (e.g. medication compliance, diet, exercise);
1.5.1.14. Ability to manage age appropriate finances, (e.g. paying bills, tracking financial resources, budgeting);
1.5.1.15. Ability to navigate in the community.

1.6. The service plan summarizes the member’s goals, and describes what employment services will be provided to accomplish those goals.

1.7. Employment service planning is directed by the member and conducted to reflect the member’s preferences including consideration of all of the following elements:
1.7.1. The member should determine his/her own readiness to participate in employment support activities;

1.7.2. Employment services should be integrated with the member's mental health treatment. Supported Employment providers should join and meet regularly with the treatment team to ensure that all services are seamless and coordinated;

1.7.3. Obtaining and maintaining competitive employment is the end goal and the focus is on jobs that are in integrated settings;

1.7.4. Searching for a job should begin as rapidly as possible;

1.7.5. The plan should support a job that fits the member in terms of strengths, preferences, experiences and unique challenges.

1.7.6. Follow-along supports (i.e., natural supports, team members, co-workers, family members) should continue to provide support to the member once employment is obtained.

1.7.7. The service plan shall be updated or revised at least quarterly, or as necessary to document changes in the member's service needs.

2. Discharge Planning

2.1. (See Common Clinical Best Practices for All Levels of Care)

2.2. Prevocational services are designed to be provided for a limited time in order to prepare a member for employment. If a member has been receiving prevocational services for more than one year and is not ready for regular employment, the interdisciplinary team should re-evaluate the necessity of prevocational services and explore other service options to meet the member's vocational needs, if necessary.

3. Supported Employment Service Delivery

3.1. There are eight core principles to the IPS model:

3.1.1. Zero Exclusion

3.1.2. Integrated Employment & Treatment

3.1.3. Competitive Jobs

3.1.4. Rapid Job-Search

3.1.5. Systematic Job Development

3.1.6. Time-Unlimited Support

3.1.7. Consumer Preferences

3.1.8. Benefits Planning

3.2. The following are requirement components of the program:

3.2.1. Vocational Assessment
3.2.2. Development of a Vocational Plan;
3.2.3. On-the-job Training and skill development;
3.2.4. Job seeking skills training (JSST);
3.2.5. Job development and placement;
3.2.6. Job coaching;
3.2.7. Individualized job supports, which may include regular contact with the employers, family members, guardians, advocates, treatment providers, and other community supports;
3.2.8. Benefits planning;
3.2.9. General consultation, advocacy, building and maintaining relationships with employers;
3.2.10. Rehabilitation guidance and counseling; or,
3.2.11. Time unlimited vocational support.

4. Supported Employment can be provided in conjunction with any of the following services:
   4.1. Facilitation of natural supports;
   4.2. Transportation; or,
   4.3. Peer services.

5. Supported Employment Limitations and Exclusions:
   5.1. Services do not include payment for the supervisory activities rendered as a normal part of the business setting.
   5.2. Services do not include payment for supervision, training, support, and adaptations typically available to other non-disabled workers filling similar positions in the business.
   5.3. Transportation to and from the work site will be a component of - and the cost of this transportation will be included in - the rate paid to providers, unless the individual can access public transportation or has other means of transportation available to them. If public transportation is available, then it should be utilized by the individual, if at all possible.
   5.4. Employment services may be used for an individual to gain work-related experience considered crucial for job placement (e.g., unpaid internship), only if such experience is vital to the person to achieve his or her vocational goal.
   5.5. Documentation must be maintained for each individual receiving this service that the service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973, relating to vocational rehabilitation services, or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.), relating to special education.
5.6. Services may not be for job placements paying below minimum wage.

5.7. Services must be delivered in a manner that supports and respects the individual’s communication needs including translation services, assistance with, and use of communication devices.

5.8. Services may not be provided on the same day and at the same time as services that contain elements integral to the delivery of employment services (e.g., rehabilitation).

5.9. Services must be provided in regular integrated settings and do not include sheltered work or other types of vocational services in specialized facilities, or incentive payments, subsidies, or unrelated vocational training expenses such as the following:

5.9.1. Incentive payments made to an employer to encourage hiring the individual;

5.9.2. Payments that are passed through to the individual;

5.9.3. Payments for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business; or

5.9.4. Payments used to defray the expenses associated with starting up or operating a business.

5.10. Services do not include adaptations, assistance, and training used to meet an employer’s responsibility to fulfill requirements for reasonable accommodations under the Americans with Disabilities Act.

References


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<tr>
<th>Revision Date</th>
<th>Name</th>
<th>Revision Notes</th>
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<tr>
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