

# Clinical Policy: Individual Placement and Support (IPS)

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[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

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## Description

Individual Placement and Support (IPS) refers to the evidence-based practice of supported employment for members with mental illness. IPS helps members living with mental health conditions work at regular jobs of their choosing that exist in the open labor market and pay the same as others in a similar position, including part-time and full-time jobs. IPS helps people explore the world of work at a pace that is right for the member. Based on member's interests, IPS builds relationships with employers to learn about the employers' needs in order to identify qualified job candidates. The job search is based on individual preferences, strengths, and work experiences, not on a pool of jobs that are readily available or the IPS specialist's judgment. Job seekers indicate preferences for job type, work hours, and types of job supports. Job supports are individualized based on the needs of the member and what will promote a positive work experience. IPS offers help with job changes career development and career advancement, including additional schooling and training, assistance with education, a more desirable job, or more preferred job duties. The majority of IPS services must be provided in the community.

IPS provides competitive job options that have permanent status rather than temporary or time-limited status. Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. IPS offers to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. Some people try several jobs before finding employment they like. Each job is viewed as a positive learning experience. If a job is a poor match, an IPS specialist offers to help the member find a new job based upon lessons learned. IPS follows the philosophy that all choices and decisions about work, further schooling, technical training and support are individualized based on the member's preferences, strengths, and experiences. In IPS, members are encouraged to be as independent as possible and IPS specialists offer support as needed.

## Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connections that Individual Placement and Support (IPS) Outpatient service is **medically necessary** for the following indications:
  - A. Member is 21 years of age or older
  - B. Member have transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program.
  - C. Members are not excluded on the basis of job readiness, diagnoses, symptoms, substance use history, substance abuse, mental health symptoms, history of violent behavior, cognition impairment, treatment non-adherence, homelessness, work history, psychiatric hospitalizations, homelessness, level of disability, legal system involvement, or personal presentation.

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#### Background

##### *Service Utilization*

Services are subject to prior authorization. Providers shall submit sufficient documentation to determine medical necessity. Failure to do so may result in a partial or non-authorization for services. Services may be provided at a facility or in the community as outlined in the treatment plan.

##### *Components:*

Each IPS specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another mental health practitioner.

- The IPS model is based on an **integrated team approach**. IPS programs are staffed by IPS specialists, who meet frequently with the mental health treatment team to integrate IPS services with mental health treatment. Louisiana Rehabilitation Services (LRS) counselors also work closely with IPS specialists to ensure that members receive services that are coordinated. IPS specialists participate in weekly IPS unit meetings, mental health treatment team meetings for each team to which they are assigned, and LRS meetings.
  - The employment unit has **weekly client-based group supervision** following the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed.
  - The IPS specialists and LRS counselors have frequent contact for the purpose of discussing shared members and identifying potential referrals. IPS specialists actively participate in **monthly LRS meetings** if there is a shared member.
  - IPS specialists **attach to one (1) or two (2) mental health treatment teams**, from which at least 90% of the employment specialist's caseload is comprised.
  - IPS specialists actively participate in **weekly mental health treatment team meetings** (not replaced by administrative meetings) that discuss individual members and their employment goals with shared decision-making.
- Members are not asked to complete vocational evaluations (e.g., paper and pencil vocational tests, interest tests, and work samples), situational assessments (such as short-term work experiences), prevocational groups, volunteer jobs, short-term sheltered work experiences, or other types of assessment in order to receive assistance obtaining a competitive job. **Initial vocational assessment occurs over 2-3 sessions**, is updated with information from work experiences in competitive jobs and aims at problem solving using environmental assessments and consideration of reasonable accommodations, such as but not limited to American Disability Act (ADA) requirements to encourage an atmosphere of productivity considering the member's diagnosis. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc., is updated with each new job experience. Sources of information include the member, treatment team, clinical records, and with the member's permission, from family members and previous employers. The vocational assessment (referred to as the "career profile") leads to individualized employment and education planning. The career profile is updated with each new employment and education experience. The purpose is not to determine employability,

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but to learn what the member enjoys, skills and experiences, and what will help the member achieve goals. **Initial employment assessment occurs within 30 days after program entry.**

- **An individualized job search plan** is developed and updated with information from the vocational assessment/profile form and new job/educational experiences.

#### *Allowed Mode(s) of Delivery*

- Individual,
- On-site, or
- Off-site.

#### *Exclusions*

- IPS services shall not duplicate any other Medicaid State Plan service or service otherwise available to the member at no cost;

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
None	

HCPCS Codes	Description
H2024	INDIVIDUAL PLACEMENT AND SUPPORT

### ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date	1/22	

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#### References

1. LDH Behavioral Health Provider Manual.

#### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

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