

# Funding

# Crosswalks:

## Coordinating and Leveraging Resources to Increase Competitive Integrated Employment

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# Table of Contents

Acknowledgements.....	2
Disclaimer.....	2
Public Domain Notice.....	2
Recommended Citation .....	2
Nondiscrimination Notice .....	2
Acronyms .....	3
Blending, Braiding, and Sequencing to Increase Access to Competitive Integrated Employment (CIE).....	4
What Is a Funding Crosswalk?.....	5
What Is the Individual Placement and Support (IPS) Model of Supported Employment? .....	5
IPS as Evidence-Based Service .....	5
Estimating the Cost of IPS .....	6
Example: How to Create an IPS-Specific Crosswalk Tool.....	7
Potential Funding Sources.....	12
Vocational Rehabilitation (VR) .....	12
Medicaid .....	13
Medicaid Is a Medical Program.....	14
Federal Regions of Medicaid.....	14
Tips for Working with Medicaid.....	14
Medicaid Rehabilitation Option .....	15
Section 1915(i): Home and Community-Based Services Without a Waiver .....	16
Section 1115 Waivers.....	16
Section 1915(c) Waivers.....	16
Section 1915(b) and Combined 1915(b) and (c) Waivers .....	17
Certified Community Behavioral Health Clinics (CCBHCs) .....	17
State General Revenue (GR).....	17
Ticket to Work .....	17
Other Sources of Funding .....	18
Conclusion.....	18
References.....	19
Appendix A: Sample Funding Crosswalk Tool.....	22
Appendix B: Sample Medicaid Progress Notes .....	29

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## Acronyms

ACT: Assertive Community Treatment

CCBHC: Certified Community Based Health Clinics

CIE: Competitive Integrated Employment

DOL: U.S. Department of Labor

EN: Employment Network

FFP: Federal Financial Participation

FMAP: Federal Medical Assistance Percentages

GR: General Revenue

HCBS: Home and Community-Based Services

IPS: Individual Placement and Support

MCO: Managed Care Organization

ODEP: Office of Disability Employment Policy

SUD: Substance Use Disorder

TTW: Ticket to Work (program)

VR: Vocational Rehabilitation (programs)

# Blending, Braiding, and Sequencing to Increase Access to Competitive Integrated Employment (CIE)

Government agencies and service providers can encounter funding challenges when trying to sustain or expand competitive integrated employment (CIE) programs and services, such as Individual Placement and Support (IPS). Often, the programs and systems that serve populations with mental health conditions are not working effectively together and may be competing for the same resources. Federal, state, and local governments have a responsibility to promote funding solutions that maximize the efficiency and effectiveness of public funding. In order to emphasize the importance of and encourage policy and funding alignment across systems, multiple federal agencies came together in August 2022 to issue definitions and [guidance highlighting how blending, braiding, and sequencing](#) funds and services can be used to support CIE. This guide uses the definitions found in the federal joint communication resource, which are:

**Blending:** Blending occurs when dollars from multiple funding streams combine to create a single “pot” of commingled dollars which can fund an initiative or purchase more specific services. Blending involves pooling funds from multiple sources to support a common goal, such that each individual funding source gives up its program identity.

**Braiding:** Braiding occurs when multiple funding streams separately and simultaneously provide specific services that support an individual with a disability in pursuing, obtaining, or maintaining CIE. Unlike blending, which mixes funding streams, braiding allows programs to retain their identity and to track and account for funds separately. Because braiding involves simultaneous service delivery by two or more systems, it requires interagency coordination and collaboration with this specific goal in mind. Such coordination typically includes development of a memorandum of understanding (MOU) across the systems involved. For discussion of the MOU process, please see ODEP’s [“Guide for Creating Successful CIE Memorandums of Understanding.”](#)

**Sequencing:** Sequencing occurs when multiple funding streams separately and sequentially provide specific services that support an individual with a disability in pursuing, obtaining, or maintaining CIE.

The process of blending, braiding, or sequencing can be complex, but the rewards are significant in supporting people with disabilities in CIE. This guide is intended to help state agencies, program managers, and service providers become more knowledgeable about these funding mechanisms and to provide resources for acquiring further information in their state. Additionally, the Office of Disability Employment Policy (ODEP) hosts a variety of resources on its [blending, braiding, and sequencing webpage](#).

## What Is a Funding Crosswalk?

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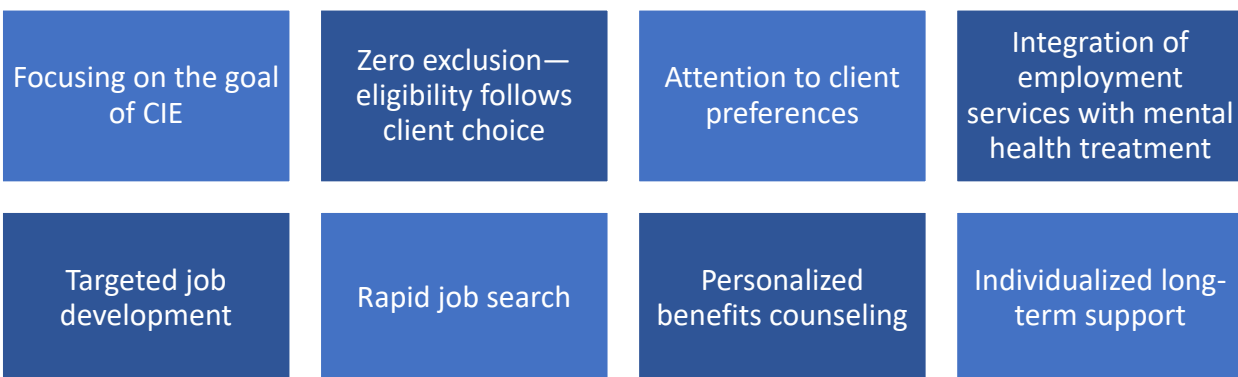
Given the complexity of funding programs and services, you may find it helpful to create a visual representation of the potential funding sources that support your agency or program. A funding crosswalk is a chart describing the allowable uses for each potential funding source available across various potential funding streams. This report describes how to create and use a crosswalk, concentrating on IPS (defined below) as an example; however, the process of leveraging funds and resources across multiple systems is applicable to other employment services as well.

## What Is the Individual Placement and Support (IPS) Model of Supported Employment?

Employment is a key social determinant of health and well-being for working-age adults, including people with mental health conditions.<sup>1-6</sup> However, even though most people with mental health conditions can and want to work,<sup>7</sup> many are unemployed, and those with the most serious conditions typically remain jobless over their lifetimes.<sup>8</sup> Unemployment can lead to many negative outcomes, such as social isolation, inactivity, depression, and early mortality.<sup>9-12</sup>

The good news is that unemployment is not inevitable. Research shows that people with mental health conditions can achieve CIE in jobs of their choosing, especially when they have access to appropriate supports and evidence-based employment services. One such service is IPS, which has been shown to be effective for helping people with a wide range of mental health conditions transform their lives by achieving meaningful long-term employment.<sup>13-19</sup>

### Eight Core Principles of IPS:



### IPS as Evidence-Based Service

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As of 2022, researchers have compared IPS to standard vocational services in 32 randomized controlled trials, all of which found significantly better CIE outcomes resulting from IPS than standard vocational services.<sup>15</sup> In most of these studies, IPS participants were twice as likely to obtain CIE as participants

receiving standard services.<sup>20</sup> A meta-analysis that combined results for four trials found that, compared to control participants, IPS participants gained employment faster, maintained it four times longer during follow-up, earned three times more, and were three times as likely to work 20 hours or more per week.<sup>21</sup>

Although most IPS research does not track outcomes past a follow-up period of two years, several studies have examined longer-term outcomes of five years or longer. An aggregation of three long-term studies found that 49 percent of 120 clients enrolled in IPS became steady workers (defined as working at least 6 months of each year of follow-up) and maintained steady employment for 10 years or longer.<sup>22-24</sup> A follow-up study of a large, multisite trial of IPS for Social Security Disability Insurance (SSDI) beneficiaries with serious mental illness (SMI) found that IPS clients consistently received significantly higher earnings than control group participants over a five-year period after the end of the trial's initial two-year follow-up.<sup>25</sup> Moreover, the IPS participants increased their annual employment earnings by 40 percent over the five-year follow-up period, whereas control participants' earnings changed little.

### Estimating the Cost of IPS

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While IPS is a well-established, evidence-based practice, state and local mental health and rehabilitation administrators must also consider the costs of services they provide. Before implementing a new service model, administrators must consider available funds to support a new service. According to an ODEP issue brief, [Cost-Effectiveness of Individual Placement and Support](#), the mean per-client cost of IPS is about \$4,000 in 2022 U.S. dollars.<sup>26</sup> Many factors affect IPS costs, including duration of services, caseload size, and staff salaries. Labor costs reflect geographic differences in cost of living and wages. Thus, the actual cost of a specific IPS program varies widely.<sup>27,28</sup>

**The mean per-client cost of IPS is estimated to be \$4,000 in 2022 U.S. dollars.**

Administrators will often need to compare the costs of various supported employment services, including IPS. Cost-effectiveness studies comparing IPS to other vocational models have found that IPS can be more expensive than the alternatives, but clients generally work more hours and earn more than clients in other programs.<sup>29</sup> Some studies have found that implementing IPS has led to long-term cost savings and can reduce the use of expensive services, such as psychiatric hospitalizations.<sup>23,30-33</sup>

Regardless of overall costs of IPS and the benefits accruing from employment, IPS program leaders must identify specific sources to finance their programs. The most common barrier to implementing IPS has unequivocally been funding.<sup>34</sup>

## Example: How to Create an IPS-Specific Crosswalk Tool

States, counties, and local providers can use the crosswalk tool to determine potential sources of funding for the elements of IPS. Use the following steps to begin:

- 1. Assemble your team.** Consider asking other interested parties to help create the crosswalk. Use this process as an opportunity to foster collaboration with administrators of departments represented by funding categories. While these administrators may not all be active on the planning team, you should make them aware of the project and endorse the group effort.

**Hint:** *You may need to consult organizational charts to determine where each administrative entity sits. Awareness of reporting relationships and connections between divisions and departments helps in determining whom to invite to workgroups and steering committees.*

- 2. Read the descriptions of the funding sources on the pages that follow.** Identify those that currently apply to your state, or that you plan to use in the future. States not only have diverse rules, contracts, and policies about each source (as well as federal guidance), but also have diverse sources that may include individual county and regional variations.

**Hint:** *Remember that while a funding source may support the desired employment service, the individual person being served may not be eligible for the source. A state may have a generous Medicaid or vocational rehabilitation (VR) program, but if the individual does not (or does not yet) have an open case they will not be eligible for the support. Similarly, recognize that provider agencies must be a contracted entity or in some way administratively connected to these funding sources.*

- 3. Fill in the potential funding sources in the crosswalk column headings.** In the following IPS example, the various elements of IPS are described in the first column. Think of the sources listed in your crosswalk as potential rather than mandatory. There will be areas in which more than one funder is appropriate and permitted, and providers will need guidance in sequencing and braiding the funds.



**Plan for Funding IPS Services<sup>a</sup>**

*Describe how each funding source applies to the various services (this is the meat of the crosswalk).*

Services	Possible funding sources to support IPS (edit as needed)				
	Vocational Rehabilitation (VR)	Medicaid	State General Funds	MH Block Grant	Other Revenue Sources
<b>Engagement</b>					
Educating the person about IPS; learning about the person’s goals, strengths, and interests.					
Outreach to the person using motivational approaches.					
<b>Career Profile</b>					
Discussing work preferences, work and education history, legal history, education, mobility, supports, mental health symptoms, substance use, or other factors that may impact job choice and needed supports.					
Accompanying client to workplaces to assess whether they meet the person’s interests and needs, have supervision available, and can adequately support or accommodate the person to do the job.					
Developing a written employment plan.					
If desired by client, inclusion of family and/or significant others in discussions about job match or other concerns about the person’s working plans.					
<b>Job Finding</b>					
Helping with résumés and job applications. May relate to helping person manage symptoms related to disability such as poor concentration, misinterpretation of social expectations, and thought disorder.					

**Plan for Funding IPS Services<sup>a</sup>**

*Describe how each funding source applies to the various services (this is the meat of the crosswalk).*

Services	Possible funding sources to support IPS (edit as needed)				
	Vocational Rehabilitation (VR)	Medicaid	State General Funds	MH Block Grant	Other Revenue Sources
Employment specialist meeting with employers at their business to learn about the work environment, availability of supervision, extent of social interaction, expected work speed, etc., to determine how the client’s mental illness symptoms and personal strengths may affect job performance in that setting.					
Employment specialists and clients visiting employers together. May include modeling behavior, practicing stress reduction, and illness management techniques.					
Employment specialists calling employers to follow up on interviews and applications and modeling same for client. Discussing the social interaction in advance, then evaluating what went well or could go better in the future.					
<b>Job Supports</b>					
Meeting with client and employer to discuss performance (may include problem solving and teaching); helping client practice self-advocacy (asking for raise, better hours, promotion, etc.).					
Meeting with clients away from the worksite to talk about the job, including social situations and relationships with supervisors and coworkers. May include problem solving and practice of illness management and recovery activities.					

**Plan for Funding IPS Services<sup>a</sup>**

*Describe how each funding source applies to the various services (this is the meat of the crosswalk).*

Services	Possible funding sources to support IPS (edit as needed)				
	Vocational Rehabilitation (VR)	Medicaid	State General Funds	MH Block Grant	Other Revenue Sources
Short-term supports on the job: <ul style="list-style-type: none"> <li>Teaching job skills when employer-provided training is not sufficient for an individual.</li> <li>Assessing need for reasonable accommodations.</li> <li>Assistance with symptom management on the job.</li> </ul>					
Helping with grooming/dressing for work when person does not understand socially acceptable presentation.					
Helping to solve transportation problems or learning how to use public transportation.					
<b>Career Development</b>					
Exploration of careers related to interests.					
Visiting schools/training programs to help a person develop comfort in that setting, learn about resources, meet academic advisors or instructors, and learn about program requirements.					
Meeting with disability services office to discuss possible accommodations for learning and how mental health condition affects learning and class participation.					
Intervention with teachers/professors to describe approved accommodations, explain missed classes, and request makeup work.					
Helping establish study routines that may include special study plans related to concentration problems or thought disorders.					

<b>Plan for Funding IPS Services<sup>a</sup></b>					
<i>Describe how each funding source applies to the various services (this is the meat of the crosswalk).</i>					
<b>Services</b>	<i>Possible funding sources to support IPS (edit as needed)</i>				
	<b>Vocational Rehabilitation (VR)</b>	<b>Medicaid</b>	<b>State General Funds</b>	<b>MH Block Grant</b>	<b>Other Revenue Sources</b>
Helping apply for financial aid, assisting with interactions with school financial office, helping understand loan and grant requirements.					
<b>Financial Literacy</b>					
Assisting person to understand current entitlements and financial implications of working					
Providing financial counseling services which could include accessing financial literacy tools.					
<b>Clinical Integration</b>					
Collaborating with clinical team actively and frequently to discuss supports and strategies that may help person persist and succeed in career goals. Collaboration regarding observed changes in mental health symptoms or medication side effects.					

<sup>a</sup> See [Appendix A](#) for an example of a completed funding crosswalk.

## Potential Funding Sources

As you brainstorm and develop a funding crosswalk for your services, consider the following commonly utilized funding sources. Like the sections above, this part of the guide uses IPS as an example of a service being funded; however, these funding streams may apply to other employment services as well.

### Vocational Rehabilitation (VR)

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VR is usually, but not always, a critical partner in supporting people receiving IPS services. States vary in how they administer VR services, and states and individual counselors have considerable latitude in their administration. Remember also that VR emphasizes employment and employment outcomes (unlike Medicaid or other sources that may have much broader goals).

Provider agencies must be contracted with VR; this may be the first step when a mental health center begins an IPS program. But state VR agencies differ somewhat in contract requirements. Some expect outside accrediting bodies to serve as a proxy for administrative capacity (e.g., Commission on Accreditation of Rehabilitation Facilities).

Funding may resemble the following:

- **Milestone payments for achieving specific activities of supported employment in general.** Some milestones could include completing intake, getting hired, and/or reaching various time frames of job tenure.
- **Milestone payments specific to IPS implementation.** For example, a state might use the completion of the Employment Profile as a milestone, and other measures specific to IPS fidelity, along with job starts and tenure. Collaboration across VR, behavioral health departments, and others can determine how to create these milestones.
- **Fee-for-service.** VR pays for hours of service or other measures.

To determine which VR payer is first/last in line, make sure to pay attention to federal rules and how your state interprets them. VR funds are frequently both braided and sequenced with other funding sources. For example, some states' VR agencies pay for milestones in the employment process, while Medicaid pays for medically necessary rehabilitation services addressing symptoms. This is an example of braiding. An example of sequencing is when the mental health system (Medicaid) starts working with a person, refers them to VR and, after the 90-day VR closure, the mental health system (Medicaid) provides ongoing rehabilitation and follow-along supports.

## Medicaid

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This section provides a summary of the basics of Medicaid. First, make sure to engage key staff in your state's Medicaid agency to help you understand the program and to help the Medicaid staff understand IPS and your goals. Your state's Medicaid State Plans and approved waivers can help you understand what Medicaid covers in your state. Medicaid provider manuals can also help you determine which services are covered, which individuals are covered, and who may provide the services. A provider agency must be appropriately contracted, and the staff providing the service(s) must be qualified according to the state's rules.

**Hint:** *When learning about Medicaid and working with Medicaid staff, try to understand the source of the relevant rule or policy. Provisions written in the "State Plan" or other documents and waivers that constitute agreements between the state and the federal agency can be difficult to change in the short-term. However, interpretive guidelines, state policies, and other regulatory material may be easier to modify. It may be possible to bill for specific IPS activities under various billing categories, depending on how each state defines them, as long as you have a clear rationale for how the services support the billing category.*



### **A Quick Medicaid Primer:**

Medicaid is an entitlement program jointly financed by the states and the Federal Government. The number of people participating in the program and the types of services provided determine the federal contribution. Federal funding for Medicaid comes from general revenues. Some states rely upon a combination of state and local funding sources to provide the required matching funds.

The Federal Financial Participation is the amount that the Federal Government matches for each state dollar spent on the program. The Federal Medical Assistance Percentages (FMAP) vary from state to state and year to year. The FMAPs are based on the average per capita income in each state. States with lower per capita incomes relative to the national average receive a higher federal matching rate.

States administer the program, and each state does it a little differently. Federal Medicaid regulations require each state to designate a "single state agency" responsible for the Medicaid program. Some states house the Medicaid agency within umbrella Human Services agencies, and some are freestanding (just as the mental health and VR agencies may be). Find out the situation in your state. Find an organizational chart for your state government to see how your entities are related.

The designated single state agency administers or supervises the administration of the State Medicaid Plan and makes rules and regulations to implement it. The agency provides and oversees Medicaid eligibility determinations and service coverage and can create provider guidance and other communications on specific services, such as IPS or other employment services and supports.

## Medicaid Is a Medical Program

It is key to understand that **Medicaid services must be “medically necessary.”** In other words, they must be 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. Certain entities can determine medical necessity, such as Managed Care Organizations (MCOs) or other benefits management entities, state Medicaid reviewers, and third-party reviewers.

**Hint:** *Anticipate and prepare for audits. Auditors can hold providers financially responsible for billing for something unrelated to the symptoms of the qualifying diagnosis or, in the case of employment, for providing training in how to perform some function for a specific job, such as learning to fix the copier or use a computer program.*

## Federal Regions of Medicaid

Medicaid has federal regions, and they each have different personalities. Some regions lean more conservative in their interpretations of what services are covered. Sometimes, the state’s central Medicaid office will be better equipped to deal directly with the federal central office in Baltimore, for example, while other times, it will be better to let the federal regional office handle matters directly with the federal central office. The approvals will not always be consistent, even when the state next door has received approval for a certain service. This is why, though helpful to learn what other states are doing, it is not always guaranteed that your state can do the same thing.

## Tips for Working with Medicaid

- Start by understanding available benefits to support people with mental health conditions in your state.
- Learn how these benefits are managed (waivers, MCOs, etc.).
- Learn the organization of your state government offices.
- Seek out information about the current priorities of your Medicaid agency.
- Find out if there are current MOUs or administrative directives between your part of government and the Medicaid entity, especially any concerning data sharing.
- Have an elevator speech ready regarding employment as a social determinant of health (i.e., the reason Medicaid should be interested).
- Develop relationships across systems.

## About MCOs

Sometimes the state contracts with one or more Managed Care Organizations (MCOs) to administer the Medicaid program. MCOs operate “between” the state governmental entities and provider networks and make decisions about provider quality and other factors with guidance provided by the state Medicaid program. MCOs competitively bid for this business and often change over time. Sometimes states administer the program themselves for certain populations and services.

- Use the funding crosswalk tool to determine your specific state’s resources and rules. Agencies often braid and sequence Medicaid with VR. Additionally, states may braid their general revenue, and some grant funds in support of employment services.

## Medicaid Rehabilitation Option

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The State Plan Rehabilitation Option, commonly known as the “rehab option,” is one of the most important and commonly used service components of Medicaid through which states provide non-inpatient services to individuals with mental health conditions and substance use disorders. In the Medicaid State Plan, the rehab option is defined as other diagnostic, screening, preventive, and rehabilitative care services (provided in a facility, home, or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level.<sup>35</sup>

Under the rehab option, states may offer a wide range of recovery-oriented mental health and addiction services to individuals in the community. Treatments may include therapy, counseling, training in communication and independent living skills, recovery support, illness management and relapse prevention training, employability skills, and relationship skills.

Medicaid often covers intensive nonhospital services, such as partial hospitalization or Assertive Community Treatment (ACT), under the rehab option rather than outpatient services. Nearly all states offer some rehabilitative mental health services, and some states offer rehabilitative addiction services.

**When using the rehab option, states have more freedom to design and provide behavioral health services compared to the other State Plan options.** Unlike clinic or outpatient hospital services, which prescribe treatment location, the benefits provided under the rehab option are delivered in a variety of settings, including the consumer’s own home.

Another benefit of providing services under the rehab option is that rehabilitative services are not limited to clinical treatment of a person’s mental and/or substance use disorder. Providers can use rehabilitative services to help clients acquire skills that are necessary to function in the community. Although federal law prohibits Medicaid from funding room and board, education, or vocational services, even under the rehab option, Medicaid does allow reimbursement for illness management skills related to any setting, including employment settings.

In addition, under the rehab option, individuals who are not licensed under professional scope of practice laws, including paraprofessionals and peers, can provide the services.

### Additional Resources for Medicaid Located in Appendices

Medicaid has many intricacies, and its complexity can be daunting. In addition to explanations of various options and waivers, this document includes [sample Medicaid progress notes](#) for billing purposes in [Appendix B](#).



## Section 1915(i): Home and Community-Based Services Without a Waiver

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Section 1915(i) of the Social Security Act was created by the Deficit Reduction Act of 2005 and amended by the Patient Protection and Affordable Care Act. It gives state Medicaid programs the flexibility to cover home and community-based services (HCBS) without seeking a federal waiver. Section 1915(i) does not require states to show that HCBS reduces Medicaid’s institutional care costs. As a result, adults under age 65 with mental health or substance use disorders (M/SUDs) can receive help, although Medicaid does not typically fund their institutional care.

People can qualify for HCBS even if their conditions do not require institutionalization, and states can target specific populations based on identified risk factors. Section 1915(i) can thus help people transition out of institutional long-term services and supports. This approach can also help prevent institutionalization by catching patients at an earlier stage in their condition, reserving institutional beds for those with the most urgent need, shortening the length of institutional stays, and providing uncapped funding for state compliance with legal requirements to place beneficiaries in home and community-based settings.

States cannot cap enrollment and must offer services statewide. If caseload growth exceeds projections, states can limit costs by tightening clinical eligibility criteria for new enrollees.

## Section 1115 Waivers

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Often referred to as research and demonstration waivers, Section 1115 waivers allow states to temporarily test out new approaches to delivering Medicaid care and financing, such as adding services that typically cannot be included in the regular State Medicaid Plan. For these waivers to be approved, they must be budget neutral for the Federal Government, meaning that the waiver cannot cost the Federal Government more than if it wasn’t in place.

## Section 1915(c) Waivers

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Section 1915(c) waivers allow states to provide HCBS to people who need long-term care. This means they can stay in their own home or a community setting (such as a relative’s home or a supported living community) instead of going into a nursing facility. This waiver must be cost neutral, meaning that providing waiver services won’t cost more than providing these services in an institution.<sup>36</sup>

### About Medicaid Waivers

A Medicaid waiver is a provision in Medicaid law that allows the Federal Government to waive rules that usually apply to the Medicaid program. They allow individual states to accomplish certain goals, such as reducing costs, expanding coverage, or improving care for certain target groups such as older adults or women who are pregnant. For example, Virginia’s Section 1115 demonstration authorizes the state to strengthen Virginia’s substance use disorder (SUD) delivery system to improve the care and health outcomes for Virginia Medicaid beneficiaries with SUD consistent with Centers for Medicare and Medicaid Services (CMS) guidance.\*

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\* Virginia’s Section 1115 demonstration is called “The Virginia Governor’s Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Delivery System Transformation.” See the [CMS guidance issued in the July 27, 2015, State Medicaid Director letter](#) on new service delivery opportunities for individuals with SUD (SMD # 15-003).

## Section 1915(b) and Combined 1915(b) and (c) Waivers

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Section 1915(b) waivers, also known as “freedom of choice waivers,” allow states to provide care via managed care delivery systems.<sup>37</sup> These organizations contract with state Medicaid agencies and are paid from the state Medicaid fund for providing health care services to the beneficiaries, thus limiting the individual’s ability to choose their own providers. Some 1915(b) waivers can include supported employment if they produce sufficient cost savings.

Combined Section 1915(b) and 1915(c) waivers allow states to provide home and community-based services by contracting with the MCOs defined in Section 1915(b).<sup>36</sup> The contracted MCOs then deliver the home and community-based health care services to qualifying individuals.

## Certified Community Behavioral Health Clinics (CCBHCs)

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Some states have received Medicaid demonstration approvals that allow them to implement services within Certified Community Behavioral Health Clinics (CCBHCs). Other states use Substance Abuse and Mental Health Services Administration (SAMHSA) grants to fund their CCBHCs (though with different funding parameters). The CCBHC approach began in 2015, and SAMHSA updated [the certification criteria](#) in 2023.<sup>38</sup> CCBHCs strive to:

- Provide comprehensive, coordinated mental health and SUD services appropriate for individuals across the lifespan.
- Center the needs and preferences of the people receiving the services.
- Provide a range of evidence-based practices, services, and supports.
- Provide services to anyone seeking help for a mental health condition or SUD, regardless of their diagnosis, place of residence, or ability to pay.

## State General Revenue (GR)

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State general revenue (GR) is often very scarce, but also relatively flexible. Advocacy groups that address state legislators can have an impact here. GR sometimes provides seed money to start delivering services before shifting to other sources. States may also use their own money as a bridge fund to cover people in need of services who are not eligible for other funding. This source can vary widely among states, and some states use this method to sustain evidence-based employment services long term.

State GR is often both sequenced and braided with other sources in support of IPS and can be blended (depending on the state’s policy) with income from Ticket to Work revenue.

## Ticket to Work

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The [Ticket to Work \(TTW\) program](#),<sup>39</sup> administered by the Social Security Administration (SSA), provides most disability beneficiaries with more choices for receiving employment services. Beneficiaries may assign their tickets to an approved service provider, or Employment Network (EN), of their choice to obtain employment services, VR services, or other support services necessary to achieve their goals. If the EN accepts the ticket, it coordinates and provides appropriate services to help the beneficiary find and maintain employment. Notably, rather than reimbursing ENs with a fee for services, SSA

compensates ENs based on employment-related milestones and outcomes as beneficiaries move towards self-sufficiency and CIE.

TTW revenue is unusual in that it can be blended with other funds (except Medicaid or VR) to support employment or other services. For more details, see this [Joint Communication to State and Local Governments on Resource Leveraging & Service Coordination to Increase CIE for Individuals with Disabilities](#).

## Other Sources of Funding

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- **Federal Block Grant Funds** (for example, the Community Mental Health Services Block Grant) can be used for various programs, including IPS. The amount of money is not large compared to the rest of state budgets, but block grants are quite flexible.
- **Local Units of Governments** may provide funding through county mill taxes (in some places a form of property tax). Local funding sources may vary even within states. Some states are organized into regions or have particular administrative divisions that fund services differently. Some states have very strong county systems that make unilateral decisions about services and may be the entity that administers a variety of funding sources. Other states have strong central office control. Still other states have strong provider (trade) organizations with a great deal of influence on which programs move forward.
- **Managed Care Organizations (MCOs)** are often situated between funders like Medicaid and the provider delivering the service. These organizations generally have a contract with the state Medicaid authority to administer Medicaid benefits. They may have considerable latitude on spending and sometimes support aspects of services like IPS. Remember that employment leads to better health, and the MCOs are charged with improving and sustaining the health of their members.
- **Local Provider Fundraising** may come into play in some locations. Targeted fundraising or donor endowments may help with funding.

## Conclusion

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When blending, braiding, and sequencing resources to increase CIE, you must examine sources of funding, such as those described in this guide, in the context of federal, state, local, and company (in the case of MCOs) policies. It is important to remember that collaboration, cooperation, and communication will be necessary to understand and use these sources. These systems are complex, and rarely will a single entity be able to solve the funding puzzle; however, pursuing this work will surely help achieve the goal of supporting people with mental health conditions in obtaining and maintaining CIE.

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## Appendix A: Sample Funding Crosswalk Tool

This table provides an example of how various states have used the crosswalk tool. Each state will be unique; for example, the Medicaid rehab option (State Plan) permits slightly different things in different states. Service labels in your state may also vary from this example.

The funding sources are relevant only in the context of the person served being an eligible and active recipient of the service (i.e., open to VR or a Medicaid client). Some people will be both VR clients and Medicaid clients, some will be one or the other, and some will be neither.

Further, the table shows what services may be billed by the various sources. Some elements may have several funding sources and thus the state must manage the relevant rules and policies for braiding, blending, and sequencing the funds.

Table of Possible Funding Sources (use specific state titles)					
IPS Services	Vocational Rehabilitation (VR)	Medicaid Waiver	Medicaid Rehab Option State Plan	State General Funds—Extended Employment	Local/County Tax Revenue
<i>18+</i>					
Engagement					
~Educating the person about IPS; learning about the person’s goals, strengths, and interests.	Vocational Rehabilitation Counseling and Guidance; Job Search; Job Readiness Training	Supported Employment (SE) individualized job development and placement according to the member’s preferences, strengths, and work experiences.	Yes	No	Yes
~Outreach to the person using motivational approaches.	Vocational Rehabilitation Counseling and Guidance; Job Search Assistance; Job Readiness Training	SE Service: life coach concurrently with SE (cannot be billed the same day as SE).	If enrolled in Medicaid already	No	Yes

<b>Table of Possible Funding Sources (use specific state titles)</b>					
<b>IPS Services</b>	<b>Vocational Rehabilitation (VR)</b>	<b>Medicaid Waiver</b>	<b>Medicaid Rehab Option State Plan</b>	<b>State General Funds—Extended Employment</b>	<b>Local/County Tax Revenue</b>
<i>18+</i>					
<b>Career Profile</b>					
~Discussing work preferences, work and education history, legal history, education, mobility, supports, mental health symptoms, substance use, or other factors that may impact job choice and needed supports.	Vocational Rehabilitation Counseling and Guidance; Job Search Assistance; Job Readiness Training	SE Service in Person Centered Recovery Planning: individualized job development and placement according to the individual’s preferences, strengths, and work experiences.	Yes	No	Yes
~Accompanying client to workplaces to assess whether they meet the individual’s interests and needs, have supervision available, and can adequately support or accommodate the person to do the job.	No	SE Service in rapid job search; individualized job development and placement according to the individual’s preferences, strengths, and work experiences; negotiation with prospective employers.	Yes, if individual is present	No	Yes
~Developing a written employment plan.	Vocational Rehabilitation Counseling and Guidance; Job Search Assistance	SE Service in individualized job development and placement according to the individual’s preferences, strengths, and work experiences.	Only if related to symptoms of qualifying diagnosis	No	Yes
~If desired by client, inclusion of family and/or significant others in discussions about job match or other concerns about the person’s working plans.	Vocational Rehabilitation Counseling and Guidance	Case Management Service: monitoring or follow-up activities.	Yes (may consult face-to-face with family to determine how individual will be more successful meeting treatment goals)	No	Yes



<b>Table of Possible Funding Sources (use specific state titles)</b>					
<b>IPS Services</b>	<b>Vocational Rehabilitation (VR)</b>	<b>Medicaid Waiver</b>	<b>Medicaid Rehab Option State Plan</b>	<b>State General Funds—Extended Employment</b>	<b>Local/County Tax Revenue</b>
<i>18+</i>					
<b>Job Finding</b>					
~Helping with résumés and job applications. May relate to helping person manage symptoms related to illness such as poor concentration, misinterpretation of social expectations, and thought disorder.	Job Search Assistance	SE Service: rapid job search; individualized job development and placement.	Yes	No	Yes
~Employment specialist meets with employers at their business to learn about the work environment, availability of supervision, extent of social interaction, expected work speed, etc., to determine how the client’s mental illness symptoms and personal strengths may affect job performance in that setting.	Job Search Assistance	SE Service negotiation with prospective employers.	No	No	Yes
~Employment specialists and clients visiting employers together. May include modeling behavior, practicing stress reduction and illness management techniques.	Job Search Assistance or Job Readiness Training	SE Service: rapid job search; on-the-job training in work and work-related skills training.	Possibly, depending upon person’s treatment plan	No	Yes
~Employment specialists calling employers to follow up on interviews and applications and modeling same for client. Discussing the social interaction in advance, then evaluating what went well or could go better in the future.	Job Search Assistance	SE Service training in related skills needed to obtain and retain employment, such as behavioral interventions and self-efficacy.	Possibly, depending on person’s treatment plan	No	Yes

<b>Table of Possible Funding Sources (use specific state titles)</b>					
<b>IPS Services</b>	<b>Vocational Rehabilitation (VR)</b>	<b>Medicaid Waiver</b>	<b>Medicaid Rehab Option State Plan</b>	<b>State General Funds—Extended Employment</b>	<b>Local/County Tax Revenue</b>
<i>18+</i>					
<b>Job Supports</b>					
~Meetings with client and employer to discuss performance. May include problem solving and teaching or helping client practice self-advocacy (asking for raise, better hours, promotion, etc.).	Supported Employment Services; Short-Term Job Supports	SE Service on-the-job training in work and work-related skills; ongoing support that may include follow-along supports; monitoring of the member’s performance on the job; cultivating natural supports on the job; training in related skills needed to obtain and retain employment such as behavioral interventions and self-efficacy; and negotiation with prospective employers.	Yes	Extended Employment	Yes
~Meeting with clients away from the worksite to talk about the job, including social situations and relationships with supervisors and coworkers. May include problem solving and practice of illness management and recovery activities.	Supported Employment Services; Short-Term Job Supports	SE Service: training in related skills needed to obtain and retain employment, such as behavioral interventions and self-efficacy.	Yes	Extended Employment	Yes
~Short-term supports on the job: teaching job skills when employer-provided training is not sufficient for an individual; assessing need for reasonable accommodations; assistance with symptom management on the job.	Supported Employment Services; Short-Term Job Supports	SE Service	No, for job training. Yes, for symptom management and reasonable accommodations	No	Yes

<b>Table of Possible Funding Sources (use specific state titles)</b>					
<b>IPS Services</b>	<b>Vocational Rehabilitation (VR)</b>	<b>Medicaid Waiver</b>	<b>Medicaid Rehab Option State Plan</b>	<b>State General Funds—Extended Employment</b>	<b>Local/County Tax Revenue</b>
<i>18+</i>					
~Helping with grooming/dress for work when person does not understand socially acceptable presentation.	Supported Employment Services; Short-Term Job Supports; Vocational Rehabilitation Counseling and Guidance	SE Service: training in related skills needed to obtain and retain employment, such as behavioral interventions and self-efficacy.	Yes; Peer Support	Extended Employment	Yes
~Helping solve transportation problems or learn how to use public transportation.	Supported Employment Services; Short-Term Job Supports; Vocational Rehabilitation Counseling and Guidance	SE Service: life coach; training in related skills needed to obtain and retain employment, such as behavioral interventions and self-efficacy.	Yes, if barrier is symptoms of disabling condition	No	Yes
<b>Career Development</b>					
~Exploration of careers related to interests.	Vocational Rehabilitation Counseling and Guidance	SE Service individualized job development and placement according to the member’s preferences, strengths, and work experiences.	As related to functional needs	No	Yes

<b>Table of Possible Funding Sources (use specific state titles)</b>					
<b>IPS Services</b>	<b>Vocational Rehabilitation (VR)</b>	<b>Medicaid Waiver</b>	<b>Medicaid Rehab Option State Plan</b>	<b>State General Funds—Extended Employment</b>	<b>Local/County Tax Revenue</b>
<i>18+</i>					
~Visits to schools/training programs to help a person develop comfort in that setting, learn about resources, meet academic advisors or instructors, and learn about program requirements.	Vocational Rehabilitation Counseling and Guidance	Possibly Life Coach Service	Not unless related to functional needs related to qualifying disability; Peer Support	No	Yes
~Meeting with disability services office to discuss possible accommodations for learning and how mental health condition affects learning and class participation.	Vocational Rehabilitation Counseling and Guidance	Possibly Life Coach Service	Yes; Peer Support	No	Yes
~Interventions with teachers/professors to describe approved accommodations, explain missed classes, and ask for makeup work.	Vocational Rehabilitation Counseling and Guidance	Possibly Life Coach Service	Yes	No	Yes
~Helping establish study routines that may include special study plans related to concentration problems or thought disorders.	Vocational Rehabilitation Counseling and Guidance	Possibly Life Coach Service	Yes	No	Yes
~Helping apply for financial aid, interact with school financial office, and understand loan and grant requirements.	Vocational Rehabilitation Counseling and Guidance	Possibly Life Coach Service	No, unless limitations relate to qualifying diagnosis	No	Yes
<b>Financial Literacy</b>					
~Helping person to understand current entitlements and consequences of working; providing assistance with government entities in this area.	Benefits Counseling, usually through referral to a certified Work Incentives Practitioner (WIP-C)	Life Coach Service	If functional limitations are related to qualifying diagnosis, may refer	Extended Employment (referral)	Yes

<b>Table of Possible Funding Sources (use specific state titles)</b>					
<b>IPS Services</b>	<b>Vocational Rehabilitation (VR)</b>	<b>Medicaid Waiver</b>	<b>Medicaid Rehab Option State Plan</b>	<b>State General Funds—Extended Employment</b>	<b>Local/County Tax Revenue</b>
<i>18+</i>					
~Helping person to access other financial literacy tools.	Vocational Rehabilitation Counseling and Guidance	Life Coach Service	If functional limitations are related to qualifying diagnosis, may refer	Extended Employment (if directly related to employment)	Yes
<b>Clinical Integration</b>					
~Collaborating with clinical team actively and frequently to discuss supports and strategies that may help person persist and succeed in career goals; collaboration regarding observed changes in mental health symptoms or medication side effects.	Vocational Rehabilitation Counseling and Guidance	Case Management Service	Yes	Extended Employment (if directly related to employment)	Yes

## Appendix B: Sample Medicaid Progress Notes

The progress notes below are intended to demonstrate how medically necessary services that occur within the context of employment can be documented and billed to Medicaid. In states that have the rehab option, it may be possible to bill for these medically necessary services. But every state’s Medicaid plan (including what is considered medically necessary) is specific to that state. **We recommend reviewing these notes with someone in your Medicaid department to learn if they align with your state’s Medicaid plan, or whether they would need to be adjusted.**

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/2/21. Time: 1:00 to 1:40 p.m. Duration: 40 minutes

Treatment Plan Goal: Client will obtain a part-time job.

Service Type<sup>†</sup>: XXXX

Summary of activity, client response, and plan:

IPS specialist participated in job interview at Kohl’s with client. Before the interview, we discussed how to interact with the employer while experiencing paranoid symptoms and managing poor social skills. IPS specialist encouraged client to look the employer in the eye, shake hands, and speak audibly. During the interview, this IPS specialist encouraged client to answer employer questions when she did not respond to him. After the appointment, IPS specialist and client talked about what went well (e.g., greeting employer, thanking him for his time) and what could be improved (e.g., responding to his questions or saying, “I am not sure how to answer that” when she doesn’t know what to say). Our next step is to call the employer tomorrow to thank him for the interview. The IPS specialist will help the job seeker consider what to say and continue working toward the goal of getting a job.

Staff Signature: *Jane Doe* Date: 11/2/21

The medically necessary service is helping the client develop effective social skills.

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/5/21. Time: 1:00 to 1:45 p.m. Duration: 45 minutes

Treatment Plan Goal: Client will retain his part-time job.

Service Type: XXXX

Summary of activity, client response, and plan:

IPS specialist participated in a meeting with client and his supervisor at client’s request. Prior to the meeting, client reported he is angry at supervisor and feels he is being treated unfairly. Because of client’s narcissistic personality disorder and previous problems with anger, IPS specialist asked client to

The medically necessary service is helping the client develop effective social skills.

<sup>†</sup> Examples of service type(s) include: engagement, career profile, job finding, job supports, career development, financial literacy, and clinical integration.

avoid raising his voice during the meeting and to let the supervisor finish talking without interruptions. She also encouraged client to state how he feels without blaming anyone. During the meeting, the supervisor explained that everyone is asked to clean the bathrooms because they are part of a team. Client said he is asked to clean the bathrooms more than anyone else. Supervisor said he will try to ensure that everyone is asked in turn, but that it is important for client to do the work when asked. Client agreed. After the meeting, IPS specialist pointed out that client was able to stand up for himself calmly and because of that, the supervisor was able to concentrate on client's request to be treated fairly. Plan: to continue helping client adjust to job and manage social interactions at work.

Staff Signature: **John Doe** Date: 11/5/21

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/3/21. Time: 11:00 to 11:25 a.m. Duration: 25 minutes

Treatment Plan Goal: Client will retain his part-time job.

Service Type: XXXX

Summary of activity, client response, and plan:

Client reported that he missed work for two days because he was too depressed to get out of bed and is now worried that he may lose his job. IPS specialist helped the client problem-solve and plan for how he will describe to his employer what happened. Client requested that IPS specialist stay while he called his employer. After the call, client reported that the supervisor needs documentation from his doctor if he wishes to come back to work. IPS specialist agreed to ask the psychiatrist to write a letter client can take to their supervisor. Client will call his counselor to talk about strategies to manage depression. IPS specialist will continue supporting client with retaining his job.

Staff signature: **John Doe** Date: 11/3/21

The medically necessary service is helping the client maintain employment (i.e., the treatment plan goal) while managing symptoms of depression.

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/5/21. Time: 10:00 to 10:35 a.m. Duration: 35 minutes

Treatment Plan Goal: Client will retain their part-time job.

Service Type: XXXX

Summary of activity, client response, and plan:

Meeting with client who reports that they feel better about themselves since they began working. "At first, I felt exhausted, but now I have more energy and I feel better about myself. I love being around people during the day. I feel so good when I can help someone." Client reports they are still sleeping seven hours per night. Client and IPS specialist discussed the pros and cons of asking for more working hours. Because of client's diagnosis of bipolar disorder, IPS specialist suggested increasing their hours slowly rather than working full-time right away. IPS specialist offered to schedule an appointment with a

The medically necessary service is helping the client with the goal of employment while managing bipolar disorder.

benefits planner to help client consider how more hours of work would impact their benefits. Client agreed that that would be a good idea.

Staff signature: *John Doe* Date: 11/7/21

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/5/21. Time: Noon to 12:55 p.m. Duration: 55 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

Summary of activity, client response, and plan:

IPS specialist met with client and her mother to discuss mother's concerns about client's wish to work. Mother expressed that client has been fired from jobs. She said that client would become withdrawn and depressed when that happened. IPS specialist asked client why she was fired but she said that she wasn't sure why supervisors fired her. Given client's problems with disorganized thoughts, IPS specialist asked client if she would permit her to call her last supervisor to learn what types of jobs would not be a good match for her in the future. Mother agreed that this is a reasonable first step. Client agreed that information from her mother and past supervisor will help develop a better employment plan.

Staff signature: *John Doe* Date: 11/7/21

The medically necessary service is helping the client with the goal of employment while experiencing disorganized thoughts and previous job loss due to her mental health condition.

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/4/21. Time: 5:00 to 6:00 p.m. Duration: 60 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

Summary of activity, client response, and plan:

IPS specialist met with client and his parents to share information about the IPS supported employment program, and to learn from them what jobs may be a good match for their son. They expressed that because of Sandy's symptoms of anxiety, he does not do well if he must pay attention to more than one task at a time, or if he feels under pressure. However, if he has a quiet work environment and is allowed to work on one thing at a time, he does well. They do think he would need help interacting with boss and coworkers. Client agreed with this assessment. IPS specialist will begin helping client find a quiet work environment where he will not have to multitask.

Staff signature: *John Doe* Date: 11/4/21

The medically necessary service is helping the client make plans regarding his goal of employment and taking into account symptoms of mental health condition.



Client: XXXX. DOB: XX/XX/XXXX

Date: 11/1/21. Time: Noon to 1:10 p.m. Duration: 70 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

The medically necessary service is helping the client with the goal of employment while managing problems with concentration.

Summary of activity, client response, and plan:

Because client has poor concentration related to his diagnosis of schizophrenia, IPS specialist helped him complete a job application. Client had difficulty understanding some of the questions and needed assistance looking up dates (he preferred to leave blanks). Client was especially puzzled by the personality test that was part of the application, so IPS specialist explained the questions to him. IPS specialist will help client follow up on the application by visiting the store manager next week.

Staff signature: *Jane Doe* Date: 11/2/21

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/1/21. Time: Noon to 12:30 p.m. Duration: 30 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

The medically necessary service is making plans to help client with his goal of employment while taking into account symptoms of psychosis and poor concentration.

Summary of activity, client response, and plan:

IPS specialist met with Ken and his case manager. The case manager explained that some people choose work as a way to be busy and interact with others. IPS specialist described IPS services. Ken explained that when he tried to work in the past, he was often fired after a week or so. Some employers reported that he worked too slowly, and Ken's case manager reported that Ken sometimes has trouble concentrating when he is nervous and hearing voices. IPS specialist suggested that a quiet work environment could help and that working with Ken's supervisor could help. Ken said he would like to give it a try again. IPS specialist and Ken agreed to meet again next week.

Staff signature: *Jane Doe* Date: 11/2/21

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/10/21. Time: 10:30 a.m. to noon, Duration: 90 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

The medically necessary service is helping the client with the goal of employment while managing problems with concentration.

Summary of activity, client response, and plan:

IPS specialist helped Ken complete two job applications. He said he was hearing voices and rated those at 3 out of 10 in severity. Ken had trouble concentrating on the applications and IPS specialist redirected

him frequently and reminded him to look at his template for the information. When Ken was redirected, he followed IPS specialist's directions, but continued to need prompts for each section of the application. Next week, Ken will follow up on the applications by visiting the businesses and asking to speak to the managers.

Staff signature: *Jane Doe* Date: 11/11/21

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/11/21. Time: 10:30 a.m. to noon, Duration: 90 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

Summary of activity, client response, and plan:

IPS specialist met Ken at the library and helped him complete applications at Marshall's and Target for a nighttime stocker position. Ken said that he thinks he would like a stocking position. Next week, we will follow up on the applications.

Staff signature: *Jane Doe* Date: 11/11/21

Not billable because it was not a medically necessary service.

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/17/21. Time: 9:00 to 9:15 a.m. Duration: 15 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

Summary of activity, client response, and plan:

IPS specialist met with the manager at the library to talk about a part-time stocking position for Ken. Employer is interested in meeting Ken.

Not billable because it was not a medically necessary service— client was not present.

Client: XXXX. DOB: XX/XX/XXXX

Date: 11/18/21. Time: 10:30 to 11:50 a.m. Duration: 80 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

Summary of activity, client response, and plan:

IPS specialist and Ken met to talk about following up on the applications. Ken said that he did not do that because he was too nervous to meet with the manager. IPS specialist offered to go with Ken to the businesses. On the way, they practiced what Ken would say and the IPS specialist encouraged Ken to

The medically necessary service is helping the client develop effective social skills.

Ken speak a little louder than usual and to look the manager in the eye. At the first business, Ken stood in front of the employer and held out his résumé but did not speak. IPS specialist intervened and explained that Ken was hoping to work at the business and turned to Ken and asked him to explain why he would like to work there. Ken managed a sentence. At the second business, Ken managed to say hello, and IPS specialist prompted him to speak to the manager again. Ken would like to meet next week to submit more applications.

Staff signature: *Jane Doe* Date: 11/18/21

Client: XXXX. DOB: XX/XX/XXXX

Date: 12/3/21. Time: 3:00 to 4:00 p.m. Duration: 60 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

The medically necessary service is helping the client develop plans to manage symptoms of anxiety related to first day of work.

Summary of activity, client response, and plan:

Ken will begin work on Monday and reports that he is very nervous about it and is not sleeping well. IPS specialist said she would talk to his case manager about his sleep. She also offered to help Ken look through his clothes to pick out an outfit that would be right to wear to work. She asked Ken if he would sleep better Sunday night if he went to his mother's house for dinner and spent the night there. He said that could help. IPS specialist said she would pick him up Monday morning and give him a ride to work if that would help him manage his anxious feelings and Ken thanked her.

Staff signature: *Jane Doe* Date: 12/6/21

Client: XXXX. DOB: XX/XX/XXXX

Date: 12/7/21. Time: 3:00 to 4:00 p.m. Duration: 60 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

The medically necessary service is helping the client develop effective social skills to interact with his supervisor.

Summary of activity, client response, and plan:

Ken called IPS specialist to say he thinks his manager is angry that he is working too slowly. IPS specialist called Ken's supervisor who said that he is not angry, but that Ken is working slowly. IPS specialist asked supervisor if she could bring Ken in for a short meeting to help Ken feel more comfortable and explore options for picking up his speed.

Staff signature: *Jane Doe* Date: 12/8/21

Client: XXXX. DOB: XX/XX/XXXX

Date: 12/9/21. Time: 2:00 to 4:00 p.m. Duration: 120 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

Summary of activity, client response, and plan:

IPS specialist went to Ken's worksite to observe him working. She noticed that Ken does move a little slower than his coworkers, and that he also uses inefficient methods for completing his job. She worked with Ken to adopt a more efficient method of putting things away and he was able to increase his speed. After that, IPS specialist spoke with Ken's supervisor and explained what she did. IPS specialist also suggested that Ken is new on the job and may need a little time to increase his speed further. Supervisor agreed and asked IPS specialist to stay in touch. IPS specialist will call supervisor next week.

Staff signature: *Jane Doe* Date: 12/8/21

Not billable because part of the service was provided at the workplace while the client was working.

Client: XXXX. DOB: XX/XX/XXXX

Date: 12/10/21. Time: 10:00 to 10:20 a.m. Duration: 20 minutes

Treatment Plan Goal: Client will work part-time.

Service Type: XXXX

Summary of activity, client response, and plan:

Ken received his first paycheck and asked IPS specialist to go to the store with him. He asked IPS specialist for a ride to the Game Store to pick out some new games. IPS specialist said she was not able to do that and suggested that he ask his mother instead, but congratulated him on his first paycheck.

Staff signature: *Jane Doe* Date: 12/11/21

Not billable because it was not a medically necessary service.