

# PROVIDERALERT



**To:** AmeriHealth Caritas Louisiana Providers

**Date:** December 9, 2024

**Subject:** LDH Approved Clinical Policies

**Summary:** Two LDH Approved Clinical Policies.

AmeriHealth Caritas Louisiana would like to inform you of two new policies that have been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54. The guidelines are effective on **January 8, 2025** and will be posted on our website under Clinical Policies: <https://www.amerihealthcaritasla.com/provider/resources/clinical/policies.aspx>.

1. Apnea Monitoring
2. Individual Placement and Support

**Reminder:** If your practice is not registered with our website portal-NaviNet, we highly recommend registering. To register, please visit [www.navinet.net](http://www.navinet.net) to sign up or contact your Provider Account Executive for details.

**Questions:** Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please get in touch with AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

**Missed an alert?** You can find a complete list of provider alerts on our website's [Provider Newsletters and Updates](#) page.

**Need to update your provider information?** Send full details to [network@amerihealthcaritasla.com](mailto:network@amerihealthcaritasla.com).

# Apnea monitoring

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4001

Recent review date: 5/2024

Next review date: 9/2025

Policy contains: Apnea Monitoring.

*AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered, on a case by case basis, by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.*

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## Policy statement

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Apnea monitors are cardio-respiratory monitoring devices capable of providing continuous or periodic two-channel monitoring of the heart rate and respiratory rate. Apnea monitors must meet current Food and Drug Administration (FDA) guidelines for products in this class. Apnea monitors must have alarm mechanisms to alert care givers of cardio-respiratory distress or other events, which require immediate intervention, and must also record and store events and provide event recording downloads or printouts of such data.

Home apnea monitoring is clinically proven and, therefore, may be medically necessary for rental or purchase when any of the following criteria are met:

### **Apnea of Prematurity**

Apnea of prematurity is the sudden cessation of breathing that lasts for at least 20 seconds or is accompanied by bradycardia or oxygen desaturation cyanosis in an infant younger than 37 weeks gestational age.

### **Apnea of Infancy**

Apnea of infancy is an unexplained episode of cessation of breathing for 20 seconds or longer or a shorter respiratory pause associated with bradycardia, cyanosis, pallor, and/or marked hypotonia. The term apnea of infancy generally refers to infants with gestational age of 37 weeks or more at the onset of apnea. The Medicaid Program defines bradycardia for infants as a resting heartbeat of less than 80 beats per minute at one month of age, less than 70 beats per minute at 2-3 months of age, and less than 60 beats per minute at three months of age or older.

Monitoring for subsequent siblings of Sudden Infant Death Syndrome (SIDS) victims less than eight months of age may be approved for a maximum of eight months.

## **Following an Apparent Life-Threatening Event**

An Apparent Life-Threatening Event (ALTE) is characterized by some combination of central apnea or occasionally obstructive apnea, color change (usually cyanotic or pallid but occasionally erythematous or plethoric), and a marked change in muscle tone (usually marked limpness), choking, or gagging, which required vigorous intervention or cardiopulmonary resuscitation (CPR).

Children requiring home oxygen therapy, central hypo-ventilator, tracheotomy, and/or home ventilator support will be considered on a case-by-case basis.

Approval following apneic episodes resistant to treatment, such as Ondine's Curse, shall be considered on a case-by-case basis.

## **Apnea Monitor Initial Authorization Period for Rentals**

Authorization of payment for rental of an apnea monitor may be approved for the initial three months without download reports or download summary information with download report, based on clinical data supporting medical necessity. The initial three-month rental includes all apnea monitor initial set up supplies – belt, leads and electrodes.

## **Apnea Monitor Extensions after Initial Three Months**

Any request for extensions after the initial three-month period must be accompanied by documented evidence obtained in the home environment of recurrence of apneic episodes (e.g., cyanosis, resuscitative measures, etc.).

Apnea monitors will not be approved beyond the initial three months without download reports or download summary information with a download report. Family non-compliance and/or physician's refusal to remove the child from the apnea monitor are not acceptable reasons for further approval of payment for rental of the apnea monitor.

## **Apnea Monitor Emergency Requests**

An oral request may be approved in an emergency for a one-month period to avoid prolonged hospitalization. Once documentation has been received indicating medical criteria have been met, the request may be approved for an additional two months.

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## **References**

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Louisiana Department of Health. 2010. Durable Medical Equipment Provider Manual. Apnea Monitoring. Chapter 18, Section 18.2. Issued 02/28/2023.

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## **Policy updates**

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Initial review date: 3/1/2021

6/2024: Policy updated.

# Individual Placement and Support

Clinical Policy ID: CCP.4043

Recent review date: 9/2024

Next review date: 12/2025

Policy contains: Employment support; individual placement and support; serious mental illness; schizophrenia; vocational rehabilitation.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered, on a case by case basis, by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

## Coverage policy

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.

## **Evaluation of the Evidence Based Practice**

Research has demonstrated that this method of supported employment is the most effective approach for helping people with serious mental illness who want to work in regular jobs. Evidence to support IPS can be found at <https://ipsworks.org/index.php/evidence-for-ips/>.

## **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 which includes the following:

1. IPS programs are staffed by IPS specialists, who meet frequently with the mental health treatment team to integrate IPS services with mental health treatment. IPS specialists with a caseload of nine (9) or less members participate in bi-weekly client-based individual or group supervision and mental health treatment team meetings for each team to which they are assigned. Once IPS specialists have a caseload of ten (10) or more members, they participate in weekly client-based individual or group supervision, and mental health treatment team meetings for each team to which they are assigned:

- a. The employment unit has weekly client-based individual or 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;
- b. 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; and
- c. 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.

2. 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;

3. Initial vocational assessment occurs over 2-3 sessions and 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;

4. 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, 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;

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

6. IPS specialists systematically visit employers, who are selected based on the job seeker's preferences, to learn about their business needs and hiring preferences. Each IPS specialist makes at least 6 face-to-face employer contacts per week on behalf of members looking for work. An employer contact is counted even when an employment specialist meets the same employer more than one time in a week, and when the member is present or not present. Member-specific and generic contacts are included. IPS specialists use a weekly tracking form to document employer contacts;

7. IPS programs use a rapid job search approach to help job seekers obtain jobs rather than assessments, training, and counseling. IPS specialists help members look for jobs soon after entering the program instead of requiring pre-employment assessment and training or intermediate work experiences, such as prevocational work units, short-term jobs to assess skills, transitional employment, agency-run businesses or sheltered workshops. The first face to face contact with the employer by the member or the IPS specialist occurs within 30 days;

8. IPS specialists ensure that members are offered comprehensive and personalized benefits planning, including information about how work may affect their disability and government benefits. The purpose is to help members make informed decisions how working and developing a career may be the quickest way to avert poverty or dependence on benefits. All members are offered assistance in obtaining comprehensive, individualized work incentives (benefits) planning before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits, and any other sources of income;

9. Job supports are individualized and continue for as long as each worker wants and needs the support. Members receive different types of support for working a job that are based on the job, member preferences, work history, needs, etc. Once members obtain employment, the IPS specialist and staff from the mental health treatment team provide support as long as members want and benefit from the assistance. The goal is for each member to work as independently as possible and transition off the IPS caseload when the member is comfortable and successful in their work life;

a. IPS specialists have face-to-face contact within one (1) week before starting a job, within three (3) days after starting a job, weekly for the first month, and documented efforts to meet with members at least monthly for a year or more, on average, after working steadily, and desired by members; and

b. Members are transitioned to step down job supports from a mental health worker following steady employment. IPS specialists contact members within three (3) days of learning about the job loss. IPS specialists also provide employer support (e.g., educational information, job accommodations) at a member's request.

10. Service termination is not based on missed appointments or fixed time limits:

a. Engagement and outreach attempts made by integrated team members are systematically documented, including multiple home/community visits, coordinated visits by IPS specialist with integrated team member, and contacts with family, when applicable; and

b. Once it is clear that the member no longer wants to work or continue with IPS services, the IPS specialist stops outreach.

## **Eligibility Criteria**

AmeriHealth Caritas-eligible members who meet medical necessity criteria in accordance with LAC 50:I.1101 may receive IPS when recommended by an LMHP or physician within their scope of practice. Members must be:

1. At least 21 years of age; and
2. Transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program.

All members meeting the above criteria who are interested in working have access to this service. 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.

## **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.

## **Service Delivery**

There shall be member involvement throughout the planning and delivery of services. Services shall be:

1. Delivered in a culturally and linguistically competent manner;
2. Respectful of the member receiving services;
3. Appropriate to members of diverse racial, ethnic, religious, sexual and gender identities and other cultural and linguistic groups; and
4. Appropriate for age, development, and education.

Any licensed practitioner providing behavioral health services must operate within their license and scope of practice. Staff Ratios One (1) full time employment specialist to 20 active members. Allowed Provider Types and Specialties PT 74 Mental Health Clinic PS 70 Clinic / Group PSS 8E CSoC/ Behavioral Health.

## **Allowed Modes of Delivery**

1. Individual;
2. On-site; and
3. Off-site.

## **Provider Responsibilities**

### **Supervision**

The IPS unit has weekly member-based individual or 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. When there is good fidelity to this item, the IPS supervisor meets weekly with all the IPS

specialists as a group to review client employment goals and progress towards achieving those goals. See Components section number 1 for information regarding caseload and supervision.

IPS specialists share ideas to help members meet their goals. IPS specialists also share job leads during the meeting and occasionally introduce each other to employers. IPS specialists have discrete caseloads but provide back up and support for other IPS specialists as needed. IPS specialists' skills are developed and improved through outcome-based supervision.

All five (5) key roles of the IPS supervisor are present as follows:

1. One full-time (FTE) supervisor is responsible for no more than 10 IPS specialists. The supervisor does not have other supervisory responsibilities. (IPS supervisors supervising fewer than ten (10) IPS specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an IPS supervisor responsible for 4 IPS specialists may be devoted to IPS supervision half time);
2. Supervisor conducts weekly supervision designed to review member situations and identify new strategies and ideas to help members with their work lives. Either individual or group supervision is sufficient. New IPS specialists often benefit from weekly individual supervision while experienced IPS specialists often appreciate the support of individual supervision at least once or twice monthly;
3. Supervisor communicates with mental health team leaders to ensure that services are integrated, to problem-solve programmatic issues, (such as referral issues or transfer of follow-along to mental health workers), and to be a champion for the value of work. Supervisor attends a meeting for each mental health treatment team on a quarterly basis;
4. Supervisor accompanies IPS specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development; and
5. Supervisor reviews current member outcomes (e.g., job starts, number and percent of people working, number/percent of people in education programs, etc.) with IPS specialists and sets goals to improve program performance at least quarterly.

### **Provider Qualifications**

IPS must be provided only under the administrative oversight of licensed and accredited local governing entities (LGEs). Providers must meet state and federal requirements for providing IPS.

### **Agency**

To provide IPS, agencies must meet the following requirements:

1. Be licensed – pursuant to La. R.S. 40:2151, et. seq.;
2. Be Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification to the managed care entities with which the agency contracts or is being reimbursed;

**NOTE: Agencies must apply for accreditation and pay accreditation fees prior to being contracted and reimbursed by a Medicaid managed care entity, and must maintain proof of accreditation application and fee payment. Agencies must attain full accreditation within eighteen (18) months of the initial accreditation application date.**

3. Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the following:



- a. La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing patient care;
- b. La. R.S. 15:587, as applicable; and
- c. Any other applicable state or federal law.

4. Shall not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations shall not be utilized on an employment, contract nor volunteer basis:

- a. Criminal background checks performed over ninety (90) days prior to the date of employment will not be accepted as meeting the criminal background check requirement; and
- b. Results of criminal background checks are to be maintained in the individual's personnel record. Evidence of the individual passing the criminal background check requirements must be maintained on file with the provider agency;

5. Must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and non-licensed staff, interns and contractors;

- a. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General; and
- b. The provider is prohibited from knowingly employing, contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General.

6. Maintain results that checks have been completed. The OIG maintains the LEIE on the OIG website (<https://exclusions.oig.hhs.gov>) and the LDH Adverse Action website is located at <https://adverseactions.ldh.la.gov/SelSearch>;

7. Arranges for and maintain documentation that all employment specialists, prior to employment, are free from Tuberculosis (TB) in a communicable state as defined by the LAC 51:II.Chapter 5 to reduce the risk of such infections in members and staff. Results from testing performed over thirty (30) days prior to date of employment will not be accepted as meeting this requirement;

8. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use;

9. Maintain documentation that all staff providing direct care, who are required to complete First Aid and cardiopulmonary resuscitation (CPR), complete American Heart Association (AHA) recognized training within ninety (90) days of hire, which shall be renewed within a time period recommended by the AHA (See Appendix D);

10. Maintain documentation of verification of completion of required trainings and certifications for all IPS staff;

11. Ensure and maintain documentation that all persons employed by the organization complete training in a state recognized Crisis Intervention curriculum prior to handling or managing crisis responses, which shall be updated annually. (See Appendix D for list of trainings); and

12. Has a National Provider Identification (NPI) number, and must include the agency NPI number and the NPI number of the individual rendering IPS on its behalf on all claims for Medicaid reimbursement, where applicable.

## **IPS Fidelity Standards**

IPS teams must meet fidelity standards as evidenced by the Supported Employment Fidelity Review Manual found at <https://ipsworks.org/wp-content/uploads/2019/12/Final-Fidelity-Manual-Fourth-Edition-112619.pdf>. When an agency has more than one IPS team, separate reviews are scheduled for each team. A team consists of a group of IPS specialists who report to one supervisor.

### **New Teams**

#### **New IPS teams must:**

1. Submit documentation to AmeriHealth Caritas for contracting purposes including evidence of fidelity to the model including findings of self-evaluation using the IPS Fidelity Scale (<https://ipsworks.org/wp-content/uploads/2017/08/IPS-Fidelity-Scale-Eng1.pdf>);
  - a. The self-evaluation must reflect a baseline score in order to be eligible to provide Plan services to members.
2. Undergo a fidelity review using the IPS Fidelity Scale by an AmeriHealth Caritas-identified third party within six (6) months of implementation:
  - a. This review must reflect continued improvement toward the desired score of 100 (good fidelity);
  - b. The team will implement an AmeriHealth Caritas-approved corrective action plan immediately for any individual IPS Fidelity Scale criterion that rates a one (1), two (2), or three (3);
  - c. This plan should be implemented within thirty (30) days of findings or sooner as determined necessary by AmeriHealth Caritas to mitigate health and safety issues for members; and
  - d. Fidelity is tested every six (6) months for a new program until a score of 100 is reached.

### **Existing teams**

Once a new team achieves a fidelity review score of 100 or above, that team is considered an existing team and must:

1. Participate in fidelity reviews using the IPS Fidelity Scale conducted by AmeriHealth Caritas or designee at least annually (every twelve (12) months) or more frequently as prescribed by AmeriHealth Caritas; and
2. Maintain a minimum score of 100 and above on the IPS Fidelity Scale or the team will implement an AmeriHealth Caritas-approved corrective action plan and achieve a minimum score of 100 on the IPS Fidelity Scale within six (6) months in order to maintain the ability to accept new clients.

If a 115 to 125 on the IPS Fidelity Scale is achieved, the team will be deemed as operating with “exceptional practice.” AmeriHealth Caritas may grant extensions of twenty-four (24) month intervals between fidelity reviews for teams operating with “exceptional practice.”

Teams are considered to be operating below acceptable fidelity thresholds if they are achieving less than 100 on the IPS Fidelity Scale after implementing an AmeriHealth Caritas approved corrective action plan for six (6) months will forfeit the ability to accept new members though they can continue to work with existing members as long as there are no health and safety violations with operations as determined by AmeriHealth Caritas or LDH. Teams shall implement an AmeriHealth Caritas-approved corrective action plan and undergo another fidelity review within six (6) months by AmeriHealth Caritas or designee. If the team achieves at least 100 on the IPS Fidelity Scale in subsequent review, the team can resume accepting new referrals.

### **Staff**

Individuals providing IPS must operate under the administrative oversight of a licensed and accredited LGE. IPS Specialists must:

1. Complete continuing education in confidentiality requirements, Health Insurance Portability and Accountability Act (HIPAA) requirements and mandated reporting;
2. Have a satisfactory completion of criminal background checks pursuant to the, La R.S. 40:1203.1 et seq., La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;
3. Not be excluded from participation in the AmeriHealth Caritas Program by Louisiana Medicaid or the Department of Health and Human Services Office of Inspector General;
4. Not have a finding on the Louisiana State Adverse Action List;
5. Pass a TB test prior to employment in accordance with the LAC 51:II.Chapter 5; OR be free from Tuberculosis (TB) in a communicable state as defined by the LAC 51:II.Chapter 5;
6. Pass drug screening tests as required by provider agency's policies and procedures;
7. Complete American Heart Association (AHA) recognized First Aid and CPR training. Psychiatrists, APRNs, PAs, RNs and LPNs are exempt from this training (See Appendix D); and
8. Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH prior to providing the service. (Refer to Appendix D).

### **Staffing Requirements**

At least one dedicated IPS specialist and an IPS supervisor comprise the employment unit. Peer specialists are members of some IPS teams, who share their own experiences to inspire others to work and build careers.

The requirements for IPS specialist and IPS supervisors are indicated as follows:

#### **IPS Specialist**

1. High school diploma is required;
2. Two years post high school experience in employment;
3. One year experience working with people with severe mental illness;
4. Successfully completed IPS training prior to providing services; and
5. Have current IPS Certification or achieve certification within two (2) years.

#### **IPS Peer Specialist (Optional staff, but recommended)**

1. Must be a Peer Support Specialist as defined in Section 2.3: Outpatient Services – Peer Support Services; and
2. Have current IPS Certification or achieve certification within four (4) years.

#### **IPS Supervisor**

1. Master's degree in rehabilitation counseling or mental health field is preferred; Bachelor's degree is required. Previous experience as an employment specialist is necessary;
2. Experience working with people with severe mental illness;
3. At least one (1) year experience in employment services;
4. Successfully completed IPS training prior to providing services; and
5. Have current IPS certification, or achieve certification within two (2) years.

### **IPS Training and Recertification**

IPS staff must obtain IPS Certification (CIPS) within two (2) years of employment as an IPS specialist and maintain certification thereafter. Information on IPS Certification and trainings are available at [www.IPSworks.org](http://www.IPSworks.org).

### **Limitations/Exclusions**

1. IPS services shall not duplicate any other AmeriHealth Caritas Plan service or service otherwise available to the member at no cost;
2. IPS services are provided to members who are not served by the Louisiana Workforce Commission's Louisiana Rehabilitation Services (LRS) organization and need more intensive supports;
3. IPS services may not be provided if the service is otherwise available under a program funded under the Rehabilitation Act of 1973; and
4. Incentive payments, subsidies, or unrelated vocational training expenses may not be billed such as but not limited to: incentive payments made to an employer to encourage or subsidize the employer's participation in a IPS program; payments that are passed through to users of IPS programs; or payments for vocational training that is not directly related to a member's IPS program.

### **Billing**

IPS service is a bundled rate including all of the components outlined above in a month.

### **Background**

Not applicable.

### **Findings**

Not applicable.

### **References**

Louisiana Department of Behavioral Health Services Manual Section 2.3: Outpatient Services - Individual Placement and Support. Issued August 16, 2022.

### **Policy updates**

1/2022: initial review date and clinical policy effective date: 1/2022

1/2023: Policy references updated.

9/2024: Policy references updated.