Individual placement and support

Clinical Policy ID: CCP.4043

Recent review date: **1/2023**

Next review date: **4/2024**

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 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 is clinically proven and, therefore, medically necessary for members who meet all of the following medical necessity criteria in accordance with Louisiana Administrative Code Title 50: Part I, Section1101, when recommended by a Louisiana mental health practitioner or physician within their scope of practice:

- At least 21 years of age.
- Have transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program.
- Interested in obtaining competitive employment. 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 **(IPS Employment Center, 2022)**.

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 nonauthorization for services. Services may be provided at a facility or in the community as outlined in the treatment plan.

Continuation criteria

Individual placement and support services are provided in accordance with service delivery and state and federal provider requirements as outlined in the Louisiana Department of Behavioral Health Services Manual, Section 2.3: Outpatient Services - Individual Placement and Support (2022), and individual placement and support fidelity standards as outlined in the Individual Placement and Support Employment Center Supported Employment Fidelity Review Manual (Becker, 2019).

Individual placement and support must be provided only under the administrative oversight of licensed and accredited local governing entities and Assertive Community Treatment agencies.

Service termination criteria

Service termination is based on the member's desire to no longer work or continue with individual placement and support services, not based on missed appointments or fixed time limits.

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

Limitations

Individual placement and support services shall not duplicate any other Medicaid State Plan service or service otherwise available to the member at no cost.

Individual placement and support service is a bundled rate including all of the components outlined above in a month.

Alternative covered services (subject to Plan benefit)

Prevocational training.
Educational services.

Background

Approximately **21% (52.9 million)** of U.S. adults aged 18 or older live with a mental illness, and an estimated subset of **5.6% (14.2 million)** live with the more severe form of serious mental illness (Substance Abuse and Mental Health Services Administration, 2020). Among those who experience disability due to serious mental illness, the burden of mental illness can be acutely felt emotionally, socially, and economically.

Federal regulation defines a serious mental illness as a condition that meets specific requirements for diagnosis, level of impairment, and duration of illness (Substance Abuse and Mental Health Services Administration, 2016):

- Patient is age 18 or older.
- Patient has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the Diagnostic and Statistical Manual of Mental Disorders — Fifth Edition criteria (American Psychiatric Association, **2022)**. Excluded are
    - Substance use disorders and developmental disorders, unless they occur with a diagnosable serious mental illness.
    - Dementia, including Alzheimer's disease, and mental disorders due to a general medical condition.

- The disorder has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities: activities of daily living; interpersonal functioning; concentration, persistence, and pace; and adaptation to change.

The majority of individuals meeting these criteria are diagnosed with schizophrenia, schizoaffective disorder, psychotic disorders, major depressive disorders, bipolar disorders, and borderline personality disorder (Substance Abuse and Mental Health Services Administration, 2016). Anxiety disorders or eating disorders may also meet these criteria. In addition, states may include specific diagnoses.

Employment is a critical social determinant of health, as it provides a source of income, health insurance coverage, social connections, and sense of pride (National Alliance on Mental Illness, **2022**). Most adults with serious mental illness want to work and can succeed with appropriate supports, but fewer than 7% of adults with schizophrenia who receive community mental health services are competitively employed. Competitive employment refers to a regular community job open to any applicant, pays a comparable wage to all who perform the same work (at least minimum wage), is integrated in the workplace, and has the same supervisory arrangements and conditions for all workers.

Supported employment programs assist people with mental illness to find and maintain competitive employment and earn higher wages (National Alliance on Mental Illness, **2022**). The central tenet of supported employment programs is that people with mental illness who want to work can be placed in a job consistent with their interests, skills, abilities, and preferences, and receive appropriate job support and mental health treatment concurrently. Supported employment programs differ from traditional vocational rehabilitation programs that emphasize training first with vocational groups, workshops, and counseling, followed by placement in sheltered and transitional employment rather than in a competitive employment setting (Marino and Dixon, 2014). Supported educational services are also an option for individuals whose goals include educational advancement prior to pursuit of employment.

Individual placement and support

Individual placement and support is a supported employment model aimed at helping adults with serious mental illness obtain a competitive job quickly, without extended preparation, and maintain the job, with supervision if needed (IPS Employment Center, **2022**). The individual placement and support model was developed in the United States in the 1990s as an individualized employment service component of community mental health delivery. In this context, work rehabilitation is a desired treatment outcome, and individual placement and support employment specialists are integral to the mental health treatment team.

Individual placement and support comprises eight fundamental principles (IPS Employment Center, **2022**):

- Obtaining competitive employment is the goal, with no artificial time limits imposed by the social service agency.
- Everyone who wants competitive employment is eligible, regardless of readiness, diagnosis, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
- Services are based on job seeker's preferences and choices rather than the employment specialist's and supervisor's judgments.
- Rapid job placement is prioritized to help job seekers obtain jobs rather than assessments, training, and counseling. The first face-to-face contact with the employer occurs within 30 days.
- Mental health treatment teams are integrated to include employment specialists.

- Personalized benefits counseling is provided, related to the client's Social Security, AmeriHealth Caritas Louisiana, and other government entitlements.
- Employment specialists develop relationships with employers in the community according to client preferences.
- Individualized job support continues for as long as each worker wants and needs the support. Employment specialists have face-to-face contact at least monthly.

This individualized approach is gaining support for new populations other than those with serious mental illness. A network of 25 states and regions is participating in a learning community across states and regions devoted to sharing ideas for how to fund and expand individual placement and support services (IPS Employment Center, **2022**; Pogue, 2021).

Findings

The American Psychiatric Association practice guideline (**2021**) recommends supported employment services for patients with schizophrenia. Services should be offered to anyone who is interested, with no exclusion criteria for participation. The harms associated with supported employment are not well delineated but are likely to be small. A significant number of individuals may be interested in supported employment, but it may not be readily available to them, representing an area of unmet need. The majority of studies of supported employment involve the individual placement and support model.

The evidence from randomized controlled trials establishes individual placement and support as an effective vocational rehabilitation model for obtaining and maintaining competitive employment for adults diagnosed with serious mental illness and veterans with posttraumatic stress disorder (Davis, 2018a, 2018b; Suijkerbuijk, 2017; Weld-Blundell, 2021). The effectiveness remained robust across levels of program fidelity standards and a range of economic, labor, and regulatory conditions (Metcalfe, 2018).

A Cochrane review analyzed 48 randomized controlled trials of interventions for obtaining and maintaining competitive employment in adults with serious mental illness (Suijkerbuijk, 2017). The interventions studied were high-fidelity and low-fidelity individual placement and support alone or combined with other interventions, prevocational training programs, transitional employment interventions, or psychiatric care only. Thirty trials studied individual placement and support alone, and 13 studied augmented individual placement and support. The overall quality of included studies were assessed as low to moderate.

The majority of studies took place in North American settings and were published from 2000 or later (Suijkerbuijk, 2017). The majority of participants were diagnosed with a psychotic disorder (schizophrenia, schizoaffective, or other psychotic disorders). Most were unemployed at baseline but had worked within the previous five years, and were interested in competitive employment. The follow-up periods ranged from three months to five years. The primary outcome was the number or percentage of participants in competitive employment. Secondary outcomes were number of weeks in competitive employment, number of days to first competitive employment, percentage of participants who obtained noncompetitive employment, quality of life, mental health measures, and adverse events (dropouts and hospital admissions).

In terms of obtaining and maintaining employment, high-fidelity and low-fidelity individual placement and support and augmented individual placement and support were the most effective interventions for people with serious mental illness without increasing the risk of adverse events (Suijkerbuijk, 2017). While augmented supported employment appeared to be slightly more effective than supported employment alone, the differences were small using different analysis methods.

In another systematic review, 10 of 11 randomized controlled trials found a beneficial effect on open employment outcomes of individual placement and support alone or combined with other interventions compared to controls for participants with psychosocial disability (Weld-Blundell, 2021). Studies were assessed to have an overall moderate risk of bias.

Nonserious mental illness conditions

For populations with nonserious mental illness conditions (primarily nonpsychosis disorders), the strongest evidence supporting a benefit of individual placement and support examined veterans with chronic posttraumatic stress disorder in the Veterans Individual Placement and Support Toward Advancing Recovery Study, or VIP-STAR (Davis, 2018a, 2018b; ClinicalTrials.gov identifier: NCT01817712). This was a prospective, multisite, randomized clinical trial of unemployed veterans with posttraumatic stress disorder randomized to either individual placement and support (n = 271) or stepwise transitional work (n = 270).

More participants in the individual placement and support group achieved steady employment than in the transitional work group (105 [38.7%] versus 63 [23.3%], odds ratio 2.14, 95% confidence interval 1.46 to 3.14). Steady employment was defined as holding a competitive job for at least 50% of the 18-month follow-up period. A higher proportion of individual placement and support participants attained any competitive job (186 [68.6%] versus 154 [57.0%]; *P* = .005) and had higher cumulative earnings from competitive jobs (median [interquartile range] $7,290 [$23,174] versus $1,886 [$17,167], *P* = .004). A systematic review by Bond (2019) confirmed these findings.

The evidence from individual randomized controlled trials, including systematic reviews of randomized controlled trials, is insufficient to support a clear benefit of individual placement and support for other indications (Bond, 2019; Fadyl, 2020; Hellström, 2021; Mueser, 2019; Probyn, 2021; Weld-Blundell, 2021). The systematic reviews often included results from the same individual trials. Therefore, although the results are encouraging, the evidence is limited to relatively few, small single-site trials of discrete populations that lack replication in independent studies. Review investigators cite concerns related to heterogeneity of interventions studied and outcome measures, and quality of the evidence reviewed.

For patients with first episode psychosis, one randomized controlled trial (Mueser, 2019) called the “Recovery After Initial Schizophrenia Episode-Early Treatment Program study” compared a specific integrated program, called “NAVIGATE,” to usual community care involving 34 sites and 404 patients aged 15 to 40 years. The components of NAVIGATE included four interventions (individualized resiliency training, family education program, supported employment and education [individual placement and support], and personalized medication management) within staffing and structure of the NAVIGATE team. Preliminary findings suggest that, over two years, participants at NAVIGATE sites had substantially better clinical and psychosocial outcomes than those at community care sites. However, most of the sites demonstrated acceptable or higher levels of fidelity to overall service delivery implementation, but fidelity to supported employment and education implementation was the weakest, with multiple factors likely contributing to efficacy. The individual contribution of supported employment and education was unclear.

A systematic review (Bond, 2019) of participants who had psychiatric disorders other than serious mental illness (six randomized controlled trials), substance use disorders (two trials), and spinal cord injuries (one trial), found that competitive employment rates and other employment outcomes favored individual placement and support, but findings on symptom reduction and quality of life were inconsistent. Methodological limitations included small samples, major modifications to individual placement and support fidelity, and short follow-up periods. Further rigorous research and replication is needed on participants with anxiety, depression, substance use disorder, musculoskeletal or neurological conditions, or pain syndromes.

A systematic review of 13 randomized controlled trials and meta-analysis of six randomized controlled trials (n = 1,594) (Hellström, 2021) investigated the effect of individual placement and support according to three diagnoses of serious mental illness (schizophrenia, bipolar disorder, and major depression), and participants with either dual diagnoses (serious mental illness and substance use disorders) or forensic psychiatric conditions. The majority (74%) of participants were diagnosed with schizophrenia. Overall, individual placement and support was more effective than "services as usual" for obtaining competitive employment, working more hours and weeks, and returning to work faster for participants with schizophrenia ($P < .05$). Any vocational benefit was not statistically significant for the other diagnoses, likely due to lack of power and lower representation in the study populations.

For participants living with a mix of mild to moderate mental health conditions, a systematic review and meta-analysis (Fadyl, 2020) of seven controlled trials (n = 1,611) found recipients of individual placement and support modified for those who are not in intensive mental health treatment services were more likely to gain competitive employment than those who receive usual care (risk ratio 1.70, 95% confidence interval 1.23 to 2.34). The evidence was graded as very low quality with a high risk of bias.

Another systematic review (Probyn, 2021) found that individual placement and support for other nonserious mental illness conditions was confined to six small, individual randomized controlled trials assessed as having moderate to high risk of bias. The results suggest individual placement and support may be more effective than control interventions for improving competitive employment in recipients with mental disorders and justice involvement; veterans with posttraumatic stress disorder; recipients of methadone treatment; veterans with spinal cord injury at 12 months and at 24 months; and young people not in employment, education, or training. The results did not show a competitive employment benefit for workers with musculoskeletal injuries, individuals with substance abuse, and formerly homeless people with mental illness.

In the systematic review by Weld-Blundell (2021), no randomized controlled trials met inclusion criteria for individuals with autism or intellectual disability.

In 2023, we added several systematic reviews and one randomized controlled trial to the policy. There is a growing body of evidence from systematic reviews and meta-analyses suggesting that individual placement and support improves employment outcomes for a broad range of target groups, with the strongest evidence supporting adults with serious mental illness. Currently, no policy changes are warranted.

A meta-analysis of 32 studies (n = 3,818 intervention group and 3,847 controls) analyzed the relative effectiveness of individual placement and support for different subgroups. The mean age of participants was 38.9 years (range 20.4 to 51.0 years). In line with previous findings, individual placement and support is relatively more effective for individuals with serious mental illness and schizophrenia spectrum disorder and a low symptom severity, and relatively less effective for individuals with major depressive disorder and common mental disorders and a higher symptom severity. Individual placement and support was equally effective after both short and long follow-up periods (less than or greater than 12 months, respectively) (de Winter, 2022).

These results extend to young adults of working age with different mental health conditions (Bond, 2022; Thompson, 2022). Authors of both analyses recommended additional well-controlled intervention studies that examine educational and longer-term outcomes for the young adult population.

A randomized controlled trial compared usual treatment with and without individual placement and support for adults with chronic pain in a tertiary pain center setting in Norway (Sveinsdottir, 2022). Usual treatment consisted of interdisciplinary pain treatment, regular follow-up, and information on services

and resources for people in unemployment or work disability, self-help advice, pain management, and vocational rehabilitation resources. During 12-month follow-up, 52.8% in the individual placement support group and 38.9% in the usual treatment group had attained employment. The difference increased during 24-month follow-up but did not reach statistical significance. Larger randomized controlled trials are needed to draw clear conclusions about effectiveness in this population.

A systematic review of seven economic studies based on randomized clinical trial data, including two studies from the United States, found individual placement and support programs may be a cost-effective alternative to traditional vocational rehabilitation programs for adults with serious mental illness. In the United States, individual placement and support may cost the same or higher than traditional vocational rehabilitation, depending on the benefit measure used (Zheng, 2022).

References

On **November 1, 2022**, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were "mental disorders/rehabilitation" (MeSH), "employment, supported" (MeSH), and "individual placement and support." We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

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Policy updates

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