

# Collaborative Employment:

How MCO Case  
Managers Champion IPS  
Services

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February 3, 2026



# Iowa's Center of Excellence for Behavioral Health

Provide training, technical assistance, and fidelity monitoring for entities responsible for developing and implementing evidence-based practices for individuals with serious mental illness, serious emotional disturbance, and co-occurring conditions in Iowa.



Community-based  
Treatment Practices



Behavioral Health  
Prevention

# Objectives

- 1. Understand the IPS Model** – Explain the “8 Practice Principles” of Individual Placement and Support (IPS) and how it promotes competitive employment for people with behavioral health needs.
- 2. Define the Case Manager’s Role in IPS** – Identify key responsibilities of case managers in collaborating with IPS providers, including coordination, communication, and advocacy for member goals.
- 3. Recognize Funding and Resource Strategies** – Learn when and how to use available IPS Milestone authorizations to support IPS services effectively within managed care frameworks.

# Acronyms Used in Presentation

- ▶ CC = Care Coordinator
- ▶ CEBH = Center of Excellence for Behavioral Health
- ▶ CIE = Competitive Integrated Employment
- ▶ CM = Case Manager
- ▶ EBP/EBPs = Evidence-Based Practice(s)
- ▶ IHH = Integrated Health Home
- ▶ IME = Iowa Medicaid Enterprise
- ▶ IPS = Individual Placement and Support
- ▶ IVRS = Iowa Vocational Rehabilitation Services
- MCO = Managed Care Organization
- MH = Mental Health
- NAMI = National Alliance on Mental Illness
- RCTs = Randomized Controlled Trials
- SE = Supported Employment
- SMI = Serious Mental Illness
- SNMIS = Safety Net Management Information System
- SUD = Substance Use Disorder
- TCM = Targeted Case Management

# Individual Placement and Support

Understanding the IPS Model of Supported Employment in Iowa

# Evidence-Based Practices (EBPs)

Definition:

- ▶ “interventions that have been rigorously tested, have yielded consistent, replicable results, and have been proven safe, beneficial, and effective and have established standards for fidelity of the practice” (IAC 441—25.1)



# Individual Placement and Support (IPS) is an EBP



- ▶ Only EBP model of SE for people with SMI
- ▶ Evidence from 28 RCTs supports IPS effectiveness (Bond et al., 2020)
  - 55% mean CIE rate for IPS participants
  - 25% mean CIE rate for control group participants
- ▶ Long-term follow-up studies across multiple countries show sustained employment gains after IPS (Bond et al.)
  - *IPS = longer employment tenure, higher wages earned, and hours worked*

# Mental Health and Employment Rates

Category	Statistic	Source
<b>Want to work</b>	~60%	NAMI; IPS Center
<b>Do NOT want to work</b>	~40%	Derived from above
<b>Currently employed</b>	10-15%	NAMI
<b>Unemployed</b>	~80%	NAMI
<b>Want to work with access to services (IPS)</b>	~2%	IPS Center

Sources:

- ['Bleak Picture' for Mentally Ill: 80% Are Jobless - NAMI Bucks County PA: National Alliance on Mental Illness](#)
- [Making the case for IPS 1-31-23](#)

# Why Employment?

- ▶ Employment improves self-esteem, symptom control, quality of life, social relationships, community integration, and results in fewer hospital and emergency services. (Drake, et al. 2013)
- ▶ Increased income = economic stability = decreased reliance on social services & mental health system
- ▶ Cost-effective
- ▶ Employment provides purpose and is a typical role for adults in our society
- ▶ Considered by many an important factor in their recovery



***Unemployment leads to increased substance abuse, increased physical problems, increased mental disorders, reduced self-esteem, loss of social contacts, and alienation and apathy (Warr, P., 1987)***

# IPS Fidelity



IPS provider agencies undergo Fidelity Reviews at least once per year, as a Quality Assurance measure to ensure that services are being provided as closely to the evidence-based model as possible, which will ensure greater employment outcomes for Iowans.

**Fidelity sets 25 standards in 3 key areas:** Staffing of IPS teams, Organizational support for IPS, and provision of services.

# IPS Practice Principles



Zero Exclusion



Worker Preferences



Rapid Job Search



Benefits Planning



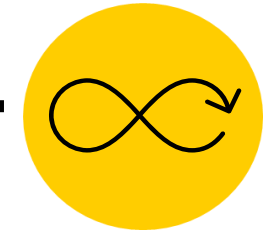
Integrated Services



Systematic Job Development



Competitive Employment

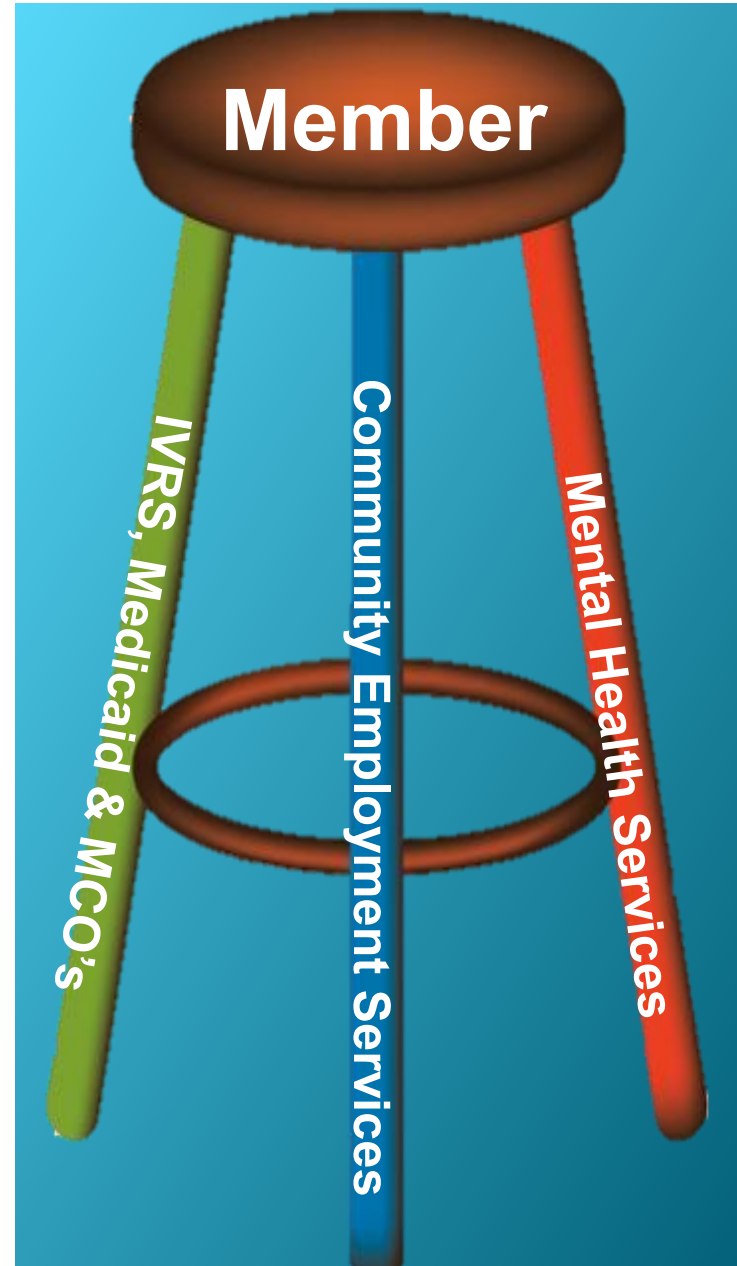


Time-Unlimited Supports

# “3-Legged Stool”

**IPS in Iowa is built on strong partnerships and integrated services.**

- Iowa Vocational Rehabilitation, Iowa Medicaid & MCO's, SNMIS fund IPS activities through milestones achieved
- Community Employment Services trained in IPS model provide services to job seekers
- Mental Health Service providers work on symptom management and collaborate with IPS teams



# Individual Placement and Support (IPS) Service Area

\*Current counties served are represented in bold color; future expansion by current provider sites represented in lighter shades

**43 North Iowa**  
(Cerro Gordo, Floyd, Franklin, Hardin, Mitchell)

**Goodwill, Inc. of N.E. Iowa**  
(Blackhawk; Future – Winneshiek, Fayette, Buchanan, Delaware, Dubuque)

**Robert Young Center** (Jackson, Clinton, Cedar, Muscatine, Scott)

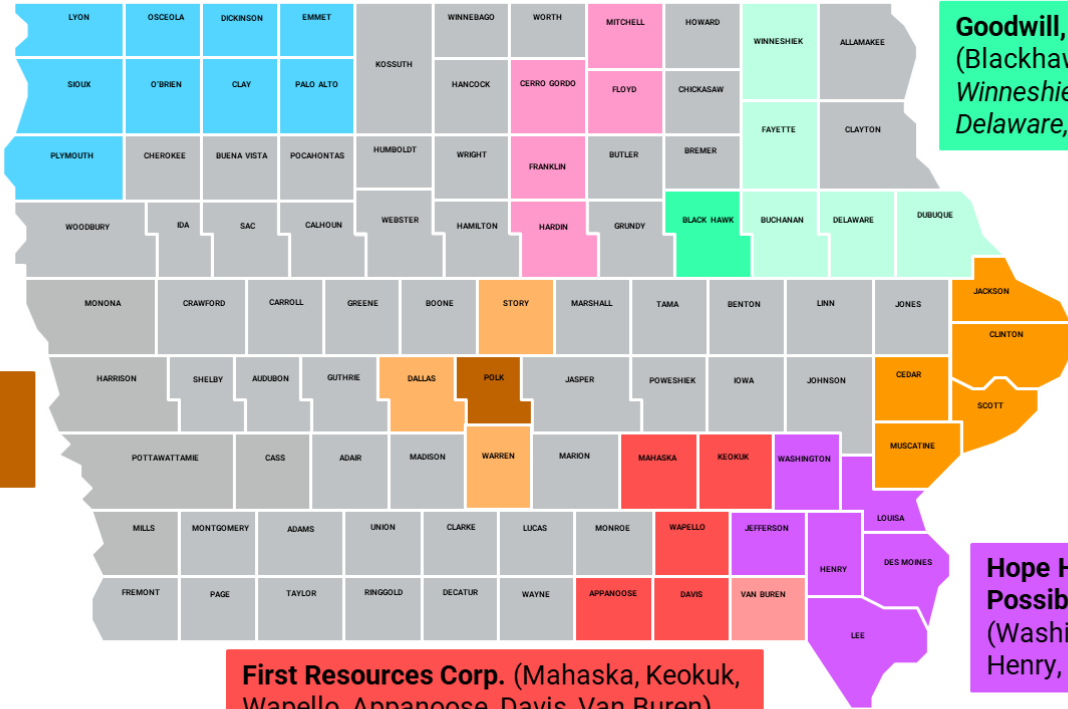
**Vera French Community Mental Health Center**  
(Jackson, Clinton, Cedar, Muscatine, Scott)

**Hope Haven – Imagine the Possibilities**  
(Washington, Louisa, Jefferson, Henry, Des Moines, Lee)

**First Resources Corp.** (Mahaska, Keokuk, Wapello, Appanoose, Davis, Van Buren)

**Hope Haven, Inc.** (Lyon, Osceola, Dickenson, Emmet, Sioux, O'Brien, Clay, Palo Alto, Plymouth)

**Goodwill of Central Iowa/Eyerly Ball** (Polk; Future – Dallas, Story, Warren)



Iowa's Center of Excellence for Behavioral Health

# IPS vs. Traditional SE

## *Key Differences*

- ▶ **A focus on CIE:** no pre-requisites like volunteering, trial work experiences, or small group employment (enclave) settings required
- ▶ **ONE IPS Specialist for all phases:** vs. multiple staff across stages
- ▶ **Zero exclusion:** factors like criminal history, substance use, psychiatric hospitalizations, or level of disability do not disqualify someone from receiving IPS services. If a job end occurs, regardless of how it ended, IPS teams assist members with finding another job or training/education program
- ▶ **Integrated Services:** IPS Specialists and Supervisors have frequent contact with integrated team members (weekly with some), to ensure that wraparound supports are occurring during job search and beyond



***IPS breaks down silos of services- mental health and employment services support and complement one another.***

# Collaboration with IPS Providers

Defining the Case Manager Role



Health and  
Human Services

# Behavioral Health Redesign July 2025

## IHH and IPS – Where We Started:

- ▶ IHHs embedded within local MHCs, or separate MH agencies
- ▶ IPS Specialists integrated within IHH teams
- ▶ Understanding of IPS program and streamlined process over time, including referral & authorization processes
- ▶ Collaboration for member needs between both teams
- ▶ 3/4 of IPS participants funded by IME/MCOs

## MCO and TCM – Where We Are:

- ▶ Case management for IPS no longer directly embedded in “local” organizations
- ▶ Integration challenges for IPS teams w/MH providers
- ▶ Multiple system-wide changes create a need for further education on IPS process and funding authorizations
- ▶ Role of CMs/CCs in collaboration w/IPS being developed and refined
- ▶ 1/2 of IPS participants funded by IME/MCOs

# Integration & Collaboration

## IPS Collaboration with MH Teams

- ▶ IPS Specialists have experts to turn to for other member-related needs and can focus on employment/education
- ▶ IPS Specialists help to keep employment at the forefront for clinicians by answering questions, educating on **Zero Exclusion**, dispelling myths, and sharing successes
- ▶ Integrated team celebrates successes and works through barriers together
- ▶ Members benefit from a team approach to their goals and because of increased communication they receive congruent messages from providers, reducing confusion (beneficial for both sides)

## IPS Collaboration with CMs

- ▶ IPS Specialists & CMs regularly communicate (phone, email, meetings) on member strengths, interests, needs and barriers; CMs offer suggestions for jobs, accommodations, job retention supports, and anything else to aid in members' employment success & continue to support and encourage if/when a placement doesn't work out
- ▶ Connect members to additional resources (i.e. housing assistance, SNAP etc.)
- ▶ Assist with re-engagement efforts for members that disengage or struggle to participate in services

# Activities of Integration & Collaboration

- ▶ Form relationships with IPS staff serving your coverage area
  - Generally (1) IPS Supervisor, (1-5) IPS Specialists
- ▶ Communicate questions about potential referrals or IPS services in general
- ▶ Provide & request updates on mutual members/staff cases together
- ▶ Meet with members together to discuss goals or gain clarification on how a job is going, why a job ended, why a member is seeking another job, etc.
- ▶ Incorporate IPS documents into your record, to assist with, and keep current on employment goals and progress
- ▶ Transition planning – once a member is ready to exit an IPS program, transition planning should include all clinicians that work with the member, to clearly define ongoing supports that will be provided by CM and clinicians

# Who Should be Referred to IPS?

**ANYONE** with a diagnosis of serious mental illness (and co-occurring SUD and/or emotional disturbance) who **wants to work!**

**ZERO EXCLUSION** means there should be **NO** gatekeepers, or exclusions based on *perceived* readiness factors.



# How to Talk About Employment

## [Helping Individuals Consider Employment \(Worksheet\)](#)

- ▶ Are you interested in looking for work?
- ▶ What are your hopes regarding a job? How will employment benefit your life?
- ▶ What are your concerns about working?
- ▶ Do you know how your benefits would be affected by a part or full-time job?
- ▶ On a scale of 1—10, how important is a job to you?
- ▶ On a scale of 1—10, how confident are you that you can be successfully employed?
- ▶ What supports could help with either finding or keeping a job?
- ▶ How soon would you like to begin looking for a job?
- ▶ The plan for right now is to....



# IPS Milestone Authorization Process

Effective Support of IPS Services



Health and  
Human Services

# IPS Services and Funding Structure

## ▶ IPS Milestone 1

- Career Development: Completed Employment Plan

## ▶ IPS Milestone 2

- Job Development (1): 1<sup>st</sup> Day Successful Placement

## ▶ IPS Milestone 3

- Job Development (2): 45 Days Successful Job Retention

## ▶ IPS Milestone 4

- Job Coaching: 90 Days Successful Job Stabilization

## Iowa Medicaid HCBS Habilitation Individual Placement and Support (IPS) Supported Employment (SE) Funding Methodology

Outcome	Outcome Description	Service Code	Units authorized	Unit Rate	Total Outcome Reimbursement	Supporting Documentation May Include:
Outcome #1	Completed Employment Plan	T2018 U3	1	\$1,570.42	\$1,570.42	<ul style="list-style-type: none"> <li>PCSP</li> <li>Employment Plan</li> </ul>
Outcome #2	1 <sup>st</sup> Day Successful Placement	T2018 U4	1	\$2,394.53	\$2,394.53	<ul style="list-style-type: none"> <li>PCSP</li> <li>Service Documentation</li> </ul>
Outcome #3	45 Days Successful Job Retention	T2018 U5	1	\$2,394.53	\$2,394.53	<ul style="list-style-type: none"> <li>PCSP</li> <li>Service Documentation</li> </ul>
Outcome #4	90 Days Successful Job Retention	T2018 U6	1	\$871.58	\$871.58	<ul style="list-style-type: none"> <li>PCSP</li> <li>Service Documentation</li> </ul>

Note: All units are authorized up front for the IPS Model in the member's (job seeker) person centered service plan to facilitate payment for each outcome as it is achieved. A Fee-For-Service (FFS) service plan authorization example would be as follows:

Service	Begin Date	End Date	Provider Number/ Name	Monthly Total 1 <sup>st</sup> Month	Monthly Total Ongoing	Units	Rate
T2018:U3 Supported Employment IPS Employment Plan	02/01/2026	03/31/2026	Provider Name/Number	\$1,570.42	\$0.00	1	\$1,570.42
T2018:U4 Supported Employment IPS 1 <sup>st</sup> Day on the Job	04/01/2026	04/30/2026	Provider Name/Number	\$2,394.53	\$0.00	1	\$2,394.53
T2018:U5 Supported Employment IPS 45 days Successful Employment	05/01/2026	05/31/2026	Provider Name/Number	\$2,394.53	\$0.00	1	\$2,394.53
T2018:U5 Supported Employment IPS 90 Days Successful Employment	07/01/2026	07/31/2026	Provider Name/Number	\$871.58	\$0.00	1	\$871.58

- This example assumes the member's first day on the job will occur during April 2026.

# Long Term Job Coaching – Tier Funding

## SE Long Term Job Coaching

Tier 1 = contact/month

Tier 2 = 2-8 hours/month

Tier 3 = 9-16 hours/month

Tier 4 = 17-25 hours/month

Tier 5 = 26 or more hours/month

H2025 U4

H2025 U3

H2025 U5

H2025 U7

H2025 UC

Tier 1= \$81.68 per month

Tier 2 = \$436.40 per month

Tier 3 = \$871.58 per month

Tier 4 = \$1,362.84 per month

Tier 5 = \$54.51 per hour

Must be reauthorized every 90 days.

Total monthly cost for all supported employment services not to exceed \$3,692.34 per month



# Things to Consider

- ▶ All IPS milestone units are **authorized** at once, up front, for all four milestones; agencies don't bill until milestones are achieved
- ▶ This helps to prevent service gaps and follows the "Rapid Search for Competitive Employment" IPS Principle
- ▶ When there are authorization delays, providers are either serving members pro-bono (**not sustainable**), members become disinterested, disengaged, try things on their own – and they will NOT have the support with obtaining OR maintaining employment that IPS provides

# Additional Considerations

It may take some people longer to obtain employment than others, and some have difficulties achieving 45- and 90-day milestones.

Coordinate telephone/virtual meetings to reauthorize milestone funding authorizations, when needed, to allow for seamless service delivery.



# Milestone Reauthorizations

In IPS the end of employment is referred to as a “job end,” not a “job loss” - every work experience is an opportunity to learn more about preferences and narrow down job search

- Not every job will be a right fit, and job ends can occur for a variety of reasons
- ▶ It's not uncommon for **people** to leave jobs prematurely, abruptly, or without warning
  - SMI can exacerbate this behavior
- ▶ Reauthorization requests for IPS Milestones are common and should be discussed as a team

# Iowa IPS Job End Form

- ▶ “Job End” forms are completed by IPS team with members and are used to facilitate conversations with the whole integrated team to gather insights regarding the job end and make decisions about next steps
- ▶ Captures whether the job was different than the member initially expected, or if job duties changed
- ▶ Obtains perspectives on the job ending from the member, the IPS Specialist, their employer (with consent), IVRS counselor (if applicable), case manager, & natural supports
- ▶ Prompts updates to information such as job support needs, disclosure decisions, and job preferences

# FAQ #1

**When a member successfully completes the IPS program and seeks a second job, can the provider bill for the program again, or should the member follow the traditional employment pathway used by other agencies?**

- Each case should be staffed and discussed individually; however, IPS is the ONLY evidence-based model of SE for people with SMI, so the person would NOT be recommended to go through traditional services over IPS.
- CM, member, and integrated team member should meet and discuss why a second job is desired. For examples, were hours at the first job cut, and it no longer meet the member's needs? Does the member hope to work the equivalent of full-time hours between two jobs to work off of benefits to financial independence? These reasons would be in line with the IPS model.

## FAQ #2

**If a member voluntarily leaves their job after completing the program, is the provider permitted to request the program again to assist the member in finding new employment?**

- IPS Fidelity requires that IPS teams offer to provide support in seeking another job after a job end occurs, regardless of reasons for the job end (i.e., termination, voluntary, etc.).
- There is no limit to the number of jobs IPS Specialists assist members with obtaining, or times a person can access IPS services – even during the same year.
- Job ends can occur for a variety of reasons. Every job isn't for every person, and the only way to find out sometimes is to experience it. The IPS model provides grace and understanding that the first job obtained in the program may not always be the last. Lessons are learned to get closer to making the ideal job match.
- Before reauthorizing milestones again, the team should meet with the member together to discuss lessons learned and next steps.

## FAQ #3

**If a member is terminated due to performance or behavioral issues after the provider has billed for the program, can the provider request the program again for job placement support?**

- Termination of a job can be a normal part of the employment process for **anyone**. Symptoms can create barriers for people to maintain their employment. This is why it's important for the team to learn more about why the job ended, if the job duties, coworkers, or work environment increased symptoms so they can assist with finding a better job match the next time.
- If the person is still interested in working, they should have the right to do so. Their next job, or maybe even the job after that, may be the best match for that person to thrive and excel in.

# Final Thoughts on IPS Funding

- ▶ Take a moment to think about your own work experiences.
  - Most of us have tried more than one job before finding a role that truly felt like a good fit! This is a universal experience regardless of disability.
- ▶ Now imagine being ready to move on from a job that didn't work out—and having someone else decide whether you were “ready,” “stable,” or “appropriate” enough to try again.
- ▶ IPS operates from the belief that **work is a human right**.
  - Everyone deserves timely access to employment support, without unnecessary barriers or delays.
  - Continued authorization for IPS allows individuals to keep moving forward toward meaningful, competitive employment.

# References & Sources

- ▶ **Bond, G. R., Drake, R. E., & Becker, D. R. (2020).** *An update on randomized controlled trials of Individual Placement and Support (IPS).* *Psychiatric Rehabilitation Journal.*
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- ▶ **Warr, P. (1987)** *Work, Unemployment and Mental Health, Oxford: Clarendon Press.*
- ▶ ['Bleak Picture' for Mentally Ill: 80% Are Jobless - NAMI Bucks County PA: National Alliance on Mental Illness](#)
- ▶ [Making the case for IPS 1-31-23](#)



# Questions

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