

# Intensive Residential Services (IRSH)

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# Definition

- Intensive Residential Services are intended to serve adults with the most severe and persistent mental health conditions who have functional impairments and may also have multi-occurring conditions. This service provides intensive 24-hour supervision, behavioral health services, and other supportive services in a community-based residential setting.
- Providers of intensive residential service homes are enrolled with Medicaid as providers of home and community based services (HCBS) habilitation or HCBS intellectual disability waiver supported community living (SCL), & meet additional criteria specified in 441—subrule [25.6\(8\)](#).

# History of IRSH

- Development of IRSH was recommended by the 2017 Complex Service Needs workgroup which was convened to make recommendations relating to the delivery of, access to, and coordination and continuity of mental health, disability and substance use disorder services and supports for individuals with mental health, disability, and substance use disorder needs, particularly for individuals with complex mental health, disability and substance use disorder needs.

These recommendations became law in 2018 through HF 2456. Development of IRSH began in earnest in late 2021.

Mental Health and Disability Services (MHDS) Regions worked collaboratively with providers, MCOs, and HHS to designate providers.

# Access standards for IRSH

- A minimum of 120 intensive residential service beds shall be available statewide.
- An individual receiving intensive residential services shall have the service available within two hours of the individual's residence.
- An individual shall be admitted to intensive residential services within four weeks from referral.
- IRSH providers accept individuals who are court-ordered.
- IRSH providers offer services to eligible individuals on a *no reject, no eject basis*.

# IRSH: Protocol for No Reject / No Eject

- IRSH is intended to serve individuals with complex needs.
- There should be little or no need for an admission rejection or ejection from the program if an individual meets eligibility criteria for admission to Intensive Residential Services.
- Protocol outlines the allowable reasons and procedure for a provider to deny an eligible referral for an open IRSH bed, these include\*:
  - a) Placement would jeopardize the safety of other individuals in the home.
  - b) The individual shows obvious signs of illness or injury requiring immediate medical attention.
  - c) The individual needs current/immediate psychiatric inpatient services.
  - d) Individual is a registered sex offender and the physical location is within proximity of protected locations.

\*This is not a comprehensive list, contact an individual's MCO for the complete NENR protocol

# No Reject / No Eject (NENR) cont.

- Protocol outlines the allowable reasons and procedure for a provider to discharge an approved IRSH service recipient, these include\*:
  - a) Individual requires ongoing criminal intervention.
  - b) Medical needs of the individual exceeds the scope of care that the provider.
  - c) Individual's continued placement jeopardize the safety of other individuals in the home.
  - d) The individual no longer meets level of service according to funder.
- Incomplete referrals, lacking required information to demonstrate IRSH eligibility is met as outlined in 441—25.6(8) “c” will not be considered a reject.
- Upon discharge the MCO, coordinator or case manager, and provider must work collaboratively to secure transition to appropriate living situation.

\*This is not a comprehensive list, contact an individual's MCO for the complete NENR protocol

# No Reject / No Eject (NENR) cont.

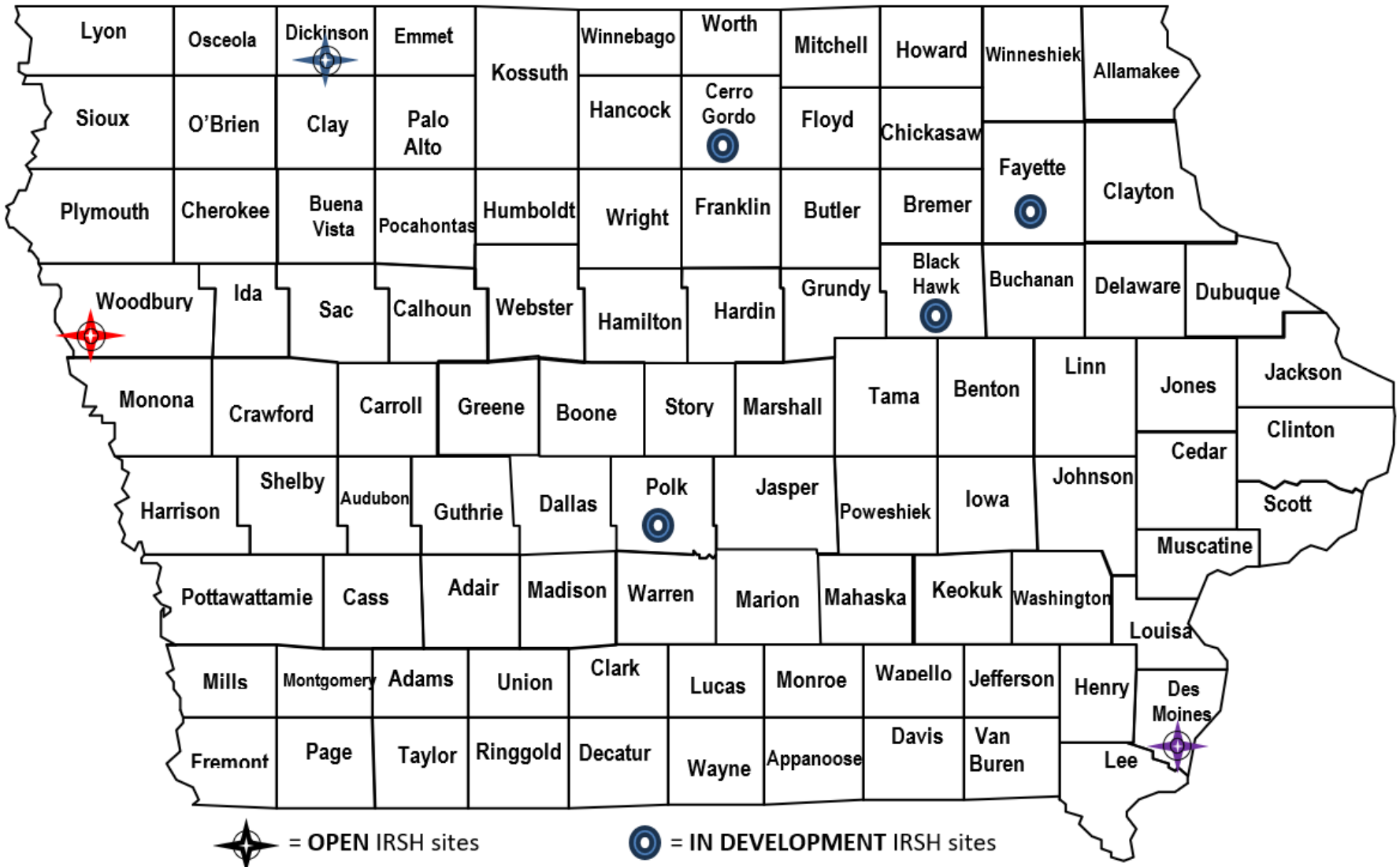
- Review process for admission denial and unplanned discharge:
  - a) Provider will indicate an intent to request a denial of admission or unplanned discharge. For Habilitation-funded individuals, the IRSH provider will first notify the Integrated Health Home Care Coordinator. This notification shall occur by the end of the following business day of receipt of referral to request the denial of admission.
  - b) IHHs shall notify the funding MCO's program supervisor/manager of this request.
  - c) The IRSH provider shall give a verbal description of the situation, to be followed with a written description transmitted to the referring/funding entity by the end of the following business day. All descriptions shall provide the rationale for the proposed denial or discharge, including evidence of why the provider cannot admit or continue to serve an individual, and examples of situations that jeopardize health and safety.
  - d) If a request is unresolved, a designated MCO director, manager or designee will review the case with the provider to determine if one of the valid reasons to eject exists. All decisions will be made in an effort to collaborate with the IRSH Provider.
  - e) Decisions regarding an unplanned discharge will be made by the end of the next business day of receipt of the IRSH provider's written request. When an unplanned discharge request is approved, the decision will define the timeframe for discharge of the individual.








# Present Status of IRSH in Iowa

- Initial barriers to development were identified as:
  - a) Costs associated with enhanced IRSH requirements such as training and clinical staffing requirements and uncertainty regarding reimbursement for those additional expenses
  - b) Navigation of no eject / no reject admission standards
  - c) Challenges presented by overall workforce shortages
- The first IRSH beds opened in June 2022 in Spirit Lake, IA.
- Currently there are 15 IRSH beds available statewide (12.5% of the minimum total)
- Anticipated by the end of calendar year 2023, there will be 33 intensive residential service beds available statewide (27.5% of the minimum total); at 10 distinct sites; in 7 counties.



# Intensive Residential Services



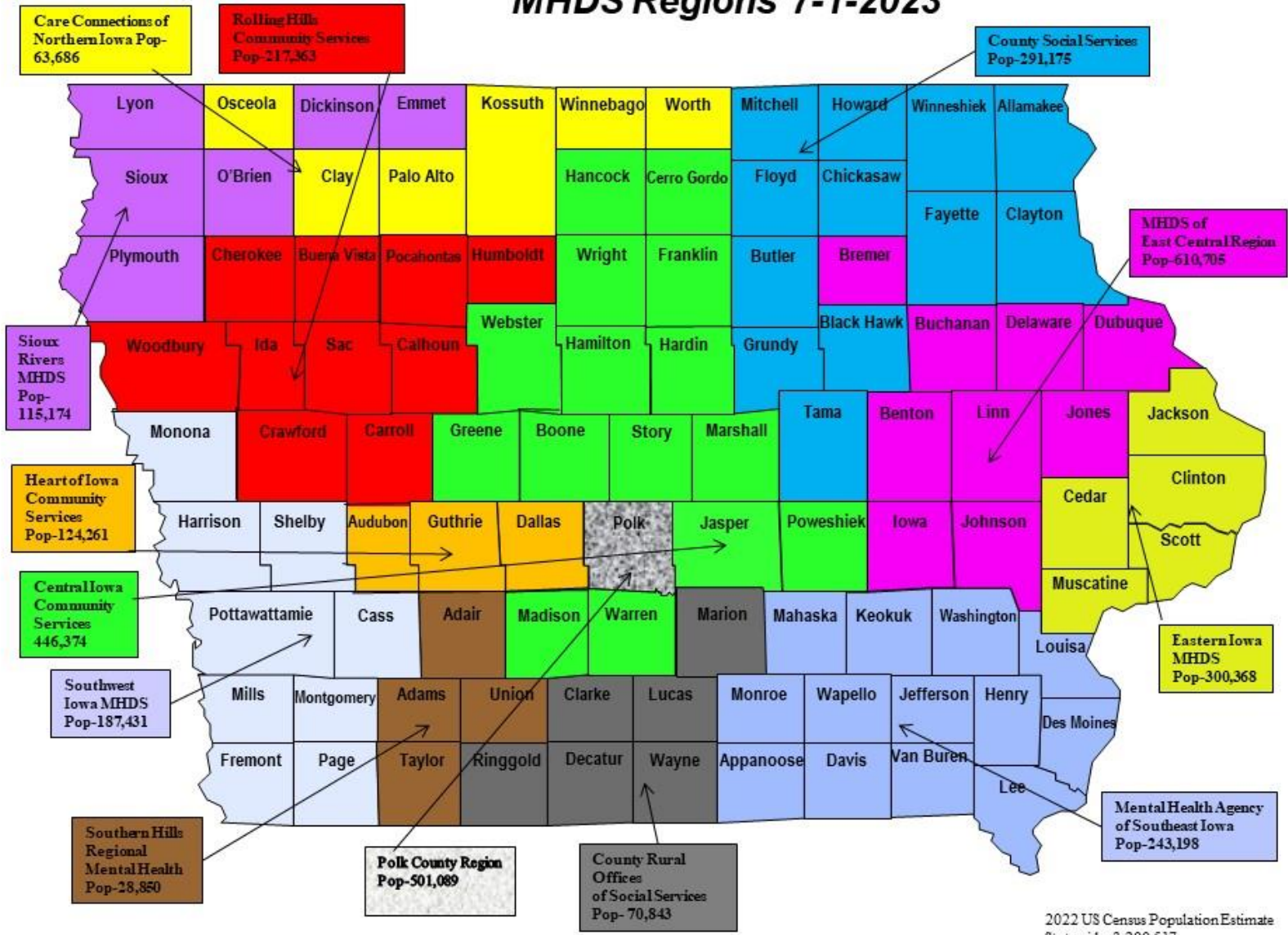
	<b>IRSH Provider</b>	<b>Location</b>	<b>Contact Information</b>
	Lakes LifeSkills (3 Beds - Hab)	Spirit Lake/Dickinson County	712-339-9311 <a href="http://www.lakeslifeskills.com">www.lakeslifeskills.com</a>
	Trivium Life Services (8 Beds)	Sioux City/Woodbury County	712-256-7888 <a href="http://www.triviumlifeservices.org">www.triviumlifeservices.org</a>
	First Resources (4 Beds)	Burlington/Des Moines County	641-682-8114 <a href="http://www.firstresources.us">www.firstresources.us</a>
	Inspiring Lives (5 Beds)	West Union/Fayette County	563-422-5606
	Candeo	Des Moines/Polk County	515-259-8110
	43 North	Mason City/Cerro Gordo County	641-424-8708
	Elevate	Waterloo/Black Hawk County	833-370-0719

<b>OPEN</b>
<b>IN DEVELOPMENT</b>

# MHDS Regions and IRSH Startup

- Development of the provider network to ensure that services are accessible throughout the region, regardless of payment source for the service.
- HF 2456 named the regions as responsible for providing access to and funding Intensive Residential Service Homes.
- Intensive residential service homes are a regional core service domains (225C.65).
- The legislation required IRSH with the capacity to serve a minimum of 120 individuals statewide be made available.

# MHDS Regions 7-1-2023



2022 US Census Population Estimate  
Statewide: 3,200,517

# Role of MHDS Regions

- Payment for services for eligible persons **when payment through the medical assistance program or another third-party payment is not available.**
  - Individuals in the process of enrollment for Medicaid
  - Individuals not eligible for Medicaid (e.g., justice-involved)
  - Services not covered by Medicaid
- Development of services to meet the needs of residents of the region.
- Development of the provider network to ensure that services are accessible throughout the region, regardless of payment source for the service.
- Assist individuals in enrolling for Medicaid and other available benefits.

# Eligibility for Regional Funding of Services

- Individuals who are age 18 and older
- Individuals with a diagnosis of mental illness (MI) or intellectual disability (ID)
  - May also cover individuals with developmental disabilities (DD) or brain injury (BI) when funding is available
- Individuals whose income is 150% of federal poverty level or below
  - May cover individuals at 150% - 250% of FPL on a sliding scale
- The results of a standardized functional assessment support the need for services
- Children's Mental Health System core services added in 2019
  - a) SED diagnosis. Family has countable household income  $\leq$  500% of the federal poverty level, cost share on a sliding scale for 150%-500% FPL.

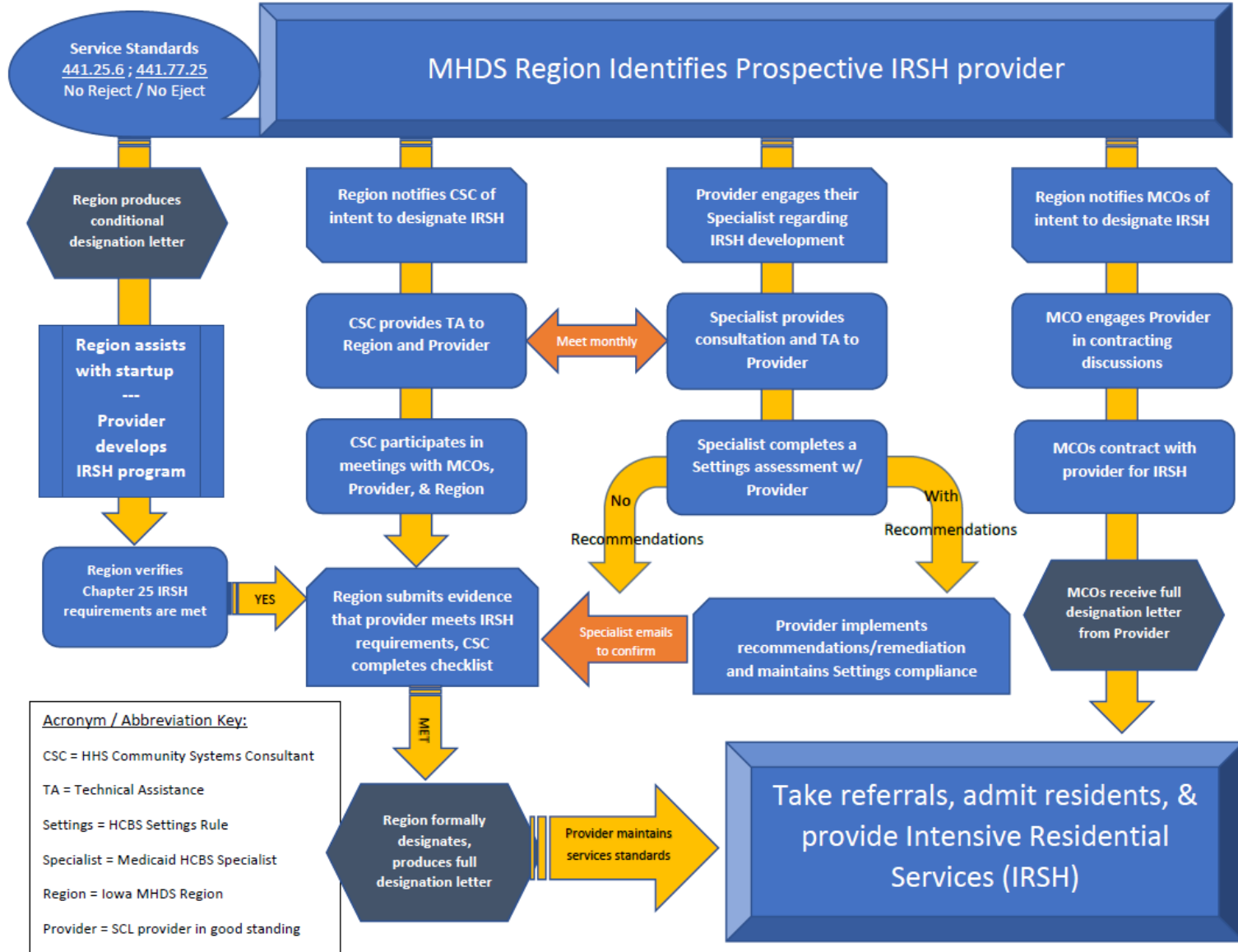
# Intensive Mental Health and Crisis services (Iowa Code 225C.65.5 / IAC 441-25.2)

- Intensive Residential Service Homes (IRSH)
- Access Centers
- Assertive Community Treatment (ACT)
- Comprehensive Crisis Services
  - Mobile Response
  - 23-Hour Observation and Holding
  - Crisis Stabilization Community Based
  - Crisis Stabilization Residential
  - Subacute Mental Health
- Additional Core Services (Iowa Code 225C.65.7)
  - Justice System-Involved Services

# IRSH Development & Designation

- Each region shall designate at least one intensive residential services provider and ensure that intensive residential services are available to the residents of the region.
- Intensive residential services may be shared by two or more regions.
- Regions shall work collaboratively to develop intensive residential services strategically located throughout the state with the support of the medical assistance program (MCOs).
- An organization that seeks regional designation as an intensive residential service provider shall meet the criteria outlined in 441—subrule 25.6(8) at initial application and annually thereafter.





# Next Steps

- MHDS regions will collaborate to develop consistent criteria including but not limited to:
  - (1) identification and designation of IRSH providers
  - (2) identification of IRSH-eligible individuals and referral pathways;
  - (3) monitoring of no eject / no reject criteria;
  - (4) Develop outcomes data for IRSH, implement regular reporting mechanisms at an individual and aggregate level in order to evaluate IRSH service delivery.
- Establishment of IRSH may require MHDS regions to invest in:
  - (1) startup funding to establish the service and support providers to meet designation criteria;
  - (2) 100% payment of the service for eligible individuals who meet criteria for the service and
  - (3) fees for expenses associated to maintaining access to the service.

# The Basics – IRSH

- Supervision is 24 hours a day, 7 days a week, 365 days a year.
- The staffing ratio is 1 : 2.5 - For every 2.5 clients, there must be one staff.
- Individuals can work, go to an education program, attend Day Habilitation, and visit with their natural supports.
- Staff members have at minimum one year of experience working with individuals with a mental illness or multi-occurring conditions.
- Staff members must complete 48 hours of training in mental health and multi-occurring conditions, double the non-IRSH requirement.

# IRSH Basics cont.

- Staff training shall include, but is not limited to the following:
  1. Applied behavioral analysis.
  2. Autism spectrum disorders, diagnoses, symptomology and treatment.
  3. Brain injury diagnoses, symptomology and treatment.
  4. Crisis management and de-escalation and mental health diagnoses, symptomology and treatment.
  5. Motivational interviewing.
  6. Psychiatric medications.
  7. Substance use disorders and treatment.
  8. Other diagnoses or conditions present in the population served.

# IRSH Basic cont.

- IRSH programs must have clinical oversight by a mental health professional. The mental health professional consults on all behavioral health services provided; reviews and consults on service plans, behavior intervention plans, crisis intervention plans; coordinates monthly interdisciplinary team meetings; and provides training to IRSH staff.
- IRSH providers must have written cooperative agreements with an outpatient mental health provider and substance abuse treatment program.
- Submit evidence to MHDS region sufficient to support initial designation; participate in annual review and evaluation of service standards; submit required data and reporting to MHDS regions and MCOs.
- Work with Medicaid Quality Improvement Organization to assure that settings for IRSH do not isolate residents and are not institutional.

# Admission Criteria

- The individual is an adult with a diagnosis of a severe and persistent mental illness or multi-occurring conditions.
- The individual has had a standardized functional assessment and screening for multi-occurring conditions completed 30 days or less prior to application for intensive residential services.
- The individual must be authorized at the highest level of care:
  - The member has a LOCUS/CALOCUS actual disposition of level six medically managed residential services, authorized for H2016 U7.
  - Members approved for IRSH under the ID Waiver SCL service are authorized for H2016 U7. The reimbursement rate is negotiated between the member's MCO and IRSH provider.

# Admission Criteria cont.

- The individual has three or more areas of significant impairment in activities of daily living or instrumental activities of daily life.
- The individual is in need of 24-hour supervised and monitored treatment to maintain or improve functioning and avoid relapse that would require a higher level of treatment.
- The individual has exhibited a lack of progress or regression after an adequate trial of active treatment at a less intensive level of care.
- The individual is at risk of significant functional deterioration if intensive residential services are not received or continued.

# Admission Criteria cont.

- The individual meets at least one of the following:
  - ✓ 3+ psychiatric emergency room visits in the past 12 months.
  - ✓ 3+ psychiatric hospitalizations in the past 12 months.
  - ✓ 90+ psychiatric hospital days in the past 12 months.
  - ✓ 30+ medically unnecessary psychiatric hospitalization days in the past 12-months.
  - ✓ Residing in a state resource center and has a SPMI.
  - ✓ Is being served out of state due to unavailability of medically necessary services in Iowa.
  - ✓ Has a SPMI and is being released from a correctional facility or jail.
  - ✓ Is homeless or precariously housed.



# Home-based habilitation level of service criteria

Dimension	Level 1	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Level of Care	High Recovery	Recovery Transitional	Medium Need	Intensive I	Intensive II	Intensive III	Intensive IV Residential Habilitation (IRSH)
CPT	H2016 UA	H2016 UB	H2016 UC	H2016 UD	H2016 U8	H2016 U9	H2016 U7
Hours of Staff Supervision and Support per day	.25 – 2	2.25 – 4	4.25 – 8.75	9 – 12.75	13 – 16.75	17 – 24	24
LOCUS / CALOCUS Composite Score	7 to 9	10 to 13	14 to 16	17 to 19	20 to 22	23 to 27	28 or more
LOCUS/ CALOCUS Actual Disposition Recommended Level of Care	Level 0* Basic Services	Level 1 Recovery maintenance and health management	Level 2 Low Intensity Community-Based	Level 3 High Intensity Community-Based	Level 4 Medically monitored non-residential	Level 5 Medically monitored residential	Level 6 Medically managed residential

# Advice for IHH Care Coordinators

- IRSH residents likely will need to reassess often. When an individual stabilizes the team should be looking to discharge.
- Open lines of communication and mutual support between IRSH provider, IHH, and MCO will reduce unplanned discharges and lead to better outcome.
- Submit complete referrals with a LOCUS completed 30 days or less prior to application. Secure ROIs for needed clinical.
- Maintain a complete, current, and descriptive CASH and other relevant documentation to inform the LOCUS.
- Check if there is a current opening – pick up the phone, call.

*Let's Play!*

**Quiz  
Time!**

# Questions

Thank you

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