

Intensive Residential Services (IRS)

A high-intensity, rehabilitative, specialized level of service under Home-based Habilitation and Supported Community Living.

IOWA Health and Human Services

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Service Definitions and Scope

Intensive Residential Services (IRS) are intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to adults with severe mental illness. IRS is for adults with the most intensive and severe mental health needs and functional impairments including those with multi-occurring conditions. Services include intensive 24-hour supervision, behavioral health services, and other supportive and rehabilitative services in a community-based residential setting.

Intensive Residential Service Homes (IRSH) are designated residential settings exclusively for members receiving IRS. These homes are owned or operated by qualified IRS providers.

Designation means the service setting is for the exclusive use of a specific service. In this case, that service is IRS.

Certification is a means of qualifying for initial and continued enrolled for a service whereby a provider must demonstrate compliance with established standards or requirements set by Iowa Medicaid. It involves an evaluation of policies, procedures, and performance to ensure compliance with quality, safety, and regulatory criteria. The results of a certification review are scored to determine the level of certification achieved by the provider.

IRS Provider Qualifications

Qualification for IRS

To qualify to enroll for IRS, the provider must be certified for IRS, the organization must achieve and maintain at least a Developing Level of certification in a core service of HCBS 1915(i) Home-based Habilitation (HBH) or HCBS 1915(c) Intellectual Disability Waiver Supported Community Living (SCL) and be in good standing with Iowa Medicaid.

Certification for IRS

Before a provider can certify for the specialized service of IRS, the organization must achieve and maintain at least a Developing Level of certification in a core service of HCBS 1915(i) Home-based Habilitation (HBH) or HCBS 1915(c) Intellectual Disability Waiver Supported Community Living (SCL) and be in good standing with Iowa Medicaid.

If certified with at least a Developing Level of certification in the core service, the organization may request to add-on certification for IRS. A certification review will be

completed to evaluate compliance with IRS standards. The results of a certification review are scored to determine the level of certification achieved by the provider.

Designation of Setting

The process formerly known as “IRSH designation” has been moved to an IRS certification and the definition of designation has changed to mean the setting is used exclusively as an IRSH.

Existing Settings

All settings previously deemed “designated” as IRSH settings will transition to certification of IRS as an add-on, specialized certification for those certified and maintaining a Developing Level certification for SCL and/or HBH. “AS IS” certifications are completed, each existing IRSH setting will be reviewed as part of the certification review. Barring any issues with the setting, the IRS provider will be issued a letter “designating” each IRSH setting for the IRS service only. All IRSH settings will be visited by the HCBS specialist in-person at least once.

New Settings

As with all new HCBS settings, the IRS provider must report the addition of any new setting to their HCBS specialist for a settings assessment and approval PRIOR to HCBS funding being used in the setting. All IRSH settings will be visited in-person by the HCBS specialist as part of the settings assessment and IRSH setting designation process. Note that an IRS provider may need to remediate any areas of non-compliance before the setting can be approved and designated.

Capacity Limitations

Unless the setting has been approved as a “Five-Person Home” by Iowa Medicaid, the setting is limited to no more than four individuals.

IRS Requirements and Responsibilities

Intensive Residential Services (IRS) have unique requirements that go beyond the general standards for the core services such as Home-Based Habilitation (HBH) or Supported Community Living (SCL). While providers must maintain compliance with the core service requirements, IRS adds specialized expectations related to staffing, training, clinical oversight, and service delivery in designated settings. In addition, there are distinct roles and responsibilities of the IRS provider and the member's IDT and case manager.

IRS Specific Requirements:

A provider that seeks certification as an intensive residential service provider shall meet the following criteria at initial application and annually thereafter. An IRS provider must:

- Be enrolled as an HCBS 1915(i) Habilitation provider or an HCBS 1915(c) Intellectual Disability waiver SCL provider and must achieve and maintain at least a Developing Level of certification and be in good standing with Iowa Medicaid and delivered SCL or HBH services for a minimum of one year or more.
- Provide staffing 24 hours a day, 7 days a week, 365 days a year.
- Maintain a minimum staffing ratio of one staff to every two residents. Staffing ratios shall be responsive to the needs of the members served.
- Ensure that all staff members have the following minimum qualifications:
  - One year of experience working with individuals with a mental illness or multi-occurring conditions.
  - A high school diploma or equivalent.
- Ensure that within the first year of employment, staff members complete 48 hours of competency-based training in mental health and multi-occurring conditions. During each consecutive year of employment, staff members shall complete 24 hours of competency-based training in mental health and multi-occurring conditions. Staff training shall include, but is not limited to, the following:
  - Applied behavioral analysis.
  - Autism spectrum disorders, diagnoses, symptomology and treatment.
  - Brain injury diagnoses, symptomology and treatment.
  - Crisis management and de-escalation and mental health diagnoses, symptomology and treatment.
  - Motivational interviewing.
  - Psychiatric medications.
  - Substance use disorders and treatment.
  - Other diagnoses or conditions present in the population served.
- Provide coordination with the member's clinical mental health and physical health treatment, and other services and supports.

- Have a written cooperative agreement with a mental health professional who will provide clinical oversight of the IRS. The mental health professional shall review and consult on all behavioral health services provided to the member, and any other plans developed for the member, including but not limited to service plans, behavior intervention plans, crisis intervention plans, emergency plans, cognitive rehabilitation plans, or physical rehabilitation plans.
- Have a written cooperative agreement with an outpatient mental health provider and ensure that members have timely access to outpatient mental health services, inclusive of intensive mental health services.
- Be licensed as a substance abuse treatment program pursuant to Iowa Code chapter 125 or have a written cooperative agreement with and timely access to licensed substance abuse treatment services for those members with a demonstrated need.
- Accept and serve eligible members who are court-ordered to intensive residential services.
- Provide services to eligible members on a no reject, no eject basis (outlined below).
- If funded through HCBS and not licensed as a residential care facility, serve no more than five members at a site. Unless the setting has been approved as a “Five-Person Home” by Iowa Medicaid, the setting is limited to no more than four individuals.
- Approval for an IRSH, especially as a “5-person home” setting, should take into consideration that the approval will not result in an overconcentration of residential services in a geographic area.
- Be located in a neighborhood setting to maximize access to services in the community and support active community participation.
- Demonstrate specialization in serving members with a severe mental illness or multi-occurring conditions in a IRSH designated setting.

IRS Scored Certification Standards:

Certain standards are specifically scored to determine the provider’s level of certification. The following are the IRS-specific standards. Please note that all general HCBS requirements, as well as standards for Home-Based Habilitation (HBH) and Supported Community Living (SCL), continue to apply. The standards scored for IRS certification include:

1. Each IRS setting maintains the IRS staffing ratio guidelines and staffing ratios are responsive to the needs of the members served.
2. The organization demonstrates specialization in serving members with serious mental illness (SMI) or multi-occurring conditions.
3. The organization coordinates IRS recipient’s clinical mental health and physical health treatment, and other services and supports.

4. The organization has a written cooperative agreement with a mental health professional who will provide clinical oversight of the IRS. (The mental health professional must review and consult on all behavioral health services provided to the member, and any other plans developed for the member, including but not limited to PCSP, behavior intervention plans, crisis intervention plans, emergency plans, cognitive rehabilitation plans, or physical rehabilitation plans.)
5. The organization has a written cooperative agreement with an outpatient mental health provider and ensures IRS recipients have timely access to outpatient mental health services.
6. The organization is a licensed substance abuse treatment program pursuant to Iowa Code Ch. 125 or has a written cooperative agreement with and timely access to licensed substance abuse treatment services for those IRS recipients with a demonstrated need.
7. IRS specific requirements for service contracts are met.
8. IRS specific service hours
9. IRS specific admission and discharge policies, responsibilities, and rights
10. Member relocation rights in an IRSH designated setting.
11. The organization has and follows “no reject/no eject” requirements (outlined below).

Detailed Review of Key IRS Requirements

Personnel and Training

Staffing requirements include:

- Providing staffing 24 hours a day, 7 days a week, 365 days a year
- Maintaining a minimum staffing ratio of one staff to every two residents and staffing ratios must be responsive to the needs of members served.

Staff qualifications include:

- All staff members must have one year of experience working with members with mental illness or multi-occurring conditions and;
    - A high school diploma or equivalent
    - Training Requirements

General training requirements include:

- All staff must be trained commensurate to the needs of the members they are serving to ensuring they are competent to perform duties and interact with members.
- All staff must complete the following training within specified timeframes:
- The philosophy of HCBS, including HCBS settings requirements and expectations (within 30 days full-time/90 days part-time)

- The organization's mission, policies, and procedures (within 30 days full-time/90 days part-time)
- The organization's policy related to identifying and reporting abuse (within 30 days of hire)
- HHS prescribed Child and/or Dependent Adult Abuse and Mandatory Reporting training (within 6 months of hire or proof of completion prior to hire)
- HHS prescribed Child and/or Dependent Adult Abuse and Mandatory Reporting additional training (at least every 3 years after initial training)
- Members' rights including outcomes for rights and dignity as applicable (within 30 days full-time/90 days part-time)
- Restrictive interventions including training on any specific program such as Mandt, Safety-Care, PBIS, CPI, or other (within 30 days full-time/90 days part-time)
- Confidentiality and safeguarding member information (within 30 days full-time/90 days part-time)
- The organization's policy related to member's medication (within 30 days full-time/90 days part-time)
- Medication Manager training for any employees administering controlled substances (as applicable)
- Identifying and reporting incidents (within 30 days full-time/90 days part-time)
- Service documentation (within 30 days full-time/90 days part-time)
- Members' support needs (prior to serving the member and as updates occur)
- HHS prescribed Traumatic Brain Injury Training (modules 1-2) if providing services to people with a brain injury (within 60 days)

IRS-specific training requirements include:

Within first year of employment, 48 hours of competency-based training in mental health and multi-occurring conditions, including:

- Applied behavioral analysis
- Autism spectrum disorders: diagnoses, symptomology, and treatment
- Brain injury: diagnoses, symptomology, and treatment
- Crisis management, de-escalation, and mental health diagnoses, symptomology, and treatment
- Motivational interviewing
- Psychiatric medications
- Substance use disorders and treatment
- Other diagnoses or conditions present in the population served

Each consecutive year of employment, 24 hours of competency-based training related to mental health and multi-occurring conditions or other topics related to serving individuals with serious mental illness

Service Contract Requirements

In addition to general requirements for service contracts, IRS service contracts must include:

- IRS specific staffing ratios
- IRS specific service hours
- IRS specific admission and discharge policies, responsibilities, and rights
- Member relocation rights in an IRSH designated setting

Coordination Requirements

Clinical and Treatment Coordination

IRS providers must provide coordination with the member's clinical mental health and physical health treatment, and other services and supports.

Mental Health Professional Oversight

IRS providers must have a written cooperative agreement with a mental health professional who will provide clinical oversight of the IRS.

The mental health professional must review and consult on all behavioral health services provided to the member, and any other plans developed for the member, including but not limited to service plans, behavior intervention plans, crisis intervention plans, emergency plans, cognitive rehabilitation plans, or physical rehabilitation plans

Outpatient Mental Health Services

IRS providers must have a written cooperative agreement with an outpatient mental health provider and ensure members have timely access to outpatient mental health services, inclusive of intensive mental health services.

Substance Abuse Treatment Services

Be licensed as a substance abuse treatment program pursuant to Iowa Code chapter 125 OR have a written cooperative agreement with and timely access to licensed substance abuse treatment services for those members with demonstrated need

Admission and Discharge (Including No Eject/No Reject Clause)

Due to the rehabilitative in nature of IRS, transition planning must start at admission to IRSH setting. From the beginning, the Interdisciplinary Team (IDT) and the member should identify goals and steps needed to transition to a lower level of care. The Person-Centered Service Plan (PCSP) should include measurable outcomes that demonstrate progress toward independence.

Providers and case managers should regularly review progress and adjust supports to prepare for transition.

The **No Eject/No Reject Clause** prohibits an IRS provider from denying admission or discharging an IRS eligible member, including those who are court-ordered to IRS, from an IRSH setting unless one or more of the specified criteria is demonstrated.

Important Note: *Members retain the right to choose services, providers, settings, and housemates. A member declining a referral or requesting a change in services, providers, settings, or housemates does not constitute a provider denial or discharge; therefore, these thresholds are not required to be met in such cases.*

Allowable Reasons for Admission Denial (Reject)

- **Gender Compatibility** – The referral's gender does not match the gender served in that setting
- **Capacity Limit** – Accepting the referral would exceed the capacity allowed in the setting
- **Safety Concerns** – The referral poses a risk to the safety of other individuals in placement
- **Immediate Medical* Need** – The member shows signs of illness or injury requiring urgent or acute medical attention
- **Immediate Psychiatric Inpatient Need** – The member requires current or immediate psychiatric inpatient services
- **Sex Offender Restrictions** – The member is a registered sex offender and the location is near protected areas as defined by Iowa law
- **Medical Care Limitations** – The member's medical needs exceed the provider's ability to deliver appropriate care
- **Resident Choice** – Existing residents/members in the IRSH setting have opted not to accept the proposed member into the living arrangement

Allowable Reasons for Discharge (Eject)

- **Service Level Change** – The member is no longer eligible for IRS as determined by the member's MCO or case manager, including cases where funding is discontinued
- **Extended Criminal Intervention** – The member requires ongoing criminal intervention, such as extended incarceration exceeding 30 days
- **Medical Care Limitations** – The member's medical needs exceed the provider's capacity to deliver care directly or through contracted services
- **Safety Concerns** – Situations identified by the provider that would jeopardize the safety of other members in placement
- **Resident Choice** – Housemates in the IRSH setting request discharge of the member due to the member's negative impact on their treatment process, safety, or quality of life within the setting
  Important Note: *All such requests are subject to review and approval by the provider and the Interdisciplinary Teams (IDTs) of the members involved to ensure appropriateness and compliance with care standards.*

Definition of Medical Care Limitations

Medical care refers to the clinical services required to address acute or significant health conditions that demand immediate or specialized long-term management beyond routine support.

Acute or significant health conditions that demand immediate attention before a person may be admitted to IRS may include:

- Cardiovascular Events: Heart attacks, stroke, or severe hypertensive crisis
- Respiratory Emergencies: Acute asthma attacks, pneumonia, or severe bronchitis
- Trauma/Injuries: Fractures, dislocations, deep lacerations, or head injuries
- Infections: Sepsis, severe urinary tract infections (UTIs), or rapid-onset infectious diseases
- Acute Metabolic/Allergic Issues: Diabetic ketoacidosis, severe allergic reactions (anaphylaxis)

Health conditions requiring specialized long-term management beyond routine support may include:

- Cancer
- Uncontrolled Cardiovascular Diseases: Chronic heart failure, coronary artery disease, or peripheral artery disease
- Uncontrolled Neurological Conditions: Parkinson's disease, Alzheimer's disease, multiple sclerosis, epilepsy
- Uncontrolled Metabolic Disorders: Diabetes mellitus, thyroid diseases, chronic kidney disease
- Uncontrolled Chronic Respiratory Diseases: Chronic Obstructive Pulmonary Disease (COPD), cystic fibrosis
- Uncontrolled Chronic Pain/Autoimmune Diseases: Rheumatoid arthritis, lupus, chronic back pain

Unallowable Reasons for Admission Denial or Discharge

- **Short-Term Inpatient Treatment** – The member requires inpatient medical or psychiatric care for stabilization, lasting 30 days or less
- **Temporary Removal from Care** – The member is removed from the setting for reasons such as police detention
- **Emergency Discharge** – The member is discharged to an emergency department, Access Center, crisis services, or for short-term jail stays
- **Training and Experience Gaps** – The member's non-medical needs, within the scope of IRS, are considered by the provider as surpassing the resources and expertise they can offer (IRS providers are expected to ensure staff competency and

training or utilize subcontracted partners to meet those needs within the scope of the service)

Important Note: *IRS providers contracting with MCO may have special provisions within their agreements with MCO to ensure members are successfully transitioned to an appropriate setting before discharging.*

Interdisciplinary Team (IDT) and Case Manager Roles and Responsibilities

The member's Interdisciplinary Team (IDT) and case manager act as advocates for the member and assist members and their families in locating IRS providers and services that align with their identified goals/needs in the person-centered service plan (PCSP).
The following are responsibilities of the IDT and case manager for members using IRS:

Initial Assessment and Planning

- Review eligibility criteria for IRS and ensure the member meets eligibility criteria as listed below
- Assist the member and their IDT in the development and documentation of the PCSP
- Educate the member about the IRS model and explain that the goal of IRS is to improve so the member can step down to a less restrictive setting
- Assist the member and the IDT in the process of matching the member with housemates and a provider of their choice
- Complete a Residential Settings Assessment within 30 days of moving

Authorization and Coordination

- Make referrals to IRS providers on the member's behalf
- Obtain authorization for the IRS services from Iowa Medicaid or the member's managed care organization (MCO)
- Notify the IRS provider of service authorization
- Assist the member in the transition to an IRSH location
- Develop a discharge plan for the transition out of an IRSH location during the PCSP

Ongoing Monitoring and Oversight

- Monitor the ongoing implementation of the member's PCSP
- Complete monthly reviews with progress on outcomes and goals of the member
- Monitor progress towards discharge plan and plan for transition when appropriate
- Complete quarterly face-to-face visits in the member's home or more frequently based on the need and diagnosis of the member

- Complete the annual residential settings assessment for the member
- Monitor clinical oversight by the mental health professional designated by the IRS provider to provide review and consult on all behavioral health services and plans developed for the member
- Monitor and trend critical incident reports and hold IDT meetings when needed to address risks and safety concerns
- Monitor coordination with the member's clinical mental health and physical health treatment and services
- Monitor service documentation to ensure the provider is completing written documentation as required

Member Eligibility for IRS

Eligibility criteria for admission to IRS is reviewed by case managers to ensure the member is eligible to receive IRS by meeting all the following criteria:

- The member is an adult (18 years or older) with a diagnosis of a severe mental illness or multi-occurring conditions.
- The member has been approved for Home-Based Habilitation Intensive IV (H2016 U7) services by meeting an actual disposition of level 6, medically managed residential services with a composition score of 28 or more or, scores a “5” in Dimension I Risk of Harm, or scores a “5” in Dimension II Functional Status, or scores a “5” in Dimension III Co-Morbidity II by the LOCUS tool.
- The member has had a standardized functional assessment and screening for multi-occurring conditions completed 60 days or less prior to application for IRS, and the functional assessment and screening demonstrates that the member:
    - Has a diagnosis that meets the criteria of severe mental illness;
    - Has three or more areas of significant impairment in activities of daily living or instrumental activities of daily living;
    - Is in need of 24-hour supervised and monitored treatment to maintain or improve functioning and avoid relapses that would require a higher level of treatment;
    - Has exhibited a lack of progress or regression after an adequate trial of active treatment at a less intensive level of care;
    - Is at risk of significant functional deterioration if intensive residential services are not received or continued; and
        - Meets one or more of the following:
            - Has a record of three or more psychiatric hospitalizations in the 12 months preceding application for IRS.
            - Has a record of more than 30 medically unnecessary psychiatric hospital days in the 12 months preceding application for IRS.

- Has a record of more than 90 psychiatric hospital days in the 12 months preceding application for IRS.
- Has a record of three or more emergency room visits related to a psychiatric diagnosis in the 12 months preceding application for IRS.
- Is residing in a state resource center and has a severe mental illness or multi-occurring conditions.
- Is being served out of state due to the unavailability of medically necessary services in Iowa.
- Has a severe mental illness or multi-occurring conditions and is scheduled for release from a correctional facility or a county jail.
- Is homeless or precariously housed.