

Intensive Residential Services (IRS)

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Learning Objectives

- ▶ Describe what Intensive Residential Services (IRS) are, including their core purpose and role within the service system.
- ▶ Identify who is eligible to provide IRS, including the requirements organizations or individuals must meet to enroll and maintain enrollment.
- ▶ Differentiate the various ways IRS can be delivered by explaining available delivery options (modalities) and the associated levels or tiers.
- ▶ Apply best practices for providing IRS effectively and recognize common issues or errors that should be avoided.

Topics



Service Overview

- ▶ Qualification for Service
- ▶ Definition and scope
- ▶ Modalities



A Closer Look

- ▶ Modalities
- ▶ Tiers
- ▶ Service provision



FAQs

- ▶ Common problem areas
- ▶ Frequently asked questions and answers

Intensive Residential Services (IRS)

Intensive Residential Services (IRS) are personalized supports that help people live successfully in their homes and communities by supporting the person to build daily living skills to achieve that person's maximum level of independence.

Intensive Residential Services



IRS is a specialized tier of SCL or HBH for intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe mental illness.



Services are provided in **Intensive Residential Service Homes (IRSH)** which are residential settings designated exclusively for the provision of IRS.



The member leads their **Interdisciplinary Team (IDT)** who supports them to make informed choices about the services, providers, and settings where the member receives services.

Note: There are other training modules for the core services of **Supported Community Living (SCL)** and **Home-Based Habilitation (HBH)**.

Service Units

IRS through Supported Community Living (SCL)

- Highest daily rate/ acuity tier
- Based on the member's acuity tier
- Provided in IRSH settings
- 24/7/365

IRS through Home-Based Habilitation (HBH)

- Highest rate/ utilization tier
- Rates based on needed hours of supervision and support (utilization)
- Provided in IRSH settings
- 24/7/365

Service Limitations & Restrictions

- Core service (SCL/HBH) limitations & restrictions apply
- IRS must be provided in an IRSH designated setting
- IRS is a 24/7/365 service
- IRS is for adults only



Provider Qualifications

Every HCBS provider or prospective provider must meet and maintain qualifications for the service or services for which they are enrolled or for which they intend to enroll.

Intensive Residential Services (IRS) providers must meet the following criteria:

- Be enrolled HCBS 1915(i) Home-based Habilitation (HBH) or an HCBS 1915(c) Intellectual Disability Waiver Supported Community Living (SCL) provider in good standing with Iowa Medicaid.
- Achieve and maintain at least a Developing Level of certification in a core service (HBH or SCL) to be eligible to add on IRS certification.
- Designate an IRSH location for providing the IRS.

Certification

Certification is a means of qualifying for initial and continued enrollment for a service through demonstrated 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.

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

IRS Certification Requirements

- Demonstrate specialization with serious mental illness (SMI) or multi-occurring conditions.
- Maintain required staffing.
- Ensure IRS staff meet minimum qualifications.
- Ensure training of IRS staff.
- Coordinate IRS recipient's clinical mental health and physical health treatment, and other services and supports.

IRS Certification Requirements (cont.)

- 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.
- Have a written cooperative agreement with an outpatient mental health provider and ensures IRS recipients have timely access to outpatient mental health services.
- Be 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.
- Meet requirements for service contracts, service hours, admission and discharge policies, responsibilities, and rights.

Staff Qualification & Training Requirements

All HCBS staff must be trained commensurate to the needs of the members they serve and demonstrate competence in interactions with members.

There are several topics on which HCBS staff are required or recommended to train within the first 30-90 days of employment.

IRS-specific training requirements include:

- Within **first year** of employment, **48 hours** of competency-based training in mental health and multi-occurring conditions.
- 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.
- IRS providers **must demonstrate specialization** in serving members **with serious mental illness (SMI) or multi-occurring conditions**.

IRS Service Contracts

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

Coordination of Clinical Mental & Physical Health Treatment

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.

Coordination Requirements (cont.)

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.

Special Admission & Discharge Criteria

Due to the rehabilitative 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.

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

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 Denial of Admission (Reject)

Gender Incompatibility – The referral's gender does not match the gender served in that setting

Capacity Limits – 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

What are 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.

It is important to note that these medical issues **are not ALWAYS** unmanageable in an IRS setting and are meant to serve **as examples only**.

Acute or significant health conditions that demand immediate attention before a person may be admitted to IRS **may** include the following.



What are Medical Care Limitations? (cont.)

- **Cardiovascular Events:** Heart attacks, stroke, or severe hypertensive crisis from which the member is still actively recuperating or experiencing.
- **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.

Allowable Reasons for Discharge (Eject)

There are also allowable Reasons for Discharge (Eject) including:

- **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 – see definition of medical care.
- **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.*

Unallowable Reasons for Discharge (Eject)

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.*

Member Eligibility

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 individual is an adult (18 years or older) with a diagnosis of a severe mental illness or multi-occurring conditions.
- The individual 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.

Member Eligibility (p.2)

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.
- 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.

Member Eligibility (p.3)

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.

Case Manager and IDT Roles

- 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
 - Authorization and Coordination
 - Ongoing Monitoring and Oversight

Summary

- ▶ **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.
- ▶ 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 (HBH or SCL) and be in good standing with Iowa Medicaid.
- ▶ IRS have unique requirements that go beyond the general standards for the core services. 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.

Resource and Links

- [Iowa Legislature – Agency](#)
- [Provider Policy Manuals | Health & Human Services](#)
- [Home and Community-Based Services | Health & Human Services](#)

An aerial photograph of a rural farm landscape at sunset. The sun is low on the horizon, casting a warm glow over the scene. The sky is filled with scattered clouds. In the foreground, there are large, dark brown fields, likely corn, and a line of green trees. A paved road runs vertically through the center of the image. On either side of the road are various farm buildings, including barns, silos, and houses. The overall atmosphere is peaceful and scenic.

Questions?



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