Department of HUMAN SERVICES

MHDS Regional Operational Guidance 2022-01
April 21, 2022

TO:	Mental Health and Disability Services Regions
FROM:	Iowa Department of Human Services, Division of Community Mental Health and Disability Services
SUBJECT:	Intensive Residential Service Homes
EFFECTIVE:	Immediately

Authority

Iowa's Mental Health and Disability Services (MHDS) regions are charged with ensuring access to an array of services and supports. It is the intent of the State of Iowa that the regional service system should ensure that all Iowans have access to mental health and disability services regardless of the location of their residence (331.389). It is the expectation of the Department of Human Services (DHS) that each MHDS region will work strategically and collaboratively toward ensuring access to identified services and supports as outlined in Iowa Code and Administrative Rule.

Intensive Residential Service Homes

Intensive Residential Service Homes (IRSH), are defined in rule to mean *intensive, community-based services provided 24 hours per day, 7 days per week, 365 days per year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions* (441.25). Providers of IRSH are expected to be enrolled with Medicaid as providers of home-based habilitation or intellectual disability (ID) waiver supported community living (SCL) services. However, IRSH service provision, as specified in subrule 25.6(8), contains specific provisions that exceed the level of service currently delivered via typical home-based habilitation and SCL models in Iowa. The role of MHDS regions includes ensuring access to IRSH, designating at least one IRSH provider for the region, and fully funding IRSH for eligible individuals who do not qualify for other sources of funding.

Current Status

MHDS regions have worked with DHS, providers, and Medicaid managed care organizations (MCO's) to identify potential IRSH providers. Currently, there are providers identified and considered to be in development of IRSH but, there are not regionally designated IRSH providers. Frequently cited barriers to securing designated IRSH providers are: (1) costs associated with enhanced IRSH requirements such as training and clinical staffing requirements and uncertainty regarding reimbursement for those additional expenses; (2) navigation of no eject / no reject admission standards and (3) challenges presented by overall workforce shortages. There have been some localized efforts and investments made toward the establishment of IRSH, but there is a need for collaborative effort amongst MHDS regions to invest strategically toward establishing and securing ongoing access to IRSH statewide.

Expectations and Next Steps
It is the expectation of DHS that each MHDS region will make necessary investments to secure access to required services to the extent that there are funds available. It is further expected that MHDS regions will make investments into required services prior to making other investments. IRSH is a required service and MHDS regions must ensure access (331.397). DHS expects that MHDS regions will collaboratively plan for strategic investment of regional funds to ensure access to IRSH. DHS also expects that 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; (3) referral pathways; (4) definition and monitoring of no eject / no reject criteria; (4) measurement of length of stay and (5) reporting at individual and aggregate level of disposition at the start and close of IRSH 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. Expenses associated to maintaining access may include funds used in support of enhanced service delivery and other necessary expenses that fall outside of the scope and payment structures of other available funding. Each region should calculate the investment needed to secure IRSH access and participate in collaborative action planning to secure IRSH provision. Examining the total number of IRSH beds needed in the region, providers who are the right match for service provision, geographic location and access to other necessary care and other sources of funding are all potential considerations related to forecasting the cost and necessary investments associated with starting and maintaining access to IRSH.

There are instances when projected costs must be utilized for service development and deployment. In those instances, it is expected that the projected costs are outlined clearly. For IRSH, it is expected that costs associated to establishing and maintaining enhanced components of the service are distinctly identified. Services paid based on projected costs should be reviewed no less than annually based on a reporting of actual costs and may include provisions for cost settlement. Regional funding for IRSH development and access may be eligible for encumbrance if specific investments necessary to establish and maintain IRSH are identified and contracts outlining those investments are established prior to the end of the fiscal year.

INQUIRIES:
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