Category: Utilization Management

Code: UM 2.0 Attach I IRTS

Subject: Intensive Residential Treatment Service (IRTS) Level of Care Guidelines

Purpose: The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for IRTS services.

Policy: BHP Care Management (CM) staff use the following level of care guidelines for IRTS when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

DEFINITIONS:

Intensive Residential Treatment Service (IRTS):
Time-limited mental health services provided in a residential setting to recipients in need of more restrictive settings (versus community settings) and at risk of significant functional deterioration if they do not receive these services. IRTS are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting.

GUIDELINES:

Medical Necessity Criteria - Must satisfy all of I-III, none of IV

I. Patient requirements – any of the following: A or B

A. Admission - must satisfy all of the following: 1- 5

A. Age 18 or older; and

B. Have a serious mental illness as defined in the Minnesota Comprehensive Adult Mental Health Act (Minnesota Statutes 245.461and 245.486 - see links below); and

C. The service is requested as an alternative to an acute inpatient hospitalization; whether to avert hospitalization or to avoid continued inpatient hospitalization; and

D. Clinical indications - must satisfy all of the following: a-c

a. Documentation of severe signs and/or symptoms despite an adequate trial of appropriate pharmacologic treatment and/or psychotherapy in an outpatient setting

(such as, but not limited to, OP, day or partial treatment programs); and

b. Documentation that failure to keep appointments or take prescribed medications has led to or will lead to a serious deterioration in the patient's condition or create a reasonable risk of injury to self or others requiring a structured environment; and

c. Presence of an acute unstable medical condition that cannot be managed in a less intensive psychiatric level of care or imminent risk for acute medical status deterioration due to the presence and/or treatment of an active psychiatric symptom(s).

E. Has three or more of the following: a-f

a. Actual or potential danger to self or others through actions with inability to provide for safety.

b. History of two or more mental health inpatient hospitalizations in the past year or history of one or more mental health inpatient hospitalizations with two or more substance related disorder inpatient hospitalizations/residential stays in the past year.

c. Patient is actively engaging in substance abuse within the last 10 days if dual diagnosis is present and active chemical use is a focus of treatment (unless substance is physically unavailable, such as, but not limited to, the patient has been incarcerated or hospitalized).

d. Have three or more functional limitations as measured by the Functional Assessment Scale rated at 4 or higher or 5 limitations rated at 3 or higher.

e. Can be expected to commence or resume illness management and recovery skills/strategies, according to the treatment plan, and need 24 hour supervised and focused treatment approach to accomplish this.

f. In the written opinion of a licensed mental health professional, or MD, and consultation with the mental health case manager and family members (when available), has the need for IRTS that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if intensive rehabilitative services are not provided.

B. Continued stay and/or Discharge – must satisfy one or more of the following: 1-5

1. Follow Minnesota Department of Human Services IRTS criteria; or

2. The patient is persistently not attending or refuses to participate or cooperate in the IRTS despite repeated staff attempts to engage the patient; or

3. Ongoing substance use or abuse that would preclude or decrease the effectiveness of treatment

(may merit need for substance abuse evaluation or treatment); or

4. The patient demonstrates severe exacerbation of symptoms and/or disruptive/unsafe behaviors that require a more intensive level of treatment; or

II. Provider requirements – must satisfy all of the following: A-C

A. The provider must be licensed under Rule 36 (consists of Minnesota Rules 9520.0500-9520.0670 - see link below); and

B. The provider must have DHS approval; and

C. For PreferredOne members, the provider must be participating with PreferredOne.

III. Program requirements – must satisfy all of the following: A – E

A. Must complete a functional assessment within ten calendar days of admission and updated at least monthly or prior to discharge from services, whichever comes first. Assessment must include the components reflected in Minnesota Rule 36V.0170 Subp. 1 (see link for Variance for Intensive Residential Treatment and Crisis Stabilization Programs below); and

B. Must have a diagnostic assessment completed within five days of admission. If one is available and has been completed within 180 days prior to admission, only *updating* is necessary. Assessment must include the components reflected in Minnesota Rule 36V.0170 Subp. 2 (see link for Variance for Intensive Residential Treatment and Crisis Stabilization Programs below) and be performed by an individual meeting the requirements of Minnesota Rule 36V.0170 Subp. 3 (see link for Variance for Intensive Residential Treatment and Crisis Stabilization Programs below); and

C. Must have an individualized treatment plan within 10 calendar days of admission. Thereafter, the treatment plan must be reviewed and updated at least every thirty calendar days with the patient. Treatment plan must include the components reflected in Minnesota Rule 36V.0170 Subp. 5 (see link for Variance for Intensive Residential Treatment and Crisis Stabilization Programs below); and

D. Daily documentation is required and must include the components reflected in Minnesota Rule 36V.0170 Subp. 6 (see link for Variance for Intensive Residential Treatment and Crisis Stabilization Programs below); and

E. Documentation of a targeted discharge date with specified patient outcomes.

IV. Exclusions – none of the following will be considered as sole indications for IRTS setting: A-D

A. Impaired ability to meet academic, family, or employment obligations.

B. Psychometric testing or psychiatric evaluations that could be performed on an outpatient basis.

C. Absence of placement availability in itself (such as, but not limited to, halfway house, foster home, board and care home or other less intensive treatment setting).

D. Patient is diagnosed with insufficient clinical data supporting the diagnosis.

Regulatory / External References: NCQA UM 2.0, Chapter 62M.

 Minnesota Department of Human Services Intensive Residential Treatment Services (IRTS): http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_058155

 Minnesota Rule 36 (Minnesota Rules 9520.0500-9520.0670): https://www.revisor.mn.gov/rules/?id=9520

 Minnesota Statute 245.461: https://www.revisor.mn.gov/statutes/?id=245.461

 Minnesota Statute 245.486: https://www.revisor.mn.gov/statutes/?id=245.486

 Variance for Intensive Residential Treatment and Crisis Stabilization Programs. Licensed Under Minnesota Rules Parts 9520.0500 to 9520.0690: http://dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs_id_058464

1. Minnesota Rule 36, Version 3/30/06
2. Minnesota Statutes 256B.0624, 245.461, 245.486
3. Minnesota Rules 9520.0500-9520.0690
4. Variance for Intensive Residential Treatment and Crisis Stabilization Programs. Licensed Under Minnesota Rules Parts 9520.0500 to 9520.0690

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Source: PreferredOne, BHP

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Date Evaluated by Clinical Team: **April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017**

Revision Tracking

Date Revised	**Revision Type** List all applicable: - Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc). - Change in process/procedure - Change in requirements - New attachments or forms added - Updated documentation to clarify policy - Other	**Details of Revision Made**