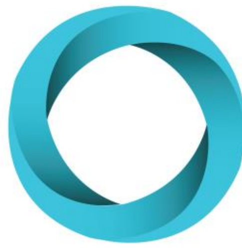

BEHAVIORAL HEALTHCARE PROVIDERS

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.

GUIDELINES:

Medical Necessity Criteria - Must satisfy all of I-III

I. Patient requirements – any of the following: A-C

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

      1. The member is 18 years of age or older, or is 17 years of age and transitioning to adult mental health services and IRTS is determined to best meet their needs (IRTS providers must secure a licensing variance in this situation); and

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

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

      4. Clinical indications - must satisfy one of the following: a or b

         a. Documentation of inability to follow an outpatient treatment plan, eg, keep appointments or take prescribed medications, has led to or will lead to a serious deterioration in the member's condition or create a reasonable risk of injury to self or others requiring a structured environment; or
         b. 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

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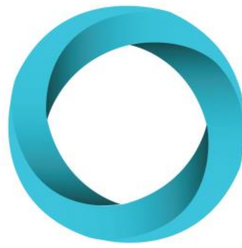

due to the presence and/or treatment of an active psychiatric symptom(s).

5. Has three or more of the following: a-e

   a. 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.

   b. 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).

   c. 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. Functional Assessment Link:https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_155980

   d. 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.

   e. 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 – must satisfy all of the following: 1-5

1. The member's mental health needs cannot be met by other, less intensive community-based services; and

2. The member continues to meet admission criteria as evidence by active psychiatric symptoms and continued functional impairment; and

3. Documentation indicates that symptoms are reduced, but discharge criteria (see below) have not been met; and

4. The essential goals are expected to be accomplished within the requested time frame; and

5. Attempts to coordinate care and transition the member to other services have been documented.

C. Discharge – any of the following: 1-12

1. No longer meets continued stay criteria (see above); or

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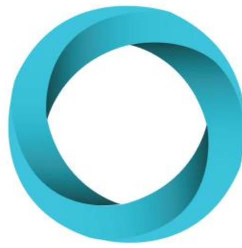

BEHAVIORAL HEALTHCARE PROVIDERS

2. Has met the individual treatment plan (ITP) goals and objectives; or

3. Shows evidence of decreased impairment and appropriate, less restrictive community-based alternatives exist; or

4. Has symptoms and needs that permit lesser level of service and adequate supports and services are in place; or

5. Is voluntarily involved in his or her ITP and no longer agrees to participate in the IRTS services; or

6. Exhibits severe exacerbation of symptoms, decreased functioning, disruptive or dangerous behaviors and requires a more intensive level of service; or

7. Has medical or physical health needs that exceed what can be brought into the residential treatment setting; or

8. Does not participate in the program despite multiple attempts to engage him or her and to address nonparticipation issues; or

9. Does not make progress toward treatment goals and there is no reasonable expectation that progress will be made; or

10. Leaves against medical advice for an extended period (determined by written procedures of provider agency).

11. Ongoing substance use or abuse that would preclude or decrease the effectiveness of treatment (may merit need for substance abuse evaluation or treatment); or

12. Indicates stability consistent with a lower level of care.

II. Provider requirements – must satisfy 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. For PreferredOne members, the provider must be participating with PreferredOne.

C. The provider attests to meeting team qualifications and level of staffing guidelines, as specified in the Minnesota Department of Human Services (DHS) Provider Manual. https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_058155

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

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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.

DEFINITIONS:

Functional Assessment (From 2018 MN Statute 245.462 DEFINITIONS):
an assessment by the case manager of the adult's:
1. mental health symptoms as presented in the adult's diagnostic assessment;
2. mental health needs as presented in the adult's diagnostic assessment;
3. use of drugs and alcohol;
4. vocational and educational functioning;
5. social functioning, including the use of leisure time;
6. interpersonal functioning, including relationships with the adult's family;
7. self-care and independent living capacity;

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8. medical and dental health;
9. financial assistance needs;
10. housing and transportation needs; and
11. other needs and problems.

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.

Mental illness (From 2018 MN Statute 245.462 DEFINITIONS):
1. “Mental illness” means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is detailed in a diagnostic codes list published by the commissioner, and that seriously limits a person’s capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.
2. An “adult with acute mental illness” means an adult who has a mental illness that is serious enough to require prompt intervention.
3. For purposes of case management and community support services, a “person with serious and persistent mental illness” means an adult who has a mental illness and meets at least one of the following criteria:
   a. The adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 2 months;
   b. The adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months’ duration within the preceding 12 months;
   c. The adult has been treated by a crisis team two or more times within the preceding 24 months;
   d. The adult:
      i. Has a diagnosis of schizophrenia, bipolar disorder, major depression, schizoaffective disorder, or borderline personality disorder;
      ii. Indicates a significant impairment in functioning; and
      iii. Has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided;
   e. The adult has, in the last three years, been committed by a court as a person who is mentally ill under chapter 253B, or the adult’s commitment has been stayed or continued;
   f. The adult (i) was eligible under clauses (1) to (5), but the specified time period has expired or the adult was eligible as a child under section 245.4871, subdivision 6; and (ii) has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) or (2), unless ongoing case management or community support services are provided; or
   g. The adult was eligible as a child under section 245.4871, subdivision 6, and is age 21 or younger.

LINKS:

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

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- Minnesota Rule 36 (Minnesota Rules 9520.0500-9520.0670): https://www.revisor.mn.gov/rules/?id=9520
- Minnesota Comprehensive Adult Mental Health Act (Minnesota Statutes 245.461 to 245.4711): https://www.revisor.mn.gov/statutes/?id=245
- Variance to Minnesota Rules, parts 9520.0500 to 9520.0690 (Rule 36) for Intensive Residential Treatment Services (IRTS): https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/

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

1. Minnesota Statute 256B.0622 Assertive Community Treatment and Intensive Residential Treatment Services
2. Minnesota Rule 36 (9520.0500-9520.0670)
3. Minnesota Comprehensive Adult Mental Health Act (Minnesota Statutes 245.461 to 245.486)
4. Variance to Minnesota Rules, parts 9520.0500 to 9520.0690 (Rule 36) for Intensive Residential Treatment Services (IRTS). Minnesota Department of Human Services. Effective July 01, 2010. Retrieved from https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased& Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=DHS16_150079 Accessed 03-05-20.
5. Minnesota Department of Human Services. Intensive Residential Treatment Services (IRTS). Revised: June 12, 2019. Retrieved from http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMe thod=LatestReleased&dDocName=id_058155 Accessed 03-05-20.

Internal References: Richard Sethre PsyD LP, Quinn McBreen LADC

Source: PreferredOne, BHP

Date Effective: **03/01/2014**

Date Revised: **03/01/2014, 12/13/19, 12/21/2020**

Date Evaluated by Clinical Team: **April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017, December 2018, December 2019, December 2020, December 2021**

Revision Tracking

Date Revised	Revision Type	Details of Revision Made
	List all applicable: - Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc). - Change in process/procedure	

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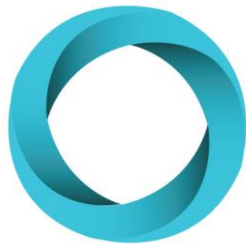

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	- Change in requirements - New attachments or forms added - Updated documentation to clarify policy - Other	
12/13/19	Minor changes to match Pref 1 format and criteria. Added definitions. Added links. Updated criteria for Admission, Continued Stay and Discharge to add additional bullet points.	Reorganized to match Pref 1 format, added definitions for Functional Assessment and Mental Illness. Links section added to match Pref 1 after definitions section. Created separate sections for Continued stay and discharge requirements to match Pref 1.
12/21/2020	Minor change.	Updated references.

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