

Intensive Residential Treatment Services (IRTS)

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Overview

Intensive residential treatment services (IRTS) is a community-based medically monitored level of care for an adult client that uses established rehabilitative principles to promote a client's recovery and to develop and achieve psychiatric stability, personal and emotional adjustment, self-sufficiency, and other skills that help a client transition to a more independent setting. IRTS are provided by qualified mental health staff on-site 24 hours a day. IRTS are time-limited, directed to a targeted date of discharge with specific member outcomes. IRTS are consistent with evidence-based practices.

Eligible Providers

Eligible providers must be enrolled with MHCP. Before enrolling with MHCP, each intensive residential treatment services (IRTS) must have a statement of need and meet the provider standards as follows:

Statement of need

Each site must have either a statement of need from the local mental health authority or an approved need determination from the Minnesota Department of Human Services (DHS) commissioner.

The statement of need must include the following:

- Geographic area and population to be served by the proposed program
- Proposed program capacity, including number of beds for residential crisis stabilization services
- Evidence of ongoing relationships with other service providers that the RCS will use for referrals to and from the proposed program
- Statement from the local mental health authority indicating whether the local mental health authority supports or does not support the need for the proposed program and the basis for this determination

If the provider entity does not receive a response from the local mental health authority within 60 days of the request, the commissioner will use the following need-determination process:

- The provider will submit relevant information to the commissioner to demonstrate need of the proposed program, including the provider's communication with the local mental health authority and the provider's statement of need
- If available, the commissioner will review the current needs assessment provided by the local Adult Mental Health Initiative, other stakeholder input provided by tribal behavioral health programs, mobile crisis teams, individuals, families, communities, health plans and hospitals
- The commissioner will make a determination of need and notify the proposed provider within 60 days of receipt of required information

Submit the statement of need to the Behavioral Health Division at DHS.AdultMHAct_IRTS@state.mn.us

Providers providing residential crisis stabilization and intensive residential treatment services at the same location can submit a combined statement of need.

Provider Requirements

Providers must comply with the following requirements:

- Licensed by [DHS Licensing](#) to provide residential crisis stabilization according to Minnesota Statutes 245I
- Five to 16 beds and an institution for mental disease (IMD)
- Have a rate approved by DHS (review the [Service rates information](#) webpage)

IRTS providers may provide adult residential crisis stabilization (RCS) within the same facility.

Treatment standards

IRTS treatment must include the following:

- 24-hour-a-day awake staffing coverage to deliver rehabilitative services, supervise, direct member activity
- Integrated services for chemical dependency, illness management services and family education
- Medical professional services, provided by the provider or through a referral
- Services provided by qualified staff (see Staffing Standards)
- Appropriate staffing to implement member treatment plans, safely monitor and guide activities, and implement program requirements
- Crisis prevention planning
- Illness Management and Recovery (IMR) or Enhanced Illness Management and Recovery (E-IMR)
- Weekly treatment team meetings
- Access to a mental health professional, clinical trainee, certified rehabilitation specialist or mental health practitioner in person or by telephone within 30 minutes
- Immediate needs assessment completed within 12 hours of admission
- Initial individual treatment plan completed within 24 hours of admission
- Level of care completed within five days of admission and again within 60 days after admission to determine how the client's admission and continued services in IRTS are medically necessary
- Diagnostic assessment completed within 10 days of admission
- Functional assessment completed within 30 days and updated within 60 days
- Individual treatment plan completed within 10 days of admission and updated at least within 40 and 70 days of admission, or more frequently to meet the member's needs
- Substance use screening completed with the diagnostic assessment, and a substance use assessment completed within 30 days of admission for a member who's screening indicates a possibility of a substance use disorder
- Individual abuse prevention plan completed within 24 hours of admission
- Daily documentation including a daily summary and [progress notes](#)
- Weekly review of the treatment plan and individual abuse prevention plan by a mental health professional or certified rehabilitation specialist

Staffing standards

IRTS must maintain a treatment team staffing ratio of at least one treatment team member to nine members. At least one treatment team member on the day shift must be a mental health professional, clinical trainee, certified rehabilitation specialist, or a mental health practitioner, if serving nine or fewer members. If serving more than nine members, the evening shifts must also be staffed with at least one mental health professional, clinical trainee, certified rehabilitation specialist, or a mental health practitioner.

Required IRTS treatment team staff:

- Program director (qualifies at minimum as mental health practitioner)
- Treatment director (mental health professional)
- Registered nurse qualified as a mental health practitioner at the program at least eight hours a week

Additional IRTS treatment team staff:

Mental health professional
Certified rehabilitation specialist
Clinical trainee
Mental health practitioner
Mental health rehabilitation worker
Mental health certified peer specialist

Eligible Members

IRTS Admission Criteria

An eligible IRTS member must meet the following:

Be 18 years old or older

- Be eligible for [MHCP](#)
- Meet the IRTS admission criteria:
- Diagnosed with a mental illness
- Functional impairment because of mental illness, in three or more areas, utilizing the [functional assessment](#)
- One or more of the following:
- History of recurring or prolonged inpatient hospitalizations in the past year
- Significant independent living instability
- Homelessness
- Frequent use of mental health and related services yielding poor outcomes
- Has the need for mental health services 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 mental health services are not provided as determined by the written opinion of a mental health professional

The program may consult with the member's:

- Mental health case manager
- County advocate
- Member's family or other natural supports (with member's consent)

Individuals who are 17 years old and transitioning to adult mental health services may be considered for IRTS if the service is determined to best meet their needs. IRTS providers must secure a licensing variance before admitting the member.

Members may receive IRTS instead of hospitalization, if appropriate.

IRTS Continuing Stay Criteria

Continue the member's stay in IRTS when a mental health professional determines the member meets all of the following criteria:

- The member's mental health needs cannot be met by other less-intensive community-based services
- The member continues to meet admission criteria as evidenced by active psychiatric symptoms and continued functional impairment
- Documentation indicates that symptoms are reduced, but discharge criteria have not been met
- The essential goals are expected to be accomplished within the requested time frame
- Attempts to coordinate care and transition the member to other services have been documented

IRTS Discharge Criteria

Discharge a member from IRTS and categorize the discharge by one of the following:

Successful discharge when all the following are met:

- Substantially meets the treatment plan goals and objectives
- Discharge plan is completed with the treatment team
- Continuing care at a less intensive level of care after discharge is arranged

Discharge summary, written in plain language, must be completed prior to discharge and include the following:

- Review of problems, strengths during the IRTS stay
- Member's response to the treatment plan
- Recommended goals and objectives the provider recommends to be addressed during the first three months after discharge
- Recommended actions, supports, and services that will assist the client with successful transition
- Crisis plan
- Member's forwarding address and telephone number

Non-program-initiated discharge when the following is met:

- Competent member withdraws consent for treatment and does not meet the criteria for an [emergency hold](#)

- Member leaves against medical advice for an extended period (determined by written procedures of provider agency)
- Legal authority removes the member
- Source of payment for the services is no longer available

Discharge summary, written in plain language, must be completed within 10 days and including the following:

- Reason for discharge
- Provider attempts to engage the member to continue or consent to treatment
- Recommended actions, supports, and services that will assist the client with successful transition

Program-initiated discharge when the following is met:

- Level of care is ineffective or unsafe because a competent member has not participated or has not followed program rules or regulations. Multiple attempts to address the lack of participation in treatment must be documented.
- Progress toward the treatment goals and objectives has not been made despite efforts to engage the member, and there is no reasonable expectation that progress will be made at the IRTS level of care nor does the member require the IRTS level of care to maintain current functioning
- Court order or legal status requires the member to participate, but the member leaves against medical advice
- A more intensive level of care is needed and available

Before a program-initiated discharge, a discharge review process not exceeding five working days must be completed and must include the following:

Consultation with the member, member's family or other natural supports (with member consent), and case manager (if applicable), to review the program's decision to discharge

- Determine whether additional strategies can be developed to resolve the issues leading to discharge to permit the member to continue services

Discharge summary, written in plain language, including the following:

- Reason for discharge
- Alternatives to discharge considered or attempted to be implemented
- Names of individuals involved in the decision to discharge and a description of the individual's involvement
- Recommended actions, supports, and services that will assist the client with successful transition

Covered Services

Plan and coordinate IRTS with the local mental health service delivery system. Members may access and receive services from the program outside of the facility when it would benefit the continuity of treatment and transition to the community. The following services must be available and offered as part of the program design:

- Supervision and direction
- Individualized assessment and treatment planning
- Crisis assistance, development of health care directives and crisis prevention plans
- Health services including administration of medication
- Interagency case coordination
- Illness management and Recovery (IMR) or Enhanced Illness management and Recovery (E-IMR)
- Transition and discharge planning
- Living skills development, including:
 - Medication self-administration
 - Healthy living
 - Household management
 - Cooking and nutrition
 - Budgeting and shopping
 - Using transportation
 - Employment-related skills
- Co-occurring substance use disorder treatment
- Family and other natural supports engagement
- Optional additional evidenced-based treatment services may be provided if approved by the commissioner and provided by staff trained to provide the optional treatment services

- Room and board for members enrolled in [Medical Assistance](#) only. Room and board is not covered for members enrolled in [MinnesotaCare](#) major programs

Authorization

Providers must request [authorization](#) for treatment services exceeding the 90-day limit.

If a member is readmitted to an IRTS within 15 days of discharge, the readmission counts toward the 90-day limit.

To request authorization, submit the following:

- [MHCP Authorization Form \(DHS-4695\) \(PDF\)](#)
- [Adult Mental Health Rehabilitative Services Authorization Form \(DHS-4159A\) \(PDF\)](#)
- Most current diagnostic assessment
- Current functional assessment
- Level of care assessment

Authorization for room and board is not required

Language Interpreter Services

All providers must provide language interpreter services to MHCP members, refer to [Access Services](#) for information.

Billing

MHCP will reimburse IRTS for up to 90 days, based on a daily rate per provider. When billing for IRTS, refer to the following:

- Bill only direct mental health service days; do not bill for days when direct services were not provided.
- If providing services to individuals who are 17 years old and transitioning to adult mental health services, review the [Electronic claim attachments](#) webpage and attach the licensing variance received from DHS Licensing.
- Use the [MN-ITS 837P](#) to bill the treatment procedure code H0019.
- Use the [MN-ITS 837I](#) to bill the room and board revenue code 1001.
 - Include the date of admission
 - Type of Bill (TOB) 86X. Refer to the [Intensive Residential Treatment Services \(IRTS\) Room & Board Services MN-ITS user guide](#).
 - Value code 24
 - Enter the five-digit code 90019
 - Value code 80
 - Enter the number of days for covered inpatient days
 - Value code 81
 - Enter the number of days for non-covered inpatient days
 - Bill room and board for direct mental health service days only
 - Bill room and board service days that are authorized by the MCO directly to MHCP

Description of codes and limitations

Code	Description	Units	Limitations
1001	Room and board	1 day	Authorization is not required
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	1 day	Maximum 90 days Readmission within 15 days counts toward 90-day limit Request authorization for more than 90 days

IRTS and other concurrent services and limitations

Clearly document medical necessity for the additional services when requesting authorization,

including reasons IRTS does not or cannot meet member's needs (for example, specialty service, transitional service). All services provided concurrently with IRTS must be coordinated with IRTS.

Other service	Is service included in IRTS?	Can service be provided in addition to IRTS?	Service limitations
MH-TCM	No	Yes	IRTS must coordinate with member's case manager.
Day treatment	No	Only with authorization	Day treatment provider must coordinate the plan of care with the IRTS provider and seek authorization for any day treatment services provided on the same day.
Partial hospitalization	No	Only with authorization	IRTS provider must coordinate the plan of care with the partial hospitalization provider and seek authorization for any IRT services provided on the same day. Partial hospitalization thresholds and limitations apply.
ACT	No	Yes	Providers must clearly document the distinct services being delivered as identified in the individual's treatment plan for each service.
ARMHS	Yes	Only with authorization	Only Transition to community services. For Transition to Community Living (TCL) services, follow Authorization Requirements for TCL services.
Crisis response services (assessment or intervention only) (mobile)	No	Yes	May be billed separately No authorization required
Crisis stabilization - Nonresidential	Yes	No	A component of IRTS Cannot be billed separately
Crisis stabilization - residential	Yes	No	A component of IRTS Be aware of member transfers If member is approved for IRTS and residential crisis stabilization, bill only one approved daily rate. Only one of these two services can be billed for a member per day.
Psychiatric physician services	Sometimes	Yes	May be provided by physician, psychiatric NP, CNS-MH, or physician extender if a member of the treatment staff. Bill separately only if not included in IRTS rate This service component is not excluded from telemedicine delivery.
Outpatient psychotherapy	No	Yes	Outpatient psychotherapy limits apply

			Providers must clearly document the distinct services being delivered as identified in the individual's treatment plan for each service
Inpatient hospitalization	No	No	Inpatient hospitalization services are reimbursed separately from IRTS. IRTS may not be reimbursed for members admitted to an inpatient hospital.
Interpreter services	Sometimes	Yes	Bill separately only if not included in IRTS rate
Waivered services	No	No	Prohibited by Federal Waiver Plan
Other medical services	No	Yes	Service limits apply to each service

Legal References

[Minnesota Statutes 256B.0622](#), Intensive Rehabilitative Mental Health Services

[Minnesota Statutes 245.461 to 245.486](#), Adult Mental Health Act

[Minnesota Rules 9505.0322](#), Mental Health Case Management Services

[Minnesota Statutes 245l.01 to 245l.13 and 245l.23](#), Mental Health Uniform Service Standards