

Department of Origin: Integrated Healthcare Services	Effective Date: 06/07/22
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 06/07/22
Clinical Policy Document: Behavioral Health, Mental Health Disorders: Intensive Residential Treatment Services (IRTS)	Replaces Effective Clinical Policy Dated: 07/01/21
Reference #: MC/M023	Page: 1 of 3

PURPOSE:

The intent of this clinical policy is to ensure care is medically necessary

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

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care 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 indications are established using the most recent version of the Milliman Care Guidelines (MCG). Copy available upon request.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description.

DEFINITIONS:

Functional Assessment (From 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;
8. medical and dental health;
9. financial assistance needs;
10. housing and transportation needs;
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 MN Statute 245.462 DEFINITIONS):

- (a) "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.

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Reference #: MC/M023	Page: 2 of 3

- (b) An "adult with acute mental illness" means an adult who has a mental illness that is serious enough to require prompt intervention.
- (c) 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:
- (1) the adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months;
 - (2) the adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding 12 months;
 - (3) the adult has been treated by a crisis team two or more times within the preceding 24 months;
 - (4) 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;
 - (5) 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;
 - (6) 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
 - (7) the adult was eligible as a child under section [245.4871, subdivision 6](#), and is age 21 or younger.

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Reference #: MC/M023	Page: 3 of 3

Precertification: Yes

LINKS:

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

REFERENCES:

1. Integrated Healthcare Services: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. Clinical Policy: MP/C001 Behavioral Health, Court Ordered Mental Health Services
4. Clinical Policy: MP/T004 Therapeutic Pass
5. Clinical Policy: MC/M007 Behavioral Health, Mental Health and Substance Related Disorders: Residential Treatment
6. Minnesota Statute 256B.0622 Assertive Community Treatment and Intensive Residential Treatment Services
7. Minnesota Rule 36 (9520.0500-9520.0670)
8. Minnesota Comprehensive Adult Mental Health Act (Minnesota Statutes 245.461 to 245.4711)

DOCUMENT HISTORY:

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Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف
Arabic

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).