



CAPITOL AREA ARCHITECTURAL AND PLANNING BOARD



CAAPB

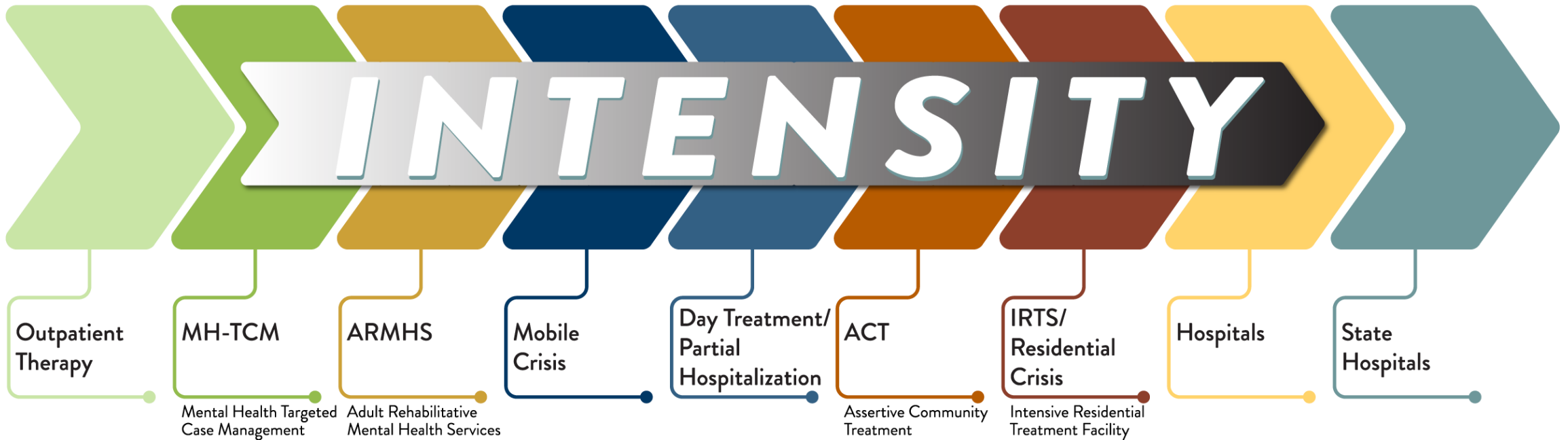
This presentation was prepared for CAAP Board members and community members of the Capitol Area. This information is NOT to be used for general IRTS information.



Intensive Residential Treatment (IRTS) and Residential Crisis Service (RCS)

Erin Ruiz | Adult Intensive Services Lead

Adult Mental Health Continuum of Services



More information on each service in this diagram can be accessed on the [DHS Adult Mental Health Programs and Services webpage](#)

What is IRTS and RCS?

Intensive residential treatment services (IRTS)

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.

Adult residential crisis stabilization (RCS formally CSS)

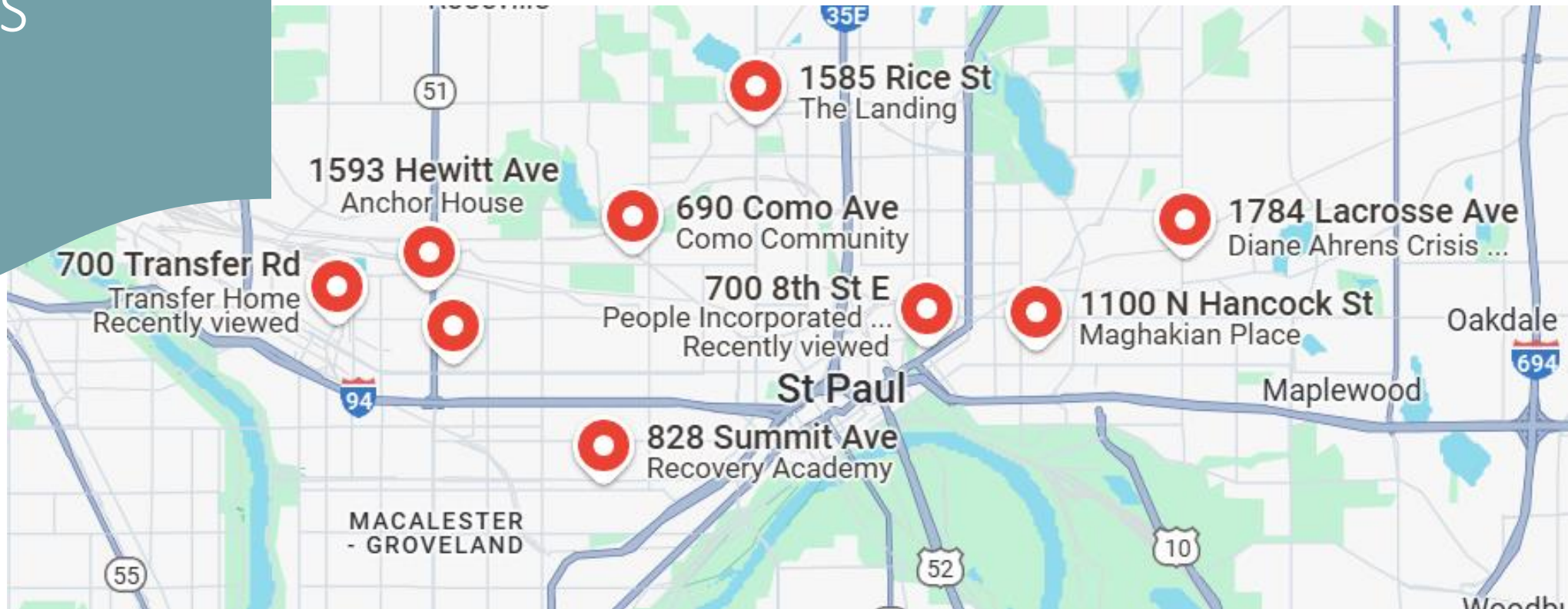
Provides structure and support to an adult client in a community living environment when a client has experienced a mental health crisis and needs short-term services to ensure that the client can safely return to the client's home or pre-crisis living environment with additional services and supports identified in the client's crisis assessment.

Plain Language

Medical model level of care being provided in a community setting.

These are intensive treatment services being provided in a community residential setting.

Current St. Paul IRTS/RCS



79 active licenses
12 within Ramsey County
9 within St. Paul

Congregate care settings

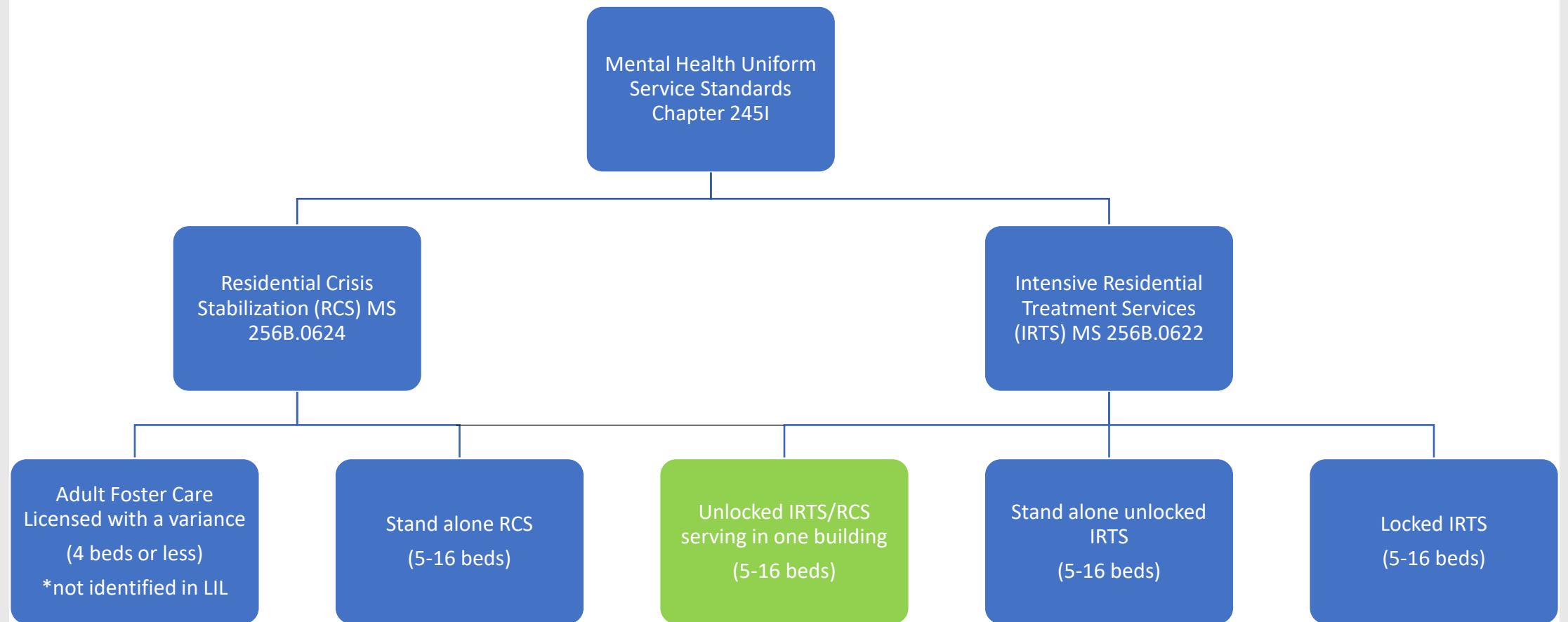
Licensed by DHS for services and MN Department of Health for physical plant

- [Home and Community-Based Services](#): Crisis respite
- [Foster Care](#)
- [Children's residential facilities](#): Shelters, treatment facilities, transitional services, group residential facilities
- [Residential substance use disorder treatment facilities](#)
- [Residential adult mental health treatment facilities](#): IRTS and RCS

Other State agencies that license congregate care

- [Department of Corrections](#): Juvenile residential facilities, adult community-based residential correctional facilities
- [Department of Health](#): Assisted living, boarding and lodging, boarding care home, supervised living facilities

Provider types and structure



How services compare

	IRTS	RCS
General length of stay	90 days or less	10 days or less
Reason for treatment	Rehabilitation	Stabilization
Target Population	18+ meets the IRTS eligibility criteria	18+ crisis assessment indicates the person is experiencing a mental health crisis. Assessed by a physician working in an ER, qualified member of a mobile crisis team, or a mental health professional.
Staff	Staffed 24/7 awake staff	Staffed 24/7 awake staff
Required services *Behavioral support services are not provided in addition to IRTS/RCS	Based on the recipient treatment plan: <ul style="list-style-type: none"> • Crisis prevention planning (identify patterns and develop prevention strategies) • Health services & medication administration • Co-occurring substance use disorder Tx (IDDT) • Engaging and educating family and natural supports • Referrals to community providers • IMR or Enhanced IMR (E-IMR) 	<ul style="list-style-type: none"> • Support for a recipient's family and natural supports • Coordination and referral with other mental health services • Crisis intervention services • Health services & administration • Referrals to support transition from RCS setting • Skills training

- Funding sources include: Medicaid, managed care (MCO), private pay, and/or state/county funded
- Medicaid billing is a per diem/bundled rate
- Teams include: Treatment director (MH Professional), program director, Nurse (MH Practitioner)
- Additional staff: MH Professionals, clinical trainees, certified rehabilitation specialists, mental health practitioners, mental health rehabilitation workers.
- Staff are NOT allowed to live on-site
- Referrals are received from hospitals, case workers, self-referrals, families, and other natural supports.
- Clients have the right to discharge and are typically their own guardians
- The use of restraint or seclusion is prohibited

Helpful webpages

[MN Access](#)- Tracks capacity for providers

[Licensing Adult MH Residential](#)- Licensing webpage

[Licensing Look-up](#)- Licensing webpage showing current license, DHS Licensing and Maltreatment documents

[IRTS MHCP provider manual](#)- High level overview for MHCP enrollment regulations for IRTS

[RCS MHCP provider manual](#)- High level overview for MHCP enrollment regulations for RCS

[MH Uniform Service Standards](#)- Licensing standards for IRTS/RCS

[MS 256B.0622](#)-IRTS MA billing standards

[MS 256B.0624](#)- RCS MA billing standards

Questions

Unmute your microphone to ask questions or put them in the chat.

Mute your microphone when the question is asked to decrease background noise.

Thank You!

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