

Adult Mental Health Residential Treatment: New Program Development Guide

This outline is intended to provide guidance for new program development.

Intensive Residential Treatment services (IRTS) and Residential Crisis Stabilization Treatment Services (RCS) are Minnesota Health Care Program (MHCP) benefits governed by MS sections 256B.0622 and 256B.0624. These services are provided in Adult Mental Health Residential Treatment program settings licensed by DHS with a Variance to Rule 36.

Program development includes working with several DHS Divisions along with local Zoning, Fire and Health regulatory agencies.

Behavioral Health Division: Technical Assistance, Statement of Need and Rate setting process.

Technical Assistance

Behavioral Health Division staff are available to provide technical assistance for new program development. Contact the Division at DHS.AdultMHAct_IRTS@state.mn.us (651)431-2225 or Ruth Moser, Program Consultant directly at Ruth.moser@state.mn.us (651)431-4373.

Statement of Need

The Behavioral Health Division is responsible to review and approve the new applicant's Statement of Need. Submit all information related to the Statement of Need to DHS.AdultMHAct_IRTS@state.mn.us.

The Statement of Need must include:

1. the geographic area and populations to be served by the proposed program;
2. the proposed program capacity including number of beds for IRTS service recipients and if applicable the number of beds for Residential Crisis Stabilization services recipients;
3. if applicable, program specialties intended to meet the service needs of a target population;
4. evidence of ongoing relationships with other service providers which will be used to facilitate referrals to and from the proposed program;
5. a statement from the local mental health authority indicating whether or not 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 local mental health authority within 60 days of requesting this statement, the Commissioner will use the following need determination process:

- a. The commissioner will review all relevant information the provider submits to demonstrate need of the proposed program including the provider's communications with the local mental health authority and the provider's Statement of Need.
- b. 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.
- c. The commissioner make a determination of need and notify the proposed provider within 60 days of receipt of required information.

In consideration of this process, it is important that proposed providers work with their local Adult Mental Health Initiative, host county and tribal authorities to establish the service design in response to local needs assessment. The needs assessment identifies existing service capacity and unmet service needs, and it defines the target population(s) within the geographic area.

Programs must also ensure that location of the proposed service does not result in an IMD exclusion. IMD exclusion is based on the co-location campus location of other behavioral health services provided in a residential or inpatient program. Guidance is available through the Behavioral Health Division.

Rate Setting

The Behavioral Health Policy Division is also responsible for the Medicaid fee for service rate setting process. The Rate Setting Manual for existing and new programs is updated annually in August of each year. Rate information and the current rate setting manual [is available here](#). Providers must submit proposed rate setting worksheets to the Behavioral Health Division at DHS.AdultMNAcT_IRTS@state.mn.us.

Program Licensure

Proposed providers of Intensive Residential Treatment (IRTS) and/or residential based Crisis Stabilization services (CSS) must be licensed with the [IRTS Variance to Rule 36](#). The [License Application is available here](#). [The License Application Addendum begins here](#). The Licensing Division application process includes additional licensing requirements for residential programs such as: Fire, Building Code, Health Inspections and zoning approvals as well as evidence of a health department license.

The DHS Mental Health Policy Division Staff work closely with the Licensing Division to review applicant service components, staff qualifications and staffing plans.

Provider Enrollment

Minnesota Health Care Program enrollment is required for MA fee for service reimbursement. [Here is the link for the application information.](#) Each site that offers IRTS and/or Crisis Stabilization services has a specific rate thus requiring a site based enrollment application.

The MHCP Provider Manual contains specific information for each service. Please see the [IRTS page](#) and for Crisis stabilization service guidelines please see [Crisis Response Services](#).

Housing Support for Room and Board Reimbursement

Medicaid fee for service payment does not cover room and board. Housing Support funding (previously called GRH) is used for the room and board costs. If you are interested in learning more about how to use Housing Support please email the DHS Housing Support team at dhs.dhs.grh@state.mn.us

Other Resources:

Adult Mental Health – Programs and Services page: [link here](#)
Minnesota Mental Health Access “bedtracker” site is available for case management staff and other referring professionals [here](#). For access password please contact the Behavioral Health Division email at DHS.AdultMNAct_IRTS@state.mn.us

SAMPLE: Elements of the Needs Assessment

The needs assessment identifies existing service capacity and unmet service needs, and it defines the target population(s) within the geographic area. The needs assessment answers the following questions:

1. What service do you plan to create, expand or modify?
2. Define the geographic service area, including the targeted and surrounding area(s).
3. Identify who you plan to serve, and include any group(s) that will be the focus of the service.
 - a. Consider poverty rate(s), race and ethnicity trends, underserved or disparately served population groups and high need groups with significant barriers to service, such as persons who are homeless or incarcerated.
 - b. Describe how the needs of underserved people will be addressed.
4. Describe the service continuum and how the proposed service fits.
5. Identify potential barriers to accessing the service.
6. Specify the number and the characteristics of individuals who are unserved or underserved. Be sure to include the following:
 - a. The number of people on waiting list(s),
 - b. The number of people diverted to other services,
 - c. The distance needed to travel to receive the proposed service.
7. Estimate the number of individuals that will use this service on a yearly basis. Describe how this number was determined.
8. Describe where referrals are likely to come from.