

Intensive Residential Treatment Teams

Invitation to Start-up and Operate a Team

The Opportunity

We are looking for providers who want to improve recovery based services. These providers will help people transition from state hospitals back to their communities.

The Health Care Authority's Division of Behavioral Health and Recovery is looking for community providers to start up and operate a new service delivery focused on discharge, wrap around care, for people leaving state hospitals who still need intensive care to be successful in the community.

Currently HCA has 3 openings for these teams and would like to fill 1 of them in your region.

Background Information

The New Service Delivery Details

The Intensive Residential Teams (IRT) are a new service delivery program. The teams will provide primary mental health services, as medically necessary to residents of AL TSA facilities, who have been discharged from state hospital or who are at risk for psychiatric inpatient hospitalization. The program services are designed to aid and rehabilitate people who experience severe symptoms of mental illness. These people would be at risk for more restrictive levels of care or return to a state hospital without this level of intervention. Services are team-based, and will be provided to individuals who reside in an AL TSA, licensed, adult family homes (AFH) and assisted living centers. Services will be available at least five days per week, 16 hours a day. Teams will be comprised of a part-time psychiatrist or Advanced Registered Nurse Practitioner (ARNP), 2 psychiatric nurses, 2 Mental Health Providers MHPs, and 2 peer counselors. Four teams have been initially funded. Each team will serve up to 50 individuals/clients.

Start-up and Operations

Start-up

Each region will be awarded a maximum of one team.

HCA will provide startup funds in the amount of \$103,000 per team to assist in hiring, equipping, and training the teams. HCA will provide additional start-up training through the UW focused on team communication and planning, recovery based CBT-p, and training with AL TSA facilities to create a common framework.

The initial contract with HCA is scheduled through 6/30/20 to allow for HCA to provide ongoing support for the teams. Consultation, ongoing trainings, and other supports will be available during the startup period.

Ongoing Support and Operation

Services provided by the IRT teams will be billed to MCO's. Amounts allocated for each team will vary by region and contract with the MCO, but the operating budget has allocated up to \$875,400 per team for operating and start-up for the teams.

Interested?

If you are interested and would like more information or have any questions please contact:

Matthew Gower at: Matthew.gower2@hca.wa.gov or by phone at (360) 725-9556.

[Attached is an invitation to a webinar for more discussion](#)

Detailed Description and FAQ

Description of Intensive Residential Teams

Team Overview

Intensive Residential Treatment Teams (IRT) are a new service delivery type for the State of Washington. They were created as part of the Governor's Behavioral Health Transformation plan. They are to serve people discharging or diverting from state hospitals to an AL TSA facility and will need extra support. Teams will be the primary behavioral health provider and will provide services 5 days a week for 16 hours a day to support individuals throughout the day. They will make arrangements with after hour's services to support individuals when the team is available. Teams will work with local crisis services to ensure individuals are supported and debrief individuals after any crisis contact.

Team Structure

The teams consist of 1 Mental Health Professional (MHP), 1 Registered Nurse (RN), and 1 Peer Support on a single shift. The team will consist of two shifts to provide support to individuals 16 hours a day. Teams will be supported by a part-time dedicated psychiatric prescriber to serve the needs of the individuals in their care. Teams will coordinate between shifts set up their own preferences managing contacts with those they serve. Communication is important to ensure individuals are served.

Team Training

Teams will be provided training during start-up by the University of Washington that will include Recovery Based Cognitive Behavioral Therapy (CBT-p), team coordination and communication, and other service modalities. Training will also be provided with AL TSA facility staff to help formulate a common framework to serving the individuals in their care. Ongoing training will be provided to support team.

After hours and crisis support

Teams are not required to make any member of their team available after hours. To support individual's afterhours they will need to ensure crisis plans created with the individual are shared with crisis responders to ensure they are informed with how to work with the individuals in their care. Teams will need to debrief with the individual if they use after hour supports or emergency services that are not planned.

Frequently Asked Questions

What is the purpose of IRT teams?

To support individuals discharging and being diverted from state hospitals by moving into an AL TSA facility for care.

IRT teams were created to support people who living in AL TSA facilities and need more support. These teams will wrap around these individuals to support them in their recovery. Teams will provide multidisciplinary care for the individual and will all be trained in evidence based practices, they will work the AL TSA facility staff to better work with a client's recovery. The team will work on wellness and treat the whole person's health to improve recovery outcomes.

What services are IRT teams supposed to provide?

IRT teams are designed to fill a gap in services by working with clients with a community based wrap around approach.

Teams were designed after a GAP analysis found some individuals whose needs were not being met. To fill this gap IRT teams will provide an array of services. Among these are stronger recovery oriented services, intensive behavioral health treatment that includes trauma and psychosis care, physical health and wellness, and finally collaboration and

psycho-education about medications their medication. The method of service delivery will vary based on client and location and will be up to teams to decide.

How are these teams different from Residential Support Waiver Programs?

Teams are designed to serve individuals that do not qualify for Residential Support programs like Expanded Community Services (ECS) and Specialized Behavioral Support (SBS), but still need support to be successful in their placement in an ALTA facility.

IRT teams will serve individuals who need more intensive behavioral health services but do not have the deficit in activities of daily living to qualify for ECS. The teams fill a need for individuals who need more support to be successful in their facility.

What will the referral process be?

ALTA will complete referrals to the team after they determine the person will be best supported in an AFH or assisted living facility.

Home and Community Services (HCS) will conduct an assessment on individuals who are on the admission or discharge list at state hospitals. If they determine that an individual on either of these lists will benefit from living in a facility with extra support.

Why are caseloads capped at 50?

The statutory cap at 50 is designed to maximize the contact with individuals.

The small caseloads are designed to provide maximum contact with individuals and ensure they are getting their needs met and to build stronger relationships with these individuals.

Where will teams provide services?

Teams are designed to be outreach oriented meeting clients within their residences and clinically appropriate settings in the community.

The goal of the teams is to help individuals to be successful and integrated into their community. Teams should meet individuals in their residences and clinically appropriate settings outside their residence to support them in their integration into their community.

How will teams be reimbursed for services?

Teams will need to negotiate a contract with a managed care organization to bill for services. The type of reimbursement, contract terms, and final amounts are up to the negotiation between provider and MCO. HCA is committed to both the IRT teams and healthcare integration. We will work alongside the teams to ensure the teams are successful. Once a team is selected we will increase the rate of the contract for the MCOs the teams are contracted with. It will be up to the teams and their organizations to negotiate with MCOs to achieve the best outcome for services. HCA cannot be involved in these negotiations.

Is there a time limit to for individuals in services?

No, individuals can be served as long as they meet medical necessity and still wish to receive services.

Because the teams are the primary behavioral health provider to the individual they can keep providing services to them as long as they meet requirements to stay in services with the team. Individuals will build relationships with team members that are beneficial to their recovery and it would be a harm to them to put an arbitrary timeframe for them to receive services. Like all behavioral health services there is an expectation that individuals progress in their recovery to less intensive levels of care when appropriate.

Why does the team need two nurses?

To provide an individual with whole health care and education.

The nurses on the team are not there to just provide medications to the individual. They are there to help them learn about their medication, create a dialogue to help individuals normalize and contribute to their medication regimen. Nurses are also to help with physical health needs from chronic disease management to basic health and wellness education. The goal is for individuals to embrace a whole person health approach to help them better achieve wellness.

Is the goal to transition individuals out of their facility?

No, the goal is to help individuals decide what is best for them and support them.

Everyone has the right to live where they wish and the teams should support them in their decisions. If someone wants to stay in the facility they live in then the team will support them there. If they wish to move to another facility

or individual living then the team will work with them to be successful wherever they live. If they choose to go back to work then the team should support them in whatever form that takes. The goal is meet them were they are and support them in their recovery and to be successful wherever they live.

For More Information

Please visit: <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/intensive-residential-teams-irt>

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Intensive Residential Team Start-up Requirements

Background and Opportunity

Background

The Washington State legislature provided funding to create Intensive Residential Teams (IRT). The intent of IRT is to facilitate the transition of individuals currently being treated in state hospitals and their integration back into the community while at the same time serving as a resource for diversion from civil state hospital stays.

Services shall be available sixteen (16) hours a day, five (5) days per week. Arrangements shall be made for afterhours support for clients. MOU's (Memorandum of Understanding) shall be created with local crisis providers, emergency departments, and local emergency responders to share the individual crisis plan created by the team. Clients who utilize an emergency department or any higher level of psychiatric care must be debriefed by the team and any updates to the crisis plan completed within two (2) business days.

HCA intends on initially funding four (4) IRT teams. Each IRT team will consist of 2 shifts of 1 Registered Nurse, 1 Mental Health Provider defined by WAC 246-341-0200, and 1 certified peer counselor defined by WAC 182-538D-0200 per shift. A single dedicated licensed psychiatric prescriber will be designated to serve the team's clients. This prescriber must be at least a psychiatric Advanced Registered Nurse Practitioner (ARNP), or other licensed individual legally allowed to prescribe psychiatric medications within Medicaid requirements. Teams will serve up to 50 clients.

Opportunity

Funds for startup costs will be made available to providers selected on or about November 15, 2019. Providers may request up to \$103,000 per team for startup costs which may include up to 1 month of the teams salary, equipment, extra training outside of DBHR's provided training, and other costs to be spelled out in the proposal. The total funding request shall not exceed \$103,000. Teams shall participate in all HCA sponsored team training and technical assistance. Teams shall be in place and ready to provide services starting January 1, 2020. Proposals will be submitted by Behavioral Health Agencies (BHA), Behavioral Health Administrative Service Organizations (BH-ASO) BH-ASO's or BHA/BH-ASO consortia who can demonstrate regional need to address hospital discharges and diversions and the ability to successfully implement the teams in order to provide services on or before January 1, 2020.

The initial funding for start-up costs are to cover the costs of staffing, training, and equipping the team. Proviso funds may not be used for capital costs, such as remodeling existing facilities or building new facilities.

Minimum Qualifications

1. Licensed to do business in the State of Washington or provide a commitment that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Bidder.
2. Must be a licensed Behavioral Health Agency certified to provide Medicaid reimbursable mental health services, to include Outpatient Services (WAC 246-341-0700), Individual Mental Health Services (WAC 246-341-0702), Psychiatric Medication Mental Health Services (WAC 246-341-0712), Outpatient Service in a Residential Setting (WAC 246-341-0716), and Recovery Support Services (WAC 246-341-0718).
3. Experience with providing services to clients transitioning from hospital settings and working with them to stabilize in the community.

Available Funding and Projected Contract Length

Funding

HCA has budgeted an amount not to exceed \$103,000 Dollars per IRT team for this project. Start-up funds will be made available as soon as contracting is completed. Funds will be reimbursed as negotiated in the final contract.

Services will be purchased through the Medicaid enrollees managed care plan. The final amount of funds available for the IRT teams will be subject to negotiation between provider organization and MCO.

Any contract awarded as a result of this procurement is contingent upon the availability of funding.

Anticipated Timing

HCA anticipates awarding contracts for services in January 2020 with the goal of providing training for the teams in February. Training will be provided by the UW at a time and place to be announced. Teams will be able to provide services as soon as training has been received and contracts with MCO are in place.

HCA will offer a start-up contract with a period of performance until June 30 2020. This is to provide ongoing support for the teams through new trainings, consultation, and other opportunities as they arise.

Contract Considerations

Any team chosen by HCA will need to complete a contractor intake and must abide by all contracting rules and requirements to be awarded for the team.

Interested in Starting up a team?

Please contact us for any questions or for more information:

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