

**Intensive Residential Service Application**

Thank you for considering First Resources Corp!

To make a complete referral to Intensive Residential Services, the following items will need to be sent and each question within this application will need fully answered. Referrals that are missing the requirements as outlined below will not be considered a complete referral.

1. Intensive Residential Services Application.
2. Diagnostic Records to include evidence of diagnoses of a Severe & Persistent Mental Illness (SPMI) or multi-occurring conditions.
3. Authorization showing the highest rate of home-based habilitation or the highest rate of HCBS intellectual disability waiver supported community living:
4. Habilitation – LOCUS Tier 6.
5. Intellectual Disability Waiver – Confirmation the individual is a Tier 6.
6. Standardized functional assessment and screening for multi-occurring conditions completed 30 days or less prior to this IRSH application:
7. Habilitation – Comprehensive Assessment & Social History (CASH).
8. Intellectual Disability Waiver – SIS-A or OYA.

Please send all referral documents in one email, if possible, to:

irshreferrals@firstresources.us

Once all the information is received our team will review the application and will be in touch

with you within one business day.

**Date of Application**:

**Referral Source Information**

**Referral Source Name & Title**:

**Agency**:

**Phone Number**:

**Email Address**:

**Applicant Information**

**Full Name**:

**Date of Birth**:

**Social Security Number:**

**Current Address**:

**If homeless or in a facility, please list last known address**:

**Home Mental Health & Disability Region**:

**Where is the individual right now (*hospital, home, jail, unknown, etc.*)?**

**Medicaid ID #**:

**Managed Care Organization (MCO)**:

**MCO ID #**:

**Current Committal Status (Inpatient or Outpatient & Type)**:

**Will the individual be Court Ordered to Intensive Residential Services?** [ ] -Yes [ ] -Possibly [ ] -No

**Do they have a Guardian?** [ ] -No [ ] -Yes

**Guardian’s Name & Phone Number**:

**Applicant Screening Questions**

(1) The individual has three or more areas of significant impairment in activities of daily living or instrumental activities of daily living.

[ ] -**No**  [ ] -**Yes, please explain**:

(2) The individual needs 24-hour supervised and monitored treatment to maintain or improve functioning and avoid relapse that would require a higher level of treatment.

[ ] -**No**  [ ] -**Yes, please explain**:

(3) The individual has exhibited a lack of progress or regression after an adequate trial of active treatment at a less intensive level of care.

[ ] -**No**  [ ] -**Yes, please explain**:

(4) The individual is at risk of significant functional deterioration if Intensive Residential Services are not received or continued.

[ ] -**No** [ ] -**Yes, please explain**:

(5) The individual has a record of three or more psychiatric hospitalizations in the 12 months preceding application for Intensive Residential Services.

[ ] -**No**  [ ] -**Yes, please explain**:

(6) The individual has a record of more than 30 medically unnecessary psychiatric hospital days in the 12 months preceding application for Intensive Residential Services.

[ ] -**No**  [ ] -**Yes, please explain**:

(7) The individual has a record of more than 90 psychiatric hospital days in the 12 months preceding application for Intensive Residential Services.

[ ] -**No** [ ] -**Yes, please explain**:

(8) The individual has a record more three or more emergency room visits related to psychiatric diagnosis in the 12 months preceding application for Intensive Residential Services.

[ ] -**No**  [ ] -**Yes, please explain**:

(9) The individual is residing in a state resource center and has a Serious & Persistent Mental Illness (SPMI).

[ ] -**No**  [ ] -**Yes, please explain**:

(10) The individual is being served out of state due to unavailability of medically necessary services in Iowa.

[ ] -**No**  [ ] -**Yes, please explain**:

(11) The individual has a Serious & Persistent Mental Illness (SPMI) and is scheduled for release from a correctional facility or a county jail.

[ ] -**No**  [ ] -**Yes, please explain**:

(12) The individual is homeless or precariously housed.

[ ] -**No**  [ ] -**Yes, please explain**:

(13) If the individual is accepted to services, will they be prepared to be admitted to Intensive Residential Services within four weeks (28 days) or less?

[ ] -**Yes**  [ ] -**No, please explain**: