Department of Human Services
OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES
UPDATED September 01, 2005 **

FAQs about Intensive Community-Based Treatment and Support Services

1. **Why is the new Intensive Community-Based Treatment and Support Services (ICTS) administrative rule necessary?**

   A Budget Note passed by the 2003 Oregon Legislative Assembly set up a process leading to significant changes for the Children's Mental Health System in Oregon. With stakeholder input, OMHAS adopted six policy statements in September 2004 that relate to the nine action items in the budget note. Policy Two, "System Structure and Functions," describes how continuous care coordination and service coordination planning will be achieved.   At the time, existing administrative rules did not define minimum standards for the provision of this intensive, community-based, team-driven approach. The ICTS rule fills the gap between the traditional outpatient services described in Standards for Community Treatment Services for Children and the "higher end" intensive mental health services described in Standards for Children's Intensive Mental Health Treatment Services (ITS). The ICTS rule is seen as critical by key stakeholders.

2. **When did the new ICTS rule become effective?**

   The temporary ICTS rule was filed on January 03, 2005.   It remained in effect until the permanent rule was filed on July 01, 2005. The rule can be found at the following website:
   http://www.dhs.state.or.us/policy/mentalhealth/mh-oar309-div032.pdf

3. **How do kids qualify for the ICTS level of service intensity? Who refers them?**

   Children qualify for the ICTS level of service intensity by meeting Level of Need Determination criteria. These criteria are defined in OMHAS Policy One. Referrals for a level of need determination screening can come from the family and a variety of sources in the community. Examples are

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schools, child welfare, juvenile justice, acute care hospitals, mental health and other community resources.

4. **Who is responsible for facilitating the Level of Need Determination?**

For Medicaid-eligible children who are enrolled in managed care, the MHOs or their designees are responsible for determining level of need. For Medicaid-eligible children on an open card (fee-for-service), CMHPs or their designees are responsible for determining level of need. For uninsured children or those with private insurance who may become Medicaid eligible as a "household of one" (HHO), CMHPs or their designees are responsible for determining level of need. Determinations must be made within 3 working days from the date of the completed referral.

5. **Do CMHPs or their designees have to be ICTS certified to make a level of need determination?**

No. CMHPs or their designees do not have to be ICTS certified to provide a level of need determination screening.

6. **Do CPMS forms need to be submitted on children who are screened through the level of need determination process? What about children who are not Medicaid eligible?**

CPMS forms are submitted on children who will be receiving services regardless of Medicaid eligibility. CPMS forms are submitted on children who receive services that are paid (or are going to be paid) for through public funds. Examples are Medicaid, federal and state grants, general fund dollars, etc. The CPMS form should be done at the time the client receives the first face-to-face treatment contact and that would be the open date.

7. **Can children be enrolled under more than one CPMS provider number? How do ICTS providers enroll children in CPMS?**

Yes, children can be enrolled under more than one CPMS provider number. This number represents a specific service or set of services that are being provided. For example, a child who is receiving both outpatient and ICTS services will be enrolled under the related provider numbers.

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When ICTS providers become certified they will request a CPMS provider number from OMHAS.

8. **What happens after a child meets the level of need criteria?**

A child who meets the level of need criteria is referred to an ICTS certified provider. The provider must ensure that the child is assigned a care coordinator, that a child and family team is identified, and that an initial service coordination plan is created within 14 calendar days from the date the provider receives the request for service.

9. **What clinical record documentation is required of ICTS providers?**

The child's clinical record must contain demographic information, level of need determination documentation, a comprehensive mental health assessment or assessment update (within 14 calendar days), completed treatment and service coordination plans (within 30 calendar days), and progress notes documenting provided services.

10. **If the ICTS provider is already providing outpatient services is a new mental health assessment and treatment plan required? Is a separate chart necessary?**

No to both. However, documentation must be updated accordingly and meet the ICTS standards. For example, service coordination and treatment plans are reviewed quarterly under the ICTS rule and assessments are comprehensive.

11. **Do all mental health services prescribed in the ICTS service coordination and treatment plans need to be provided by ICTS certified providers?**

No. However, the responsible ICTS provider must ensure that programs or individuals providing these services are appropriately certified or credentialed. For example, the service coordination plan includes respite that is provided by a subcontracted provider. The respite provider must meet standards related to respite care as described in the ICTS rule, but does not have to be ICTS certified.

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12.   Can ICTS providers also provide ITS (psychiatric day treatment, psychiatric residential, etc.) services?
If a child is assessed as needing ITS services and community based alternatives are not pursued, the ITS services must be provided by an ITS certified provider. In some cases ICTS providers will also be ITS certified.

13.   When a child meets level of need criteria for ICTS level of service intensity, is the child also eligible for ITS (psychiatric day treatment, psychiatric residential, etc.) services?

Not necessarily. The acuity of the child's mental, emotional, and behavioral needs will dictate the appropriate level of service intensity. The purpose of the ICTS service coordination planning process is to be responsive to the needs of the child and family by assessing needs continuously over time. Comprehensive planning is implemented by the child and family team at the appropriate level of service intensity with the goal of preserving and enhancing connections to the child's community. If the child's level of need requires ITS services, those services must be provided by an ITS certified provider. In the case where psychiatric residential or day treatment is necessary, the ICTS care coordinator and the child & family team will remain involved for purposes of continuity of care and to help facilitate a smooth transition back to the community or less restrictive setting.

14.   Can children be open to more than one provider/program at the same time?

Yes. Mental health services identified in the Service Coordination Plan may be provided by more than one provider, however services cannot be duplicative. For example, two programs cannot provide the same service (like individual therapy) to the same child.

15.   Who is responsible for completing the Certification of Need for Services (CONS) for psychiatric residential treatment referrals?

For Medicaid-eligible children who are enrolled in managed care, the MHOs will be responsible for independent review of psychiatric residential referrals. For Medicaid-eligible children on an open card (fee-for-service) or potentially eligible as a "household of one," Certification of Need will continue to be determined by OMPRO. This is because payment for FFS

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and HHO children will continue to be made through direct contracts with the State.

16.   The ICTS rule defines a LMP (licensed medical practitioner) as a child and adolescent psychiatrist. Why is this necessary?

It is the Office's position that given the level of service intensity need for the children served under this rule, specialized medical oversight is necessary. For those ICTS providers who have difficulty meeting this requirement, a variance can be requested as defined in the rule.

17.   What is the difference between a service coordination plan and a treatment plan?

A treatment plan relates to the treatment of the presenting mental health problem(s) by the involved mental health provider(s). It represents that part of the service coordination plan that is being provided by the responsible mental health provider(s). A service coordination plan includes a strengths and needs assessment by the child and family team across all relevant life domains for the child. Planning related to specific domains is implemented by the responsible child-serving agency depending on which systems are involved (education, child welfare, juvenile justice, etc.) The service coordination plan is a tool for the child and family team to use to organize and summarize concurrent planning by child-serving providers and to clarify child & family team roles. Unlike treatment plans, service coordination plans can be completed by a QMHP or a QMHA.

18.   What is the purpose of having a behavior support policy and a behavior support plan?

A behavior support policy describes the behavioral interventions and procedures that can and cannot be used by ICTS certified providers to handle any child with difficult behavior. A behavior support policy is specific to the ICTS provider, whereas the behavior support plan is specific to the behavioral needs of the child. The behavior support plan includes the individualized strategies and techniques, agreed upon and implemented by the child and family team, that facilitate and maintain positive behavioral change in the child. The idea is to ensure that everyone working with and providing behavioral support to the child in the

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community is following the plan and that the plan can be revised as needed.

19.   Why is it necessary that both service coordination plans and treatment plans have discharge summaries? When does a child discharge from ICTS level of service intensity?

Discharge summaries are required of both plans because they serve different purposes. The service coordination plan should be continuous over time and could potentially include services from multiple mental health providers (and their treatment plans) as the child and family move through various levels of care. ICTS service coordination planning (and the related service coordination plan) should end when the planning by the child and family team is no longer necessary based on progress with goals and the level of service intensity need.

20.   What's the difference between procedure codes and encounter codes as it relates to ICTS services and supports?

Services provided to children on a fee-for-service basis (open card) are billed using the procedure codes listed in the OMHAS Medicaid Provider Manual. Services provided to MHO enrolled children include those codes as well as "encounter" codes for services that are not reimbursable on a FFS basis. Encounter codes are used at the discretion of the MHO.

21.   Who's eligible to be certified and what's the certification process?

Providers who hold a valid Certificate of Approval from OMHAS to provide Community Treatment Services for Children (outpatient) or Children's Intensive Mental Health Treatment Services (ITS) or both are eligible to apply for ICTS certification. Outpatient providers must submit application materials to the CMHP in the county where the program resides. The CMHP will review the application and forward it to OMHAS with a certification recommendation. CMHPs seeking certification and providers who currently hold a valid Certificate of Approval from OMHAS to provide ITS services must submit application materials directly to OMHAS. This initial certification process will entail a desk audit by OMHAS of all programs applying for ICTS certification.

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22.   What's the recertification process?

CMHPs and their outpatient subcontractors who are certified as ICTS providers will be reviewed for recertification when their outpatient certification is due for review. ITS providers who are certified as ICTS providers will be reviewed for recertification when their ITS certification is due for review.

23.   Who do I call if I have other questions?

- Bill Bouska, OMHAS Team Leader Children's Treatment System at 503-945-9717.
- Matthew Pearl, OMHAS Child and Adolescent Mental Health Program Specialist at 503-947-5524.
- Jeannine Beatrice, OMHAS Children's Quality Improvement Coordinator at 503-945-7818

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