

Department of Human Services  
Office of Mental Health and Addiction Services  
Process Guidelines for Fee for Service Access to ISA  
August 9, 2006

This document outlines the process guidelines for fee-for-service (FFS) access to the Integrated Services Array (ISA). This language is derived from Oregon Administrative Rules, provider and county contracts, and OMHAS policies.

Overview

Community Mental Health Programs (CMHPs) or their designees are responsible for facilitating Level of Need Determination screenings (which includes administration of the CASII) for children who are Medicaid eligible but not enrolled in an Oregon Health Plan Mental Health Organization (fee-for-service) and children who may become Medicaid eligible when placement out of the home is necessary to meet the mental health needs of the child. Children who meet level of need criteria are referred to an Intensive Community-Based Treatment and Support Services (ICTS) provider who is responsible for forming a child and family team, using a community-based decision-making process in developing a service coordination plan and coordinating care.

Psychiatric Day Treatment Services (PDTS) providers and Psychiatric Residential Treatment Services (PRTS) providers must receive referrals and approval for admission to PDTS and PRTS programs from a CMHP or their designee. PDTS and PRTS providers must involve CMHPs in referrals for admission to PDTS and PRTS programs and in transition planning from these programs.

CMHPs must provide and PDTS and PRTS providers must have documentation of a written approval for admission to an appropriate PDTS or PRTS program. Attached is a sample Community Mental Health Program referral approval letter. This sample letter is meant for guidance only and CMHPs are not required to use this version for referral approval.

It is recommended that the clinical documentation that supports the approval be made available to the PDTS or PRTS program receiving the referral.

When a referral immediately follows a Level of Need Determination screening that documentation would include a written request for a level of need determination screening, a mental health assessment current within the past 60 days, the CASII composite score, and information about the identified ICTS provider. When a referral originates from the ICTS provider through the ongoing planning by a child and family team that documentation would include a comprehensive mental health assessment, treatment plan and service coordination plan.

### Process Steps

1. A referral for a Level of Need Determination screening is made to a CMHP or their designee. Determination is made within 3 working days following receipt of a complete referral.
2. Children who meet level of need criteria are referred to an ICTS provider. A care coordinator is assigned, a child and family team is formed, a strengths/needs assessment is completed and service coordination planning is initiated.
3. If the team determines that the child would benefit from PDTS or PRTS, the CMHP or their designee approves referral to the appropriate program. The CMHP provides written approval of the referral to the PDTS or PRTS program.
4. PDTS & PRTS programs must have documentation of approval for services from a CMHP or their designee prior to billing the Department of Human Services.
5. PRTS programs must submit a copy of the approval letter with the monthly turnaround document (TAD).
6. The ICTS provider and child & family team remain involved with treatment of the child through the episode of care at the PDTS or PRTS program as well as transition and after care planning upon discharge from PDTS or PRTS.
7. When a child is referred to a PRTS program by a third party resource (TPR) or private insurer, it is recommended that the program make every effort to coordinate service coordination planning with the TPR. If at intake

it appears likely that the TPR benefit will be exhausted prior to the end of the treatment episode, it is recommended that the PRTS program discuss service coordination and after care planning with the family and assist the family in contacting the local CMHP about access to publicly funded services. It is recommended that a Level of Need Determination screening and approval for PRTS from the CMHP be initiated in a timely manner to ensure continuity of care. Note that all children who meet level of need criteria are referred to an ICTS provider. In such a case the ICTS provider could be the CMHP, a subcontracted provider, or the PRTS provider if they are ICTS certified.

Community Mental Health Program Approval for Admission  
Fee-for-Service Access to PDTS & PRTS  
***CONFIDENTIAL***

Date:

Community Mental Health Program:

Contact:

Phone number:

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Client name:

DOB:

OMAP number:

Legal guardian:

Phone number:

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Approval for admission to:

Psychiatric Day Treatment Services (PDTS) \_\_\_\_\_

Psychiatric Residential Treatment Services (PRTS) \_\_\_\_\_

Name of program:

Contact:

Phone number:

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Date of completed Level of Need Determination screening or Child &  
Family Team Meeting that documents the need for these services:

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***Note: This approval is not an authorization for payment of services.***