

Department of Human Services
OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES
September 26, 2005
FAQs About the Client Process Monitoring System (CPMS) and
Intensive Community-Based Treatment & Support Services (ICTS)

1. What is the Client Process Monitoring System (CPMS)?

The Client Process Monitoring System is a management tool that provides information about clients served and documents episodes of care that are being delivered by providers who are supported by public funding, e.g., Medicaid, federal and state grants, general fund dollars, etc.

2. What is a CPMS provider number?

A CPMS provider number is a 3-digit number that identifies the type of service (outpatient, day treatment, residential, etc.) for which the client is being enrolled. This is not to be confused with a Medicaid provider number that is used for billing.

3. Will ICTS certified providers be assigned a CPMS provider number?

Yes. When a provider becomes ICTS certified they will be given a CPMS provider number that identifies the ICTS services that they will provide. This number will correspond with Service Element 22. This means that providers will have more than one CPMS provider number because an ICTS provider must also be a provider of outpatient or intensive treatment services (ITS) or both.

4. Do CPMS forms need to be submitted on children who are screened through the level of need determination process (which includes administration of the CASII)?

Mental Health Organizations (MHOs) and Community Mental Health Programs (CMHPs) are responsible for ensuring that level of need determination screenings occur for referred children. CPMS data must be submitted for clients who receive covered services. If the child is receiving services from the provider performing the screening, enrollment in CPMS is not necessary because that provider has already enrolled the child. If the

child is not receiving services at the time of the screening, enrollment in CPMS is necessary. If the child is receiving services from a provider that is not performing the screening, the provider who is performing the screening must also enroll the child in CPMS.

5. What happens if the child does not meet the level of need criteria?

If the child is receiving services from the provider who performed the screening and ongoing services are medically appropriate, the child will remain enrolled in CPMS. If the child is not receiving services and treatment is not recommended, the provider will terminate the CPMS enrollment. If the child is receiving services from the provider who did not perform the screening and ongoing treatment is appropriate, the child will remain enrolled in CPMS with the treating provider; the provider who performed the screening will terminate the CPMS enrollment.

6. What happens if the child meets the level of need criteria?

Children who meet the level of need criteria are referred to ICTS certified providers for service provision (care coordination, formation of child & family teams, formulation of comprehensive service coordination plans, etc.). ICTS providers use their ICTS CPMS provider number to enroll the child in CPMS on the date of the first covered service. If the provider is also providing outpatient services, the provider will terminate the outpatient CPMS enrollment at that time because outpatient services are part of the ICTS service array. If other providers are delivering services as part of service coordination planning (specialty outpatient, day treatment, residential, etc.), those providers must also enroll the child in CPMS.