

Department of Human Services
Addictions and Mental Health Division
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FAQs about Intensive Community-Based Treatment and Support Services

On August 03, 2005, the Addictions and Mental Health Division (OMHAS at the time) distributed a FAQs document to help stakeholders and interested parties understand the purpose of the new Intensive Community-Based Treatment and Support Services (ICTS) administrative rule. Since 2005 the children's mental health system has evolved. As ICTS certificates expire, many providers are asking for clarification on the purpose of the ICTS rule and exactly what that certification provides for in terms of service delivery. As we move toward the adoption of the Integrated Services and Supports Rule (ISSR) it is a good time to review (and revise) the intent of ICTS rule and the criteria for certification.

Following are the revised FAQs.

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

The 2003 Oregon Legislative Assembly provided a directive that led to significant changes for the Children's Mental Health System in Oregon. With stakeholder input, AMH 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 describes minimum standards for the service coordination planning process. The ICTS rule was seen as critical by key stakeholders.

2. Who are ICTS providers and how many of them are there?

ICTS providers are also certified as outpatient providers under the Community Treatment Services for Children administrative rule and/or ITS providers under the Intensive Mental Health Treatment Services rule. There are currently 32 (including Warm Springs) county Community Mental Health Programs (CMHPs), 8 CMHP subcontractors, and 15 ITS programs that have been ICTS certified.

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 Service Intensity Determination criteria. These criteria are defined in AMH Policy One. Referrals for a level of service intensity determination can come from the family and a variety of sources in the community. Examples are schools, child welfare, juvenile justice, acute care hospitals, mental health and other community resources.

4. What happens when a child meets the level of service intensity criteria?

A child who meets the level of service intensity criteria is referred to an ICTS certified provider for coordination of care. The provider must ensure that the child is assigned a care coordinator. Care coordination requires a skill set that enables the care coordinator to organize, implement, and manage a comprehensive planning process for children & families with complex needs. The care coordinator and family bring together a child & family team that can include other child serving providers. The coordinator helps to facilitate team meetings at which family strengths and needs are identified and planning across all relevant life domains is initiated. The care coordinator documents and helps to ensure access to identified services and supports, and the team meets regularly to review and revise planning.

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

No. For example, providers of outpatient services like in-home skills training and respite care do not have to be ICTS certified to provide these services. In addition to providing care coordination, the responsible ICTS provider must ensure that programs or individuals providing these services are appropriately certified, licensed or credentialed.

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

It continues to be the Division's position that given the level of service intensity need for the children served under this rule, specialized medical oversight is necessary.

7. When a child meets level of service intensity criteria for ICTS, 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. All children receiving ITS services also receive care coordination services from an ICTS provider.

8. What happens when a child or youth is placed out of the community to receive services?

When it is necessary for a child or youth to live away from the community to receive services, the ICTS care coordinator and child & family team continue to meet in order to help inform interventions by the treating provider. Given the circumstances, it might be necessary to meet more frequently to ensure that revised planning is effective. The involvement of the child & family team is crucial in formulating the best possible after care plan when the child or youth is transitioned back to the community.

9. Can ICTS care coordination services transfer to another ICTS provider while the child or youth continues to meet criteria for ICTS?

Ideally the care coordination should be continuous. However, if the child and family team decides that care coordination from a different ICTS provider is in the best interests of the child, a transfer can be made. Every effort should be made to ensure continuity of care and mitigate the potential negative effect of service disruption.

10. If an ICTS provider has the capacity to provide care coordination, but does not, does it make sense to be re-certified as an ICTS provider?

No. If an ICTS provider cannot demonstrate that it provides the core service of care coordination, the program will not be recertified.

11. Will ICTS certification be necessary when the ISSR is adopted?

Yes. ICTS programs will continue to be certified under the ISSR.

12. What's the certification/recertification process?

Programs and CMHPs that provide care coordination will be reviewed and certified/re-certified for ICTS. Programs that do not provide ICTS care coordination, but do provide services based on a service coordination plan such as case management, in-home skills training and other outpatient services, do not need to be certified/re-certified for ICTS. However, such programs do need to remain certified, licensed, or credentialed to provide these services.

13. How are programs recertified?

CMHPs that are certified as ICTS providers and provide care coordination will be reviewed for recertification by AMH when their outpatient certification is due for review. CMHP outpatient subcontractors who are certified as ICTS providers and provide care coordination will be reviewed by the CMHP and recertified by the CMHP and AMH. ITS providers who are certified as ICTS providers and provide care coordination will be reviewed by the CMHP and recertified by the CMHP and AMH when their outpatient certification is due for review.

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

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