

**ISSR Recommended Edits - Draft #3**  
**External Advisory Committee Meeting**  
**January 7, 2009**

NC: No Change  
EM: Edit Made

D: Deleted  
R: Referred for Decision

<b>Program Specific Service Standards</b>			
Number	Recommended Edit	Status	Comments
1	Separate types of services into those that are actual service elements and those that are “best practices,” like co-occurring disorders and transition-age youth.	EM	
1(b)	Delete “comprehensive” and clarify what is meant by “integrated assessment.”	EM	
1	Clarify who this section applies to.	EM	
1	Clarify “single point of contact.”	EM	
2	Clarify if ISSP is still needed when there is a “crisis plan.”	EM	
2	Eliminate this section (outpatient mental health services.)	NC	
2(a)(B)	Clarify what is meant by “under the supervision of a QMHP,” and replace “ISSP” with “crisis plan.”	NC	
2(a)	Remove crisis service language, already part of MHO contract.	NC	

2(b) and (d)	Psychiatric services is the same as medication management.	EM	
2(d)	Clarify that psychiatric services must be available via contract, etc.....doesn't have to be on-site.	EM	
2(c)	Delete experience required by QMHP for child and family services.	EM	
2(e)(D) and (G)	Delete these requirements from case management.	EM	(D) Deleted
2(e)	Add skills training to case management requirements.	EM	
3(a)	Delete "when supported by the family."	EM	
4(a)(A)	Increase 15-day timeline to respond to an "order for evaluation" to 30 days.	NC	Court requirement
6	Crisis services section should be part of #5 (RTH and RTF). Also add definition for "crisis respite services."	EM	
6	Do not use the word "termination" in crisis respite or residential sections.	EM	
6(a)	Change "program administrator" to "coordinating agency."	EM	
3a(B)	Change to "service coordination section."	EM	
3(a)(C)	Delete "outcome review." Replace with "review of progress."	EM	

3(b) and (c)	Consolidate skills training, family support and respite care, and add “as indicated.”	EM	
3(e)	Combine with behavior support section, or link by saying “consistent with xxx of these rules.”	EM	
5	Specify that RTH and RTF are for adult mental health only and add this to definition section too.	EM	
8(a) through (d)	Services described in a through d for transition-age youth are values oriented. Take out and add to quality section.	EM	
9	Clarify which services must be provided by the agency and which can be referred out.	EM	
9(b)	Add an individual/therapist ratio.	EM	
9	Clarify who is responsible for the ISSP when individual is served by more than one program.	EM	Each program providing service would complete an ISSP specifying the services and supports they are responsible for.
9(a)	Delete requirements pertaining to IEPs and PEPs. These are the school district’s responsibility.	EM	
9	Specify if sub acute is included in the ITS section of these rules.	EM	
9(a)(A)	Revise to reflect current ICTS relationships – linkage would be with the CMHP.	R	
9(a)	Address “psychiatric supervision” in PRTS.	R	

9(c)(B)	Specify who is part of an interdisciplinary team and remove “outcome review.”	EM	
10 (a)	Remove requirement to have education plans, etc. These are the responsibility of the school district.	EM	
10(a)(B)	Remove “under the direction of a medical director.”	R	
11(a)	Delete language that only applies to SAPT Block Grant.	NC	
11	Add outpatient or residential where applicable.	EM	
11(b)(E)	Delete reference to public transportation availability.	NC	
11(a)(B)	Add 20% consumer representation to governing board requirement.	EM	
12(a)	Move timeline requirement for gambling services to contract.	NC	
13a	There needs to be a part in this section about trauma and how the provider’s trauma-sensitive services policy informs the planning of crisis prevention and intervention.	EM	
13a(c)(E)	Specify that S and R is not part of the treatment plan; it is part of the “special safety procedures” in the ISSP.	EM	
13a(c)	Keep current standards for these practices (in current ICTS rule.)	R	Behavior support section still being discussed.

<b>Discharge, Transition and Transfer</b>			
Number	Recommended Edit	Status	Comments
	Define “Transition” and “Transfer”	EM	
	Do not require cases to “close” and “reopen.”	EM	See new section for service conclusion.
	Include ASAM in discharge summary for AOD.	EM	
	Use of “when applicable” is confusing – specify when these instances are applicable.	EM	
	Do not require discharge summary when transferring from one level of care to another.	EM	

<b>Service Documentation</b>			
Number	Recommended Edit	Status	Comments
	Remove “initial screening” from required documentation in Individual Service Record.	EM	
1(g)	Add “and other applicable consent forms...”	EM	
3(g) and	Information on ability to evacuate will already be in ISSP.		Has to be done at

(h)		NC	admission – ISSP may not be completed at that point.
3(d) and (e)	Delete background information required in Individual Service Record – will already be included in assessment.	NC	