

**ISSR Recommended Edits – Draft #2
External Advisory Committee Meeting
December 2, 2008**

NC: No Change
EM: Edit Made

D: Deleted
R: Referred for Decision

Section: Definitions			
Number	Recommended Edit	Status	Comments
1	Abuse: Consult with OIT and SPD for more accuracy.	EM	Definition is consistent with OIT.
76	Neglect: Include in “abuse” definition and delete def for “neglect.”	EM	
	Add “Initial Screening”	D	Initial screening deleted
15	Child: Revise definition of “child” to be consistent with other age-related definitions such as adult, infant, etc.	EM	In process of determining whether age-related definitions will be used
15	Add “who would be more appropriately served in the children’s system.”	EM	
7	ASAM PPC-2R: Add “or subsequent editions”	NC	Definition applies to this edition.

17	Clarify if CESIS is still used and how it specifically relates to seclusion and restraint policies.	EM	
8	Behavior Support: Expand definition and clarify populations	R	Focus group working on behavior support section
9	Behavior Support Policy: Same	R	
10	Case Management and Care Coordination: Who do they apply to and how do they fit with billing code definitions.	EM	
10	Case Management: Add “obtaining entitlements” and “advocacy”	EM	Advocacy not a billable service
10	Use Medicaid (42 CFR 440.169) definition for case management and case manager.	EM	
	Add definition for “care coordinator”	EM	
20	CMHP: Include developmental disabilities.	EM	
23	Continued Stay Criteria: Broaden to include other level of care determination tools like ASAM, or eliminate.	NC	Definition applies to term used in ICTS and ITS programs, added ASAM def for “Continued Care”
25	Criminal History Check: Coordinate with criminal records unit and OIT	R	
27	Culturally Competent: Same as 28, delete.	D	
30	Declaration for Mental Health Treatment: Add “to the extent clinically appropriate.”	EM	

34	Diagnosis: Needs clarification to include all programs.	EM	
42	Emergency: Make def universal and remove the word “sudden.”	EM	
44	EBP: Reference DHS website and NREBP	D	
46	Clarify that “family driven” applies only to services to children and their families.	EM	
52	Grievance: reasons for filing a grievance limited, but says they can be filed for any reason in the section.	EM	
	ICTS and ITS: Specify that these are for children.	EM	
	Add “Integrated Services Array”	EM	
61	Interdisciplinary Team: Clarify who this applies to.	EM	
	Add “medical necessity.”	NC	“medically appropriate”
99	Recovery: Needs more detail.	EM	
103	Services: Revise to indicate that some services are described in other documents.	NC	The ISSP will describe all services.
109	Supported Employment: Delete “averaging 20 hours per week.”	EM	
115	Treatment: Symptoms only on Axis 1 is inaccurate.	EM	

Section: Admission and Assessment

Number	Recommended Edit	Status	Comments
1	Don't limit principle diagnosis to Axis 1 – Medical necessity determines priority of care. Eliminate diagnosis requirements and add “diagnosis that justifies service recommendations for....”	EM	
1 and 4	Combine 1 and 4 as “admission procedures.”	EM	
1(a)	Address programs that provide services to special populations.	NC	Programs are addressed in program-specific section.
1(c)	Clarify that the level of need determination process determines eligibility and access to ICTS services.	EM	
1	Provide clarity about circumstances when provider does not establish admission criteria.	D	
1(a)	Add “except as limited by room arrangement,” and “except for individuals under 18.”	EM	
1(A)	Refer to “certificate of need.”	D	Eligibility criteria requirement deleted
1(C)	Add “subject to availability of funds,” (as stated in statute).	NC	
2	Change to “provider can utilize an initial screening process that is.....” instead of “will.”	D	Deleted initial screening process
2	Delete 2(b) (A) and (B) regarding screening.	EM	
2	Define “initial screening” to avoid confusion with “admission.”	EM	

2	Delete initial screening section.	EM	
2(a)	Documentation unrealistic. Change to “document level and type of services to be provided,” and delete the rest. Reduce to minimum required for specific types of screening: e.g. telephone, face to face, etc.	EM	
2(a)	Change to “determine” if individual meets admission criteria and take out “document.”	D	
3	Refer to contractual stipulations and delete the rest.	NC	
3	Start the section by referring to statute (430.675) regarding service priority.	EM	
4	Refer to SAPT block grant, or other applicable agreements, but do not list priority populations.	NC	
4(b) and (c)	Delete – already covered in contracts (or move to service specific sections.)	EM	
4(g)(C)	Delete “anticipated outcomes” and “behavior support, etc...”	EM	
5	Too much documentation required at time of admission – is this for all types of residential programs?	EM	Moved to documentation section – for RTH and RTF only
6(e)	ASAM requirements need to be clarified with regard to the age of the individual – not applicable to 0-12.	NC	
6(a)(E)	Add an (F) to include “Treatment formulation to clearly establish clinical plan and medical necessity.”	NC	
6	Assessment: Keep only A,B, and C and eliminate (b) through (f)	EM	
6(A)	Clarify who can complete assessments.	EM	

6(c)(B)	Replace “complete family history” with “neurodevelopment considerations.”	EM	
6(e)	Remove 2R from ASAM and reference latest edition.	EM	Added “or current edition”
7	Revise “Ongoing assessment” to “periodic assessment” and reduce assessment documentation to only what is required by Medicaid.	EM	Eliminated “outcome reviews” and changed to periodic assessment and ISSP updates.

Section: General Service Standards			
Number	Recommended Edit	Status	Comments
	Clearly distinguish between types of services (AOD, MH, gambling, COD) and populations (child, youth and adult).	NC	This section applies to all services.
1	Change the name of the section to “general service standards.”	EM	
1	Add “medical necessity.”	NC	Using “medical appropriateness”
1(a)	ISSP: Eliminate A-F.	EM	
2(d)	Add “functional outcomes.”	NC	
2(a)	Delete B through F and just say “that reflects an assessment consistent with these rules.”	EM	

6	“Regular reviews” is not specific enough.	EM	Changed to assessment and ISSP updates – the ISSP will specify the frequency of the updates
6	Outcome reviews: follow ASAM standards – much simpler.	D	
6	Eliminate outcome reviews and allow progress review, decisions to discharge, transfer, etc. to be recorded in progress notes.	EM	
5	Progress notes: follow Medicaid minimum requirements.	EM	
7	Need to clarify that family involvement is “as appropriate” and/or “as desired by individual.” Or, say, “subject to adult consent.”	EM	
7(a)	Take out requirements regarding peer support specialists and family navigators – not required.	EM	
8	Revise to “Peer Support Specialists, Family Navigators and other peer support resources.”	EM	

General Recommendations

Number	Recommended Edit	Status	Comments
	Develop separate rules for outpatient and residential and separate children and adult rules.	NC	
	Add “problem gambling” when using the term addictions and mental health services.	NC	Addictions and mental health services and supports definition includes gambling.
	“Program Specific” requirements should be at the end of each section.	NC	
	Add “as current funding allows,” where appropriate.	NC	
	Need to define residential programs when it is used as a term to refer to “any” type of residential service.	EM	Clarification added where residential programs are referred to (in bold)
	Consider electronic documentation and how it will fit in with the ISSR.	R	See definition for “signature”
	Refer to ASAM for definitions and rule structure whenever possible.	EM	
	Address “releases” and “consents” when family members or others are involved.	EM	Admission process addresses releases and consents.