Addictions and Mental Health Division
Integrated Services and Supports Rule (ISSR)
OAR 309-032-1500 through OAR 309-032-1565

Frequently Asked Questions (FAQ)

Question #1: *What is the regulatory function of the ISSR?*

Response #1: The ISSR describes certification and licensing standards for a range of community and facility-based services and supports for Oregonians who need assistance addressing mental health and/or addiction issues. This includes standards for the delivery and coordination of services and supports for both children and adults.

Question #2. *What are the goals of the ISSR?*

Response #2: The goals of the ISSR are to:

- Establish language that is clear and consistent across service areas.
- Define standards that are easy to understand and use for providers and people who benefit from addictions and mental health services and supports.
- Define standards that promote service coordination within a comprehensive array of addictions and mental health services that facilitate resiliency and recovery.
- Coordinate standards with the Medicaid Payment Rules.

Question #3: *What are the values the ISSR represents?*

Response #3: The ISSR reflects values that promote recovery and resiliency. This set of rules specifies standards for services and supports that are person-directed, evidence-based, family-driven, culturally competent, gender-specific and trauma-informed. The rules promote positive outcomes for individuals throughout a developmentally appropriate continuum of care.

Question #4. *Will grand fathered QMHPs be recognized in the ISSR?*

Response #4: Yes, the interpretation of a "grandfathered" QMHP remains the same. If a person was considered a QMHP before the definition of a QMHP was established in 1995, he or she is still grandfathered to meet the requirements of a QMHP in the ISSR.

Question #5: *Will this rule require that all addictions agencies be licensed as mental health providers as well as addictions?*

Response #5: No. Alcohol and Other Drug Treatment Providers will continue to receive a "letter of approval" for compliance with requirements that are applicable to all programs and those applicable to Alcohol and Other Drug Treatment Programs only. The requirements that are specific to mental health programs only are stated clearly and are not applicable to a provider who provides only addiction services.

Question #6: *What does Provisional assessment mean and how long are they valid?*

Response #6: "Provisional Assessment" means an initial assessment that identifies a presenting problem, provisional diagnosis and sufficient information to support the provisional diagnosis. A provisional assessment can be completed when the individual needs immediate services and there is not time to do a full assessment. This allows the provider to complete a provisional ISSP so that services can start immediately and documentation requirements are met. A full assessment and ISSP must be completed within the time frame indicated in the provisional ISSP, consistent with the level of care and needs of the individual. Rationale for the stated time frame must be available.

Question #7: *What is included in Biopsychosocial information?*

Response #7: Biopsychosocial Information means the combination of physical, psychological, social, environmental and cultural factors that influence the individual's development and functioning.

Question #8: *What does the rule say about Peer Delivered Services?*

Response #8: Peer Delivered Services means an array of agency or community-based services and supports provided by peers, and peer support specialists, to individuals or family members with similar lived experience,

that are designed to support the needs of individuals and families as applicable. Peer delivered services are required when appropriate and available, as indicated in the assessment and ISSP.

Question #9: *How have documentation requirements been reduced?*

Response #9: In previous licensing and certification rules, documentation requirements varied. In the ISSR, documentation requirements are streamlined and reduced to four key types of documentation. These are the assessment, ISSP, Individual Service Notes and Service Conclusion Summary. Many of the previously required documents can now be included in one of these four key documents. For instance, a behavior support plan and service coordination plan are part of an ISSP in ICTS programs. Additionally, the content of the documentation is driven by the needs of the individual and the ISSP, rather than by the requirements.

Question #10: *What is the distinction between "provider," "program" and "service"?*

Response #10: "Provider" is defined as the organizational entity, or person, who is certified or licensed for a particular program. "Program" refers to the type or level of care specified in a certification or license. The programs included in the ISSR are:

- Outpatient Community Mental Health Services and Supports for Children and Adults
- Intensive Community-based Treatment and Support Services (ICTS) for Children
- Intensive Treatment Services (ITS) for Children
- Outpatient and Residential Alcohol and Other Drug Treatment Services
- Outpatient and Residential Problem Gambling Treatment Services

"Service" refers to the specific types of activities, treatment and other supports provided to the individual and family such as therapy, skills training or case management.

Question #11: *When will providers be required to meet the standards of the ISSR?*

Response #11: The ISSR became effective on March 4, 2010. Providers are required to meet the standards of the ISSR effective the same date.
The AMH Implementation Policy for Site Reviews can be found on the ISSR website at http://www.oregon.gov/DHS/addiction/rule/main.shtml

Question #12: *Is co-occurring a "new" program designation?*

Response #12: Yes, providers who are certified to provide both mental health and addiction services can apply for specific approval as a Co-occurring Disorders program by meeting the standards in 309-032-1540(1).

Question #13: *Will everyone have to be integrated?*

Response #13: No.

Question #14: *Who can sign an integrated ISSP?*

Response #14: A QMHP, who is also a licensed healthcare professional, must sign the ISSP. Additionally, the provider must comply with the program specific requirements for providers approved and designated to provide services to individuals with COD, or 309-032-1540(1).

Question #15: *What screening is required to be part of each assessment?*

Response #15: As part of every assessment, providers are required to screen for the presence of:

- Substance use, problem gambling, mental health conditions and chronic medical conditions
- Symptoms related to psychological and physical trauma
- Suicide risk

Question #16: *In the Entry and Assessment section, how is "most timely manner feasible" defined?*

Response #16: Providers are required to develop policies for entry and assessment. The policies must address guidelines for determining entry timelines that reflect the individual's presenting circumstances and the provider's capacity to provide services and supports.

Question #17: *How is a program determined "culturally specific?"*

Response #17: Providers who want their services recognized as "culturally specific" must meet the requirements specified in 309-032-1540 (12)(b)(A) through (D) of the ISSR. This is only applicable to Alcohol and Other Drug Treatment Services. Additionally some service contracts address requirements for programs designated as "culturally specific."

Question #18: *Can a CADC I do an assessment?*

Response #18: Supervisory or treatment staff can complete assessments in Alcohol and Other Drug Treatment Programs, so that includes a CADC at any level, or other person qualifying as treatment staff in Alcohol and Other Drug Treatment Programs (see 309-032-1520(3)(c)(A) and (B). However, for integrated mental health and addiction services, the assessment must be completed and signed by a QMHP.

Question #19*: Does "Licensed Health Care Professional" include Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs) and Licensed Psychologists, or is it more narrowly defined to include only those in the medical profession like doctors?*

Response #19: The language "licensed health care practitioner of the healing arts" is the federal language found in the Code of Federal Regulations. We have interpreted it to include any professional belonging to a Board including LCSWs, LPCs and LMFTs.

Question #20: *Does face-to-face clinical supervision mean one-to-one or can it be done it groups?*

Response #20: Face-to-face clinical supervision means one-to-one and is required at least one hour per month. The requirement can be met through video conferencing.

Question #21: *Can a provider use an assessment created by another provider in developing an ISSP?*

Response #21: Yes, as long as there is documentation to show that qualified staff have reviewed the assessment, agree with the diagnosis and have updated the information as needed.

Question #22: *In mental health programs, can a QMHA develop an ISSP as long as a QMHP signs it?*

Response #22: No, a QMHP must develop and write the ISSP. A QMHA can assist in gathering the information needed.

Question #23: *Does an ISSP have to be signed by a QMHP who is* a *licensed health care professional within 5 days, each time it is revised?*

Response #23: Yes, if the revisions change or add services and supports. In addition to reviews consistent with the timelines stated in the ISSP, every ISSP in a mental health program must be reviewed and approved by a LMP at least annually when the individual receives services for more than one year.

Question #24: *Will we be required to update our current documents to be consistent with the new terminology?*

Response #24: AMH encourages use of the new terminology in policies, forms and all documentation used by the provider. However, there will not be findings that affect certification or licensing when new terminology is not used. In this case, reviewers will provide reminders and technical assistance when needed.

For More Information:

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