

**Department of Mental Health  
Intensive Community Services (ICS)**

**Rehab Options - Frequently Asked Questions**

**General Guidelines for Reporting Rehab Options – referred to as “R” days**

Question	Answer
What are the guidelines for ICS providers’ reporting of “R” Days?	Providers will accurately report “R” Days to the Department of Mental Health (DMH) within the timelines and specifications outlined in the Intensive Community Services Billing Guidelines document.
What activities can be reported as “R” days?	<p>“R” Days may be reported for one or more of the following situations:</p> <ul style="list-style-type: none"> <li>• Staff completed work toward the risk assessment/safety planning.</li> <li>• Staff completed work toward the development of the Assessment and/or Annual Assessment Update.</li> <li>• Staff completed work toward the development and revision activities of the Treatment Plan</li> <li>• Treatment interventions provided that were connected to the goals written in the treatment plan.</li> </ul> <p>All activities performed as noted above must be documented in a Service Note following the proper documentation standards.</p>
What activities are considered part of the safety planning, comprehensive assessment and treatment planning process for R day reporting?	<p>Development, review and revision activities include:</p> <ul style="list-style-type: none"> <li>• Meeting (in person or virtually*) with the youth, parent/Legally Authorized Representative (LAR), other service providers, and/or other individuals of the youth or family’s choosing for the purposes of determining the youth’s strengths, needs, history, goals, needs, risky behaviors, protective factors, service preferences, etc;</li> <li>• the gathering of pertinent information from other parties needed for the comprehensive assessment or treatment plan and/or quarterly reviews;</li> <li>• the facilitation of a family team meeting to determine goals and priorities; and</li> <li>• the completion of the comprehensive assessment and treatment plan</li> </ul>

	<p>documents.</p> <p>*Note: The majority of our work with families is expected to be in person, however, virtual work is part of the treatment process as makes sense for the family</p>
What if it takes longer than 45 days to complete the assessment and treatment plan?	Federal Rehab Option regulations require that the comprehensive assessment and treatment plan be completed and documented within 45 days from the start of treatment. (Please note, ICS contracts require that the comprehensive assessment be completed within 20 days and the treatment plan be completed within 30 days from start of treatment.) In rare cases, if the assessment and treatment plan cannot be completed within the require timeframe (for instance, because of a family crisis), every effort should be made to complete the assessment and treatment plan as soon as possible and the reasons why and efforts made should be well documented.