

Integrated Assessment and Treatment Planning (IATP)

The Foundation of Behavioral Health Transformation

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July 2018

Housekeeping

- Phone lines are in listen only mode.
- Due to regulations governing ex parte communication during the rulemaking process, no participant questions regarding IATP will be answered during the webinar.
- Participants must submit any questions to HFS by email to HFS.CBH@illinois.gov.
- Answers to questions will be posted on HFS' website as a Frequently Asked Questions document.



Webinar Topics

- Purpose and Overview
- Transition to IATP
- Service Details and Requirements
- Overview of the IM+CANS
- IM+CANS Training
- Contact Information



Overview and Purpose



IATP Definition

The formal process of information gathering and review that utilizes a standardized assessment and service planning tool in order to:

- 1) Identify a client's integrated healthcare needs and strengths across all domains;
- 2) Recommend services needed to ameliorate a client's condition and improve well-being; and
- 3) Develop, review, and update an individualized treatment plan.



Service Overview

- IATP is a new service in the Medicaid mental health service array effective August 1, 2018.
- Ensures the assessment of a client's needs and strengths and the development of specific treatment recommendations utilizing an HFS-approved instrument.
- HFS has designated the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) as the approved IATP instrument.



Purpose of IATP

- IATP serves as the foundation of the state's efforts to transform the publicly funded mental health system.
- Provides a comprehensive, standardized, integrated platform for assessing the global needs and strengths of individuals across the lifespan who require mental health treatment.
- Links assessment and treatment planning, ensuring there is a thread between a client's identified needs and strengths and their treatment recommendations.



IATP as System Transformation

1. Client-Centered Treatment

- “Mass customization”
- Increased client and family engagement

2. Data-Driven Decision Making

- Creates a common language for understanding mental health treatment across clients, families, providers, and payers
- Establishes a baseline dataset from which quality improvement initiatives and outcomes can be measured



IATP as System Transformation

3. Workforce Development Initiative

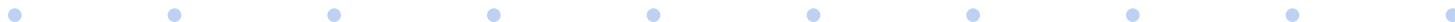
- User certification carries across provider organizations
- Establishes a baseline clinical standard for mental health treatment
- Ongoing training opportunities on assessment, treatment planning, and other relevant, identified clinical topics (e.g. supervision, clinical interviewing, crisis safety planning)

4. Multi-Payer, Multi-System Platform

- Allows for the reduction of duplicate collection of administrative and clinical data points
- Creates consistency and standardization



Transition to IATP



HFS Policy Guidance

- Beginning August 1, 2018, IATP replaces two existing services:
 - Mental Health Assessment (MHA); and
 - Treatment Plan Development, Review and Modification.
- All MHA and ITP forms that meet the existing service requirements outlined in the Service Definition and Reimbursement Guide (SDRG) shall be accepted as HFS-approved instruments for the provision of IATP services through December 31, 2018.



HFS Policy Guidance

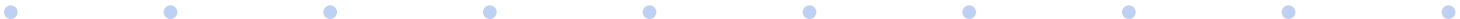
- Providers must transition to utilizing the IM+CANS in the delivery of IATP services within 30 days of staff receiving IM+CANS training.
- All providers must utilize the IM+CANS as the sole HFS-approved IATP instrument by no later than January 1, 2019.
- Providers not utilizing the IM+CANS by January 1, 2019, may not be reimbursed for IATP services and will not be able to participate in nor assist HFS in identifying individuals eligible for 1115 waiver pilots.



HFS Policy Guidance

Providers serving clients with active MHAs and ITPs may continue to serve clients under this documentation until both of the following conditions are met:

1. The provider has been trained and certified in the IM+CANS; and
2. A. The client's active MHA or ITP expires, consistent with the timeframes currently identified in the SDRG for MHAs and ITPs, and needs re-authorized; OR
B. The client's needs have changed significantly, requiring an update to the client's MHA or ITP to ensure appropriate clinical intervention.



Service Details & Requirements

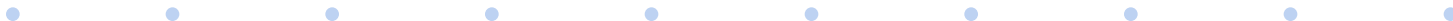
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Service Requirements

IATP services must:

- Include the utilization of an HFS-approved instrument.
- Be completed prior to the delivery of mental health Medicaid Rehabilitation Option (MRO) services* [89 Ill. Admin. Code 140.453]
- Be reviewed, approved and signed by a Licensed Practitioner of the Healing Arts (LPHA);
- Be reviewed and updated once every 180 days;
- A copy of the completed IATP must be provided to the client or their parent or legal guardian.

***MRO Crisis Services and Targeted Case Management Services may be delivered prior to the completion of IATP.**



Service Delivery

- Reimbursable to Community Mental Health Centers, Behavioral Health Clinics, and Independent Practitioners [89 Ill. Admin. Code 140.453(b)(2)].
- IATP services must be:
 - Rendered by staff minimally meeting the qualifications of a Mental Health Professional [89 Ill. Admin. Code 140.453(b)(5)];
 - Provided on an individual basis.
- IATP services may be provided:
 - In the office, a client's home, or other community settings;
 - By video, phone or face-to-face contact.



Reimbursable Activities

Providers may seek IATP reimbursement for:

- Information gathering and assessment activities necessary for the completion of the HFS-approved IATP instrument;
- Clinical assessment or diagnostic activities* necessary to assist in the completion of IATP, including the formulation of a mental health diagnosis;
- Diagnostic assessment activities* provided consistent with the Clinical Psychologist Licensing Act [225 ILCS 15]; and
- The completion of the Level of Care Utilization System (LOCUS) screen.

***Only reimbursable when completed using a nationally standardized assessment instrument.**



IATP Service Coding

Service Name	HCPC Code	Modifiers		Units
		1	2	
Group A - billable by BHC, CMHC, LCSW, LCP, and psychiatrist				
Assessment and Treatment Planning				
Integrated Assessment and Treatment Planning (IATP)	H2000	HN		1/4 hr
Integrated Assessment and Treatment Planning (IATP)	H2000	HO		1/4 hr
IATP: Psychological Assessment	H2000	AH		1/4 hr
IATP: Psychological Assessment	H2000	HP		1/4 hr
IATP: LOCUS Assessment	H2000	HN	HE	1/4 hr

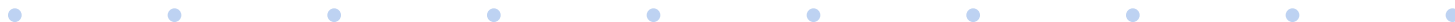
Allowable Place of Service Codes: 11, 15, 20, 53, 03, 04, 12, 13, 14, 21, 22, 23, 26, 31, 32, 33, 34, 51, 52, 54, 55, 56, 57, 71, 99

Modifier Key:

- HN = MHP
- HO = QMHP
- AH = Clinical psychologist
- HP = Doctoral level
- HE = LOCUS



Overview of the IM+CANS



About the IM+CANS

- The IM+CANS incorporates:
 - A complete set of core and modular CANS and ANSA items;
 - An assessment of the individual's exposure to Adverse Childhood Experiences (ACEs);
 - A fully integrated assessment and treatment plan;
 - A physical health risk assessment (HRA); and
 - A population specific addendum for child welfare involved youth.
- The IM+CANS will be supported by HFS in the near future with a stand-alone data platform.



About the IM+CANS continued

- At the core of the IM+CANS is the Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessments (ANSA).
 - These communimetric tools contain a set of core and modular items that are rated using a '0' to '3' scale.
 - Versions of the CANS are used in all 50 states
 - Studies have been shown the CANS to be reliable and valid
- Additional items were added to the CANS/ANSA items to support a fully integrated assessment and treatment plan.



Rating Needs

Description

What is the intensity of need?

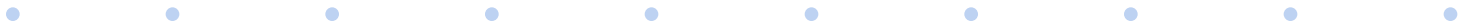
- 0 No evidence of need
- 1 History of possible need, but not interfering with functioning
- 2 **Need interferes with functioning**
- 3 **Need is disabling or dangerous**



Action

What is the urgency for intervention?

- 0 No action needed
- 1 Watchful waiting; preventive action
- 2 **Action or intervention required**
- 3 **Immediate or intensive action required**



Rating Strengths

Description

What is the degree of strength?

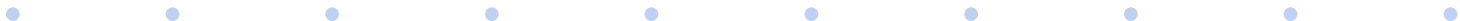
- 0 Centerpiece strength
- 1 Strength present
- 2 Identified/potential strength
- 3 No strength identified at this time



Action

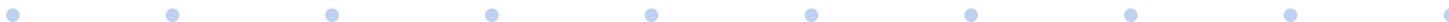
What is the urgency for intervention?

- 0 Can be used as a centerpiece for strength-based plan
- 1 Can be useful in the plan
- 2 Requires significant strength building in order to be used in the plan
- 3 Efforts are required to identify strengths in order to be used in the plan



IM+CANS Items

Population	Core CANS Items	Caregiver Items
Early Childhood (0 through 5)	54	21
Youth (6 through 15)	63	21
Transition Aged Youth (16 to 21)	70	21
Adults (21+)	75	18



IM+CANS Forms

- IATP materials can be found on the [HFS website](#):
 - IM+CANS – Core Form
 - Completed for all individuals every 180 days
 - IM+CANS – Personal Health Survey
 - A voluntary survey completed by the client or their parent/caregiver as part of the initial IATP process
 - IM+CANS Addendum 1 – Health Risk Assessment
 - Completed for all individuals once a year
 - IM+CANS Addendum 2 – Caregiver Resources and Needs
 - Completed for any individual with a caregiver (child or adult) every 180 days
 - IM+CANS Addendum 3 – DCFS Involved Youth
 - Completed for Youth in Care and youth involved in Intact Family Services or Intensive Placement Stabilization Services (IPS) every 180 days

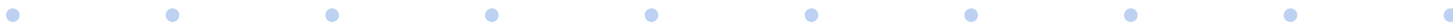


IM+CANS Training



IM+CANS User Training

- Usage of the IM+CANS requires a 1-day in-person training and annual certification.
- HFS has partnered with the University of Illinois at Urbana-Champaign's School of Social Work (UIUC-SSW) to provide training and technical assistance to providers delivering IATP services.
- Information on training dates, locations, and registration can be found on the [UIUC-SSW website](#)
 - Trainings are being added daily, so please check back often!



Additional Training Curriculum

- HFS will be collaborating with Chapin Hall and UIUC-SSW to develop a model for provider organizations to develop their own internal trainers.
 - Anticipated implementation in FY2020.
- Additional webinar-based trainings to support providers will be developed and launched throughout FY2019
- Currently identified training topics:
 - IM+CANS Orientation for Non-Users
 - Clinical Interviewing
 - Treatment Planning
 - Supervising with IM+CANS Data
 - Crisis Safety Planning



HFS Contacts

HFS Bureau of Behavioral Health

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