

Frequently Asked Questions: Integrated Assessment and Treatment Planning (IATP)

Helpful Links:

- Proposed revisions to 89 IL Admin Code 140:
http://www.cyberdriveillinois.com/departments/index/register/volume42/register_volume42_issue29.pdf
- IATP information on HFS website, including all IATP materials:
<https://www.illinois.gov/hfs/MedicalProviders/behavioral/CommunityMentalHealthCenter/Pages/IATP.aspx>
- IM+CANS Training Schedule:
<http://socialwork.illinois.edu/imcans-training-schedule/>

TRANSITION TO IATP

Q: If staff are trained in the IM+CANS across multiple training dates, is it acceptable to have one implementation date within 30 days of the last staff being trained so as an organization we can have a streamlined process for the rollout of the new form?

A: Yes. HFS is requiring that providers implement the IM+CANS within 30 days of the last staff in their agency receiving IM+CANS training. However, providers delivering IATP services must utilize the IM+CANS by no later than January 1, 2019.

Q: Does the 30 day timeframe to start using the IM+CANS start once staff is certified?

A: No. The 30 day timeframe for implementing the IM+CANS begins once all staff in the agency has received IM+CANS training. Staff must certify and begin utilizing the IM+CANS within 30 days of that date.

However, HFS is allowing provider organizations to postpone agency-wide implementation until either 30 days after the last staff has been trained or January 1, 2019, depending on which date is earliest. As of January 1, 2019, the IM+CANS will be the only instrument recognized by HFS as approved for IATP.

Q: HFS is requiring the providers implement the IM+CANS within 30 days of receiving training. If staff are trained in the IM+CANS before we have the IM+CANS integrated into our Electronic Health Record (EHR), can we use our original MHA and ITP forms until our EHR is ready?

A: No. The 30 day timeframe for implementing the IM+CANS begins once all staff in the agency has received IM+CANS training. Staff must certify and begin utilizing the IM+CANS within 30 days of that date.

However, HFS is allowing provider organizations to postpone agency-wide implementation until either 30 days after the last staff has been trained or January 1, 2019, depending on which date is earliest. As of January 1, 2019, the IM+CANS will be the only instrument recognized by HFS as approved for IATP.

Q: Are we required to use the IM+CANS in the delivery of IATP services after the 30 day IM+CANS training period, otherwise we forfeit the ability to bill IATP?

A: Providers will be expected to transition to the IM+CANS either 30 days after the last staff has been trained or January 1, 2019, depending on which date is earliest. As of January 1, 2019, the IM+CANS will be the only instrument recognized by HFS as meeting the requirements of IATP.

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Q: If we must follow the 180 timeframe on updating MHAs beginning 8/1, is the expectation that anything over 180 days as of 8/1 be updated?

A: Yes. As of August 1, 2018, all providers are expected to comply with the requirements of IATP, including the 180 re-assessment period. Consistent with HFS' transition guidance outlined on [HFS website](#), providers may utilize their existing Mental Health Assessments (MHAs) and Individual Treatment Plans (ITP) as an HFS approved IATP until January 1, 2019. The IATP that consists of the provider's MHA and ITP will have the effective date of the oldest completion date of either document. That is the date from which the 180 time frame should be calculated.

Q: As of 8/1/18, do updates to the MHA and ITP have to be done on the IM+CANS?

A: For dates of service between August 1, 2018 and December 31, 2018, providers may deliver IATP services utilizing either their own MHA and ITP forms or the IM+CANS. Please see the HFS interim policy guidance found on the [HFS website](#).

Q: In the webinar we learned that we cannot bill for IATP after 1/1/19 unless we use the IM+CANS. So, the assumption is that we can bill for other services authorized under our existing MHA and ITP (i.e., therapy), without having the IM+CANS completed for the client?

A: Yes, that is correct. As of January 1, 2019, providers will transition their existing clients' active MHAs and ITPs to the IM+CANS once the client's MHA or ITP is 180 days old or the client's needs change and necessitate an update to their assessment and treatment earlier than the expiration date on the MHA or ITP.

IATP SERVICE REQUIREMENTS

Q: Is it correct that the annual mental health re-assessment is due every 180 days as of August 1, 2018?

A: The existing Medicaid Rehabilitation Option – Mental Health (MRO-MH) services of Mental Health Assessment and Treatment Plan Development, Review, and Modification are being closed as of August 1, 2018, and will no longer be billable. Beginning August 1, 2018, all assessment and treatment planning activities will be reimbursed under the service of Integrated Assessment and Treatment Planning (IATP). It is required that IATPs be reviewed and updated at least every 180 days.

Q: Does the 180 day requirement for the IATP apply to clients receiving ACT services, or will they still require a 90-day update?

A: IATP requires, at a minimum, a review and update every 180 days. Providers delivering other MRO services must comply with the specific requirements of each of those services, as outlined in 89 Ill. Admin. Code 140, which may require more frequent reviews of the client's IATP.

Q: IATP services can be delivered one (1) of three methods: video, phone or face-to-face. How can a provider complete a mental status exam or obtain signatures if the client is not there in person?

A: IATP is a service that encompasses several clinical assessment functions: mental health assessment, treatment planning, the LOCUS, and the completion of a psychological evaluation or other assessments to validate a diagnosis when using a nationally recognized assessment instrument. The service also allows for various staff and professional levels (Mental Health Professionals, Qualified Mental Health Professionals, and Licensed Practitioner of the Healing Arts) to actively provide the service using video, phone, or face-to-face. However, required components

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such as a mental status exam and obtaining the client's signature will need to be completed face-to-face.

Q: If MHPs need to be certified to provide the IM+CANS, will the face-to-face contact with a QMHP still be required?

A: Face-to-face contact with a QMHP is not a requirement of IATP.

Q: What is the expectation in terms of timelines for completion of the IATP?

A: A client's IATP must be completed prior to the delivery of any of the MRO-MH services, except MRO Crisis Services, which may be delivered prior to the completion of an IATP.

Q: Will a hospital that provides inpatient psychiatric care be required to use this tool as a portion of their interdisciplinary assessment?

A: Not at this time. However, HFS may expand the use of the IM+CANS at a later date.

Q: Can you confirm whether residential treatment contracts will also be expected to transition to the IM+CANS by 12/31/18 and the IATP code by 8/1/18?

A: All providers of MRO-MH services under the Illinois Medicaid Program are subject to the requirements of 89 Ill. Admin. Code 140 and must utilize the HFS-approved instrument in the provision of IATP services.

Q: My understanding is that therapy/community support cannot take place until after the IM+CANS is completed. Within a residential setting we typically rely on the Admission Note to authorize services in tandem with the assessment documents-is there any guidance given for this?

A: Under 89 Ill. Admin. Code 140, the only MRO-MH services that may be delivered prior to the completion of the IATP are Crisis Services.

Q: For youth in care requiring the DCFS guardian signature, should the entire document be sent to the guardian or only the intervention page? In the past, assessments were not sent but treatment plans were.

A: 89 Ill. Admin. Code 140 requires that a full copy of the completed IATP be provided to the client's legal guardian.

IATP MATERIALS AND DOCUMENTATION

Q: Will the IM+CANS document replace the MHA and ITP documents? Or is it simply an assessment tool to gather data toward the completion of those documents?

A: The delivery of IATP services requires utilization of an HFS-approved instrument. For dates of service between August 1, 2018, and December 31, 2018, providers may deliver IATP services utilizing either their own internal MHA and ITP forms or the IM+CANS. Effective January 1, 2019, the only HFS-approved IATP instrument is the IM+CANS. Please see the HFS interim policy guidance found on the [HFS website](#).

Q: Not all standards required by accreditation organizations are included in the IATP - will accreditation requirements change?

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A: The standards in the IM+CANS satisfy the requirements for providing and receiving reimbursement under the Illinois Medicaid Assistance Program. 89 Ill. Admin. Code 140 does not require that providers of MRO-MH services be accredited.

Q: Can providers add items to the IM+CANS form they develop to meet the requirements of accreditors and other payers (e.g. literacy level, military history, employment history)?

A: No. The IM+CANS Form is issued by HFS and cannot be altered or modified.

However, providers may:

1. Augment the questions asked to complete the IM+CANS during the interview phase of the process. The IM+CANS, when delivered consistent with best practices, is completed following an interview of the client – this interview may contain all of the necessary information the organization needs to complete their documentation. The entire interview would be reimbursable; or
2. Develop an agency specific addendum to capture additional details not captured on the IM+CANS form. If the clinician/worker is specifically utilizing a stand-alone addendum to capture items that are outside the scope of the IM+CANS, this time and effort is not reimbursable.

Q: Currently we are able to use a MHA addendum between reports when there is a change of information. With this new IATP will we be required to complete a whole new assessment and treatment plan there is a change or new information?

A: Clinicians who need to record changes or updates on a client's IATP are not required to conduct a whole new assessment and treatment plan. The existing IATP should be reviewed and updates made to the appropriate sections as necessary to reflect the client's updated status through the following process: check the boxes marked "Re-assessment" and "Update" at the top of the IM+CANS Core Form, review the existing information documented on the review, update the sections requiring a change, and obtain a new set of signatures on page 10 of the IM+CANS Core Form.

The date of the initial IM+CANS will establish starting date for the 180 day time period. Therefore, at the 180 "Re-assessment" period, a new IATP must be completed with the client consolidating all information into a single IATP form. The IATP Re-assessment should reflect a consolidation of clinical information and an update of all necessary clinical items.

Q: What if client does not wish to disclose confidential information within assessment to State of IL?

A: Client responses to demographic questions should generally be taken as self-report. Clients that find any part of the IM+CANS assessment intrusive or concerning may choose to not respond to those items. The provider should appropriately note such responses on the IM+CANS form using terms such as "Unknown" or "Client Declined to Respond," as the provider determines to be appropriate given the client's situation or concerns.

Additionally, pursuant to 740 ILCS 110/7, Section (b) of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Department may access a client's record without

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their consent when doing so for the “purposes of funding, accreditation, reimbursement or audit.” Since IATP is the authorizing service for reimbursement under MRO-MH and the IM+CANS is the document that demonstrates receipt of the IATP service itself (reimbursement) and authorizes other MRO-MH and TCM services (funding), consent would not be required to access these materials.

(b) When an agency which provides services is being reviewed for purposes of funding, accreditation, reimbursement or audit by a State or federal agency or accrediting body, a recipient's record may be used by the person conducting the review and personally identifiable information may be disclosed without consent, provided that the personally identifiable information is necessary to accomplish the purpose of the review.
([740 ILCS 110/7](#))

Q: If using the tool for a discharge, where should a clinician provide a discharge summary?

A: A discharge summary is not required. However, a discharge summary could be provided on the IM+CANS Core Form, Section 12, Mental Health Assessment Summary.

Q: Are therapists required to verify or have supporting documentation of a client’s citizenship status? We serve clients who are not citizens – will reporting this put them at risk? Is there concern from others that this will negatively impact the provider’s ability to create a safe space and trusting therapeutic relationship necessary for effective mental health treatment?

A: There is no expectation that clinicians verify a client’s citizenship status. Client responses to demographic questions should generally be taken as self-report. Clients that find any part of the IM+CANS assessment intrusive or concerning may choose to not respond to those items. The provider should appropriately note such responses on the IM+CANS form using terms such as “Unknown” or “Client Declined to Respond,” as the provider determines to be appropriate given the client’s situation or concerns.

Q: On the IM+CANS Core Form, is the Client/Family Vision Statement for Treatment (box 15a.) the same as the Client and Family Service Preferences (box 15b.)?

A: No.

The Client/Family Vision Statement for Treatment section should describe, in the client and family’s own words, what the client and their family (when applicable) would like to achieve or accomplish in treatment, including their desired outcomes.

The Client and Family Service Preferences section should document any of the client or family’s identified preferences for their mental health treatment (e.g., the client prefers a male therapist, family therapy sessions on a particular day of the week, services provided on an individual basis rather than in group settings).

Q: On IM+CANS form, under Section 17 of the treatment planning portion, what is meant by the “amount” of an intervention?

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- A:** When managing interventions, the terms “amount, frequency, and duration” are key elements in authorizing services. Amount refers to the length of time of each intervention (e.g., 1 hour, 30 minutes), frequency refers to how often the intervention is provided (e.g., once per week), and duration refers to how long the intervention is to be provided (e.g., 6 months).
- Q:** **The IM+CANS Core Form has a checkbox for the provider to indicate whether this is the initial, re-assessment, or discharge. If this is a re-assessment, where should a clinician report on progress made on previously established goals? Will a review tool be created separately?**
- A:** Documentation of progress of previously established goals is not required in the IM+CANS tool. By tying treatment plan goals to specific CANS items, progress can be measured quantitatively by monitoring the scoring of the treatment targets and anticipated outcomes over time. However, providers that wish to record progress on treatment plan goals in a qualitative manner may choose to document this in the most appropriate section of the IM+CANS or in separate clinical notes.
- Q:** **On the treatment intervention page, there is a box at the top indicating “interim,” “initial,” and “update.” What is “interim” referring to?**
- A:** The “interim” checkbox is available for providers who wish to document the provision of services prior to the completion of the full IATP. Under 89 Ill. Admin. Code 140, the only MRO-MH services that may be delivered prior to the completion of the IATP are Crisis Services.
- Q:** **Why was the attestation of explanation of the ITP to the client not included in this tool? Are we no longer expected to document this?**
- A:** The IM+CANS requires signatures from the client and, when appropriate, the client’s parent or legal guardian. This signature box includes an attestation of explanation of the full IATP, not just the treatment planning portion (see IM+CANS Core Form, p. 10).
- Q:** **The Personal Health Survey is a voluntary document. What documentation is expected if the client/family chooses not to complete?**
- A:** If a client/family chooses not to complete or divulge information, please indicate on the document that the client/family “declined to respond.”
- Q:** **Is Addendum 1 – Health Risk Assessment (HRA) required for everyone or adults only?**
- A:** The HRA Addendum is required to be completed for all individuals once every 12 months.
- Q:** **Is the HRA something a client would complete or would it be based on a clinical interview by the clinician? The content here is very intrusive for outpatient mental health treatment. Are all sections required to be completed or only those relevant to the service being provided?**
- A:** The Health Risk Assessment is a required component of the IM+CANS and should be completed by the provider with every client, pursuant to the provided instructions. Clients that find any part of the IM+CANS assessment intrusive may choose to not respond to specific items and the provider should appropriately note such responses on the IM+CANS form. However, HFS-enrolled providers should not pre-determine that items are too “intrusive for outpatient mental health treatment” but should be engaging clients in questions pertaining to physical healthcare. HFS is committed to improving its service delivery system through the ongoing integration of physical and behavioral health services. The HRA allows service providers to take a holistic view of the individual before engaging in treatment to ensure appropriate identification of disease and appropriate implementation of interventions.

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Q: If a client has a state appointed guardian, does Addendum 2 – Caregiver Resources and Needs?

A: Addendum 2 – Caregiver Resources and Needs would not be completed for a state appointed guardian. If the client has a caregiver who assists the client in meeting their basic daily needs, Addendum 2 would be completed for the individual in the caregiving role.

Q: How frequently should Addendum 3 – DCFS Involved Youth be completed?

A: Addendum 3 – DCFS Involved Youth must be completed every 180 days for Youth in Care, youth involved in Intact Family Services, and youth involved in the Intensive Placement Stabilization Services (IPS) program.

Q: On Addendum 3 – DCFS Involved Youth, what is meant by “temporal consistency?”

A: Information on the IM+CANS, including definitions of each of the items, is provided during the required one-day IM+CANS training and can be found in the IM+CANS Reference Guide. Please visit the IM+CANS training [website](#) for information on training dates, locations, and registration.

ELECTRONIC DATA COLLECTION

Q: Will the IM+CANS be completed by hand (forms at HFS website) or is there an electronic health record site to complete and submit?

A: Providers may choose to complete the IM+CANS using the paper version of the tool or a version based in an Electronic Health Record. HFS is currently developing a standalone data platform that will support statewide collection of the IM+CANS, which providers will be expected to utilize. Further information regarding the details of the state’s IM+CANS data platform will be made available in the future.

Q: What do agencies do that have their own EHR systems and want to utilize for the IATP and IM+CANS forms.

A: The electronic platform for the IM+CANS is still in development. Additional information regarding the electronic platform will be posted to the website as soon as it is available.

Q: We’re working on designing the build out of the IM-CANS in our electronic health record (EHR) for our staff to use. Are we allowed to move fields around as we design and build the tool in our EHR?

A: Yes. Providers implementing the IM+CANS in their own EHRs are not required to follow the formatting of the paper version and may make formatting and other adjustments to the order of data fields as they see fit, so long as 100% of the data elements found in the IM+CANS paper version are captured. Providers should note that they will be required to conform to the format of the state’s IM+CANS electronic data platform for the submission of IM+CANS data once this platform is implemented.

Q: Once we start using the IM+CANS, what state database are we to be entering this information into? And, is the database for all Medicaid and MCO Clients (or just SASS clients)? And, will we be entering the entire IM+CANS or just certain data points?

A: The state’s IM+CANS electronic data platform is still in development. Additional information regarding the electronic platform will be posted to the website as soon as it is available.

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Q: Will you be publishing a file format that we can utilize to submit our IATP/IM+CANS electronically?

A: The state's IM+CANS electronic data platform is still in development. Additional information regarding the electronic platform will be posted to the website as soon as it is available.

TRAINING

Q: Is there a way for providers to host a trainer/training to help staff get trained quicker and more efficiently?

A: If an individual agency would like to host an IM+CANS training, please contact the [University of Illinois at Urbana-Champaign's School of Social Work](#) (UIUC-SSW).

Q: Will there be a Training of Trainers so that we can continue to thoroughly train new staff on this assessment?

A: HFS will be collaborating with Chapin Hall and UIUC-SSW to develop a training of trainers model to allow provider agencies to establish their own internal trainers of the IM+CANS. This model will be developed and piloted in 4th Quarter SFY 2019 and is anticipated to be launched statewide in SFY 2020.

BILLING / REIMBURSEMENT

Q: Will a service code definition be available for the IATP service before it is to be implemented on 8/1/18?

A: The service coding for IATP can be found on the new MRO-MH fee schedule, effective August 1, 2018, which can be found on the [HFS website](#). The Department is in the process of releasing an updated service definition for IATP.

Q: Will the review of documentation (clinical assessments, discharge paperwork, Mobile Crisis screens) still be eligible for reimbursement under the IATP definition as it currently is under the existing MHA definition, as long as information gleaned is utilized to update the assessment document?

A: Yes.