



# ACTP (Assessment and Clinical Treatment Plan) Training

Presented by Telligen Staff (Bonnie Parra and Charles Rossiter)



# Agenda

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- Introduction of Bonnie and Charles
- This presentation counts toward your CHIS continuing training hours
- Overview of ACTP (this is the center piece of the member's services)
- Date of document review and/or interviews must be dated within 365 days of the ACTP being submitted for review
- Discuss required documentation for each submission
- Type questions into Q&A Chat as they come up. We will answer as we go and address each at the end of the presentation
- CHIS FAQ can be found at: <https://idmedicaid.telligen.com/>



Each section needs to be completed

- If school aged- ensure grade and school is completed. If home schooled- this needs to be noted

INDIVIDUAL & FAMILY INFORMATION			
First and Last Name:	DOB:	Age:	Medicaid ID #:
Individual Lives with:	Parent/Legal Guardian Name:		
Residential Address, City State, Zip Code:	Mailing Address, City, State, ZIP Code (if different):		
Parent/Legal Guardian Phone Number:	Parent/Legal Guardian Preferred Method of Contact:		
Parent/Legal Guardian Email:	Diagnosis (if applicable):		
Name of School & Grade (if applicable):	Name of Primary Care Physician:		
PROVIDER COMPLETING ACTP INFORMATION			
Provider Name:	Phone Number:		
Email Address:			



# Page 2 – Eligibility Screening Tool



## This only is completed at the time of an initial review.

\* If the member has a Liberty Letter of eligibility- only the green section needs to be completed (and both boxes need to be checked)

\*If the member does not have a Liberty Letter- then check the applicable boxes in the next section.

For initial requests, the provider will complete this section. *When completing subsequent ACTPs (i.e. the annual ACTP), this section will not be updated.
Individual DOES HAVE an Eligibility Letter If the individual has an eligibility letter, complete only the green section below and skip to Current Medications section.
<input type="checkbox"/> This individual has an eligibility letter from the Independent Assessment Provider (IAP); and (i.e. adult or children's supports eligibility letter) <input type="checkbox"/> The eligibility letter is attached.
Individual DOES NOT HAVE an Eligibility Letter Provider MUST complete or obtain the Screening Tool (i.e. Vineland) If the individual does not have an eligibility letter, complete unshaded section below and continue to the Current Medications section.
<ul style="list-style-type: none"><li>The provider has completed the screening tool (i.e. Vineland);</li></ul> OR <ul style="list-style-type: none"><li>The provider has obtained a copy of the completed screening tool (i.e. Vineland).</li></ul>
Name of individual or entity that completed the screening tool (i.e. Vineland):
Date Screening Tool Completed:
<b>Eligibility for Intervention Services</b> <ul style="list-style-type: none"><li>The completed screening tool (i.e. Vineland) indicates a +/- 1.5 standard deviation in 3 or more functional or behavioral areas;</li></ul> OR <ul style="list-style-type: none"><li>The individual has a demonstrated functional and/or a behavioral need for intervention services as indicated within this ACTP.</li></ul>
<input type="checkbox"/> I have attached the Screening Tool (i.e. Vineland)

# Page 2 – Current Medications



- Prescribed and Over the Counter medications

\*Each section needs to be completed

\*If a member does not take medications, please put NONE (please do not put N/A in this section)

CURRENT MEDICATIONS		
Medication (Prescription and natural/other) <small>If additional spaces are needed, insert below</small>	Dosage	Purpose and Side Effects That Could Impact Services



## CURRENT & HISTORICAL MEDICAL AND SOCIAL INFORMATION

The provider will identify relevant information that may impact intervention service delivery and include that information within this ACTP. This would include information for both the individual and family members (as applicable).

This information may come from the individual's Medical, Social and Developmental Assessment (MSDA), parent/legal guardian interviews, records reviews, etc...

The provider will include this information in the initial ACTP and add/update content as additional information is obtained. If historical information remains relevant to intervention service delivery, the provider will leave that content in the ACTP.



\*Required field- please use guide to answer all questions

\*\*If historical and current medical information is captured within the records review section below, providers will indicate that in this section

MEDICAL INFORMATION
<p>This section should include any conditions (medical/mental health/etc...), hospitalizations, surgeries, allergies, food/diet restrictions, mobility concerns, substance use/abuse/treatment or psychiatric treatment.</p> <p>*If historical and current medical information is captured within the records review section below, providers will indicate that in this section.</p>
<p><b>Source of Information:</b> (Name of record/interview/etc..)</p>
<p><b>Date(s) Record(s) were Reviewed/Information was Obtained:</b></p>
<p><b>Name of Provider Identifying the Information and Provider Qualification:</b> For example: Intervention Specialist, Intervention Professional, EBM Intervention Professional</p>
<p><b><u>Information:</u></b></p>



\*Required field- please use guide to answer all questions

\*\*Please ensure to address how the member interacts/socializes with others.

SOCIAL INFORMATION
This section should include information on how the individual interacts and communicates with peers/others, participates in leisure or recreational activities (church/sports/groups), any work/employment or school information, legal information and family/living situations.
<b>Source of Information: (Name of record/Interview/etc..)</b>
<b>Date(s) Record(s) were Reviewed/Information was Obtained:</b>
<b>Name of Provider Identifying the Information and Provider Qualification: For example: Intervention Specialist, Intervention Professional, EBM Intervention Professional</b>
<b><u>Information:</u></b>





# Page 4 – Review of Assessments



## Review of Assessments/Reports/Records/Relevant History

\* Person Centered Plan through School Report review are required fields to complete yearly.

\*\* The green section (not having a document to review) or the white section (having a document to review) must be completed- NOT both sections.

\*\* In each of these sections- at the bottom- there is a box- Record not reviewed. Provider will explain why: Check this if document has been requested but not obtained by the time the ACTP is being submitted. **Example: ACTP is being completed in the summer; provider has requested IEP from school, but the school is closed/no staff at the school to complete request).**

\*\* If a document is several years old- please ensure it is applicable to the member's current level of need/functioning. If a document is over 5 years old- please complete the green section/no document to review.

### REVIEW OF ASSESSMENTS/REPORTS/RECORDS/RELEVANT HISTORY

The provider will identify which assessments/reports/records the individual has and gather these documents. The provider will review these documents and identify any information that may impact intervention service delivery and include that information within this ACTP.

If the individual has multiple documents that would be listed in a section (i.e. multiple ancillary services records), the provider will include all relevant information in the associated section.

In the sections below, providers will complete the green section OR the white section indicating if the individual does or does not have those associated records.

**DO NOT COMPLETE BOTH SECTIONS.**

- For example: Children's 1915i Supports Plan, Children's Family Directed Support and Spending Plan, YES Person-Centered Service Plan, Adult Plan of Service or Support and Spending Plan
- Please ensure grid at the bottom is completed if a document is reviewed.



### **Page 5- Psychological/ Neuropsychological**

\* Reports from a Psychologist, Psychiatrist or Neuropsychological provider

### **Page 6- Medical/Specialized Medical**

\*Any well-child or specialized medical reports are included in this section.

### **Page 6- Mental Health Evaluations**

- Would include counseling/psychological services
- Please ensure grid at the bottom of this section is completed.



- **From CHIS Provider Handbook:** Speech Language and Hearing Professional (SLP), Physical Therapist (PT), Occupational Therapist (OT), Medical Professional, which can include a Physician or Specialist, Dentist, Ophthalmologist (when the participant's behaviors interfere with medical care); and Behavioral or mental health professional, which can include a Counselor/ Psychologist/Psychiatrist/ Mental Health Provider.  
**NOTE: Water therapy and equine therapy funded through the Family Directed Services (FDS) program are not provided by professionals covered under the definition of interdisciplinary training in rule**
- Ensure the graph at the bottom of this section is complete (Service, frequency- including hours per week/month, provider of service and Y or N if accessing).
- If requesting H2019 HT units, providers outlined in this section must match the Coordination of care section (who coordination will occur with by this provider).
- If provider is unable to obtain document to review, please get information to complete grid from the parent/guardians.



### **School -Assessments, Evaluations, Records**

For example: Individualized Education Plan (IEP), Eligibility Report (Assessments), Behavior Intervention Plan (BIP), Functional Behavior Assessment (FBA), Section 504 Plan, Health Plan

\*Please ensure grid at the bottom of this section is complete if a document is reviewed.

\*\* If records are not received but requested (which would be noted in the very last line of this section). Ensure this section is updated once school records have been received.



## Other Assessments/Reports/Records/Relevant History

### OTHER ASSESSMENTS/REPORTS/RECORDS/RELEVANT HISTORY

If the individual does not have other assessments/reports/records, this section may be left blank and that will indicate that the provider either captured the information within other sections of the ACTP or there are no other documents for review.

If the individual does have other assessments/reports/records reviewed that do not fit into any section above, complete unshaded sections below. If additional spaces are needed for multiple other documents, copy and paste additional unshaded sections and complete below.



## Specific skills assessment or comprehensive developmental assessment

- The provider will complete or obtain one of the Department approved skills assessments/developmental assessments (i.e. tool) which must be completed within 365 days of the ACTP being submitted.
- Department approved skills assessment may be found at:  
<https://healthandwelfare.idaho.gov/providers/home-and-community-based-services-children-developmental-disabilities/childrens>
- If a Vineland was completed in the last 365 days of case submission, it is **not** necessary to complete another department approved skills assessment.



### Preference assessment or reinforcement inventory

- This information should include what will be used for reinforcement with the implementation plans.
- May be completed via a formal inventory or via parent/guardian/member interview.
- This **must** be done yearly (within 365 days of the ACTP being submitted).





- This **must** be done yearly (within 365 days of the ACTP being submitted).
- Please include what is the individual good at (please see guide for this section).



## Page 10- Interview With Parent/Legal Guardian

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- This **must** be done yearly (within 365 days of the ACTP being submitted).
- This section should include identified deficits by the parent/guardian regarding the member.
- This section should also include what the parent/guardian would like to see the member work on in the new plan year for goals/objectives.



- This **must** be done yearly (within 365 days of the ACTP being submitted).
- From Guide: please include identified antecedent and consequences to behavior and Impression based on Observation
- This needs to include the provider's impressions based upon the observation (please see guide for this section).



- This is an **optional** section of the ACTP.
- If this section is left blank, it is indicated that this section is not applicable, and the provider did not gather this information.



- If the provider is requesting Interdisciplinary Training this section must be completed. This section must include who the provider will be coordinating with and how the coordination will occur. Interdisciplinary Training MUST only be provided with the individual present and during the provision of services by the providers listed in Rule and the Provider Handbook.
- **From CHIS Provider Handbook:** Interdisciplinary Training (H2019 HT) must only be provided with the participant present, during the provision of services by the providers listed below. The collaboration must occur between an intervention specialist or professional and one of the following: Speech Language and Hearing Professional (SLP), Physical Therapist (PT), Occupational Therapist (OT), Medical Professional, which can include a Physician or Specialist, Dentist, Ophthalmologist (when the participant's behaviors interfere with medical care); and Behavioral or mental health professional, which can include a Counselor/ Psychologist/Psychiatrist/ Mental Health Provider. NOTE: Water Therapy and Equine Therapy funded through the Family Directed Services (FDS) program are not provided by professionals covered under the definition of interdisciplinary training in rule. Please ensure the Coordination of Care section relays what service will be accessed with the member, frequency of that service and what the staff will be doing with the member during that service.
- In the ACTP Coordination of Care section- must include the medical necessity of having the provider staff present during face-to-face ancillary services so the member is able to participate in those services. The ancillary service/mental health service/medical service provider is already being funded. This is needed to ensure the medical necessity of having a second funded staff member to be present during these face-to-face services.



- Section **must** be completed.
- The transition plan must include any anticipated changes that may occur during the plan year and how the provider can assist or support the family or individual with the transition.



- The clinical summary must include the providers clinical impression and how the assessment results indicate that intervention services are both medically necessary and the appropriate treatment for the individual. This section must include justification for the clinically recommended hours and may include the treatment goals/objectives that will be implemented.
- Must include the clinically recommended hours per week of service.
- If services are being requested to be shared between two or more providers, this must be clearly outlined **per provider** the requested hours per week of service and if the hours are shared (**for a total number of hours per week**) or if each provider has a set number of hours they are requesting to do with the member.
- If the provider is requesting school and non-school hours per week- this needs to be clearly outlined in this section (which must match the request for hours grid).
- Clinically requested hours per week of service must match the request for hours grid.



- Initial ACTP units must be outlined in request 1 of 1 (actual units used to complete the initial ACTP with applicable modifier).
- If a provider is requesting initial 96 units/24 hours this must be outlined in request 1 of 1 (with dates/applicable modifiers)
- Dates of Service: These are to be in 6-month increments (26 weeks). If a provider is requesting an increase in hours per week for non-school weeks, this needs be outlined with specific dates in this section. (If a provider is unable to acquire specific dates of non-school weeks, please add a detailed note in the notes column that a request is being made for non-school weeks, but specific dates were not able to be acquired).
- Service (ex: Screening, ACTP, Habilitative Skill Building, Behavioral Intervention, Interdisciplinary Training)
- Hours/Units Requested- One unit is 15 minutes, **1 hour equals 4 units.**
- Notes: If requesting flexibility between modifiers OR procedure codes, this needs to be noted in this column. If two or more providers are requesting flexibility to share hours per week, this needs to be outlined in this column (clarify the number of hours per week being requested per provider or if the hours per week will be shared for a total of a set number of hours).





- Staff Qualification(s) (ex: Intervention Technician, Intervention Specialist, EBM Intervention Professional)
- Procedure Code and Modifier: If a provider has a question regarding the procedure codes or modifiers- please see the Idaho state website and fee schedule. Ensure the procedure code and modifier matches the staff qualifications section. Also ensure the procedure code matches the service column.
- Provider NPI- Ensure the provider requesting services has this column completed. If multiple providers are requesting services for the same member, this column must be completed with the applicable provider's information.
- Annual ACTP units must be outlined in the request 2 of 2 section.
- Dates requested need to match the dates being entered into the Telligen portal (Qualitrac).
- If example is needed, please see the CHIS Telligen FAQ form.



# Last Page- Signatures

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- The ACTP Signature sheet must be attached to the uploaded ACTP document or the member's name must be clearly placed on the top of the ACTP signature sheet, to signify the signature sheet is for this member.
- This must be signed/dated by each provider staff who is noted in the ACTP as working to complete the form (the provider staff must sign or e-sign- which is clearly noted next to the provider staffs name).
- If multiple providers are working with a member, the provider completing the ACTP will sign/date the first section of this page. The other providers working with the member need to check the box and sign in the section below the provider who complete the ACTP- stating they have read and agree with the ACTP as it is written.
- The parent/guardian must sign/date the form.
- Per Medicaid E-mail blast dated March 30, 2020- Signature Requirements for CHIS, Children's DD Services, and School-Based Services Required signatures may be obtained by any of the following methods:
  - Electronically via email;
  - By fax; or
  - By phone authorization, provided that the phone authorization is documented in the participant's record and identifies the date and time of the call and those involved in the call.
- Required signatures and initials must be obtained as soon as reasonably possible and kept in the participant's records.



# Contact Information

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- **For technical issues with Qualitrac contact Telligen's customer support at 866-538-9510**
- [ChildrensDDServices@dhw.idaho.gov](mailto:ChildrensDDServices@dhw.idaho.gov)
  - Questions about CHIS policies or Fee Schedule
  - Questions regarding Children's Developmental Disability Support Services through Family and Community Serves (FACs)
- [CHIS@telligen.com](mailto:CHIS@telligen.com)
  - Questions building a case
  - Questions about uploading additional documentation to an existing case
  - Questions regarding a request for information
  - Questions about a member having prior services



# Questions

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