

Individual treatment plan (ITP) development and progress monitoring

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Legal authority	CMS-approved state plan amendment – 2017 (PDF) , CMS-approved state plan amendment – 2018 update (PDF) , CMS-approved state plan amendment – 2019 update (PDF) , Minn. Stat. §256B.0949	
Definition	<p>Individual treatment plan (ITP) development and progress monitoring: An EIDBI service that covers the development of the person’s initial ITP and ongoing monitoring of the person’s progress. The ITP is a person-centered care plan that:</p> <ul style="list-style-type: none"> • The provider creates using the information gathered in the person’s comprehensive multi-disciplinary evaluation (CMDE). • Specifies the type and amount of medically necessary services the person will receive. 	
Eligible providers	<p>The following Minnesota Health Care Programs (MHCP)-enrolled EIDBI providers can deliver and bill for ITP development and progress monitoring:</p> <ul style="list-style-type: none"> • Qualified supervising professional (QSP). • Level I provider (under the supervision of a QSP). • Level II provider (under the supervision of a QSP). <p>The QSP must complete ITP and Progress Monitoring, DHS-7109 and supervise the ITP’s implementation. Level I and II providers may provide input.</p>	
Process	<p>The person’s ITP must:</p> <ul style="list-style-type: none"> • Specify the QSP’s name. • Be culturally and linguistically appropriate, individualized and person-centered. • Be based on the person’s diagnosis and CMDE recommendations. • Specify the recommended medically necessary treatment and services, including the treatment modality that will be used to meet the goals and objectives. • Include the baseline responding level and projected mastery dates. • Include techniques that support and match the person’s communication mode and learning style. • Include the frequency, intensity, location and duration of each service provided. • Include the level of legal guardian or primary caregiver training and counseling. • Specify any change to the physical and social environments necessary to provide EIDBI services. • Include discharge criteria and a defined transition plan that meets the requirements outlined in EIDBI – How to complete DHS-7109 – Transition planning. • Identify any significant changes in the person’s condition or family circumstances. • Include progress monitoring updates and goal mastery data as applicable. • Incorporate the person’s and family’s values, goals, culture, language and preferences. <p>The QSP must submit an ITP progress monitoring update at least every six months of treatment, or more frequently as determined by the CMDE provider or QSP. This update describes the person’s progress toward goals</p>	

	<p>and objectives specified in the ITP. Based on the results of ITP progress monitoring, the QSP must both:</p> <ul style="list-style-type: none"> • Adjust the ITP as needed. • Document whether the EIDBI service continues to be medically necessary for the person or refer the person to other services. <p>The person is eligible to continue receiving EIDBI services if they continue to both:</p> <ul style="list-style-type: none"> • Maintain progress or make reasonable progress toward goals and objectives specified in the ITP. • Meet medical necessity requirements. <p>Note: If the person meets the medical necessity termination criteria, the EIDBI provider agency may terminate the person’s EIDBI services. For more information, refer to the termination of services section of EIDBI – Services.</p> <p>The person continues to receive EIDBI services while the provider team completes ITP progress monitoring updates.</p> <p>ITP progress monitoring update</p> <p>The person’s ITP progress monitoring update must include:</p> <ul style="list-style-type: none"> • Input from the person’s legal guardian or primary caregiver. • Observation of the person performed by a qualified EIDBI provider. This may include input from licensed special education staff or other licensed health care providers. • Documentation of the person’s current performance level on primary treatment goals and objectives, including when a goal or objective is achieved, changed or discontinued. • Any significant change in the person’s condition or family circumstances. • Any treatment plan modification (e.g., treatment modality, intensity, frequency, duration) and the rationale for any changes. • Recommendation for continued treatment. <p>Required form</p> <p>The information above is an overview of the ITP development and progress monitoring process. The provider must use ITP and Progress Monitoring, DHS-7109 to document the person’s initial ITP and progress monitoring updates and gather signatures for consent for the person to begin or continue receiving services. For detailed instructions, refer to EIDBI – How to complete ITP and Progress Monitoring, DHS-7109.</p> <p>Submission and authorization</p> <p>After completing ITP and Progress Monitoring, DHS-7109, the provider must follow the steps required for authorization on MHCP Provider Manual – EIDBI service authorization.</p>
<p>Covered services</p>	<p>ITP development and progress monitoring covers the following activities:</p> <ul style="list-style-type: none"> • Developing materials for baseline measurement and testing. • Testing baseline and determining mastery level. • Gathering and reviewing assessments or plans from other service providers (e.g., CMDE, individualized education programs, occupational therapy assessments). • Interviewing caregivers or legal guardians. • Observing behavior, collecting data, conducting a functional analysis and developing an intervention plan.

	<ul style="list-style-type: none"> • Developing and monitoring the person’s short- and long-term goals. • Collecting, summarizing and analyzing data related to treatment planning and monitoring progress. <p>Note: The data analysis frequency should be individualized. A comprehensive review of progress may occur weekly, bimonthly or monthly depending on the person’s need and intensity of services. Some clients may require more frequent analyses (e.g., mastering skills rapidly, frequent interfering behaviors).</p> <ul style="list-style-type: none"> • Developing and updating programs, goals and objectives directly related to ongoing progress monitoring of treatment. • Planning for maintenance and generalization of mastered skills. • Reviewing, documenting and updating the person’s or family’s preferences, strengths, needs or cultural considerations. • Developing and updating the treatment plan, including reviewing the person’s file or chart to do so. • Reviewing the treatment plan with the person’s primary caregiver, legal guardian or team. • Preparing the transition plan or discharge summary report. <p>The provider may deliver this service with or without the person or their caregiver/legal guardian present. This means ITP development and progress monitoring covers both direct and indirect clinically necessary services.</p>
Non-covered services	<p>ITP development and progress monitoring does not cover the following activities:</p> <ul style="list-style-type: none"> • Ongoing development of materials and stimuli for programming. (This is bundled into the rate of direct intervention services.) • Writing or reviewing case notes as part of the person’s health service records. • Developing client program binders. • Customizing the treatment environment. <p>For additional non-covered services, refer to EIDBI – Services.</p>
Case notes	<p>The provider must document ITP development and progress monitoring services in the person’s case notes. For more information, refer to EIDBI – Health service records.</p>
Service authorization and billing	<p>ITP development and progress monitoring does not require authorization to bill. The provider may deliver services as clinically necessary. The provider must submit ITP and Progress Monitoring, DHS-7109 to the person’s corresponding health care plan to authorize services requested on the ITP. For authorization and billing information, including information about qualified providers, refer to:</p> <ul style="list-style-type: none"> • EIDBI billing grid (PDF). • MHCP Provider Manual – EIDBI billing. • MHCP Provider Manual – EIDBI service authorization.
Additional resources	<p>EIDBI – How to complete ITP and Progress Monitoring, DHS-7109 EIDBI – Services Translated ITP and progress monitoring forms English: ITP and Progress Monitoring, DHS-7109-ENG (PDF) Hmong: Kev Npaj Kho Tib Neeg (ITP) thiab kos npe rau txoj kev kho tau zoo cas, DHS-7109S-HMN (PDF) Russian: Страница подписей для индивидуального плана лечения (ITP) и</p>

<p>наблюдения за прогрессом, DHS-7109S-RUS (PDF)</p> <p>Somali: Bogga saxeexa ee Qorshaha Daawaynta Shaqsiyeed (ITP) iyo la socda horumarka, DHS-7109S-SOM (PDF)</p> <p>Spanish: Página de Firmas del Plan Individual de Tratamiento (ITP) y monitorización del progreso, DHS-7109S-SPA (PDF)</p> <p>Vietnamese: Kế hoạch Điều trị Cá nhân (ITP) và trang chữ ký theo dõi tiến bộ, DHS-7109S-VIE (PDF)</p>
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