R1SCCS Q & A's (pdf)

ELIGIBILITY

EMERGENCY DEPARTMENT

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ELIGIBILITY AND DISPOSITION ASSESSMENT (EDA)

- Q: What is the expected response time for EDAs? Does this include telephone time?

  A: The one hour response time for the evaluator to be on-site at the ED includes phone time and is 60 minutes.

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- Q: Question: Are EDA screeners to do screenings on the medical floors?
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- Q: Please clarify "bed days" vs # of beds for CHIPS hospitals.

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MENTAL HEALTH CRISIS RESIDENTIAL

- Q: How will medications be funded for people in crisis residential?

  A: Medications are part of the provider's grant payments.

DASA RESIDENTIAL CRISIS STABILIZATION

- Q: How will medications for DASA providers be covered?

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- Q: DASA providers now don't have to do physical exams when someone arrives from an ED. Is there an expectation that they will for this system?

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ACUTE COMMUNITY SERVICES

- Q: Can an individual be involved in two different ACS if they are providing different services?

  A: NO, only one ACS agency is assigned and they are responsible for that LOC. They can independently (sub) contract for other OP LOCs as needed for the consumer.
- Q: Can the USARF be considered as the beginning Mental Health Assessment (MHA) for a new ACS consumer, with updated information added at time of the first post-D/C face-to-face contact (along with an Individual Treatment Plan, Safety Plan, and a Transition Plan completed) or must the ACS provider initiate a completely new MHA?
  A: USARF is not a Mental Health Assessment. Prior to delivery of Rule 132 services, a complete MHA report must be signed and dated by the LPHA. The MHA report must be completed within 30 days of the first face-to-face with the consumer. The USARF will contain some but not all of the information necessary to complete an MHA. An agency may use the USARF as a reference, or include it as a part of the MHA in their documents, so long as they follow the guidance in the Rule 132 Q&As related to MHA documentation.
- Q: Psychiatric Evaluations: Can psychiatric evaluations provided an ACS client be reported under ACS? This service is usually reported/billed under Program 350 (Psychiatric Leadership).
  A: YES, can be provided to ACS. Psychiatric evaluations should be provided to ACS clients when medically necessary, and those services should be reported under ACS. Any service reported under one capacity grant for the purpose of expense reconciliation cannot also be reported under another capacity grant.
- Q: If an ACS consumer needs a substance abuse evaluation, can this be provided through the ACS program, if the staff person has a CADC and is able to utilize and perform an ASAM

assessment?
A: YES, can be provided under ACS.

- Q: Once a consumer is discharged from a R1SCCS crisis care service (DMH, CHIPs, Crisis Residential, etc) to an ACS provider, is the ACS provider expected to perform a new LOCUS to determine the appropriate level of care services needed?
  A: NO, a new LOCUS is not required. However, LOCUS can be performed if it appears medically necessary.
- Q: If the consumer is authorized for ACS, does that authorization qualify them also for CHIPS or Crisis Residential?
  A: NO. However, being authorized for CHIPS does authorize ACS or Crisis Residential.
- Q: Are we correct in assuming that Rule 132 services such as Mental Health Assessment; Case Management-Mental Health; Case Management-Client Centered Consultation; Psychotropic Medication Monitoring; Psychotropic Medication Administration; Psychotropic Medication Training; as well as, sign-language interpreter; paying for prescribed psychotropic medications; psychological testing, etc, can be reported(shadowed billed) under ACS?
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MADDEN MENTAL HEALTH CENTER SERVICES

- Q: Are the Madden admissions voluntarily or involuntary.

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TRANSPORTATION

- Q: Can we use taxicabs for 'high risk' folks who need admission to CHIPS, as well as for people going to less intense levels of care?

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- Q: What if is there is no social security number? They (hospital ER staff) do not know it, are not able to give it or don't have one.

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- Q: If the Illinois Patient Transportation denies transfer of a client, what is the next step?

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GENERAL ISSUES

- Q: Can all the moving parts of the system be on the receiving end, periodically, of a list of contact numbers and website links for all of the other moving parts of the system?

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