**Screening, Assessment and Support Services for Adult Recovery—SASSAR**
**Frequently Asked Questions (FAQ) as of March 6, 2007 (Version 1.2)**

## CONSUMER ELIGIBILITY

1. What are the ages of persons included in SASSAR?

   *HFS consumers between the ages of 21 and 64 and who are not dually eligible for Medicaid and Medicare are eligible for SASSAR.*

2. Does SASSAR apply only to the adult Medicaid recipient, defined as 18 years of age and older? How will SASSAR overlap with SASS for those individuals who are between the ages of 18 and 21 (or older if DCFS ward)?

   *SASSAR only applies to adult HFS consumers between the ages of 21 and 64 who are not dually eligible for Medicaid and Medicare.*

   *Individuals under the age of 21 will continue to be eligible for the children's Screening, Assessment and Support Services (SASS) program or as long as the youth is a ward of DCFS.*

3. Will SASSAR be available to a person who may become a Medicaid recipient? That is, if the person does not have insurance or any means of paying for mental health or substance use treatment, is he/she eligible for SASSAR?

   *No. Only those individuals who are already receiving HFS health plan benefits (e.g., Medicaid) are eligible for SASSAR. However, individuals that become Medicaid eligible may qualify for future SASSAR service.*

4. Are undocumented individuals eligible?

   *No. Only those individuals who are already receiving HFS health plan benefits (e.g., Medicaid) are eligible for SASSAR.*

5. Will HFS extend presumptive eligibility to the adult SASSAR client?

   *No.*

6. If a consumer refuses to grant consent to the hospital to disclose his or her record to another provider, does this affect his or her eligibility for services?

   *No. A consumer retains the right to consent or not consent to services and/or the sharing of treatment information. However, SASSAR providers are expected to attempt to engage consumers at the point of presentation and are required to contact CARES for registration even if consent/ treatment is refused.*

7. Is the 30-day eligibility from the date of the assessment or from date of discharge from inpatient psychiatric care?

*The 30-day eligibility period begins on the date of the screening and assessment.*

## OPERATIONS/PROGRAM

8. DHS contracted providers currently have client encounters and provider performance monitored and/or set within DMH or the Division of Alcoholism and Substance Abuse (DASA) contracts. How will FY2008 contracts be reset to take into account the services for which HFS will reimburse?

   *No. SASSAR services will not be a part of the fiscal year 2008 DHS DASA contracted provider performance measures.*

9. Will start up funds to develop capacity for outpatient mental health and alcohol and substance abuse be made available ASAP?

   *HFS will provide advance payments to identified SASSAR providers to allow for the development of the capacity to implement the SASSAR program on July 1, 2007. These advance payments will then be reconciled against fee-for-service billings.*

10. How will questions regarding consumer and provider processes, linkage, and contractual issues be addressed?

    *HFS is establishing a SASSAR e-mail address as well as a phone line for technical assistance related to the SASSAR program. In addition, workgroups are being established to address operational, fiscal and programmatic issues related to SASSAR.*

11. What happens to consumers who do not meet the program requirements?

    *Consumers can receive mental health and alcohol and substance abuse services as they normally would from the existing mental health system.*

12. Must screening occur in the hospital ER? What if a person is assessed as in need of hospitalization and is located at the jail, at home, in the community, in the outpatient department?

    *The SASSAR project at this point only pertains to HFS consumers who present at the emergency room of a general hospital with a psychiatric unit. If an individual is assessed as in need of psychiatric hospitalization outside of the emergency room and he/she is directly admitted to the psychiatric unit of a general hospital, the SASSAR provider will not be engaged to do an additional screening.*

13. What provisions exist for developing additional outpatient services to accommodate the needs of those screened and not admitted to inpatient care?

*With HFS providing additional resources for community-based mental health and addiction treatment services during SASSAR eligibility through fee-for-service reimbursement, providers may be able to build the type of services and capacity needed to serve SASSAR consumers.*

14. If a person is a current client of a physician who has no affiliation with the SASSAR provider or the hospital and no after-hours answering service, how will a SASSAR provider engage with that consumer's physician?

    *SASSAR providers are expected to facilitate the coordination of care with current or new providers serving the HFS consumer.*

15. How will SASSAR providers interface with HFS' Disease Management (Your Healthcare Plus) and Primary Care Case Management (Illinois Health Connect) programs regarding protocols, communication and patient care coordination? For example, if an individual is participating in the Your Healthcare Plus program, does the hospital contact both the SASSAR provider and the Your Healthcare Plus case manager? Is the primary care physician also contacted and will the SASSAR provider make all of these calls?

    *SASSAR providers are expected to coordinate with the service providers that are already engaged with a consumer and with the consumer's primary care physician to facilitate continuity of care for the consumer. Disease management staff, if so enrolled, and the Primary Care Physician(s) are persons that the hospital staff and the SASSAR provider may engage while the consumer is in the hospital and as part of post discharge care planning.*

    *Authorization from the Primary Care Physician is not necessary for any and all referrals into DMH, DASA or inpatient psychiatric services.*

16. If an individual is deflected from the emergency department, who ensures the individual reaches the identified treatment or residential or outpatient site? Who coordinates care across these settings?

    *SASSAR providers are expected to facilitate the coordination of care with current or new providers serving the HFS consumer.*

17. How will SASSAR screeners know whether an individual presenting at an emergency room due to a psychiatric emergency is enrolled with HFS, especially if the person is not a reliable source of information at that time? Who is responsible for determining the person's status?

    *Determining a individual's HFS enrollment status is a joint responsibility between both the hospital staff and SASSAR provider. Hospitals have access to the HFS MEDI system to verify eligibility while SASSAR providers will utilize CARES to assist in determining eligibility.*

*When a person presents in an emergency room of a general hospital due to a psychiatric emergency and is un able to communicate enough personal information to emergency room staff to make a clear determination of identity/ eligibility, the SASSAR provider should be called to conduct a crisis screening.*

*In the instance that the SASSAR provider screens an individual that does not quality for the SASSAR program, the provider may bill their existing DHS/ DMH contract for these services.*

18. Will this process include voluntary psychiatric hospital admissions as well as involuntary admissions?

    *Yes. SASSAR providers are familiar with the protocols necessary to effect an involuntary admission.*

19. Will the SASSAR program create a long waiting list for the working poor, undocumented persons, or any other non-Medicaid eligible individuals'?

    *Agencies receiving referrals should triage or stage their referrals based on the acuity and needs of the consumer not the payor source of the consumer. Entry into services or programs will be available as within the current or new capacity at the agency program. SASSAR eligibility alone does not allow persons to be granted priority in treatment – these decisions should be based upon clinical need.*

    *Additional resources received through fee-for-service billing to HFS may allow providers/ agencies to expand services and service capacity to provide additional services to a greater number of consumers. HFS will provide fee-for-service reimbursement for SASSAR enrolled consumer's mental health and alcohol and substance abuse treatment. These resources, not previously used in purchasing services from the community mental health and substance abuse systems, should then allow for the expansion of services and service capacity to provide additional services to the HFS consumers.*

20. If the physician has "final disposition authority", how is it that the CARES line provides "final eligibility authorization?

    *The CARES line is called by the SASSAR screener following the screening and disposition to verify HFS health plan coverage and to enroll the consumer in the SASSAR program.*

    *CARES holds no responsibility to authorize service delivery as recommended by SASSAR provider or hospital staff.*

21. What is meant by "intensive community-based services?" Could someone be referred to DASA Level I services (25 hours of outpatient treatment and is not considered intensive) instead of Level II services (75 hours, which is considered "intensive outpatient")?

*"Intensive community-based services" is used here as a generic term not to define a program or service category as paid for under rule 132, 2060, or 2090.* The phrase "*Intensive community-based services*" *is reflective of the type of services, care coordination and frequency of services that may be needed to provide stabilization services to a consumer in the community and after any psychiatric emergency. Referral and acceptance into any level of care is dependent upon the referral site's current capacity*

*Yes, an individual can be referred to either Level I or Level II alcohol and substance abuse services, and this should occur if consistent with the consumer's assessed needs.*

22. Under the current proposal SASSAR services include alcohol and substance abuse services that will be reimbursed under DASA Rules 2060 and 2090. Many providers currently providing crisis screening services are not DASA certified. Will this program require dual certification?

    *No. Any SASSAR provider can either directly provide the needed services to a consumer or refer to another service provider based on the consumer's choice. If a SASSAR provider is not DASA certified, but a consumer needs alcohol and substance abuse treatment services, the SASSAR provider should facilitate a referral to a certified DASA (or other substance abuse) provider.*

23. What are "transitional services"?

    *"Transitional services" is used here as a generic term, not to define a program or service category as paid for under rule 132, 2060, or 2090. The phrase "transitional services" represents the need to coordinate and facilitate a consumer's movement (transition) between systems (e.g., from a hospital inpatient admission to an outpatient setting).*

24. The proposal states SASSAR providers will be responsible for screenings in emergency rooms of either a general hospital with a psychiatric unit or a psychiatric hospital. This leaves most rural hospitals not covered under the program, but providers are expected to serve those presenting in emergency departments under DMH by contract, but won't get paid for HFS recipients. Won't this lead to a further fragmented system?

    *Agencies providing these services to non-SASSAR impacted hospitals and as part of their current obligations under DMH contracts should continue to provide those services and bill DMH as they do currently. HFS recipients seen in these non-SASSAR hospital emergency rooms are not affected in any way by the SASSAR program.*

25. Is this a program that should be implemented statewide? The data shows that several areas do an excellent job screening individuals that present in hospital emergency rooms. Should the state look at rolling the program out for targeted regions?

*The SASSAR program is not a replacement of the services and/ or activities already occurring at emergency departments but is an expansion of that service to include HFS consumers. The SASSAR program builds on existing mental health crisis networks to ensure an HFS consumer receives the supportive services not previously available to him/ her at the point of possible psychiatric hospitalization.*

26. At times, a community mental health provider has the first contact with an individual experiencing a psychiatric emergency and instructs the individual to go to the hospital. Does this circumstance meet the expectation for response within 15 minutes?

    *If the HFS consumer is directed to a SASSAR participating emergency department, the hospital must call the SASSAR provider. The SASSAR provider must respond to the hospital's call within 15 minutes and arrive on-site to conduct the screening within 60 minutes of talking with the hospital staff.*

    *If a community mental health provider assesses an HFS consumer at a non-participating SASSAR site and determines that admission is necessary, the agency should follow their existing agency protocols to facilitate an inpatient hospitalization admission. These admissions will occur outside of the SASSAR program.*

27. What does referral disposition mean? Does it include hospital, community mental health provider and CARES activity?

    *"Referral disposition" is used here as a generic term not to define a program or service category as paid for under rule 132, 2060, or 2090. Referral disposition refers to the point at which a SASSAR screener determines whether community services are available to meet the presenting needs of the HFS consumer. Referral and acceptance into any level of care is dependent upon the referral site's current capacity*

28. Who is to provide "immediate crisis intervention and stabilization"? Is this a SASSAR responsibility or a hospital responsibility, or both?

    *Both hospital staff and the SASSAR screener should work together to determine the best response to a consumer's psychiatric emergency. The SASSAR provider can bill these immediate crisis intervention and stabilization services as defined in Rule 132 to HFS for SASSAR enrollees.*

29. What legal issues exist related to the SASSAR staff working with a consumer in the hospital emergency department?

    *The hospital and SASSAR provider should discuss the protocols and details to determine the best possible working relationship that meets the needs (i.e., legal, operational and programmatic) of both providers.*

30. Is "immediate crisis intervention and stabilization" prior to a SASSAR screening and prior to the call to CARES to enroll the individual a "covered service?

    *Yes. Once the individual becomes enrolled in SASSAR, these services, as defined by Rule 132, should be submitted to HFS for fee-for-service reimbursement.*

31. The current DMH process requires the use of the Uniform Screening And Referral Form (USARF) only for referrals to state operated facilities. Will the USARF be required for all admissions to private and public hospitals?

    *No. The LOCUS and USARF are SASSAR programmatic requirements – both must be completed by the SASSAR screener for* ***all HFS consumers presenting at a SASSAR participating hospital emergency room***

32. If an HFS consumer is a patient of a private physician and he/she declines to submit to a SASSAR assessment, does this cause an automatic rejection of CARES authorization? What if the physician, having no relationship with the SASSAR provider, declines the assessment of his/her patient? What is the role of the SASSAR provider? What is the role of the hospital emergency department?

    *If the HFS consumer is in a hospital emergency department due to a psychiatric emergency, the hospital must contact the SASSAR screener. The SASSAR screener must respond and attempt to assess the consumer. A consumer always retains the right to refuse to consent to services. If the SASSAR provider is not engaged and the HFS consumer is psychiatrically hospitalized, the hospital will not be reimbursed for those inpatient days. It is the hospital's responsibility to ensure that all hospital staff follow the correct procedures regarding engaging the SASSAR provider.*

    *Once a SASSAR provider is engaged and has attempted to provide screening services, the consumer registration with CARES will be completed.*

33. Does linkage to alcohol and substance abuse services mean "firm linkage" (an appointment is made and the receiving provider notifies the referring provider of the consumer's attendance at the appointment)? What are other community provider 's roles in responding to a request for linkage appointments?

    *SASSAR providers are expected to perform care coordination activities to facilitate an HFS consumer's access to and attendance at the needed services during the consumer's SASSAR eligibility. The SASSAR provider and any other treatment providers engaged with an HFS consumer should coordinate their activities and services (with the consumer's consent) that best meet the needs of the consumer.*

34. Is social setting detoxification and medical detoxification service development a part of the SASSAR service growth and development plan?

    *No. Community-based clinically managed detoxification services are not Medicaid reimbursable services.*

35. Will this help with the common problem of clients presenting with suicidal ideations plus alcohol or drug intoxication?

    *The SASSAR program is designed to facilitate the coordination of needed services for HFS consumers through referral to the most appropriate setting, including those consumers with both mental health and alcohol and substance abuse disorders. The need for clinical supervision as a result of suicidal plans and ideations will continue to be clinically assessed by emergency room staff and the SASSAR screening entity.*

36. When an individual presenting in the emergency department is deflected, who is responsible for completing the HFS Medicaid application? Who is responsible for follow-up on documentation in support of this application?

    *SASSAR is for those individuals already enrolled in an HFS health plan, so no application is needed for SASSAR eligibility.*

    *Consumers presenting at a participating SASSAR hospital emergency room that are not enrolled in an HFS medical program would not qualify for the SASSAR program.*

37. How will the SASSAR program be evaluated on an on-going basis and after a period of time?

    *The SASSAR program will be evaluated by both claims from SASSAR providers and hospitals as well as by the initial and closing LOCUS scores to determine service accountability and intensity and clinical outcomes. In addition, consumer, provider and hospital satisfaction surveys will be used. Other evaluation measures and frequencies will be determined with input from stakeholders.*

38. Is the SASSAR consumer entitled to the full range of Medicaid services, including for example, inpatient care, physician services, diagnostic services, medication, outpatient services in a hospital or a community mental health center?

    *Yes. SASSAR is for those individuals already enrolled in an HFS health plan, so medical coverage is determined by that individual's HFS health plan.*

39. Specifically, are hospital Psychiatric Clinic A and B services available to the patient?

    *Yes.*

40. When the 30-day SASSAR service package is exhausted, to what services is the consumer entitled?

    *Following the SASSAR eligibility period, the consumer is eligible for all his/her HFS covered health plan services and those services offered by the community providers, including DMH and DASA providers that were available to the consumer prior to SASSAR.*

41. What role does the consumer play in deciding the place and persons from whom he or she receives treatment?

    *A consumer has the right to choose the provider with whom he/she wishes to engage in services. The consumer retains the right to consent to services and to determine with whom his/her treatment information may be shared.*

42. What is involved in CARES enrollment/registration?

    *SASSAR staff calls a toll free phone line, the Crisis And Referral Entry Service (CARES), to enroll the consumer into the SASSAR program following the screening and disposition of the consumer.*

**DATA**

43. Will data be shared so that a determination can be made as to the impact of SASSAR screening and linkage? Will you involve consumers and local mental health authorities in the evaluation process as you assess the impact on the local mental health system and response?

    *Data and evaluation results regarding the SASSAR program will be shared as available. A data, evaluation and systems workgroup is being formed to assist in providing input into the elements that need to be included in the SASSAR program to ensure program integrity and impact and the workgroup is open to all stakeholders, including consumers and local mental health authorities.*

44. During the informational meetings, it was shared that HFS projects FY2008 utilization of the SASSAR program to be 45,000 – 50,000 individuals. How did HFS determine this projection?

    *HFS used historical claims data to determine (1) the rate of inpatient admission from an emergency room in general hospitals with psychiatric units over previous fiscal years and then projected out potential admissions for fiscal year 2008, and (2) the rate of emergency department presentation for psychiatric reasons (i.e., emergency room bills for individuals with a psychiatric diagnosis) who did not receive an inpatient admission. Using both the inpatient and emergency room numbers resulted in a possible 45,00-50,000 potential screenings that will need to occur for the HFS population. Using claims data on those*

*individuals who were also seen in the DMH system, the projected increase in screenings (i.e., screenings not currently occurring within the DMH crisis system) is approximately 29,000 – 32,000 screenings for fiscal year 2008.*

45. Do we have baseline data about the consumers who will participate in the SASSAR program that can be used to compare with data after SASSAR implementation? If not, are there plans to track consumer progress over the course of time and a continuum of providers?

    *Currently, no baseline data exists that adequately represents the array of symptoms and outcomes in the current system. Data will be tracked to determine consumer, provider and system outcomes in the SASSAR program (see question #43 above).*

46. What is the evidence based practice guiding the screening program?

    *The current DMH adult crisis and CHIPS programs as well as the children's SASS programs demonstrate that community-based alternatives to inpatient psychiatric hospitalization is effective and cost efficient. In addition, nationally, more states are moving to this kind of screening program to ensure that consumers receive the best care in the least restrictive setting.*

47. What data collection will be required? What "system" is to be used? Will this required state system require system modifications on the part of the provider?

    *A web based data collection system will be used, with access to this system through HFS' MEDI system. The data collection that is required will be elements from the USARF and LOCUS. Data collection is critical to assess the impact of the SASSAR system. A data, evaluation and systems workgroup is being established for stakeholder input, and systems changes required by providers can be discussed there.*

**EXPECTATIONS**

48. What communities, hospitals and community mental health providers will be impacted by SASSAR? What criteria shall be used to select the subset of DMH providers?

    *DMH is assisting HFS in identifying those current DMH contracted who are currently providing crisis response to the emergency departments of general hospitals with psychiatric units. The final pairing of the community mental health providers and the hospitals will be determined during a series of regional meetingsThe final list of affected providers, communities and hospitals will then be shared.*

49. If a subset of providers is selected to provide SASSAR services, how will MH contracts reflect the potential volume changes?

*HFS is working with DHS to define contract language that will be added to the DMH contracts for the community mental health providers identified as SASSAR providers. In addition, HFS will provide advance payments to identified SASSAR providers to allow for the development of the capacity to implement the SASSAR program on July 1, 2007. These advance payments will then be reconciled with fee-for-service billings submitted to HFS.*

50. How many people are expected to have a co-occurring (mental health alcohol or substance abuse) presenting problem?

*Approximately 30-40% of those individuals who will receive a SASSAR screening.*

51. How many people are expected to be homeless or out of compliance with their prescription regime?

*Unknown.*

52. What are the goals of SASSAR? What harm is it intended to address? What will be the benefit to the consumer?

*<u>SASSAR Objectives</u>: Assist an HFS consumer at the point of presentation to an emergency room for psychiatric reasons by:*

- *a. Facilitating the consumer's access to community alternatives.*
- *b. Encouraging the consumer's input to decide the type of care in the least restrictive setting to meet his/her psychiatric needs.*
- *c. Using existing mental health crisis networks to ensure an HFS consumer is screened using independent, objective and standard tools when presenting for possible inpatient psychiatric hospitalization.*
- *d. Supporting a consumer's transition to a community setting from a psychiatric hospitalization or an emergency room and offer follow-up services.*
- *e. Providing an HFS consumer with supportive services not previously available to him/ her at the point of possible psychiatric hospitalization.*
- *f. Directing a new funding stream into community services to build the type of services and capacity needed to serve SASSAR consumers.*
- g. *Supporting and expanding the current DMH crisis system by adding the HFS population.*

*In addition, a significantly large number of HFS recipients (60%) discharged from hospital inpatient psychiatric units receive no care in the current DMH system and those who do access care receive very small amounts of service during the critical 30 days post discharge. The implementation of SASSAR will assist in providing a more appropriate level of care.*

53. What plans do the Departments have to increase access and reimbursement for psychiatry services?

*The Departments will continue to discuss potential areas for alternative services and supports needed to facilitate the success of the SASSAR program. Psychiatry services are a part of this discussion. For example, HFS submitted a proposal to the Centers for Medicare and Medicaid Services for psychiatric consultation and training (including medication algorithms and treatment guidelines) for primary care providers. Although unsuccessful, HFS continues to explore possible funding sources for this proposal.*

**BILLING**

54. If the SASSAR provider coordinates care with the hospital, including discharge planning, are these services to be billed to HFS?

    *Yes. These Rule 132 services should be submitted to HFS for fee-for-service reimbursement.*

55. If an individual with a mental health or substance use disorder needs an immediate 2-3 day period of inpatient stabilization, and it is determined that the individual is in need of further inpatient substance use disorder treatment, would he/she be linked to an inpatient substance use program and could the agency bill HFS for the remainder of the 30-day time period?

    *If a HFS consumer needs continuing mental health or alcohol and substance abuse treatment following an inpatient admission, the community providers can bill HFS for the services provided (all services are reimbursed fee-for-service during eligibility period using the DMH mental health services (59 Ill. Admin. Code 132) and the DASA alcohol and substance abuse services (89 Ill. Admin. Code 2060 / 2090).*

56. How shall rates be established for these new services? Will this program be reimbursed per event or per hour? Will there be a higher reimbursement for the initial assessment like there is with SASS?

    *All services provided during a consumer's SASSAR eligibility are reimbursed fee-for-service using the DMH mental health services (59 Ill. Admin. Code 132) and the DASA alcohol and substance abuse services (89 Ill. Admin. Code 2060 / 2090).*

    *The only new rate that will be established is an event rate of $167.10 for the SASSAR screening.*

57. Is there a reimbursement system set up and ready to go? SASS and PS experienced significant delays in developing payment mechanisms and programs lost revenue because of system delays. Have reimbursement mechanisms been set up for bills to be submitted to HFS for DASA-funded services?

    *The system is being altered to allow for the billings to be submitted to HFS. Advance payments will be made to assist SASSAR providers with cash flow during the transitions and implementation of the program.*

## CREDENTIALS

58. What education or credentials will be required for staff to provide these services?

    *Staff qualifications for the screening are based on the mental health Rule 132 credentials for crisis intervention: Staff must be a Mental Health Professional (MHP) which requires a bachelor's or 5 years of human services, and the MHP must have access to Q(ualified)MHP for immediate consultation. In addition, any community stabilization decision must be reviewed by a QMHP within 24 hours.*

## MISCELLANEOUS

59. It is not uncommon for an individual with mental illness to refuse admission to a psychiatric facility or to refuse treatment. Since outpatient "commitment" is permitted by law in Illinois, will SASSAR providers be prepared to go to court when an individual is deflected from a hospital meets the criteria for outpatient commitment?

    *It is not expected that the use of outpatient commitment will expand as a result of SASSAR. particularly at the point of screening.*

60. Is there a possibility of evaluating some of the existing community mental health and programs to identify model protocol or practice (examples are Swedish Covenant / Lutheran Social Services of Illinois, the Mental Health Center of Champaign County, the Robert Young Centers and North Central Behavioral Health Center)?

    *Workgroups are being established to address programmatic (and other) issues related to SASSAR implementation. These existing relationships could be reviewed within one of the workgroups with suggestions for possible SASSAR protocols.*

61. How will this process help increase psychiatrist linkage in the 30 day window compared to the current system?

    *The linkage between HFS consumers and psychiatrists should improve given that many individuals do not follow up post-hospitalization. It is expected that the SASSAR provider facilitate the needed linkages for the consumer, including assisting in facilitating a psychiatric appointment.*

62. Can the name of the program be changed from SASSAR? It is too similar to SASS that in verbal communication, it could be confusing.

    *Yes. If there are suggestions, please forward them to HFS.*

63. Will capacity grant consideration be provided by DMH/DASA as part of the development of a financial mechanism for pre, and post SASSAR?

    *The current DMH funding structure is not expected to change as a result of SASSAR. DASA contracts for post SASSAR services will remain as part of the current DHS DASA contract structure. These services will be either a fee-for-services contract or a grant-based advance-and-reconcile contract.*

64. The redundancies in assessment that will inevitably occur between the hospital emergency department and the SASSAR provider need to be addressed. Will they be resolved prior to SASSAR implementation?

    *The relationships between the hospital and SASSAR provider paired with that hospital should be discussed together to determine the best possible working relationship that meets the needs (i.e., legal, operational and programmatic) of both providers. To assist in this process, a series of regional meetings are being scheduled and subsequent follow-up meetings can be scheduled as needed to assist in the collaborative process and work through issues in individual areas.*

65. What does "coordination with HSI" entail?

    *SASSAR providers will need to enter into a web screen their involvement in screening for SASSAR enrolled HFS consumers.*

66. For SASS, a separate rule was developed. Will this be the case for SASSAR?

    *Yes. The rule will be established by HFS.*

67. The 60-minute in person response may be a problem for some of the southern counties. They often have longer to travel to hospitals, etc. Can this expectation be re-evaluated?

    *To ensure a consumer sensitive and responsive crisis response system, the current expectation is that the SASSAR provider must arrive on-site within 60 minutes of receiving a call from the hospital to screen an HFS consumer experiencing a psychiatric emergency.*

68. It is proposed that during the immediate crisis response SASSAR providers are to utilize both the LOCUS and USARF screening and assessment tools. This seems duplicative and time consuming especially with an individual who is in psychiatric crisis.

    *The USARF and LOCUS are assessment and screening documents that must be completed; however, although the elements must be collected during the screening process, the actual completion of these documents can be completed following the screening so that the SASSAR screener can provide the needed services to the consumer without documentation requirements impeding the need for clinical intervention.*

69. It is proposed that the client will only be eligible for SASSAR services for 30 days. This does not seem an appropriate length of time, as the vast majority of those presenting in emergency departments need intense services. Outpatient and case management for 30 days post emergency department presentation may not meet their needs. Will HFS consider extending the eligibility and/or providing an option for applying for an extension especially for those individuals with extended hospital stays?

    *Many consumers would likely be receiving SASSAR services from DMH or DASA providers in their current agency programs. The 30-day eligibility period refers specifically to the time for which reimbursement for those services will be by HFS.*

    *Service extensions are under discussion, but the length of time, number of extensions that would be allowed and the mechanism for extending the eligibility dates have not been finalized.*

70. Many individuals with psychiatric diagnoses are currently screened by emergency department staff, including physicians, nurses and social workers. The program will add two additional layers of screening and assessment (1) the screening from an outside party, and (2) the 800 number certification for admission. Isn't this redundant and not cost effective?

    *Hospital crisis teams assess an individual for admission to an inpatient hospital setting, and the focus of this assessment is on medical necessity for hospitalization. The SASSAR screeners will assess for possible community resources that would allow an individual to be stabilized in a community setting before a hospitalization might occur. Thus, the two screenings actually do not assess the same things.*

    *In addition, any individual who receives a screen and is admitted to the SASSAR program will be provided with 30 days of linkage and services--this will assist an individual who is served in the community or admitted to a psychiatric unit to receive ongoing services to integrate back into the community.*

    *Finally, the enrollment of a consumer into SASSAR by calling the 800 number (CARES) can occur following the screening or even the next business day: the call to CARES is an enrollment process and not a certification of admission process.*

71. Won't emergency departments will see a dramatic increase in their wait times since they will need to wait for SASSAR screeners to arrive?

    *The relationships between the hospital and SASSAR provider paired with that hospital should be discussed together to determine the best possible working relationship that meets the needs (i.e., legal, operational and programmatic) of both providers. To assist in this process, a series of regional meetings are being scheduled and subsequent follow-up meetings can be scheduled as needed to assist in the collaborative process and work through issues in*

*individual areas. Wait times are dependent on when the hospital calls the SASSAR person to respond, and identifying a process that allows the SASSAR staff to screen the individual while they are waiting in (or before they are admitted to) the emergency room will work to not allow wait times to increase.*