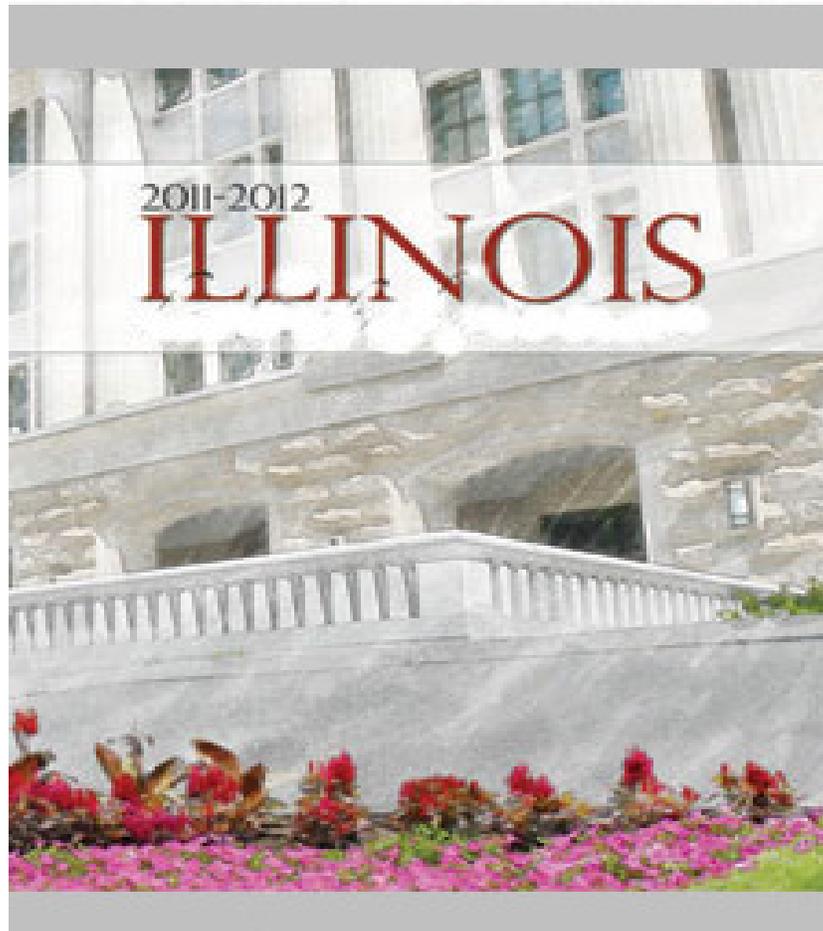




REVISED 2012



Individual Care Grant Residential Treatment and Community-Based Provider Handbook

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Forward

The Individual Care Grant Program, (ICG) was established by Illinois State legislation in 1969. The program was classified in 1987 through Title 59 of the Illinois Administrative Code, Part 135. The Administrative Code mandates the rules for the ICG program. The ICG program is operated by the Illinois Department of Human Services, Division of Mental Health. The ICG provides access to residential and intensive community services for youth with serious mental illness associated with impairment in reality assessment.

The State of Illinois Individual Care Grant program is governed by Rule 135. This Rule defines criteria for eligibility, provision of services, funding, annual reviews and reporting requirements.

The ICG is a financial grant to assist parents or guardians in paying the costs of residential treatment care for mentally ill children under the age of 18. Parents/guardians maintain all rights and responsibilities for their child while a child is in placement. With ICG Office approval, the ICG can also be used to provide in-home supports so that a child can remain in his/her home, school and community.

Purpose of the ICG:

- To permit parents or private guardians to obtain highly specialized residential or in-home, in-community habilitative services not available in the basic array of state operated or state funded services for severely mentally ill youth.
- To stabilize symptoms of a mental illness and increase the adaptive functioning of the youth.

Handbook Use

This handbook has been prepared for the information and guidance of State of Illinois approved providers of residential Individual Care Grant, (ICG) services. Providers are both residential treatment facilities and community mental health agencies who provide mental health and other services to youth awarded an ICG. This manual provides information on the requirements for providers including: registration of eligible youth, quarterly and annual reviews, certification, annual process for change in level of care, billing for services and other policies and procedures for the ICG program.

It is important that providers are knowledgeable about the information contained in this manual and have familiarized themselves with the policies and procedures to ensure a thorough understanding of the ICG program requirements regarding service delivery and reporting. Revisions to and supplements for the handbook will be released as operating experience and state regulations require policy and procedural changes in the Department's ICG program. The Illinois Division of Mental Health, ICG Program will distribute updates to each enrolled provider by email.

Individual Care Grant Program

Overview

DHS/DMH revised operational components of services funded under Rule 135—Individual Care Grant (ICG) services to improve care for a youth with an ICG and their family and to resume Medicaid billing for services to clients. DHS/DMH objectives for ICG services include:

- **Enhanced focus on recovery and resiliency** --The ICG model is grounded in a philosophy of recovery and resilience. With community and family supports and the right therapeutic services in the right amounts at the right time, A youth with an ICG and their family can recover and maintain the resiliency necessary for coping with a severe mental illness in the least restrictive environment.
- **Increase family participation**--Family involvement in treatment is essential and research has shown that children and families have a higher rate of recovery when families are consistently involved in their treatment. DHS/DMH supports family participation in the quarterly treatment planning process and regularly scheduled family therapy sessions.
- **Focus on least restrictive environment**—Provision of services in the appropriate, least restrictive environment is a critical component of the ICG model. DHS/DMH has increased its focus on returning youth to their family and community as soon as they are ready. The goal is for services to be provided in the most natural, supportive setting possible for services provided in the least restrictive setting.
- **Outcomes**—the use of the Ohio and Columbia Impairment Scales was introduced in July of 2008. These scales are used to measure quarterly treatment progress and are also used to measure progress toward treatment plan goals particularly in residential settings as a part of the planned authorization process. The Devereaux Scale must be used for children under the age of five years old only.
- **Enhanced clinical care management**—CCM are members of the Child and Family Team. They should be available to participate in treatment placement decision meetings following ICG eligibility determination and in residential treatment planning meetings. CCM participate in these meetings as resources to assist in determining what factors should be considered in the placement decision, and with the linkage between treatment plan goals and assessment of treatment progress.
- **Fee for service reimbursement**— Fee for service is the payment model for Illinois. Under fee for service, services are unbundled and paid for separately.
- **Resume Medicaid billing**—DHS/DMH was required by the federal government to discontinue Medicaid billing for bundled residential services by June 30, 2008. Illinois utilizes an unbundled fee for service model.

GLOSSARY OF TERMS

Accreditation: An agency becomes “accredited” through a process whereby an independent, not-for-profit national organization evaluates and verifies that the agency is in compliance with social and mental health service accreditation standards. The purpose of accreditation is to strengthen and actively promote the quality of the services provided.

Administrative Service Organization, (ASO): The Department of Mental Health contracts with the “Collaborative,” an administrative services organization, (ASO). The ASO provides outsourced administrative functions for the Department of Human Services, Division of Mental Health’s , ICG Office. The ASO is located at: Illinois Mental Health Collaborative for Access and Choice, P.O. Box 06559, Chicago, IL 60606 Fax: 866-928-7177.

Annual Review: Quarterly and annual reviews are required under the DHS Administrative Rule, Part 135. The annual review includes a determination for continued eligibility made on the annually recurring date of the initial eligibility determination. Continuing eligibility is based on parent participation in the treatment, continued need for intensive community or residential treatment, and the clinical information received from the provider.

Bed Hold: When a resident is transferred to a hospital or is temporarily absent from a residential facility with ICG Office approval, the residential placement may be reserved for them until they return. The Department may reimburse a community provider for up to 120 consecutive or non-consecutive nights per State fiscal year for an individual on a programmatically approved absence from the residential facility.

Behavior Management Intervention: A time-limited, child and family training/therapy intervention focused toward amelioration or management of specific behaviors that jeopardize the child's functioning in the home/family setting. This intervention typically teaches/models techniques and skills that can be used by the parent/guardian and other family members. The services must be correlated to and measured against the objectives in the child's current individual service plan.

Case Management: Services to provide linkage, support and advocacy for persons with mental illness or behavioral disorders who need multiple services and require assistance with gaining access to and in using general health, behavioral health, social, vocational, educational and other resources and community services.

Certification: The initial determination and re-determination of the eligibility of a provider to participate in the HFS Medical Programs Community Mental Health Services Program (59 Illinois Administrative Code 132) and to provide Medicaid funded mental health services under this program.

Certified Provider: An agency certified by the Illinois Department of Human Services, (DHS) or the Department of Children and Family Services, (DCFS) and enrolled with the Department of Healthcare and Family Services, (HFS) to provide Medicaid community mental health services in accordance with 59 Illinois Administrative Code 132.

Child and Adolescent Service System Program (CASSP): The philosophy of how the child and adolescent service system should be developed and services provided. CASSP is supported by the Federal Substance Abuse & Mental Health Services Administration (SAMHSA) and is based upon the core values that the system of care should be child-centered, family-focused, community-based,

culturally competent and provided in the least restrictive setting. (Stroul and Friedman, A System of Care for Children and Youth with Severe Emotional Disturbance, 1986).

Child and Family Team: The team is composed of family members, significant people in the lives of the child and family, representatives of the community's human service agencies and the youth's school system. These individuals provide needed services and support to an identified child and family. The team is responsible for the development, implementation and monitoring of a unified Child and Family Plan that engages and involves the family and closely coordinates needed services and supports.

Child/Children or Youth: For the Department of Human Services, Division of Mental Health, a child or youth is an individual under 18 years of age.

Community-Based Services: Social services provided in the home, school, or other community-based location to children with a serious emotional disturbance or mental illness and to their family to reduce the risk of more restrictive treatment.

Child support services: Time-limited funding to cover costs that would otherwise be prohibitive to the parents for the child to participate in community activities when those activities are correlated to and measured against the objectives in the child's current individual service plan.

Days: Calendar days

Department of Human Services, Division of Mental Health (DHS/DMH): The Illinois Department of Human Services, Division of Mental Health. DMH is the state mental health authority.

DHS Rule 50: DHS Administrative Rule. The Rule directs the Office of the Inspector General to investigate all alleged abuse or neglect in state operated facilities and community agencies (59 Illinois Administrative Code 50).

DHS Rule 51: DHS Administrative Rule that directs the Office of the Inspector General to investigate all reported alleged abuse or neglect of adults with disabilities in a domestic setting (59 Illinois Administrative Code 51).

Eligibility Criteria: A youth under the age of 18 with a mental or emotional disorder which substantially impairs thought, perception, judgment, behavior and meets all of the eligibility requirements of the ICG program as specified in Illinois Division of Mental Health and Developmental Disabilities Title 59 Illinois Administrative Code Part 135 - Individual Care Grants for Mentally Ill Children.

Engagement: The process of supporting the client and family to participate in services offered and providing support to the client and family to remain involved with services provided.

Evidence Informed Practice: A collaborative effort by children, families, and practitioners to identify and implement practices that are appropriate to the needs of the child and family reflective of available research, that are measured to ensure that the selected practices lead to improved meaningful outcomes.

Family Driven Care: Family-driven means that families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

Hardship Request: As of July 1, 2011, hardship requests are no longer available. The Social Security Administration, (SSA) requires parents/guardians to inform SSA when their child is no longer living at home. During the period when a child is in residential treatment, Social Security benefits are applied to the cost of residential care.

Health Insurance Portability and Accountability Act (HIPAA): A Federal law that mandates the use of standards for the electronic exchange of health care data. HIPAA requires medical and administrative code sets that should be used within those standards. HIPAA requires the use of national identification systems for health care patients, providers, payers, and employers. HIPAA specifies the types of measures required to protect the security and privacy of personally identifiable health care information.

ICG Office: The Department of Human Services, Division of Mental Health's Individual Care Grant Office, located at: Chicago Read Annex, 1400 Oak Park Avenue, Chicago 60634.

Illinois Administrative Code: The complete text of all rules of all state agencies filed with and published by the Administrative Code Division may be found at <http://www.dhs.state.il.us/page.aspx?item=22450>.

Illinois Compiled Statutes (ILCS): These Statutes are available at: www.ilga.gov/legislation/ilcs/ilcs.asp. The database of the Illinois Compiled Statutes is updated on an on-going basis. Public Acts are added to this site soon after they become law.

Individual Care Grant (ICG): A grant administered by DHS that provides funding for intensive community-based services or residential placement for children and youth who meet specific eligibility criteria as defined in Title 59 Illinois Administrative Code 135.20.

ICG Coordinator: Staff employed by an Illinois Screening, Assessment and Support Services (SASS) program providing intensive therapeutic services and supports to youth with an Illinois ICG.

Inactive Grants: Not participating. When a client is inaccessible or unavailable to the SASS ICG Coordinator and the Coordinator cannot re-register the client, the grant is then reviewed by the ICG Office on a case by case basis. A decision is made to authorize the grant or to place the grant on inactive status.

Licensed Private Facilities: Residential treatment facilities licensed by the Department of Children and Family Services (DCFS) in accordance with DCFS rules at 89 ILL. Adm. Code 404, Licensing Standards for Child Care Institutions and Maternity Centers or, for out-of-state facilities, in accordance with Section 15.1 of the Mental Health and Developmental Disabilities Administrative Act [20ILCS 1705/15.1] accredited by JCAHO and approved by the Department as meeting standards equivalent to standards for psychiatric facilities serving children.

Life Domains: Refers to the major areas of functioning in the child's life that may be impaired by the child's mental illness.

Medicaid: A program funded by the U.S. federal and state governments that pays the medical expenses of individuals who are unable to pay some or all of their own medical expenses. In Illinois, the program was established pursuant to the authority provided in Title XIX of the Social Security Act (Chapter 42 of the United States Code).

Mental Health and Developmental Disabilities Code: Legislation that protects the rights of individuals in the Illinois mental health system [405 ILCS 5].

Mental Health and Developmental Disabilities Confidentiality Act: Legislation that outlines the methods for handling mental health information and records. The Act defines confidential communications, provides directions for access to and disclosure of mental health information, creates privileges, and provides for civil and criminal penalties for breach of its provisions. [405 ILCS 5].

Parent/guardian: A parent, biological or adoptive. Note: A governmental agency or social service agency, or any employee thereof, appointed by a court as guardian or custodian is not considered a parent/guardian for ICG application purposes.

Planning: the identification of specific goals and the selection of activities and services needed to achieve the goals.

Recipient Identification Number (RIN): The unique nine-digit number assigned to each person who receives benefits from the State of Illinois.

SASS: Screening, assessment and support services. Intensive community-based mental health services that are provided to children who are at risk of or who actually experience hospitalization due to psychiatric reasons.

Sentinel Event: Any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a client that is not related to the natural course of the client's illness.

Title 59: Mental Health Part 135: DHS Administrative Rule that defines the terms under which children are eligible to receive funds for residential placement due to their mental illness, including alternative in-home/community services in lieu of residential placement, when clinically appropriate. Part 135 establishes criteria for payment of certain mental health and related services provided to children enrolled in the Individual Care Grant Program.

Unusual Incident: An alleged, suspected or actual occurrence of an incident when there is reason to believe that the health and safety of an individual may be adversely affected and the individual may be placed at a reasonable risk of harm.

HANDBOOK USE

Contracted residential Providers will be held responsible for compliance with all policy and procedures contained herein and in the Contract between the provider and the State of Illinois. Failure to comply may result in sanctions, up to and including termination of the contract for therapeutic residential services.

This handbook has been prepared for the information and guidance of contracted residential providers, who render services to individuals enrolled in the State of Illinois Individual Care Grant program. It also provides information on requirements for provider participation, enrollment and billing.

It is important that both the provider of services and the billing personnel read all materials prior to initiating services to ensure a thorough understanding of the ICG program requirements regarding service delivery as well as the billing procedures. Revisions in and supplements to the handbook will be released as operating experience and state or federal regulations require policy and procedure changes in the ICG program.

PROGRAMMATIC RESPONSIBILITIES

ADMINISTRATIVE REQUIREMENTS

Provider Requirements

All providers enrolled in the Illinois Healthcare and Family Services program seeking reimbursement for services provided to a child or youth awarded an Illinois Individual Care Grant are required to comply with all federal and state laws, rules, regulations and policies, including but not limited to:

- 59 Illinois Administrative Code, Part 135

Roles

1. **Collaborative:** The DMH ICG Office contracts with the “Collaborative,” an administrative services organization, (ASO) for outsourced administrative functions. The ASO provides the ICG Office with the following information for all ICG clients on a monthly basis:

- Monthly reports on the number of active children involved in the ICG Program.
- The number of children in residential treatment and the number of children in treatment in the community
- The number of children no longer meeting the criteria for the program. Criteria for termination of grant funding are as follows;
 - Failure of parent/guardian to meet annual reporting and eligibility requirements
 - Whether the child is no longer enrolled in an approved educational program at the elementary or high school level/or child has reached 21 years of age, whichever occurs first
 - Completion of residential treatment and/or alternative in home community services
 - Guardianship of the child ordered by the court to a state agency
 - Failure to utilize the grant during the approved 12 month period without receiving residential and/or community services.

ASO Clinical Care Managers

- Review ICG eligibility packets for completeness
- Review application packets and make a determination to approve or deny ICG eligibility
- Authorize residential nights of care based on the authorization request submitted by provider
- Participate in quarterly staffings.

Conduct reviews of Quarterly and Annual Reports for continued ICG eligibility, assist with transition to community services and/or discharge planning from ICG funded services and distribute to the DHS/ICG office.

2. **Child and Family Team:** is composed of family members, significant people in the lives of the child and/or family and representatives of the community's human service and education agencies that can provide needed services to an identified child and family. The team is responsible for the

development, implementation and monitoring of a unified Child and Family Plan that engages and involves the family and achieves close coordination of needed services and supports.

Child and Family Team members serve as resources as follows:

- 1) Participate in placement decision meetings to assist in determining the most appropriate treatment and services
- 2) Participate in treatment planning meetings for youth placed in residential or community settings to assist with ensuring that the service plan reflects progress towards treatment goals.

3. SASS ICG Coordinators: As part of the Child and Family Team, ICG coordinators assist with applications for ICG eligibility and provide care coordination for a youth with an ICG as follows:

- **Application assistance activities**
 - Provide families with information that will help with the decision whether to apply for ICG.
 - Acquire and maintain knowledge about the ICG program, Rule 135 and Rule 132.
 - Assist families with compiling the documentation necessary to apply for ICG.
 - Assist families with submitting a completed ICG application.
 - Compile application packets for families seeking residential services and assist with distribution to facilities.
- **Case coordination**—includes any of the following activities.
 - Complete the Initial Plan Development (IDP) with parent and guardian and submit to DHS/DMH ICG office
 - Acquire and maintain knowledge regarding the community resources and residential facilities available to families.
 - Maintain ongoing relationships with the family, the school, and the youth's community in order to support the treatment plan. This includes participation in Individual Education Plan (IEP) meetings.
 - Participate in quarterly staffings.
 - Submit biennial client progress report.
 - Submit monthly ICG census updates to the ASO at the beginning of each month.
 - Assist all families with screening for Medicaid eligibility, work with parent/guardian and residential provider to enroll a youth with an ICG in Medicaid by the 90th day in residential treatment.
 - Remind the parents of a child receiving Federal SSA or SSI funding that they are required to inform Social Security that their child has been placed at a residential treatment facility and is no longer living at home.

- Meet with the family and the residential case manager at least once every 90 days by phone or in person to provide case coordination services for a child who is awarded a DHS/ICG. Case coordination is provided for both community based and residential services.
- Pending funding approval: Travel to the youth's residential facility twice yearly if placed in Illinois and travel once yearly if placed outside Illinois. Attend a staffing and advocate for the youth and family. The worker should also assess and recommend supports to facilitate the treatment plan, and facilitate transition to intensive community-based services.
- Assist parents/guardians with completing forms and documentation necessary to support the ICG recipient (e.g. annual review documentation).
- Maintain communication with the family, residential facility, school, community agencies,
- Assist parents with annual renewal of the grant. The grant must be renewed annually. The ICG Office will contact the parent and let them know what additional written materials are needed. The office should already have all previous materials plus the progress reports from the residential and community providers receiving, grant funds. The renewal process requires that parents be involved in the treatment and discharge planning.
- Develop and submit to local DHS/DMH/ICG Program office, a transition plan or discharge plan, a minimum of 90 days prior to the youth turning 21 years of age.
- Plan for and arrange child support and/or behavior management intervention services up to established costs and time limits when service needs are identified.

ICG Application Approval

Subsequent to ICG eligibility application approval, the CCM will notify both the parent/guardian and the SASS ICG Coordinator of the approval decision in writing. Within 10 business days after the approval letter has been sent, a CCM with The ASO ICG Team will contact both the parent/guardian and the SASS ICG Coordinator to schedule a conference call for the purpose of a **Placement Determination or Service Determination Meeting**. This meeting will be no longer than one hour in duration, but additional meetings can be scheduled if indicated. This meeting must occur within 30 days following the approval of the grant. The SASS ICG Coordinator will document the conference call by utilizing Initial Development Plan form. At the individual services planning meeting the parent/guardian will consider available residential options and may consider alternative in-home/community service options, in lieu of residential placement, if alternative services meet the needs of the child and are recommended by the SASS program supervisor. Parents/Guardian can choose from residential placement, community-based services or they may defer services up to twelve months.

During this meeting, the CCM will be responsible for facilitating and guiding discussion of the most suitable, and least restrictive, placement for the youth. The CCM will assess goals that the parent/guardian has for the youth and assist the SASS ICG Coordinator in identifying services to match the parent/guardian goals and clinical needs of the youth. The CCM will initiate the discussion and provide necessary clinical information and recommendations, when appropriate. The CCM's role on this call will be to facilitate the identification of the most appropriate services for the youth. The parents or guardian of the

youth retain the final decision making on whether or not the youth receives residential or community-based services.

In pursuing a residential placement, the parent/guardian must begin the search for an approved facility within Illinois. Once there is documentation that three Illinois facilities have declined to admit the youth, it is permissible to search for and select an out-of-state placement. Failure to comply with this requirement may result in a denial of authorization of the out-of-state placement.

When the most appropriate services are determined, an Individual Service Plan meeting will be held. The SASS ICG Coordinator will facilitate the meeting for the community.

While a youth with an ICG is in residential treatment, the provider is responsible for notifying the ASO and the SASS ICG Coordinator of any Treatment service Planning/Staffing Meetings in advance of the meeting. This notification must occur in writing no less than 30 days prior to the date of the staffing and must include the contact information for the residential staff person hosting/facilitating the staffing. The CCM will participate in staffings by phone.

The role of the CCM during the planning meeting/staffing will be to assess and guide the appropriateness of services being provided to the youth while in residential treatment. The CCM may provide necessary clinical information and recommendations. The CCM may make recommendations regarding the treatment plan and necessary changes in order to assist the youth with movement toward a less restrictive environment. The CCM will assist the SASS ICG Coordinator in ensuring that appropriate transition criteria from residential treatment services are in place and that transition planning occurs for the youth whenever necessary.

Eligibility

To be eligible for the Illinois Individual Care Grant Program, a youth must apply for the Individual Care Grant and meet the eligibility requirements in Title 59: Mental Health Chapter I: Department Of Human Services, Part 135 Individual Care Grants For Mentally Ill Children.

Application for ICG

Parents/guardians contact the ASO at 866 359-7953 to request an application. At the time of the call, information will be taken as part of the intake process. An application is then mailed to the parent/guardian with instructions to ensure that all necessary information has been collected in order to submit a complete application. The ICG/SASS agency is notified at the same time that an application packet is sent to the parent/guardians. The SASS ICG Coordinator must be available to assist the family in completing the application.

Completed applications are returned to the ASO for review. All materials are to be mailed directly to the ASO. Applications are reviewed by the ASO for completeness within 15 calendar days of receipt. The clinical decision determining eligibility for services is completed within 30 calendar days. The ASO sends copies of application dispositions to the ICG Office.

Once eligibility is determined, the parent/guardian is required to meet with the SASS ICG Coordinator to complete the Individual Plan Development form for the youth and to record the parent's choice for treatment. Treatment options include residential placement,

specialized community services, or a deferment. The grant can be deferred up to twelve months from the initial award date if at the time of the grant award, parents/guardians choose not to select community or residential based ICG services,

If the decision is to admit the youth into residential services, the parent/guardian is required to notify the home school. This notification allows for continued support and coordination of the youth's educational needs while in residential treatment.

Appeal

Secretary Level of Appeal for ICG Eligibility Determination

Rule 135 provides for an appeal process. The appeal is a Department of Human Services Secretary Level of Appeal of the initial or annual eligibility determination. The parent/guardian may appeal the decision that their child is not eligible for an ICG. A written appeal must be submitted by the parent/guardian within 40 days from the receipt of the denial notice to the ASO address to the attention of Dr. Renee Mehlinger, Deputy Clinical Director, Division of Mental Health. The appeal must provide detail regarding each basis on which the appeal is being made, specifically stating each reason that the denial of eligibility is alleged to be improper. The ASO will document the receipt of the appeal and will mail the application chart and a copy of the denial letter to the ICG Office. The ICG Office will send a letter to the parent/guardian acknowledging receipt of the appeal and will provide the time frame for receiving a decision.

The appeal is reviewed by an independent psychiatrist and a decision is made. The decision, documented in a letter from Dr. Mehlinger will be mailed to the parent/guardian. If the denial is overturned, the ICG office will mail the appeal documents to the Collaborative. If the denial is upheld, the ICG office retains the documentation.

Notification of the outcome of the Secretary Level of Appeal is generated by the ICG Office with an effective termination date or decision. Parents/guardians can submit a new application during the appeal process.

Registration of ICG eligible Youth

Providers must register all youth who are eligible for ICG services with the ASO prior to submitting any claims for services.

- Registrations can be completed through data entry on Provider Connect or, for providers who have their own software; the ASO can accept batch registrations. Requirements for youth registrations are provided on the Illinois Mental Health Collaborative Website at the following link:
http://www.IllinoisMentalHealthCollaborative.com/provider/prv_information.htm.
- DHS/DMH requires registrations for a youth with an UCG to be updated on the earliest date of any significant clinical change that requires a treatment plan update or at least quarterly to reflect the most current information for the Ohio and Columbia Impairment Scales and other information. The specific fields that must be updated can be found on the Illinois Mental Health Collaborative Website at the following link:
http://www.IllinoisMentalHealthCollaborative.com/provider/prv_information.htm.
- If an updated registration is not completed at least every 90 days, claims for the youth will not be processed or reimbursed.

Quarterly and Annual Reviews

Quarterly and annual reviews are required under Rule 135. The due dates for quarterly and annual reviews are based on the grant award date. Information from the quarterly and annual reviews will be utilized by Collaborative Clinical Care Managers to assist with their role in the next treatment planning meetings and as a part of the documentation required for authorization of services. Medical necessity for continued authorization of services must be met under the Rule.

The **Quarterly Report** shall include:

- Brief description of the reason for admission.
- Description of the treatment recovery goals to be accomplished with the youth so he/she can be transitioned to a lower level of care when it is appropriate to do so.
- Description of treatment goal process during the quarter.
- Description of the current efforts being made to prepare the client to transition to a lower level of care and indicate tentative transition date.
- List of recovery criteria that must be met before the transition process can occur.
- List of the current diagnoses.
- List of the youth's current scores on the Ohio Scales and the Columbia Impairment Scale.
- List of the frequency of treatment services and indication of progress.
- List of the frequency of family involvement in services and indication of progress.
- Description of any need for more specialized therapy services that address the specific needs of the child and are not offered in the current setting.
- Quarterly reports for a youth with an inactive ICG.

Inactive Grants- If a client is inaccessible or unavailable to the SASS ICG Coordinator and cannot be re-registered, a decision will be made by the ICG Office to authorize the grant or to place the grant on inactive status. The ICG Office will review the grant on a case by case basis in order to determine inactivity. Examples of inactivity include incarcerated youth, clients medically hospitalized for an extended period of time or a youth on runaway status for an extended period of time.

As part of the quarterly and annual reviews the youth's progress in treatment and current level of functioning are evaluated. A youth may need to be stepped up or stepped down to another level of care based on their progress and functioning.

Step-Up and Step-Down Criteria

The criteria for changes in level of care (Step-Up and Step-Down) are:

Criteria for stepping up level of care	1. The ICG youth demonstrated an increase in self-harming behavior.
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	<ol style="list-style-type: none"> 2. The ICG youth has demonstrated an increase in suicidal/homicidal ideations. 3. The ICG youth has demonstrated an inability to manage aggression. 4. The ICG youth has demonstrated behaviors/symptoms that indicate a need for continuous monitoring and supervision to ensure safety.
Criteria for stepping down level of care	<ol style="list-style-type: none"> 1. The ICG youth's symptoms of severe mental illness, including self-harming behavior, have decreased over a three-month period of time. 2. The ICG youth has demonstrated a decrease in suicidal/homicidal ideations over a three-month period of time. 3. The ICG youth has consistently remained within the treatment setting and been consistently compliant with staff directions when in the community. 4. The ICG youth has demonstrated improved problem solving skills in managing aggression over a three-month period of time. 5. The ICG youth has made significant progress in meeting treatment plan goals.

The **Annual Report** shall address the following:

- Youth's diagnoses
- Medication and symptoms targeted
- Most recent psychological testing results
- Recovery narrative that includes progress toward meeting individual treatment goals, parent/guardian participation and preparation for transition to a lower level of care
- Description of level of care and changes that have occurred over the last year in the areas of milieu, therapeutic sessions, legal status, peer relationships, medical status, community involvement and education.

- Prior to a youth turning 21 years of age, the aftercare plan should be forwarded to the ICG Office. The aftercare plan specifies the course of action for the youth once the ICG ends. For example, the youth will transition to a group home, independent living, state operated facility, home with parent/guardian or permanent supported housing. The aftercare plan will also indicate whether the youth has applied for Medicaid, and SSI.

Quarterly and annual reports are to be submitted to:

Illinois Mental Health Collaborative for Access and Choice

P.O. Box 06559

Chicago, IL 60606

Fax: 866-928-7177

Eligibility for the ICG program is reviewed during the annual eligibility review. This review is due on the anniversary date of the grant award. Continued eligibility is based on the criteria included in Rule 135. The Annual Eligibility Review Report must be prepared by the provider and a copy must be sent to the parent/guardian, the client's SASS ICG Coordinator and the ASO at the address above.

If, as a result of the annual eligibility review process, a youth is determined to no longer meet the eligibility criteria for the ICG according to Rule 135, the grant may be terminated. Providers, the SASS ICG Coordinator and parent/guardian will be given six weeks notice of grant termination to allow sufficient time for transition to other services or, if the youth remains in a residential setting, for the payment responsibilities to be transitioned to another payer.

Medicaid Application

The SASS ICG Coordinator and agencies providing current treatment for the youth are responsible for screening for Medicaid eligibility. Providers have a contractual responsibility to assist families to apply for Medicaid. The date of application for Medicaid and the youth's Medicaid eligibility status are required in order to obtain authorization for residential nights of care.

Either the residential provider or the SASS ICG community provider are required to assist with Medicaid applications based on the results from the eligibility screening. The parent/guardian's income is excluded from consideration for Medicaid when the youth has been in residential care for 90 days. The exclusion of parent/guardian's income at the 90th day only applies to youth in residential placements. Therefore, the requirements for residential providers to assist with Medicaid applications will be significantly greater than for community providers.

Youth Turning 18 and Legal Guardianship

A parent's guardianship over his/her child stops automatically when the child turns eighteen. For a youth with an ICG who is turning 18, a court order for guardianship must be submitted to the ASO if the parent/guardian is awarded guardianship. A circuit court must appoint the guardian for a person who is eighteen years old or older. A pre-printed report certifying that the person is disabled and needs a guardian must be submitted to the court to petition the court for guardianship. The report can be obtained from the Probate Clerk of the court where

the guardianship proceeding would take place. If guardianship is granted, the court will issue a court order for guardianship.

In order to remain in the ICG program, youth who are 18 years of age or older and do not have a guardian are responsible for consenting to their treatment plan. They must sign the registration form and the authorization for treatment and complete an annual review. The youth may work with their ICG Coordinator to complete their annual review.

Provider Certification and Enrollment

All providers and the site of service, including residential providers and out-of-state providers, are required to be certified in accordance with the requirements of 59 Illinois Administrative Code 132 (Rule 132). Providers can seek certification from either the DHS Bureau of Accreditation, Licensing and Certification (BALC) or by the Illinois Department of Children and Family Services, (DCFS). Each site that serves youth with an ICG must be certified for the applicable Rule 132 services. In addition, each service site must be enrolled with the Department of Healthcare and Family Services (DHFS) as a community mental health provider and be certified by a national accreditation body as required in their Contract. Questions about certification can be directed to:

- DCFS, if the provider is certified by DCFS, or
- BALC (217-557-9282) for all other providers.

Services

Residential per diem rates are established by the State of Illinois Purchased Care Review Board (IPCRB). However, Application Assistance and Care Coordination services are reimbursed based on 15 minute units instead of a flat event rate or a flat monthly rate.

All services must be provided and documented in accordance with the requirements for Title 59: Mental Health Part 135 Individual Care Grants for Mentally Ill Children Section 135. Extensive information regarding these requirements can be found at <http://www.dhs.state.il.us/page.aspx?item=32626>. The documents on the web site include: Rule 135 in PDF format, the State of Illinois Community Mental Health Services Definition and Reimbursement Guide (Reimbursement Guide), a link to Rule 132 Questions and Answers, and training materials related to Rule 132. It is each provider's responsibility to review the service definitions, documentation and other requirements in the Rule and to assure that services are billed in accordance with all requirements. The rule includes provisions for post payment review for site visits. A site visit is conducted to determine compliance with all Rule 132 requirements and to determine amounts subject to recoupment for lack of compliance. All ICG services are subject to post payment review.

Service Cross Walk

This table is intended only as an overview. The specific billing requirements for modifiers, places of service and fund codes delineated in the Reimbursement Guide must be used when claims are submitted.

Service Codes	Comments
H0032 Treatment Plan	For treatment provider- The development of a plan, in

Development, Review and Modification	conjunction with the client/parent guardian to deliver specific mental health services to the client. These needs will be based on services identified in the mental health assessment.
T1016 Client Centered Consultation or Case Management, Transition, Linkage and Aftercare	For the SASS ICG Coordinator: based on the actual service being provided- Services are provided to assist in an effective transition in living arrangement consistent with the clients welfare and development.
T1016 Case Management Mental Health	For youth currently receiving DMH funded services with a Recipient Identification Number (RIN)- Services include assessment, planning, coordination, and advocacy services for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, education, housing, public income entitlements and other community services to assist the client in the community, Case management services may also include identifying and investigating available resources, explaining options to the client and linking them with necessary resources.
S9986 W051M Pseudo RIN Application Assistance	For youth who are new to the DMH system and do not have RINs. Preparing the client and the medication for administration, administering psychotropic meds, observing the client or possible adverse reactions, and returning the medication to proper storage.
S9986 W072M ICG Child Support Services	Will require authorization only for the portion that exceeds \$1,570 per youth per year. Child support services include funding that of activities that are intended to facilitate integration into the community. The funding may support YMCA passes, music lessons, recreational activities, summer camp, art classes, and after school programs.
H2015 Community Support Individual or Group <hr/> H2011 Crisis Intervention	Therapeutic stabilization will now be comprised of an array of Rule 132 services and the service billed must be provided and documented in accordance with the definition and requirements in the Rule. <hr/> Activities or services provided to a person who is experiencing a psychiatric crisis that are designed to interrupt a crisis experience including assessment,

	<p>brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels of treatment, with the goal of symptom reduction, stabilization and restoration of a previous level of functioning.</p>
<p>S9986 W097M ICG Behavior Management</p>	<p>Will require authorization only for the portion that exceeds \$3,000 per youth per year.</p> <p>These service include, participation in therapeutic after school programs, consultation with a dietician, fitness training, sleep consultation, yoga, equine therapy, de-escalation training, parent/guardian training.</p>
<p>S9986 W017M ICG Services Group Home</p>	<p>Youth present- Group homes are typically billed at a lower rate than residential facilities because they are not as restrictive.</p>
<p>S9986 W017B ICG Services Group Home</p>	<p>Bed hold—should be billed for <u>any</u> overnight that the youth is not present A Bed-Hold Extension Request Form must be submitted when an individual is enrolled in a residential program is away from the residence for more than 60 days per fiscal year</p>
<p>S9986 W019M ICG Services Residential</p>	<p>Youth present-This service supports non-rehabilitative, and non-therapeutic costs associated with supporting the ICG youth. The costs include room and board as well as costs associated with continuous supervision.</p>
<p>S9986 W019B ICG Residential</p>	<p>Bed hold—should be billed for <u>any</u> overnight that the youth is not present</p>
<p>S9986 W020M Unit 1 or W021M Unit 2 Residential Special</p>	<p>Only applies to residential providers who have more than one unit and IPCRB rate at a single address, youth is present.</p> <p>Bed-holds and bed-hold extensions occur due to psychiatric hospitalizations, detentions, and home visits. These constitute the criteria for granting a bed-hold. Bed-hold requests are denied if there isn't a treatment rationale to the request. The information below describes the bed-hold policy and process that the ICG Program has historically employed. Bed hold.</p>
<p>S9986 W020B Unit 1 or W021B Unit 2</p>	

Residential special unit #1 or #2	
<i>Other Services (encounters)</i>	
S9986/ W050C	ICG Quarterly Residential Review, Face to Face Mode
S9986/W050D	ICG Quarterly Residential Review, Telephone Mode
S9986 / W050E	ICG Clinical Case Participation, Face To Face Mode Community. - Involves face to face or phone participation for community or residential conferences. This could included IEP staffing, discharge planning, treatment plan reviews, case conferences.
S9986/ W050F	ICG Clinical Case Participation, Telephone Mode Community- Involves face to face or phone participation for community or residential conferences. This could included IEP staffing, discharge planning, treatment plan reviews, case conferences.
S9986 /W050G	ICG Habilitative Services / Supervision Community. Refers to the non-clinical time providers spend with the ICG consumer while providing therapeutic stabilization. This allows time for the provider to monitor targeted behavior.
<i>Residential Encounter Claims</i>	
<p>Services provided during the residential day are billable as encounters and additional instructions are provided under the Residential Billing section below. Refer to the Services Matrix for the services listed under the ICG program code for the services that can be submitted as residential encounters. Residential Services consist of all per diem billed through Medicaid; therapy; counseling; community support individual; community support group, community support residential, case management services; client centered consultation.</p>	

Service Rates

The rate is the dollar amount for services rendered. The rates are listed as **units**. Each unit refers to every ¼ hour (15 minutes) spent on each billable service.

Authorization Requirements

All authorization requests must be reviewed by the ICG Office.

Community Services

The two community services that require authorization are:

- Child support services over \$1,570 per youth per fiscal year, and/or
- Behavior management services over \$3,000 per youth per fiscal year

Providers should only request authorization for the amount that exceeds the child's annual limit.

Providers are responsible for tracking their usage of these services and for requesting an authorization if services in excess of the annual limits are determined to be necessary based on the needs of the youth. The annual limits are per youth and not per provider. Therefore, if a youth is served by more than one provider during a fiscal year, providers may not know how much of these services may have been used by another provider. It is required to seek an authorization prior to delivery of any child support or behavioral management services. Providers must use the "Request for Additional Funds" form. The form must be submitted to the ICG Office prior to committing or arranging to spend additional funds. If a provider receives a claim denial for lack of authorization where another provider has consumed a portion of the annual limit for these two services, the provider may submit a retrospective request for authorization within 60 days of the initial denial.

The requirements for obtaining authorizations for child support and behavioral management services are outlined below:

1. The Authorization Request For Additional Funds Form for Child Support or Behavior Management Services must be submitted to the ICG Office. The form is available at the end of this document.
2. Once required documentation is complete, the ICG Office will send written notification of the authorization within 15 business days.
3. All authorizations for Child Support and Behavioral Management services will expire at the end of the fiscal year in which the authorization was granted, except for authorization requests submitted in June that clearly indicate that the request is for the subsequent fiscal year.
4. Retrospective authorizations for child support and behavioral management services must include the name of the other provider who has claimed for these services during the fiscal year.

Residential Services Authorization

Residential nights of care will require authorization by the ASO in order for claims to be processed and paid. The steps for obtaining residential authorizations are outlined below:

1. **Initial authorization**—The Authorization Request Form for Residential Services and the required documentation must be submitted to the ASO within 72 hours of residential admission. The authorization request form is provided in the Forms section at the end of this document. Section A must be completed. If out-of-state placement is being requested 3 in-state provider written denials must be provided to the ASO for review prior to pursuing the out-of-state placement. Additionally an interstate compact must be requested from the ICG Office by the SASS ICG Coordinator and parent/guardian.
 - a. Once the required documentation is complete, the ASO will send written notification to the provider within 5 business days.

- b. The initial authorization will typically be for 120 days, which will allow the initial treatment plan to be completed before the next authorization is required.
- 2. **Concurrent authorization**—The authorization request form, Section B, and all required documentation must be submitted within 7 – 14 days prior to the expiration of the current authorization.
 - a. Once the required documentation is complete, the ASO will send written notification to the provider within 7 business days.
 - b. Concurrent authorization will be for 90 days, unless the transition to community services or the termination of the grant appears imminent, then it will be for fewer days.

Medical Necessity Definition for Residential Services

<p>Medical Necessity Criteria for continuing Residential Level of Care</p>	<ol style="list-style-type: none"> 1. Youth must have symptoms of severe mental illness, and initial evidence of severely impaired reality testing; and one or more of the following: <ul style="list-style-type: none"> a. Youth’s symptoms/behaviors indicate a need for continuous monitoring and supervision to insure safety; b. Youth/family has insufficient or severely limited skills to maintain an adequate level of functioning and, specifically identified deficits in daily living and social skills and/or community/family integration. c. Without a twenty-four hour continuum of care, the youth’s emotional and behavioral stability will be compromised, resulting in psychiatric hospitalization. d. If stepped down to a lower level of care, there is risk of the youth’s more severe psychiatric symptoms recurring, including symptoms of severely impaired reality testing.
<p>Psychosocial Considerations in support of youth’s and family’s readiness for lower level of care. (All five must be met)</p>	<ol style="list-style-type: none"> 1. Youth’s symptoms of severe mental illness, including impaired reality testing, and any self-harmful or aggressive behaviors, have significantly diminished in the past 6 months with treatment. 2. Youth has participated successfully in activities which indicate youth’s ability to tolerate step-down to lower level of care (examples: overnight visits with family, participation in day treatment program, successful school participation) 3. Evidence of family support for step down to lower level of care. Family support is indicated by the availability of services in the youth’s community to support the child and family. 4. Evidence of the SASS ICG Coordinator’s support for step down to lower level of care.

- | | |
|--|---|
| | <p>5. Evidence that adequate services exist in the youth's services area to support the youth's transition to a lower level of care in the community.</p> |
|--|---|

Appeal Process for Change in Level of Care

A change in level of care may be made at the quarterly review or annual renewal of eligibility. If the parent/guardian disagrees with the change in level of care determination, they may initiate a Secretary's Level of Appeal. The parent/guardian must request this appeal within forty (40) days from the date of the letter of notification regarding the change in level of care. New material may not be submitted. Only the letter of appeal may contain quotes from new material. The letter of appeal should be sent to:

Dr. Renee Mehlinger, Deputy Clinical Director

c/o Illinois Mental Health Collaborative for Access and Choice

Post Office Box 06559

Chicago, IL 60634

Differentiation of Quarterly/Annual Reviews and Authorizations

While the quarterly and annual eligibility reviews required by Rule 135 and the authorizations for residential nights of care are related, there are two distinct purposes for these authorizations. Providers are required to track dates for quarterly/annual reviews and expiration of authorizations. Quarterly and annual eligibility reviews as required by Rule 135 relate to a youth's continued eligibility for ICG funding. Authorizations for residential nights of care relate to meeting medical necessity criteria for a residential level of care and are required for payment of residential per diem claims.

Late Submissions of Quarterly/Annual Reviews

Parents/guardians/young adults, treating providers and the SASS providers will be notified of an upcoming annual review 16 weeks prior to the grant anniversary date. Completed annual review documents are due to the ASO and local ICG Office within 13 weeks before the grant anniversary date. The ASO will notify the SASS providers and the treating provider of delinquent annual review documents 11 weeks prior to the grant anniversary date. Parents/guardians will also receive a copy of a delinquency notice. Providers may submit billing for services rendered to a youth whose annual review documents are delinquent (not submitted thirteen weeks prior to the anniversary date). However, providers will not be paid for these services until the completed annual review documents are received. Decisions on the continuation or termination of the grant are to be made six weeks prior to the anniversary date to allow for transition planning.

Quarterly reports are due to the ASO and local DHS/DMH ICG office 10 days before the end of each quarter of the grant anniversary date. It is the provider's responsibility to track the

due dates of the quarterly reports. The ASO will notify the provider of delinquent quarterly reports, and payment for services will be suspended until the completed quarterly report is received.

Residential Services and Community Services

Provider Enrollment and Registration

- Providers must have a signed community services contract with DMH.
- Providers must be enrolled with the Collaborative for all active sites.
- Providers must be enrolled with HFS for all active sites.

The agency and site information on file with the Collaborative must be identical.

- Any changes or updates to a provider's status must be submitted to DMH.
- All changes or updates must also be updated with HFS.

A change includes the following:

- Change in ownership
- Change in agency name
- Address change
- Change for any service provided
- Changes to the agency Medicaid site ID

Billing for Services

Before billing for a service provided to a youth with an ICG, the ICG provider for either residential or community services including out of state providers must have a current contract with the State of Illinois, must be certified in accordance with the requirements of 59 Illinois Administrative Code 132 (Rule 132), must be accredited by a national accrediting body, and must assure that the youth is registered to the provider under the appropriate ICG funding code (ICG for residential services and ICGC for community services).

Beginning on 7/1/2011, all claims for dates of service must be submitted to HFS. Claims must be submitted in 837P formats in accordance with the detailed requirements on the DHS/DMH website at: <http://www.dhs.state.il.us/page.aspx?item=32626>.

ICG residential rates are provider specific and must be approved by the Illinois Purchased Care Review Board. The Illinois Purchased Care Review Board, (IPCRB) reviews and approves or disapproves the costs and sets rates for nonpublic facilities. Nonpublic facilities are reviewed and approved by the Illinois Board of Education pursuant to the requirements of 23 Illinois Administrative Code 401. The contact information for the Illinois

State Board of Education, Purchased Care Review Board's Springfield office is: 100 N. 1st Street • Springfield, IL 62777 • 866/262-6663 • 217/782-4321

Any service provided to an Illinois Medicaid eligible recipient by a provider from an enrolled Medicaid Certified Site funded by any public payer seeking Federal Financial Participation must adhere to all applicable federal laws and rules and all HFS rules and policies.

As of July 1st 2011, claims for all DMH funded services regardless of service date are to be submitted directly to the Department of Healthcare and Family Services, (HFS). Customer support for HFS billing issues after 7/1/11 should be directed to the HFS Bureau of Comprehensive health Services at 877-782-5565.

Submission of claims must be made using the:

- 837P or 5010 or
- HFS Direct Data Entry Portal

Reporting of DMH specific data elements as they are outlined in the Illinois 837P Companion Claims Submission Guide will continue to apply. This includes the submission of key data elements, and the use of W codes and Pseudo-Rins. The guide can be found at : <http://www.hfs.illinois.gov/assets/837p.pdf>

Claims Submission for DMH Funded Services

- ICG Residential Services (Per Diem Services)
- Rule 132 services for ICG Community based services (see Service Definition Reimbursement Guide: <http://www.hfs.illinois.gov/assets/cmhs.pdf>).

“W” codes must be used to specify services that are provided when Procedure Code S9986 is used.

The billing codes for bed holds and for special units are on page 5310 of the Community Mental Health Services Service Definition and Reimbursement Guide.

Appendices

Application

Authorization Request Form for Residential Services

Illinois DHS/DMH Request for Authorization of ICG Residential Services

Initial Request or Reauthorization Request

Fax Request Form to the Collaborative at: 866-928-7177

Agency: Name of Referred:

Agency Location: Date of Birth:

Unit: RIN #

Case Manager: Medicaid Application Submitted on:

Or

Medicaid Eligible as of:

Placement Determination Meeting Held on:

Present at Meeting:

ICG Coordinator:

Parent/Guardian:

Collaborative Clinical Care Manger:

Others present/relationship to youth:

Male: Female: Date of Admission:

Current Medications; (including both psychotropic and non-psychotropic) (list name, dose, frequency):

REQUIRED DOCUMENTS (Please check all that apply)

- A. **Initial Authorization (For admission to residential, step up to residential, or change in residential placement)**

The submitted and approved ICG application serves as part of the initial authorization for residential placement.

The admission note must be submitted and included the elements listed below:

Identifying information: name, gender, date of birth, primary language or method of communication, date of initiating assessment

Youth's current mental health functioning level

Provisional diagnosis

Pertinent history

Precautions (e.g. suicide risk, homicide risk, flight risk) and special programming to meet the youth's needs

Initial treatment plan, including a list of Rule 132 services that will be provided and the staff responsible for those services

Other relevant information (**presenting problems and current medications**)

Signed by QMHP

Submitted within 72 hours of Admission

B. Concurrent Authorization

Quarterly Report

Mental Health Assessment within the last year

Initial Treatment Plan (Due only at the time of first concurrent review)

Includes the following elements:

Dated within 30 days of admission to facility

Illinois DHS/DMH

Treatment plan (completed with signatures) needs to be received by the ASO within 5 business days

ITP must have appropriate signatures: youth, LPHA, etc.

Proof of parent/guardian involvement in ITP development

Overall, reflective of Rule 132 requirements

Initial goals and objectives reflective of diagnosis and presenting problems

Frequency of services (individual, family, group therapy, etc.)

Discharge criteria

If age 17 or older, transition planning to adult services is occurring

If this is not occurring, please explain:

Concurrent Treatment Plan (Due at time of all subsequent reviews)

Includes the following elements:

ITP review included with summary of progress toward goals

Diagnosis changes reflected in ITP goals

Suggestions/input from youth, family, ICG Coordinator, and ASO staff during staffing included (specifically outlined)

- Columbia/Ohio Scales
- Deveraux Scales

II. DIAGNOSIS

DSM IV TR Diagnosis <i>All 5 Axes must be completed</i>	Diagnosis (Code)	Rank (Please rank diagnosis in Axes 1-3 in order of primacy)
Axis I		
Axis II		
Axis III		
Axis IV		
Axis V – Global Assessment of Functioning (GAF) or C-GAS	Highest Last Year:	Current:

Agency: Name of Referred:

Date of Birth: RIN #

III. SUMMARY: Justification of Level of Care

IV. Other relevant clinical information (please include information regarding UIRs, Hospitalizations, Emergency Meds, etc.)

Submitted by :

(Name, Credentials, Date)



Illinois Department of Human Services
Division of Mental Health ICG Office: 4200 Oak Park Ave. Chicago Read Annex, Chicago, IL 60634
FY 2012 Request Form for Additional Funding for Child Support or Behavioral Management Services *

*Behavioral Management: Additional funding requires authorization for the portion that exceeds \$3,000 per youth per year. Examples: participation in therapeutic after school programs, consultation with a dietician, fitness training, sleep consultation, de-escalation training, parent/guardian training.
*Child Support: Additional funding requires authorization for the portion that exceeds \$1,570 per youth per year. Child support services include activities that are intended to facilitate integration into the community. Examples: YMCA passes, recreational activities, summer camp, art therapy classes, and after school programs.

Complete questions 1-14. Send form to ICG Office Incomplete forms will be returned.

1. Date of this Request: / /12
2. Person Completing Form: 3. Title:
4. SASS Agency:
5. ICG Recipient: 6. RIN # (Recipient Identification Number: DMH ID#)
7. Service Requested: (check one) Child Support Behavioral Management
8. Name of service requested:
9. Provide a detailed reason for this service:
10: Refer to the client's treatment plan. What specific treatment plan goal does this service apply to ?
11: How does this service address the client's treatment plan goal ?
12. Dates of service: From: To:
13 Total Cost: \$
14: SASS ICG Coordinator Signature: Date:
Supervisor's Signature: Date:



Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

Individual Care Grant Program
 Child and Adolescent Services
 4200 North Oak Park Avenue / Annex
 Chicago, Illinois 60634
 Tel: 773 - 794-4895 Fax: 773-794-4881

Initial Plan Development Form

This form is to be completed by the SASS ICG Coordinator during the initial meeting with the family after they have been granted an ICG and have decided how they want to utilize the grant. Return the completed form with the signed releases to the ASO as well as the local DHS/DMH ICG office at 4200 N. Oak Park Ave/ Annex Chicago, IL 60634.

Date of Meeting: _____

IP: _____ **or phone consultation:** _____

Name of Person (s) attending the Initial Plan Development Meeting:

Parent (s)/Guardian (s): _____

Address: _____

Telephone Numbers: H: _____ W: _____ Other: _____

Child's Name _____ DOB: _____

Social Security No. _____

SASS Agency: _____

SASS Representative: _____

Others: _____

The decision was made to pursue (check one)

_____ **Community Based Services**

_____ **Residential Treatment**

_____ **No Services at this time**

Parent/Legal Guardian Signature: _____

SASS Signature: _____



**Illinois Department of Human Services
Division of Mental Health**

Individual Care Grant Bed Hold Request (page 1 of 2)

Note: Any absence after the 60th cumulative day in the IL State fiscal year must be communicated to and approved by the Individual Care Grant Program Office. Requests must be RECEIVED no later than the 55th day.

Complete all items 1-12 below to request a bed hold for a youth with an Illinois Individual Care Grant. The Illinois Department of Human Services will consider authorizing reimbursement for a bed hold *only* for a programmatically approved absence from a residential facility.

FAX this completed form to the ICG Office at 773 794-4881 **at least 5 work days** (excluding weekends)

BEFORE the bed hold is to begin. **Incomplete forms will not be accepted.**

If the Bed Hold request is due to elopement, the form must be faxed on the first day of the elopement.

1. Date of Bed Hold Request: _____ / _____ / _____ 2. Date Completing Form _____ / _____ / _____

3. Person Completing Form: _____ 4. Title: _____

5. Provider: _____

6. Address: _____

Street			
City	State	Zip Code	Phone () _____

7. ICG Recipient: _____
name

8. RIN # _____
(Recipient Identification Number: DMH ID#)

9. Total Number of bed hold days year-to-date: _____

10. Number of bed hold days this request:			
	Month	Dates	Year

11. Reason for bed hold request: _____
(check only **ONE** box below and provide the explanation in #12 space provided)

Planned home visit: # days requested: _____

Unplanned home visit: # days requested: _____

Vacation: # days requested: _____

Elopement # days: _____

Hospitalization: # days requested/anticipated: _____

Incarceration: # days requested/anticipated: _____

Continue on next page

(for one reason and one box checked)

12. Provide a detailed reason for the bed hold for box checked above:

use second sheet if necessary to explain reason for bed hold request.

DMH ICG Office use below
(page 2 of 2)

Approved

Dates approved:

Month	Dates	Year

Denied

Reason for denial:

Signature

: _____

Title:

Date:

____ / ____ / ____

Total number of approved bed holds before this approval:

Total Number of approved bed holds including this approval:



Michelle R.B. Saddler, Secretary

Pat Quinn, Governor

Individual Care Grant Program
 Child and Adolescent Services
 4200 North Oak Park Avenue / Annex
 Child and Adolescent Mental Health Services Chicago, Illinois 60634
 Tel: 773 - 794-4895 Fax: 773-794-4881

SASS-ICG Coordinator Residential Treatment Center Monitoring Report

SASS-ICG workers have a responsibility to visit ICG clients in their residential treatment placement. Workers are to visit two times a year for Illinois residential treatment centers and once a year for out of state facilities. These visits provide important information by monitoring the effectiveness of the residential placement. Please complete the items below and submit to the ICG within 10 days of the visit.

- A. Name of the SASS ICG Coordinator and community mental health agency

- B. Name of the ICG client: _____
 Grant# _____
- C. Length of time the ICG client has been in residential treatment at this
 Facility _____
- D. Name of Residential Treatment Center visited and location _____
- E. Date if RTC visit _____
- F. Anticipated date of discharge _____
- G. Anticipated date of high school graduation (if appropriate)
- H. The visit included which of the following (check all that apply)
- I. Interviewed ICG client
 - II. Interviewed ICG client parent or guardian (before visit or at the facility)
 - III. Toured the specific residence (unit) of the ICG client
 - IV. Interviewed RTC staff regarding the ICG client progress
 - V. Participated in clinical conference or staffing regarding ICG client
 - VI. Participated in educational conference or staffing regarding ICG client
 - VII. Participated in treatment planning regarding ICG client

- VIII. Reviewed clinical records of ICG client
- IX. Reviewed restraint and seclusion data regarding the ICG client
- X. Reviewed Unusual incident reports regarding the ICG client
- XI. Reviewed the discharge or participate in planning regarding the ICG client

I. Describe the behaviors and/or symptoms that you feel required continued treatment in a residential treatment facility and list the current barriers to discharge _____

J. What is the level of family involvement in the ICG client's care and treatment? How frequently does the family visit the client? How frequently do home visits occur?

K. Does the facility have a written discharge plan? Is the facility actively working toward discharge?

L. What is the proposed transition plan for the youth? Are their barriers preventing the implementation of this transition plan?

M. If you feel that the child or adolescent could be stepped down to the community level of care, state why? If the RTC does not see the child or adolescent as ready for step-down at this time, what is the ration for continued residential treatment? _____

N. Based on your observations, interviews, and review of records, what is your recommendation regarding continuation of the placement?

- I recommend continued and residential placement
- I do not recommend continued residential placement
- I recommend step down to community based ICG

O. Overall, how do you assess the quality of treatment the ICG client is receiving? Please consider individual, group therapy, and family therapy, programming, milieu therapy, dietary

program, recreation are his/her clinical and non clinical needs being adequately met? Why or why not?

P. ___ I recommend this residential treatment center for ICG clients in the future
____ I do not recommend this residential treatment center for ICG clients in the future.

Comments:

Submitted by: _____ Date: _____

Return to ICG Office
Child and Adolescent Services
4200 N. Oak Park Ave. / Annex, Chicago, IL 60634]

Revised 11/30/11