State of Illinois
Department of Human Services
Division of Alcoholism and Substance Abuse

Off-Site Exception Approval Policy

1. The provider will send a written request for each off-site exception requested in compliance with 2060.203 and the completed "Off-site Exception Request" form to the Licensing staff at DASA. These will also be sent to Licensing staff at the time of renewal of each off-site exception.

2. DASA Licensing and Contract staff will review the documents in a meeting held as needed.

3. A decision letter signed by the Director of DASA will be sent to the provider.

4. All approved off-site requests for DASA contract or Medicaid funded providers will result in a unit/program reporting number being generated. A revised unit/program file will be e-mailed to the provider's authorized program representative. Providers will use these corresponding unit/program numbers for services delivered at off-site locations.

5. The effective date of service delivery and billing will be the date on the approval letter. Providers are not to deliver or bill for services at the off-site location prior to receipt of this letter.

6. If your agency will be billing Medicaid from an off-site location, this location will be required to enroll with the Illinois Department of Healthcare and Family Services if:

   * the off-site location is owned or leased by the agency or;
   * the off-site location has managing and/or assigned staff at the location or;
   * patients need to travel to the off-site location to receive services rather than agency staff going to them.

7. Non-funded providers who request Medicaid certification and have previously been granted an off-site exception or request an off-site exception along with certification will be required to complete the "Off-site Exception Request" form. This will be reviewed at the Off-site Exception meeting.

8. If a funded provider does not renew an off-site request or closes an off-site location, the corresponding unit/program number will end as of the date of the closure.