

# Outreach and Engagement/Stakeholder Education Service Reporting and Billing Instructions

## Outreach and Engagement

Outreach and Engagement are primarily community-based (non-office settings) services that are geared towards the use of special efforts to identify and engage adults who are suspected of having serious mental illnesses and children and adolescents suspected of having serious emotional disturbances in treatment. **These services are to be provided only to individuals who are not known to the mental health system at the time that services are rendered.** Outreach and Engagement are non-Medicaid billable services that are reimbursed by DHS/DMH **only**. Providers are permitted to utilize 1% of their total Fee-for-service DMH contract amount for these services (see DHS/DMH service guidelines for the specifics with regard to allowable billing and examples of allowable activities).

## Stakeholder Education

Stakeholder education services are activities that strive to promote the health, strength and recovery of consumers by educating and training: (1) community stakeholders who frequently interact with individuals who have mental illnesses, or individuals who are suspected of having serious mental illnesses, and (2) the general community with regard to serious mental illnesses/emotional disturbances.. Stakeholder education activities are non-Medicaid billable services and are reimbursable by DHS/DMH **only**. Providers are permitted to utilize 1% of their total Fee-for-service DMH contract amount for these services (see DHS/DMH service guidelines for the specifics with regard to allowable billing and examples of allowable activities).

**Billing Procedure** - Agencies using DHSCRS software (“ROCS”) must submit “daily billing” for these services using the **Service Reporting/Mental Health Billing** screen (see sample below).

To enter data: From the menu bar, select *Service/Bills* then *Contracted Services, Daily Reporting, Add/Change Delete*. The valid values to be used when entering data are displayed in the table below.

The screenshot shows the 'SERVICE REPORTING / MENTAL HEALTH BILLING' screen in the DHSCRS - Community Reporting System. The interface includes various input fields for client, service, and billing information, as well as a table for third-party liability and summary statistics.

**State of Illinois - DHS - Divisions of Mental Health and Developmental Disabilities**  
Version: 4.32 **SERVICE REPORTING / MENTAL HEALTH BILLING** IBD22000

Option: ADD Record Status: Submit Date:

Client ID: RIN: Adjustment Type:

Service Date: 08/01/2007 Location Code: 4 Activity Code: 7B

Site: 05 Unit: 00 Program Code: 110 Hours/Minutes: 01:00 Start Time: 13:00

Recipient Code: 4 Satellite Code: 00 DHS Case ID: 00000000000000

Staff ID: 123456789 00000000 00000000 00000000 00000000 00000000

Optional Data: Contract FEIN:

**MENTAL HEALTH BILLING DATA**

Billing Option: D Medicaid Site ID: Diagnosis:

Hours/Minutes: 00:00 Location Desc:

Code	Status	Amount	Date
A.		.00	
B.		.00	

**GROUP SERVICES DATA**

Group ID: 0 # of Clients: 2 # of Staff: 1

**INFORMATIONAL DATA**

Charge Amt: .00 Tot TPL Amt: .00 Net Chrg Amt: .00 Approved Amt: .00

EXIT PROCESS MORE INFO SKIP CLIENT DUPLICATE PREV NEXT DELETE CLEAR BACK BILL

**Billing Procedure for Community Agencies Utilizing ROCS or Proprietary/Their Own Software**

The following table provides valid data entry field values that must be used when reporting Outreach & Engagement and Stakeholder Education activity codes using the Daily Reporting Format.

Field Name	Description
<b>SERVICE REPORTING DATA</b>	
Client ID	This field must be blank
Date of Service	The date on which the service was performed
Location Code	The code for the location at which the service occurred.
Activity Code	The appropriate activity code for the service 7B - Outreach and Engagement 7C - Outreach and Engagement (multiple staff) 7D - Stakeholder Education 7E - Stakeholder Education (multiple staff)
Site Number	The appropriate site number for the service
Unit Code	The appropriate unit code for the service
Program Code	Program Code must be <b>“110 or “120”</b>
Hours/Minutes of Service	The duration of the service
Service Start Time	The time at which the service began. If not used, this field must be blank
Service Recipient Code	This field must be <b>“4”</b> (Community)
Satellite Code	The agency satellite code, if applicable
Case ID Number	This field must be zeros
Staff ID	The ID number(s) of the professional staff responsible for providing the service
Contractor FEIN	This field must be blank
Total Dollars Spent on Client	This field must be blank
<b>MENTAL HEALTH BILLING DATA</b>	
Billing Option	This field must be <b>“D”</b> (Service Reporting Only)
Medicaid Site ID	This field must be blank
Diagnosis Code	This field must be blank
MH Billable Hours/Minutes of Service	This field must be blank
Location Description	This field must be blank
Charge Amount	This field must be blank
Third Party Liability (TPL) Data	These fields must be blank
<b>GROUP SERVICES DATA</b>	
Group ID ( <i>agency use only</i> )	If not a group service, this field must be blank
Number of Staff in Group	The total number of staff involved in the group service. If not a group service, this field must be blank
Number of Clients in Group	The total number of clients involved in the group service. If not a group service, this field must be blank