



Handbook for Providers of Screening, Assessment and Support Services

Chapter CMH-200 Policy and Procedures For Screening, Assessment and Support Services

CHAPTER CMH-200

SCREENING, ASSESSMENT AND SUPPORT SERVICES

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GLOSSARY OF TERMS

Administrative Case Review (ACR): A review by DCFS of permanency planning for a child in DCFS care. This review is open to the participation of the parents or legal guardian of the child and is conducted by a person who is not responsible for the case management of the child or for the delivery of services to either the child or the parents who are subject to the review. The review is also open to the participation of other professionals involved in assessing or treating the child, any legal representative of the parent or child and the foster parents as specified in Department of Children and Family Services (DCFS) Rule Section 316.50.

Child and Adolescent Service System Program (CASSP): The concept that the system of substitute care should be child-centered and family-focused, community based and culturally competent.

Crisis and Referral Entry Service (CARES): A single point of entry to the SASS system that provides telephone response and referral services for children requiring mental health crisis services.

Comprehensive Assessment Responsive Training System (CARTS): an innovative collaborative assessment and treatment program that addresses the needs of the severely mentally and behaviorally disturbed wards of the State of Illinois.

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 mental health, health, social, vocational, educational and other community services and resources.

Children & Adolescent Treatment Unit (CATU): A nine-bed inpatient psychiatric unit that is part of the CARTS. CATU treats DCFS wards who have had several psychiatric hospitalizations, numerous placements, and who are severely aggressive. Hospitals throughout the state make referrals when they are unable to manage or treat these wards. SASS, DCFS staff, residential programs and other service providers also make referrals to the CATU. All referrals go to the DCFS Gatekeeper for approval, and approval is given after consultation with the CATU psychiatrist.

Comprehensive Community Based Youth Services (CCBYS): A statewide program serving youth ages 10-17 who are at risk of involvement in the child welfare and/or the juvenile justice system. The primary purpose of CCBYS is to provide at-risk youth with a continuum of services according to their needs, with the overarching goal of family preservation, reunification or independence, again depending upon the youth's need. Such services are directed at assuring that youth who come in contact with the child welfare or juvenile justice systems will have access to needed community, prevention, diversion, emergency or independent living services.

Certification: The initial determination and redetermination by DCFS, Department of Human Services (DHS), or Department of Corrections (DOC) of the eligibility of a provider to participate in the 59 Ill. Admin. Code 132, Medicaid Community Mental Health Services Program, and to provide mental health services.

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, such as psychiatric hospitalization.

Community Mental Health Provider (CMHP): An agency certified by DHS or DCFS and enrolled with HFS to provide Medicaid community mental health services in accordance with 59 Ill. Admin. Code 132.

Childhood Severity of Psychiatric Illness (CSPI): A screening tool used for children with emotional and behavioral disorders. The CSPI is a measure of psychiatric severity and is used as part of the assessment to determine if a child should be hospitalized or can be safely maintained in the community (Lyons, Mintzer, Kissiel, & Shallcross, 1998).

Culturally Competent: The effort to understand and be responsive to cultural differences of children and their families.

Departments: The Illinois Departments of: Children and Family Services (DCFS), Human Services (DHS), and Healthcare and Family Services (HFS); also be referred to as “the State.”

Department of Children and Family Services (DCFS): The Illinois Department of Children and Family Services.

Division of Child Protection (DCP): The Division of Child Protection within the Illinois Department of Children and Family Services.

Department of Human Services (DHS): The Illinois Department of Human Services.

Division of Mental Health (DMH): The Division of Mental Health within the Illinois Department of Human Services.

Healthcare and Family Services (HFS): The Illinois Department of Healthcare and Family Services.

Eligible Child: Any child who is referred to a SASS provider by CARES.

Family Resource Developer (FRD): A previous SASS consumer or a parent/guardian/caregiver of a child who has navigated the mental health system successfully and has the skills to assist other families/parents or caregivers who is employed by a SASS agency. The FRD may help with logistical planning, overcoming obstacles, addressing stigma and providing support to the child and family.

FLEX Funds: Funds made available by DHS used to augment traditional mental health services where additional and alternative therapeutic supports are needed and no other funding source is available.

Forensic: Forensic SASS recipients are juveniles adjudicated under Illinois Criminal Statutes as Unfit for Trial (725 ILCS 5/104 10 - 31), or Not Guilty by Reason Of Insanity (730 ILCS 5/5-2-4). Juveniles judged to be Unfit for Trial may be remanded to the Department of Human Services for fitness restoration services on an inpatient or outpatient basis. Juveniles acquitted of their charges by Reason of Insanity are ordered to the Department of Human Services for an evaluation to determine if they are: 1) subject to involuntary admission: 2) in need of mental health services on an inpatient basis: 3) in need of mental health services on an outpatient basis or: 4) not in need of mental health services. Juveniles committed to inpatient care under the Insanity Statute are treated in a secure facility until the court determines that they can be placed in a less restricted setting or conditionally released into the community.

Guardian: The court-appointed guardian of a person under the Probate Act of 1975 [744 ILCS 5] or a temporary custodian or guardian of the person of a child appointed by an Illinois juvenile court or a legally appointed guardian or custodian or other party granted legal responsibility.

Health Insurance Portability and Accountability Act (HIPAA): A Federal law that makes a number of changes that have the goal of allowing persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives the Department of Health and Human Services the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information.

Individual Care Grant (ICG): A grant administered by the Illinois Department of Human Services, which provides funding for intensive community based services or residential placement for children and adolescents who meet specific eligibility criteria as defined in Ill. Admin. Code 135.

Local Area Network (LAN): Identified geographic boundaries across the State of Illinois. The LAN map can be found on HFS' Web site. Refer to Appendix CMH-8.

Licensed Practitioner of the Healing Arts (LPHA): An individual who, within the scope of State law, has the ability to independently make a clinical assessment, certify a diagnosis and recommend treatment for persons with a mental illness.

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

Mental Health and Developmental Disabilities Confidentiality Act: Legislation that protects the right to confidentiality of individuals in the mental health system [740 ILCS 110].

Mental Health Assessment: The formal process of gathering into a written report(s) demographic data, presenting problems, history or cause of illness, history of treatment,

psychosocial history and current functioning in emotional, cognitive, social and behavioral domains which results in identifying the client's mental health service needs and in recommendations for service delivery, and may include a tentative diagnosis.

Mental Health Professional (MHP): An individual who provides services under the supervision of a Qualified Mental Health Professional (QMHP) and who possesses a bachelor's degree or at least five years of experience in human services.

Provider: An agency certified by DHS or DCFS to provide Medicaid community mental health services in accordance with 59 Ill. Admin. Code 132.

Qualified Mental Health Professional (QMHP): As defined in 59 Ill. Admin. Code 132.25, a QMHP is a Licensed Practitioner of the Healing Arts, Licensed Social Worker, Registered Nurse, Occupational Therapist or an individual possessing at least a master's degree in counseling and guidance, rehabilitation counseling, social work, vocational counseling, psychology, pastoral counseling, or family therapy or related field, who has successfully completed a practicum or internship that included a minimum of 1,000 hours of supervised direct service, or who has one year of clinical experience under the supervision of a QMHP.

Recipient Identification Number (RIN): Unique 9-digit number assigned to each person who receives medical benefits from the state. The number is utilized by HFS to identify and pay medical bills to providers.

Rule 132: Illinois Department of Human Services 59 Ill. Admin. Code 132, Medicaid Community Mental Health Services.

Screening, Assessment and Support Services (SASS): A program of intensive mental health services provided by an agency to provide pre-admission screening, crisis stabilization and follow-up services to children with a mental illness or emotional disorder who are at risk for psychiatric hospitalization.

System of Care: A comprehensive spectrum of mental health and other support services that is organized into a coordinated network to meet the multiple and changing needs of children with serious emotional disturbances and their families.

System of Care Program (SOC Program): A statewide network of DCFS-funded, community based providers responsible for placement stabilization services to targeted children under the care of DCFS. This program is (1) a comprehensive spectrum of mental health and other support services that is organized into a coordinated network to meet the multiple and changing needs of wards with serious emotional disturbances and their families, and (2) available to provide intensive home-based services to wards who are at risk of losing their current placement.

FOREWORD

The *Children's Mental Health Act of 2003*, Illinois Public Act 93-0495, represents a significant opportunity for Illinois to promote the well being of children by maintaining them in the least restrictive settings, working with families in their home(s) or other natural environments, providing culturally and linguistically competent services, maintaining normalizing routines and activities, and allowing for earlier interventions to address growing problems. A requirement of the Children's Mental Health Act of 2003 is to ensure the screening and assessment of children and adolescents prior to any admission to a hospital for inpatient psychiatric care for all children eligible for Healthcare and Family Services (HFS) Medical Programs. With the passage of this Act, HFS joined two other Illinois State Departments that have been funding screening and assessment services for children since 1992: the Department of Human Services (DHS) and Department of Children and Family Services (DCFS). The three State Departments (hereinafter referred to as Departments) are now collaborating to implement the Screening, Assessment and Support Services (SASS) Program.

This statewide initiative: (1) provides screening, assessment and treatment of any child who may be at risk of psychiatric hospitalization and who is eligible for public funding under any program funded by one of the three collaborating Departments; (2) enhances access to coordinated community based mental health services either in lieu of or following inpatient care and screening; and (3) effectively links families and guardians to the appropriate level of care to meet the mental health treatment needs of their child.

PROVIDER GOALS

- ❖ Participate in the establishment of a single coordinated and cohesive service system for children.
- ❖ Ensure that families experience less fragmentation when trying to access services.
- ❖ Utilize and enhance early community based interventions and provide care coordination.
- ❖ Provide comprehensive, coordinated community based treatment services in-lieu of hospitalization.
- ❖ Recommend hospitalization only when community resources are not available or appropriate so that children will be less likely to experience an unnecessary hospitalization.
- ❖ Actively participate in hospital staffings and discharge planning to assure a seamless transition into the community.
- ❖ Reduce recidivism and length of stay in psychiatric hospitals.
- ❖ Provide advocacy and support for children, parents, caregivers and guardians.
- ❖ Provide alternative supports that will coalesce around the needs of children (e.g., education, juvenile justice, alcohol and substance abuse and developmental disabilities).

HANDBOOK USE

Contracted SASS Providers will be held responsible for compliance with all policy and procedures contained herein. Failure to comply may result in sanctions, up to and including termination of the contract for SASS services. Other provider types (Community Mental Health Agencies and Hospitals) failure to comply with these policy and procedures may result in claims rejection.

This handbook has been prepared for the information and guidance of contracted SASS providers, community mental health providers, and hospital providers who render services to individuals enrolled in the Departments' SASS program. It also provides information on the HFS requirements for provider participation, enrollment and billing. This handbook can be viewed on the HFS Web site at:

<http://www.hfs.illinois.gov/sass>

It is important that both the provider of service and the provider's billing personnel read all materials prior to initiating services to ensure a thorough understanding of the SASS program requirements regarding service delivery as well as the HFS 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 Departments' SASS program. The updates will be posted to the HFS Web site at:

<http://www.hfs.illinois.gov/cmhp/>

SECTION I. PROGRAMMATIC RESPONSIBILITIES

CMH-200 SASS PROGRAM ELIGIBILITY

CMH-200.1 ACUITY ASSESSMENT

The Departments contract with Westside Youth Network, the Crisis and Referral Entry Service (CARES), to process admissions into the SASS program and to authorize a SASS screening. CARES is available 24 hours a day, seven days a week at 1-800-345-9049, TTY 1-800-905-9645. CARES will perform an acuity assessment for calls denoting a psychiatric crisis or asking for SASS services. If the acuity assessment determines a need for SASS services and the child/family meet the age and financial assessment criteria (see Section CMH-200.2), CARES will refer the call to a SASS provider for screening.

CMH-200.2 AGE AND FINANCIAL ASSESSMENT

The following criteria will be applied to determine age and financial eligibility:

- Children under the age of 18 seeking public funding for psychiatric services through DHS.
- Children and adolescents under the age of 21 enrolled in HFS' medical programs, including All Kids.
- Any person for whom DCFS has legal responsibility.

The three categories listed above include Illinois children residing or presenting in the contiguous counties of bordering states or hospitalized in another state and either transferring to a hospital in Illinois or into a hospital within a contiguous county that borders Illinois for an initial screening.

For children with dual insurance (Medicaid or All Kids as the secondary), CARES should be called at the time of a psychiatric crisis. CARES will authorize 90 days of SASS eligibility if the child meets the acuity screening. HFS should always be billed as the payer of last resort. Refer to Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topic 120.

Children enrolled in an HFS Managed Care Organization (MCO) or under the All Kids Rebate, are not eligible for SASS services and will not be entered into the SASS system by CARES but will be provided information on community resources.

CMH-200.3 ACUITY AND ELIGIBILITY REVIEW AND APPEAL

CARES will automatically review any "marginal" referrals: That is, any referrals whose acuity falls within the marginal range (as determined by the Departments) will receive an automatic supervisory review. Children referred to CARES for a SASS screening who do not meet the acuity level for the SASS program but who are

admitted subsequently as a psychiatric inpatient by a hospital physician are subject to a mandatory supervisory review by CARES for potential SASS eligibility.

Any caller that would like to appeal the decision of CARES regarding eligibility may contact CARES and ask for additional review of the referral. CARES will then review the referral and coordinate with the Departments, as needed, regarding final disposition of the referral.

CMH-200.4 NOTICE OF SASS TEMPORARY ELIGIBILITY

Children under the age of 18 seeking public funding for psychiatric services through the Department of Human Services, Division of Mental Health (DHS/DMH), are the only children for whom a Notice of Temporary Eligibility will be issued by CARES. Children already enrolled in one of the HFS Medical Assistance Programs will not receive a Notice of Temporary Eligibility. The Notice of Temporary Eligibility is used to identify the non-HFS enrolled child's eligibility for services through the SASS program.

CARES will assign the child a Recipient Identification Number (RIN) and fax the Notice of Temporary Eligibility to the SASS provider within 24 hours of the initial referral for screening. SASS providers should give the Notice of Temporary Eligibility to the child's parent or guardian as soon as possible, as it will be used to access services (e.g., limited pharmaceuticals or transportation to medically necessary mental health services).

If a child with temporary eligibility is hospitalized, the hospital is responsible for assisting the family in submitting an HFS All Kids application. Whether the child is hospitalized or not, SASS providers must also assist the families of children with temporary coverage in submitting an HFS All Kids application. Information on applying can be found on HFS' Web site: www.allkids.com. Refer to Appendix CMH-8.

CMH-200.5 FORENSIC AND COURT-ORDERED ELIGIBILITY

CMH-200.51 Court-Ordered Eligibility

In the instance that a youth is court-ordered to receive an assessment by SASS, CARES will perform the standard crisis acuity to determine if the youth should receive an immediate crisis screen or a 24-hour non-emergency referral (refer to CMH 202.12). For those youth meeting the crisis acuity score as applied by CARES, SASS is required to accept the referral as an emergency response (refer to CMH 202.12) and respond within the appropriate time frames.

CMH-200.52 Forensic Inpatient

Any child or youth admitted to an inpatient facility to restore fitness to stand trial will receive SASS eligibility for the entire length of his/her inpatient stay. SASS

providers are expected to provide a 24-hour non-emergency response screening (refer to CMH 202.12) when receiving the referral from CARES.

All forensic inpatient stays must be authorized by the DHS/DMH Forensic Unit. Hospitals should work closely with the DHS/DMH Forensic Unit to receive reimbursement for these stays. SASS providers are expected to work with children or youth while inpatient and participate in all staffing and discharge planning.

<p>The admitting hospital provider will be required to submit the admitting court order and discharge court order to DHS/DMH. Any claims paid without the submission of these documents are subject to recoupment of claims paid by the Departments.</p>
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CMH-201 ADMINISTRATIVE REQUIREMENTS

CMH-201.1 Initial SASS Referral

A child must be enrolled into the SASS program to receive SASS services. To request a SASS screening for a child, contact CARES at 1-800-345-9049, TTY 1-800-905-9645, any time, seven days a week, 24-hours a day.

If CARES determines that the case is appropriate for a SASS referral, eligibility for admission into the SASS program is entered into the HFS system at the time a child is referred to the screening SASS provider. This initial eligibility authorizes the delivery of SASS services for a period of 90 days. The SASS provider will receive a prior approval letter from HFS showing the 90-day SASS eligibility period. The begin date of eligibility on the prior approval letter should be the date the CARES referral was made. Discrepancies should be reported to CARES via the non-emergency phone line at 1-773-847-2273.

If subsequent psychiatric crises occur that necessitate another SASS screening, the SASS provider does not need to call CARES for additional authorization **as long as** the child is still eligible for SASS services.

CARES will enter each child into the SASS Web-based reporting system, which is located online at: <www.sasscares.org>. SASS agencies should use the Web-based reporting system to manage the eligibilities open for their agency (refer to CMH 201.3). In addition, a monthly eligibility report is sent to SASS providers detailing every child with active eligibility in the SASS program for their agency. SASS providers are responsible for reviewing this list and contacting CARES at 1-773-847-2273 if there are any discrepancies between the eligibility report and the SASS provider's records.

CMH-201.2 TRANSPORTATION SERVICES

CMH-201.21 General Parameters

If a cost-free mode of transportation is not available, not appropriate, or is unsafe, children and youth admitted into the SASS program are eligible for transportation services to or from medically necessary care, including having an attendant travel with them. The SASS provider is responsible for assisting in arranging transportation.

HFS contracts with First Transit, Inc. to provide prior approval for non-emergency transportation services including determining the appropriate mode of transportation. When requested, First Transit staff will provide a caller with the names and telephone numbers of HFS enrolled transportation providers in a child or youth's geographic area to provide transportation services at the level of service medically necessary for the child or youth. First Transit is not a transportation provider. First Transit receives the list of enrolled providers from HFS.

Prior Approval

Participants or their designated representative, including providers, can request a prior approval for non-emergency transportation services by contacting First Transit, Inc. during regular business hours (Monday - Friday 8:00 AM - 5:00 PM).

Participant or Designated Representative Line: 877-725-0569
TTY 1-877-204-1012

Provider Line: 866-503-9040

To assure First Transit has time to process a request for prior approval of transportation services it is advisable to request transportation services as soon as the medical appointment is scheduled or it is known that transportation services will be required. Some requests for non-emergency transportation services will require additional information from the medical provider or the SASS provider before the request can be processed. HFS requires First Transit to expeditiously adjudicate requests for non-emergency transportation service to and from SASS services and psychiatric services.

The caller should be prepared to provide the following information to First Transit staff:

- Name of the child or youth needing transportation.
- Child's Recipient Identification Number (RIN).
- Date and time of the medical appointment.
- Medical provider name and address.
- Specific purpose of the appointment.
- Information to determine the level of transportation needed.
- Transportation provider name and provider number.

In the event that a SASS recipient is authorized for non-emergency transportation services and the transportation agent is changed, prior approval authorization does not transfer from one transportation provider to another transportation provider. In these instances, the SASS provider will need to work with First Transit to establish prior approval for the new transportation agent.

SASS providers should be prepared to provide the transportation agent a copy of the CSPI at the point of transportation.

Post- Approval

In the instance that a youth requires urgent transportation based upon a mental health crisis and it is not possible to obtain prior approval for non-emergency transportation, SASS may utilize the Single Trip Form to request post-approval from First Transit. The most current version of this form is available at www.NETSPAP.com. Post-approval may be requested for items or services provided during HFS non-working hours or non-working hours of its agents,

including First Transit, whichever is applicable, or when a life threatening condition exists and there is not time to call for approval. To be eligible for post-approval consideration, the requirements for prior approval must be met and post-approval requests must be received by First Transit, whichever is applicable, no later than 20 business days after the date services are provided. Exceptions to this 20-day post approval policy can be found in [Topic T-211 of the Handbook for Providers of Transportation Services](#). First Transit will accept telephone requests for post approval of non-emergency transportation services for single trips from the participant's designated representative, transportation provider, or medical services provider (e.g. hospital, doctor or the SASS provider) via telephone, fax or mail. The caller should be prepared to provide the following information to First Transit staff:

- Name of the child or youth needing transportation.
- Child's Recipient Identification Number (RIN).
- Date and time of the medical appointment.
- Medical provider name and address.
- Specific purpose of the appointment.
- Information to determine the level of transportation needed.
- Transportation provider name and provider number.
- Copy of the youth's completed CSPI

Transportation at the Point of Crisis

In the event that a youth is experiencing a mental health crisis and requires transportation to a psychiatric inpatient facility, the SASS provider should work with the transportation provider and First Transit to determine the most appropriate level of transportation and emergency/non-emergency status of the transport. Due to the imminent harm that may exist for a youth experiencing a mental health crisis, First Transit will work with SASS providers to assist in expediting transportation needs in the event that the transport is considered non-emergent. These non-emergent transports at the point of crisis will be handled as an "Urgent Request".

Transportation to Inpatient Facilities

Consistent with the Transportation Handbook (refer to Handbook T-200), providers and individuals seeking HFS-reimbursed transportation services to an accepting inpatient unit must utilize the closest available facility that can appropriately meet the child's needs.

CMH-201.22 Standing Prior Approval Requests

During the authorized SASS eligibility period, a standing prior approval may be obtained when multiple trips to the same medical/behavioral health service are required based on standing orders for specific services. Pursuant to Topic T-211.1 of the Handbook for Providers of Transportation Services, to request a standing approval, the child's physician, SASS provider or other health professional must supply First Transit with a written statement describing the nature of the medical/behavioral health need, the necessity for on-going visits, already

established appointment dates and the number and expected duration of the required on-going visits (see Appendix CMH-8). Standing order requests cannot be requested by telephone. First Transit will accept faxed requests for prior approval of standing requests from the participant's designated representative, transportation provider, or medical services provider (e.g. hospital, doctor or the SASS provider) via telephone, fax or mail. The fax must clearly have the sender's name and fax number printed by the sending fax machine on each page of the fax. The SASS standing order form is available at <www.NETSPAP.com>.

Non-Emergency Transportation at Discharge from Inpatient Unit

Due to the uncertainty of discharge timelines, SASS providers may request transportation approval within 24 to 48 hours prior to transporting a child from the hospital. Although HFS requires First Transit to expeditiously adjudicate requests for non-emergency transportation service, it is important to remember that First Transit will need time to process this non-emergency transportation request.

Transportation from inpatient psychiatric facilities must utilize the lowest level of care (See Appendix CMH-12) as supported by the recipient's medical necessity. Realizing that family participation is vital in the over-all physical and mental health of a child, First Transit will work with the discharging hospital and community SASS provider to help ensure a family member transports with the child. In order for youth to utilize ambulance-level transportation at the point of discharge, the SASS provider and/or hospital staff must work with First Transit to establish medical necessity.

CMH-201.3 WEB-BASED REPORTING SYSTEM

SASS providers are required to have access to the Internet and enter data into the SASS Web-based reporting system located at <www.sasscares.org>. When a referral is made to CARES, the CARES staff will enter the call details into the Web-based reporting system and immediately notify the applicable SASS provider that there is a screening to perform. SASS providers are required to enter clinical reporting details and administrative information into the Web-based reporting system, such as:

- The CSPI form
- Hospitalization details
- Transfer details

For more information on the Web-based reporting system, please refer to the SASS Web site User's Guide available upon login at <www.sasscares.org>.

CMH-201.4 HFS ALL KIDS APPLICATION REQUIREMENT

CMH-201.41 General Requirements

Pursuant to DHS Rule 131, SASS providers must assist families of children with temporary SASS eligibility with submitting a completed HFS All Kids application. Information on applying can be found on HFS' All Kids Web site <http://www.allkids.com/>. Refer to Appendix CMH-11 to see the Frequently Asked Questions regarding the HFS All Kids Application requirement.

All bills received for children and youth with temporary eligibility will be held for review to determine whether an HFS All Kids application has been filed. Services provided by SASS providers within 24 hours of the initial screening will not be subject to review.

CMH-201.42 Exceptions

Requests for an exception to the HFS All Kids application requirement can be made by calling DHS/DMH at 1-773-794-4875. The following information will be required at the time the exception request is made:

- The SASS provider's name and HFS provider number,
- The child's name, date of birth, and recipient identification number (RIN),
- The date of initial service,
- The reason the exception is being requested, and
- A SASS provider contact person and telephone number.

DHS/DMH will notify the SASS provider via telephone of the outcome of the review within one (1) business day. In addition, the SASS provider will receive written notification of the review outcome within ten (10) business days.

CMH-202 SASS CORE SERVICES

Services and materials must be provided in accordance with the limitations and requirements described within this handbook the SASS provider contract and 59 IL Admin. 132. The SASS services listed in this section will be reimbursed through HFS' fee-for-service system.

All services provided to children and youth admitted in the SASS program must be billed fee-for-service to HFS.

CMH-202.1 SCREENING AND ASSESSMENT SERVICES

CMH-202.11 Response to Call from CARES

The SASS provider shall respond immediately to all calls/pages received from CARES within 30 minutes. If the on-call SASS worker has not returned the call from CARES within 30 minutes, CARES will call the SASS provider's emergency back-up number.

The SASS provider shall obtain preliminary information from CARES concerning the nature of the crisis.

CARES will verify HFS eligibility for all children referred to a SASS provider. Youth without HFS eligibility will be assigned a Recipient Identification Number (RIN) by CARES and a Notice of Temporary Eligibility will be sent to the SASS provider. Refer to Topic CMH-200.4 for information regarding temporary eligibility.

CMH 202.12 Response Time

Emergency Response: Emergency referrals from CARES will involve a child in crisis who is at risk of hospitalization. The SASS provider must arrive at the site where the crisis is occurring to provide a face-to-face screening and assessment within 90 minutes of receiving the emergency referral from CARES.

Non-Emergency Response: For non-emergency referrals received from CARES the SASS provider must provide a face-to-face screening and assessment within 24 hours of receiving the initial call from CARES. Non-emergency referrals include: SASS evaluations for services from the Child and Adolescent Treatment Unit (CATU), for court-ordered screenings, transfers from LAN to LAN, children hospitalized who are private pay/insurance and who become eligible for SASS through benefit exhaustion; and children who are admitted prior to the hospital calling CARES due to an imminent medical condition or are in severe psychiatric crisis

CMH-202.13 Screening Location

SASS providers are expected to respond onsite at the location of the crisis as reported to CARES. If performing an onsite crisis screening and assessment poses a threat to the physical safety of the child, family, or SASS worker, alternative support may be considered, including obtaining law enforcement support, having multiple staff attend the screening, or identifying alternate resources.

In some instances, it may be in the best interest of the child or youth to perform the screening in an alternate setting. In the event that the SASS provider requests that the screening take place in an alternate location, documentation must be provided to support the decision. The SASS worker will communicate details about the screening, including when, how, and where it will occur, to the family/caller.

Note: Unfunded Children with temporary eligibility do not have coverage for emergency room services and their family will be financially responsible for the emergency room visit. Because of this, emergency rooms should not be utilized as a meeting place, unless the child has initially presented at an emergency room.

CMH-202.14 Screening with Multiple Staff

When safety is a concern for the clinician performing a screening, an additional staff member may also participate in the screening. These services may be supported by the 59 *IL Admin.* 132 Definitions and Service Guide.

CMH-202.15 Consent

Consent is not required for emergency response screenings.

Consent is required for all non-emergency response screenings. The SASS provider must inform the child's parent, guardian or caregiver of the screening and assessment and obtain the appropriate consents prior to meeting with the child, as applicable. The SASS provider must also include the child's parent, guardian or caregiver during the screening, assessment and disposition of the crisis situation, or as soon as possible if not immediately available.

CMH-202.16 Involvement of Child's Home SASS Provider

The SASS provider serving the LAN in which the child is experiencing a crisis will be contacted by CARES to respond and complete the face-to-face screening and assessment.

- If the SASS provider responding to the crisis is not the child's home SASS provider, then the responding SASS provider is responsible for collaboration with the child's home SASS provider when determining and completing the disposition plan. The child's home SASS provider must be involved in disposition planning during the crisis screening and assessment (e.g., via phone consult).

- The SASS care coordination and intensive outpatient services shall be transferred to the home SASS provider as soon as the crisis is stabilized or as agreed upon by both SASS providers and the child's parent or guardian.
- The screening details shall also be communicated to the home SASS provider. With appropriate consents, related documents should be shared through the Web-based reporting system. Refer to Topic CMH-201.3 for information regarding the Web-based reporting system.

CMH-202.17 Screening and Assessment Requirements

The SASS face-to-face screening and assessment must be completed by a SASS worker with the following qualifications:

A Qualified Mental Health Professional (QMHP) or a Mental Health Professional under the supervision of a QMHP who is immediately available for consultation and clinical supervision as defined by Rule 132; and current certification as an administrator of the CSPI from Northwestern University.

The screening shall minimally include the following:

- Childhood Severity of Psychiatric Illness (CSPI) decision support instrument. Refer to Appendix CMH-8. For the 18-21 year-old populations, some portions of the CSPI should be decided on a case-by-case basis regarding its relevance (e.g., Caregiver items), since those same items will be relevant to some 18-21 year olds, but not for others.
- A mental status evaluation.
- An evaluation of the extent of the child's ability to function in his/her environment and daily life.
- An assessment of the child's degree of risk of harm to self, others or property.
- A determination of the viability of less restrictive resources available in the community to meet the treatment needs of the child. If a child presents in crisis outside of his/her home LAN, the home LAN SASS provider **must** be consulted via phone prior to determining the disposition of the screening.

The SASS face-to-face screening and assessment disposition shall be completed within four (4) hours of the CARES referral. The response time and case disposition shall be reported within five (5) calendar days by entering the information into the Web-based reporting system, or in the manner specified by the Department.

The 90-day SASS service period begins with the date CARES admits the children or youth into the SASS program. If subsequent psychiatric crises occur that necessitate another SASS screening, the SASS provider does not need to call CARES for additional authorization **as long as** the child is still eligible for SASS services (i.e., within the initial 90-day eligibility period or whose eligibility has been extended via an approved extension request).

SASS providers must complete a CSPI at the initial face-to-face screening, at any subsequent screenings, and when SASS discharges a child or youth from the SASS program.

SASS services are limited to 90-days, unless an extension is approved, regardless of the number of hospitalizations during that time period.

Hospitals are required to call CARES prior to each admission, even if the admission occurs within an approved 90-day period.

CMH-202.18 Disposition

The SASS provider must use the CSPI decision-support tool along with the other screening and assessment information when deciding to use community resources to meet the immediate needs of the child or to facilitate psychiatric hospitalization following a screening.

The disposition of the screening must be recorded on the CSPI Summary Form. The CSPI Summary Form must be entered into the Web-based reporting system within five (5) calendar days of the screening.

If the SASS provider determines that less restrictive resources and supports can meet the immediate needs of the child in the community, then crisis stabilization or intensive outpatient services should be provided directly by SASS or through community linkage to another service provider. These service requirements are identified in Topic CMH-202.2 Crisis Intervention and Stabilization Services.

If the SASS provider determines that the child is exhibiting symptoms and behaviors that present a danger to him/herself, others or property and the child cannot be managed safely and appropriately with intensive crisis intervention and stabilization services in a less restrictive setting, the SASS provider must assist the child and family in facilitating an inpatient admission. These service requirements are identified in Topic CMH-202.3 Hospitalization Services.

CMH-202.2 CRISIS INTERVENTION AND STABILIZATION SERVICES

Crisis intervention and stabilization services are activities performed to stabilize a child in a psychiatric crisis to avoid more restrictive levels of treatment and that have the goal of immediate symptom reduction, stabilization and restoration to a previous level of role functioning.

The SASS provider will deliver crisis intervention and stabilization services to the child and his/her parent, guardian or caregiver as necessary to resolve the immediate crisis and to stabilize the child's behavioral and emotional condition.

When the SASS provider makes the determination to maintain a child in the community, the SASS provider will supply the child's parent, guardian or caregiver with an emergency number to access the SASS provider at all times. The SASS

provider must arrange a follow-up appointment with the child and parent, guardian or caregiver within 48 hours after the initial screening and assessment.

The SASS provider shall develop a preliminary treatment plan for the initial provision of mental health services to the child, parent, guardian or caregiver and ongoing stabilization mental health services. This preliminary plan must be approved and signed by the parent, guardian or caregiver.

The SASS provider shall develop, coordinate, implement and/or provide outpatient service alternatives when hospitalization does not occur. These services shall include, but not be limited to, psychiatric consultation, intensive individual therapy, family therapy, behavior management, in-home therapeutic services and education.

CMH-202.21 Staff Credentials

The staff person who performs a face-to-face SASS screening will be a QMHP or an MHP supervised by a QMHP who is immediately available to that staff person for consultation and clinical supervision. The provider must also have a mechanism for interpreting sign and other languages (including TTY's).

The SASS provider shall have a QMHP review all determinations to provide community based crisis stabilization services within 24 hours of that determination.

In addition, SASS providers are required to adhere to the DCFS fingerprinting and background check requirements found in the SASS provider contract.

CMH-202.22 Psychiatric Resource Coordination

The SASS provider shall have a psychiatric resource available either directly or through cooperative working agreements to provide consultation and medication management on a priority basis to those children who are receiving crisis intervention and stabilization services in-lieu of hospitalization. (Refer to CMH-202.2)

CMH-202.23 Coordination With Other Providers

The SASS provider shall determine whether a child is currently receiving mental health, child welfare, substance abuse or other services. If a child is receiving services, the SASS provider shall obtain the appropriate consent(s) and notify the provider of the screening intervention. For DCFS wards, use the CFS 600-3 Consent to Release Information form. Refer to Appendix CMH-8. The SASS screener and the current provider(s) shall then have a case staffing and develop a coordinated plan for crisis and stabilization.

CMH-202.3 HOSPITALIZATION SERVICES

In the event that the child requires hospitalization, the SASS provider shall assist and facilitate the child's admission to a psychiatric hospital. The SASS provider

shall work with the parent, guardian or caregiver to select the most appropriate hospital for the child.

Children with SASS temporary eligibility do not have coverage for outpatient hospital Clinic A or Clinic B services or partial hospitalization services.

CMH-202.31 Guidelines for Hospital Selection

The following criteria shall be considered in the selection of a hospital:

- The diagnosis and treatment needs of the child.
- The treatment programs available in area hospitals as compared to the child's needs.
- The proximity of the child's residence to the hospital facility.
- The proximity of the child's home SASS provider to the hospital facility.
- The child's hospitalization history and need for continuity of care.
- The child's parent/guardian's choice, or in the event that the recipient is 18 years of age or older, the recipient's choice in treating facility.

For youth under the age of 18:

- No child for whom DCFS is legally responsible and under the age of 18 may be hospitalized on an adult unit.
- For other SASS children, best practice suggests that no child under the age of 18 be admitted to an adult unit.

For youth 18 years of age or older:

- No youth for whom DCFS is legally responsible and who are 18 years of age or older may be hospitalized on a child and adolescent unit.
- For other SASS youth 18 years of age or older, best practice suggests the youth be admitted to an adult unit.

If no bed is available at a hospital and the hospital agrees **that the child should be admitted**, the hospital is responsible for locating another bed. Refer to 42 USC 1395dd(b), Emergency Medical Treatment and Active Labor Act of 1985.

Youth hospitalized at a facility within a LAN outside his or her home area may need to be monitored by the provider responsible for the LAN in which the hospital is located. If the home LAN provider cannot monitor the child during their hospitalization, they may request that local provider work with the child during the hospitalization. If requested, the local provider must provide this courtesy monitoring.

CMH-202.32 Role at Hospital Admission

The SASS provider must participate in the child's admission evaluation. The SASS provider may communicate verbally with the hospital if an emergency admission is required. If the SASS provider is not physically present at the admission, the SASS staff shall coordinate the hospitalization decision with hospital staff

A SASS screen must be provided for all youth enrolled in a Medical Eligibility Program administered by HFS prior to their admission to a psychiatric inpatient facility.

Children and youth should not arrive at the hospital without a parent, guardian, caregiver or SASS provider present to facilitate the admission.

The SASS provider remains responsible for coordinating the child's admission to a hospital, even in the event that the SASS provider's recommendation for care is different from that of the hospital team/physician.

It is the responsibility of the SASS provider to do whatever possible to encourage and support the caregiver's involvement and participation in the admission process.

The SASS provider shall facilitate transportation for the hospital admission, if necessary. Prior approval must be obtained from First Transit, Inc. for all non-emergency transportation. Refer to CMH-201.2.

The SASS provider will present or fax the CSPI summary page to the hospital prior to admission.

For youth admitted to a State-Operated Facility:

- For admission of a SASS client to State-Operated Facilities (SOF), SASS providers are required to complete the Uniform Screening And Referral Form (USARF) and the MH-6, Application by an Adult for Admission of a Minor. Refer to Appendix CMH-8.

The SASS provider shall obtain consents for the provision of SASS services and assist with consents for hospital admission.

For wards requiring inpatient psychiatric admission:

- See CMH-203.3 SASS Provider's Role with DCFS Wards

CMH-202.32.1 Release of Information to Hospitals

SASS providers should seek to gain a release of information for hospitals to assist in the development of discharge planning. For DCFS wards, use the CFS 600-3 Consent to Release Information form. Refer to Appendix CMH-8.

CMH-202.33 SASS Provider's Role During Hospitalization

A primary goal of the SASS provider is to support and maintain the child's pre-crisis functioning and living arrangement. The SASS providers must be proactive in helping to reduce the hospital stay by providing consultation and advocacy services, including working closely and cooperatively with the hospital team who is directing treatment.

The SASS provider shall offer supportive services to the child's parent, guardian or caregiver, encourage their participation in treatment planning, visits to the child at the hospital, and participate in discharge planning, and pre-discharge home visits.

The SASS provider shall collaborate with the psychiatric hospital treatment team to ensure appropriate discharge planning.

The SASS provider shall have an available staff to attend and participate in all hospital staffings including, but not limited to, the initial 72-hour staffing, subsequent staffings or meetings and the discharge staffing. The SASS provider shall document participation in the hospital staffings.

When a child must be transferred from one SASS provider to another SASS provider, and the child is hospitalized, the SASS provider completing the evaluation and the SASS provider receiving the referral will discuss how to coordinate services while the child is hospitalized, including discussing and determining which SASS provider will attend the 72-hour hospital staffing and all subsequent staffings. To assure continuity, it would be beneficial for both SASS providers to attend the staffing. This coordination and plan must be communicated to hospital staff.

In some instances, a recipient's home SASS provider, or the SASS provider of origin, is unable to attend the 72-hour staffing, often due to significant geographical distance. In other instances, the screening SASS provider must assist a recipient to be admitted in a hospital outside of their geographical area. Because of these types of situations, SASS providers have the ability to transfer a case for hospital monitoring to another SASS provider if that provider has a more natural geographic orientation with the inpatient psychiatric facility. These transfers must be made consistently with the SASS Provider to SASS Provider Transfer Protocol (see CMH-202.73). Documents needed by the receiving provider should be shared through the Web-based reporting system. Until a transfer is completed, it is the responsibility of the screening SASS provider to attend the 72-hour hospital staffing and all subsequent hospital staffings.

The serving SASS provider is responsible for providing follow-up and coordination

with the parent, guardian or caregiver to facilitate the child's return to his/her home.

CMH-202.34 Hospital-to-Hospital Transfer

There may be situations when a child will need to be transferred from one hospital to another to receive inpatient services. Transfer from one hospital where the appropriate psychiatric services are not available to another hospital where the services are available does not require prior approval by First Transit. If the transfer is facilitated between the physicians or psychiatrists at the respective hospitals, the child's home SASS provider will provide ongoing services, unless distance is prohibitive.

If distance is prohibitive, then the home SASS provider, or SASS provider of origin, shall collaborate with the SASS provider in the new hospital's LAN to provide continuous services to the child. The case shall remain open with the SASS provider of origin as well as the SASS provider providing the hospital monitoring services.

The receiving hospital involved in the hospital-to-hospital transfer **must call CARES** to report the admission of the child to their facility. A CARES referral will be made to engage the appropriate SASS provider for any child who is hospitalized in another state and is transferring to a hospital within Illinois or into a hospital located in a contiguous county that borders Illinois. The SASS provider is expected to provide service coordination to facilitate the engagement of the child and family in SASS services. This coordination may occur via phone until the child is transferred. Once the child is transferred back to an Illinois, or bordering county hospital, the SASS provider must provide a non-emergency response screening within 24 hours of the child's transfer or prior to the child's discharge from the hospital, whichever comes first.

Any child transferring into the University of Illinois Child and Adolescent Treatment Unit (CATU) must have authorization from DCFS. This authorization must be faxed to CARES before the child is transferred.

Any child transferred to a Forensic bed must have prior authorization from the DHS/DMH Forensic Unit.

All transfers between SASS agencies must be reported to CARES so that data entry can be made into the SASS Web-based reporting system.

If a child is transferred to a hospital being served by a SASS provider that did not perform the initial screening, a non-emergency crisis screening must occur if the original CSPI was performed more than three (3) days prior to the transfer.

CMH-202.35 Parent/Guardian Refusal to Accept Child Post-Discharge

The SASS provider shall assist the Comprehensive Community Based Youth Services (CCBYS) provider and, if necessary, the DCFS Child Protection staff to

prevent children from being abandoned while in the hospital because of a lack of services or an inability by the family to identify services. The SASS provider's duties may range from assisting the CCBYS provider and/or providing services to facilitate the complete development of a service plan.

CMH-202.4 INTENSIVE OUTPATIENT SERVICES

Intensive and outpatient services are to be provided when the decision has been made to stabilize a child in the community or when the child is discharged from inpatient treatment. Intensive outpatient mental health services should be provided to prevent a reoccurrence of the crisis and establish a plan for ongoing community based services. The SASS provider also has the primary responsibility for screening and general case management, coordination, communication and collaboration with the other providers, including, as applicable, arranging non-emergency transportation through First Transit.

The SASS provider must coordinate and/or provide on-going treatment and case management services necessary for successful post-hospitalization stabilization. For children in a residential or group home placement, the SASS provider's involvement in the intensive outpatient psychiatric component will be determined on a case-by-case basis and SASS activities must be coordinated with the residential/group home staff and/or the child's case manager.

The SASS provider shall deliver the necessary mental health services or link the child and family to mental health and allied services that can stabilize and maintain the child in his/her home, school and community. During the child's SASS eligibility period, the SASS provider may refer the child to another mental health provider who is willing and able to follow the child's treatment plan. A child and family always retain the right to choose their provider from whom to receive services, acting as the linkage and coordination agent, the SASS provider is expected to assist in making the referral upon request.

SASS providers shall maintain **written documentation** of all treatment interventions, unusual incidents and sentinel events.

The SASS provider shall develop and execute a plan to transition children at the end of a SASS eligibility period. This process will include, but is not limited to, referrals to other outpatient services, social services, transitional services as well as adult mental health or substance abuse services.

CMH-202.5 PSYCHIATRIC RESOURCE

Each SASS provider must have available a psychiatric resource either directly or via cooperative working agreements. The role of the psychiatric resource is to provide consultation on treatment issues, facilitate crisis stabilization with priority medication assessment and management if appropriate, facilitate utilization of intensive community based services with ongoing medication management, and make referrals for specialty and laboratory testing when indicated. All children receiving

SASS services shall have the opportunity for assessment, treatment or referral by a psychiatric resource.

The SASS provider shall have available a psychiatric resource to consult with the child's SASS provider or hospital treatment team as needed. The SASS provider shall have a psychiatric resource available to provide consultation and medication management on a priority basis to those children for whom intensive community services were put in place in lieu of hospitalization.

The SASS provider shall have available a psychiatric resource to provide medication management services within 14 days of a child's discharge from a psychiatric hospital or within three days from the point of initial screening if the child was stabilized in the community.

Inpatient hospital-based physician psychiatric services for children and adolescents enrolled in the SASS program who are **not enrolled** in a medical program administered by HFS for dates of service after **July 1, 2005**, will be reimbursed. This coverage is limited to specific procedure codes and places of service. Refer to Appendix 9 for the list of approved services. Refer to CMH-205 for specific billing guidelines.

CMH-202.6 PSYCHOTROPIC MEDICATION COVERAGE

All youth not enrolled in a medical program administered by HFS receiving SASS services will receive funding for a limited set of psychotropic medications during the 90-day SASS period and any subsequent extensions. Refer to Appendix CMH-4 for a listing of covered medications.

The SASS provider shall inform the families of non-HFS/All Kids enrolled children receiving SASS services of the availability of funding for this limited set of psychotropic medications.

FLEX funds may be used to pay for lab tests for medication prescription and monitoring for children with temporary eligibility. This coverage is not available as a SASS service. Refer to CMH-203.6 for information on FLEX funds.

If the child is under the care of DCFS, consent for any psychotropic medications must be obtained from DCFS by using CFS 431A. Refer to Appendix CMH-8. The CFS 431 A can be faxed to the Consent Unit at 1-312-814-7015 or by contacting the Consent Hotline at 1-800-828-2179. If there are any problems with obtaining consent, please contact the Consent Unit Supervisor at 1-312-793-6127 or 1-312-814-8600.

CMH-202.7 CARE COORDINATION RESPONSIBILITY

CMH-202.71 Individual Case Coordination

A key service of the SASS program is to act as a conduit for the child and family or other caregiver between the crisis intervention and ongoing care. The SASS provider maintains responsibility for the management and coordination of services throughout the time the child and family is involved with the SASS program. For children under the care of DCFS, care coordination must also include the child's case manager. These activities should occur from the point of initial screening and continue through treatment planning, service provision, linkage and after-care planning. Care coordination should include the following practices:

- The SASS screening provider must determine whether there are current mental health providers involved with the child and involve them as soon as possible (including substance abuse or other services), and during the screening if feasible. If families or caregivers do not report involvement of other providers at this point, the SASS provider should maintain awareness of the possibility that there is a current provider and be respectfully persistent in finding the information. If the child and family are involved with another mental health provider, upon receiving consent from the family, the SASS provider shall provide notification (in person, phone, or fax) to the child's mental health or other service providers within two (2) business days, of the mental health crisis screening including the following:
 - The name of the child, date, time and location of the SASS screening.
 - The disposition of the screening (hospitalization, community services, etc.).
 - The name and contact information of the SASS provider coordinating ongoing SASS services.
- With the family or other caregivers' permission and as clinically indicated, SASS providers will include other key child serving systems, such as, but not limited to, educational, child welfare and medical providers, in the assessment and care coordination process. These systems may have historical information important to assessment and could play a critical role in supporting the child and family after SASS services conclude.
- SASS providers must request permission from the family, or other caregiver to contact the other service providers and explain to the family the importance of coordinating the care. SASS providers should discuss with the family what level of information will be appropriate for various other providers to have in order for them to assist with assessment, treatment planning, and after care services. If the family refuses to give consent to contact the provider, the SASS worker should document this fact in the clinical record.
- If consent is given, SASS providers are responsible for contacting current provider(s) as necessary and maintaining communication with that provider throughout the duration of the child's SASS involvement. The communications

should begin early in the process to assist with assessment and continue regarding treatment planning, progress in care and discharge planning.

- SASS providers have the responsibility of ensuring that community mental health, substance abuse, or any other providers to whom the child is referred for post-SASS services are able to assume the clinical work at the time of discharge from SASS. The SASS provider with appropriate consent, will forward copies of relevant clinical records to the ongoing provider within seven (7) days of discharge from SASS.

CMH-202.72 System Coordination

SASS is responsible for hosting quarterly meetings with community mental health, hospital and other providers in their LAN area. These meetings are intended to support communication and problem-solving, leading to improved coordination of care. Meetings may be held in person or via telephone or videoconference.

CMH-202.73 SASS Provider-to-SASS Provider Transfer

To transfer a child to another SASS provider, the SASS provider who received the initial SASS referral must contact the receiving provider via phone. This voice-to-voice communication must occur prior to any other transfer steps. The receiving SASS provider must verbally accept the transfer: a voicemail message will not suffice for notification. Upon completion of the voice-to-voice communication, the following steps must take place:

- The initiating SASS provider must forward written consents to the receiving SASS provider for their records.
- The initiating SASS provider must initiate a transfer through the SASS Web-based reporting system.
- The receiving SASS provider must notify CARES of the transfer and request prior approval to serve the recipient.
- The receiving SASS provider must make contact with the youth/family and begin the provision of services.

The initiating SASS provider shall ensure continuity of care for the child and collaborate with the receiving SASS provider. The initiating SASS provider shall make available a copy of treatment documents to the receiving SASS provider upon obtaining appropriate consent from the parent, guardian or caregiver. These forms may include documents available through the SASS Web-based reporting system.

CMH-202.8 FAMILY RESOURCE DEVELOPER (FRD)

The SASS provider must have an identified Family Resource Developer (FRD). The FRD is employed by the SASS provider and is a previous SASS consumer or a parent, guardian or caregiver of a child with serious emotional disturbance that has successfully navigated one or more child-serving systems. The FRD has the skills to provide support to other families, parents, guardians and caregivers and assist

them in achieving the best possible outcomes for their child.

The FRD can also assist the SASS provider in all aspects of service delivery at the community as well as administrative levels. Refer to Appendix CMH-2 for additional information regarding the FRD.

CMH-202.9 SERVICE EXTENSION REQUEST

A SASS recipient's eligibility may be extended beyond the initial 90 days. Each contracted SASS provider is issued a number of extensions to be utilized throughout the current fiscal year. SASS providers may request to authorize an extended SASS eligibility for any recipient they service that is in the last thirty days of an active SASS eligibility segment. Any contracted SASS provider may request to use one of their allotted extensions by contacting the CARES non-emergency line at 1-773-847-2273.

CMH-202.91 Automatic Extension

When a child is hospitalized within the last 30 days of any current SASS eligibility segment, the HFS eligibility system will automatically generate a new 30 day eligibility extension to begin immediately following the end of the current eligibility period.

In some instances, youth are hospitalized for extended periods of time – in these situations, the HFS eligibility system may not properly identify that an eligibility segment is ending while the youth is still receiving inpatient services. SASS providers are required to contact CARES in the instance that a youth is hospitalized prior to the last thirty days of their current eligibility segment and remains hospitalized for any portion of the last thirty days of their eligibility. These youth will receive a manually generated 30-day extended eligibility segment immediately following the close of their current eligibility segment. These types of extensions will not count against the number of extensions issued to providers.

CMH-202.92 Provider Based Extension

Based upon historic service volume and extension trends, each SASS agency is designated an allotment of extensions to be used at their discretion. This allotment is granted annually on July 1 of each fiscal year by the Departments and expires at the end of each fiscal year. Each extension will be for a 30-day period and shall be accessed by contacting CARES during regular business hours (Monday through Friday, 9AM to 5PM) at 1-773-847-2273.

CARES will take extension requests and enter the information into the electronic tracking and eligibility systems as designated by the Departments. CARES will also notify providers at the time of the call of the number of remaining extensions. CARES will release a monthly report to providers on behalf of the Departments outlining the usage of recent extensions and the remaining total.

Providers requesting an extension from CARES that have utilized all of their provider-based extension allotments will be directed to complete a Clinical Needs Extension Form that will be forwarded to the Departments for review. This review process will be completed within 5 business days. Responses will come from the Departments to the provider seeking the extension.

Youth admitted to the DHS/DMH Forensic Program and authorized by DHS to receive inpatient psychiatric hospitalization services shall remain SASS eligible throughout their court ordered stay. SASS Providers are expected to provide services throughout the youth's length of stay – this includes requesting eligibility extensions through CARES when necessary. These extensions will be seen as an extension of the automatic extension and will not count towards the provider's allotment of provider-based extensions.

CMH-202.10 DISCHARGE AND AFTERCARE SERVICES

Discharge from the SASS program can occur through a service discharge or an eligibility discharge. Services can be reinstated for a child terminated by a service discharge, as long as the child's SASS eligibility has not ended.

CMH-202.10.1 Service Discharge

A service discharge occurs at the provider level and does not affect the recipient's statewide SASS eligibility. A service discharge may occur when one of the following applies.

No Clinical Necessity: It is determined by the SASS provider, and verified by a physician or LPHA, that there is no clinical necessity for SASS services.

Case Transferred: The child's case is transferred to another SASS provider.

Child Not Willing or Able: The child is no longer available to receive services or refused services in accordance with 59 Ill. Admin. Code, Part 132.20, Client's Rights and Confidentiality.

CMH-202.10.2 Eligibility Discharge

An eligibility discharge occurs when a recipient's SASS eligibility expires and no extension is authorized, either automatically from the HFS eligibility system or through demonstration of clinical need as requested by their service SASS provider.

CMH-202.10.3 Discharge Process

Discharge Childhood Severity of Psychiatric Illness (CSPI)

The CSPI will be completed and utilized at the time of discharge. It is expected that the child's CSPI score will demonstrate an improvement in overall functioning at the

time of service termination. The termination CSPI will be completed by the SASS provider within 72 hours and entered in the Web-based reporting system.

Discharge Summary

Prior to discharging a child from SASS services or prior to the end of SASS eligibility, the SASS provider will coordinate with the provider(s) who will be continuing with the child and family for post-SASS services. With the child and family's authorization, the SASS provider shall forward a written discharge summary describing the type and quantity of services provided to the child, the outcome of SASS services, the child's current status and treatment recommendations to the local community mental health center or other identified mental health, substance abuse or other social service providers within 10 days of discharge from SASS services.

If the child resides in a residential or group home placement, regardless of who serves as the child's guardian, a written discharge summary describing the type and quantity of services provided to the child, the outcome of SASS services, the child's current, status, placement and treatment must be forwarded to the case manager and residential facility within 10 days of discharge from SASS services.

Prior to discharging a child from SASS services or prior to the end of SASS eligibility, the SASS provider will coordinate with the provider(s) who will be continuing with the child and family for post-SASS services.

CMH-203 SPECIALIZED SERVICES

CMH-203.1 SASS PROVIDER'S ROLE WITH CARES

The SASS provider is responsible for maintaining active and working emergency phone numbers, including secondary and tertiary emergency numbers. If a SASS provider needs to change a phone number that CARES is using, the number must be submitted to CARES by calling 1-773-847-2273.

The SASS provider is responsible for working proactively with CARES to resolve questions and coordinate with them to maintain positive working relationships.

CMH-203.2 SASS PROVIDER'S ROLE WITHIN THE COMMUNITY

The SASS provider shall provide education regarding resource and outreach to community agencies and users of the system, including but not limited to: LAN membership, pediatricians, schools, law enforcement and other service agencies or providers. (Refer to CMH-202.7 Care Coordination Responsibility)

CMH-203.3 SASS PROVIDER'S ROLE WITH DCFS

The SASS face-to-face screening and assessment shall minimally include the following:

- Children's Severity of Psychiatric Illness (CSPI) decision support instrument.
- Mental status examination.
- Evaluation of the extent of the ward's ability to function in his/her environment and daily life.
- Assessment of the ward's degree of risk of harm to self, others or property.
- Determination of the viability of less restrictive resources available in the community to meet the treatment needs of the ward.

When the SASS provider determines it is appropriate to maintain a ward in the community, the SASS provider shall collaborate with the assigned caseworker to develop, coordinate and implement outpatient and other service alternatives focused on resolving the ward's crisis presentation and helping prevent further occurrences. The SASS provider must arrange a follow-up appointment with the ward and caregiver within 48 hours after the initial screening

Upon hospitalization, the SASS provider shall assist and facilitate the ward's admission to a psychiatric hospital through consultation with the DCFS or Purchase of Service (POS) case manager and the ward's caregiver, including residential staff, to select the most appropriate hospital for the ward. The following is a listing of necessary activities:

- Completion of the written screening report and Children's Severity of Psychiatric Illness (CSPI).
- Notification of the screening event to the DCFS or POS case manager or appropriate on-call person.
- Coordination of the selection of the most appropriate hospital option.
- Coordination with the case manager, caregiver, and hospital to determine the most appropriate transportation option.
- Participation in the ward's admission evaluation with hospital admission staff.
- Communication to the ward of when the SASS worker will next meet with him/her.

In the event of a ward's hospitalization, the SASS provider, in collaboration with the assigned caseworker (DCFS or POS), will collaborate with the assigned caseworker to develop, coordinate and implement post-discharge outpatient services focused on helping the child and family manage the child's mental health challenge. These services should be utilized to prevent a reoccurrence of the crisis and to establish a plan for ongoing community based services.

Note: The completed CSPI summary form is to be provided to hospital staff at the point of hospital intake/evaluation.

SASS providers must notify the DCFS Consent Unit (or the Cook County Children's Reception Center, CRC) at the time a DCFS ward is admitted to an inpatient psychiatric facility. Consent for psychiatric hospitalization services for DCFS wards may only be provided by the DCFS Consent Unit and/or the Cook County Children's Reception Center (CRC).

Consent Unit Phone (Mon – Fri, 8:30 AM – 5 PM)	1-800-828-2179
Consent Unit Fax:	1-773-538-8835
Cook County Children's Reception Center (After hours):	1-773-538-8800

Additional responsibilities of the SASS provider during a ward's hospitalization include:

- Collaboration with the assigned case management agency (DCFS or POS).
- As part of the discharge planning process, SASS will work with the DCFS or POS case manager to look at intensive treatment and support options that may be necessary to maintain the ward in the pre-admission placement or other community based living arrangement.
- SASS agencies shall offer mental health and other service interventions to support post-discharge functioning.

The SASS provider is responsible for supporting the caregiver's participation in hospital treatment and discharge planning during the ward's hospitalization. SASS agency staff will offer support services to pre-admission caregivers in order to facilitate their participation in developing an appropriate individual service plan. SASS will encourage foster and biological parent (as determined by the caseworker) participation in hospital staffings and visits to the ward during the

course of the hospitalization.

The SASS provider shall participate in case staffings as requested by DCFS staff, including Administrative Case Reviews (ACR) and court hearings (See 59 Ill. Admin. Code 132 for allowable activities for billing when participating in these meetings). Additionally, SASS staff may be requested to provide written reports for any case staffing including an ACR or court hearing.

CMH-203.4 SASS PROVIDER'S ROLE WITH CHILDREN IN RESIDENTIAL/GROUP HOME PLACEMENT

The SASS provider shall follow all protocols for providing the immediate crisis screening, stabilization and hospital coordination as needed. The SASS provider's involvement in the intensive and outpatient psychiatric component will be determined on a case-by-case basis made in coordination with the residential/group home placement and the child's case manager.

CMH-203.5 SASS PROVIDER'S ROLE WITH THE INDIVIDUAL CARE GRANT PROGRAM

These services are funded by DHS/DMH and billed directly to DHS. Refer to Appendix CMH-3

DHS/DMH administers the Individual Care Grant Program. The General Provisions and Program Requirements can be found in 59 IL Administrative Code 135. Refer to Appendix CMH-8.

The SASS provider shall provide parents, guardians or caregivers with information about the availability of funding for children identified as severely emotionally disturbed (SED) and may meet criteria for eligibility under the Individual Care Grant (ICG) Program.

CMH-203.5.1 ICG Application

The SASS provider shall assist parents, guardians or caregivers with preparing and submitting the DHS ICG application packet.

The SASS provider shall inform the parents, guardians or caregivers of children eligible for ICG funding about the ICG program and assist in the selection of residential or intensive community based services.

CMH-203.5.2 ICG Case Management and Support

The SASS provider shall provide case coordination services for a child who is awarded a DHS/ICG. Case coordination shall be provided for both community based and residential services.

The SASS provider must serve as the fiscal agent for community based ICG plans.

The SASS provider must meet the data and fiscal requirements of DHS to bill and receive reimbursement for ICG application assistance and case coordination.

SASS providers should not seek fee-for-service reimbursement from HFS for services that are funded through the ICG program.

Appendix CMH-3 contains general information about the ICG program.

CMH-203.6 FLEX FUNDING

SASS providers must report the use of FLEX funds through the DHS system. Refer to Appendix CMH-13 of the DHS manual for further guidance.

The DHS/DMH has established FLEX as a resource that providers may access to provide formal and informal supports and services to families whose children require their mental health services. Funding these supports and services follows the CASSP Model for System of Care and utilizes local partnerships to enrich family and community life.

FLEX may be used for any child residing in the LAN and implemented in conjunction with the LAN wrap efforts, but does not require formal LAN involvement or approval. All use of FLEX funds must include documentation of collaborative community planning with the family and other relevant community systems.

CMH-203.6.1 Program Responsibilities

The SASS provider is charged with the responsibility of assuring utilization of the FLEX program in a manner that makes optimum use of available funds to meet the needs of children and their families. Guidelines have been developed in three areas to encourage the utilization of FLEX funds, administrative, clinical and fiscal.

Administrative

The SASS provider is responsible for establishing the process for spending the FLEX funds and for setting up a system of communication regarding their availability. Experience has proven that in agencies where the FLEX funds have been fully utilized, the direct clinical staff are well aware of dollars provided and the supports families find helpful.

The SASS provider is also responsible to make certain that DHS/DMH funded outpatient programs serving children (including child and adolescent mental health outpatient programs funded by DHS) are regularly informed of the availability of these funds and how to access them. There will not be a cap placed on the amount of funds that can be allocated to each child. Each approved request may be granted for a maximum time period of 90 days. This approved 90-day period is NOT the same 90-day period for SASS eligibility. There should be a plan to terminate these

services within 90 days, or find an alternate means of funding the therapeutic services. The responsibilities of SASS program administration include the following:

- Notifying the SASS business office to anticipate receipt of funds from DHS/DMH.
- Identifying a person in the SASS program to function as the FLEX coordinator, to coordinate the program and share program material.
- Providing training to clinical staff on the protocol for utilizing funds.
- Notifying child and adolescent providers of the availability of funds.
- Notifying clinical staff of the balance in the FLEX account.
- Evaluating the use of funds on an ongoing basis.
- Identifying barriers to utilization if funds are not being spent.

Clinical

The SASS provider shall play a key role in the utilization of FLEX funds. The SASS provider must maintain a thorough knowledge of resources within the community in which funds can be expended. The SASS provider must also provide an accurate assessment of how these resources can most effectively be matched with the needs of the children. Some SASS providers may have a member designated to maintain data about available resources, in others all staff contribute to the collective knowledge. SASS providers must ensure that line staff are aware of resources so that FLEX funds will be utilized. SASS providers also play an important role in resource development as referenced later in this document.

In assessing the needs of the child, it is important to ensure that the child and family are aware of the responsibility they have in utilizing the funds. For example, if funds will be used to enroll a child in a therapeutic recreation program the parent must be committed to ensuring that the child has transportation to get to the program, as transportation to these types of services are not covered by the SASS program. SASS programs that use these monies well will not observe an increased sense of dependency of families but will instead create stronger partnerships with families in achieving treatment goals. FLEX monies can create other natural supports for families, with FLEX funds providing a transition to existing or expanding community supports. SASS providers are responsible for how the fund usage is tied to a child's Individual Treatment Plan.

The clinical responsibilities of the FLEX funds include the following:

- Maintaining knowledge of available resources in the community.
- Maintaining awareness of fund availability.
- Assessing a child's family needs for FLEX funds.
- Partnering with families to identify opportunities and family responsibility in utilizing funds.
- Documenting the need for FLEX funding in the child's Individual Treatment Plan.
- Presenting a documented plan to the FLEX coordinator.
- Assisting families in obtaining resources.
- Evaluating and documenting the effectiveness of a FLEX plan.

Fiscal

The SASS provider is responsible for setting up a system to track and communicate the balance of the FLEX funds and for making the funds accessible in a timely manner.

FLEX funds fiscal responsibilities include the following:

- Receiving a FLEX fund allocation from DHS/DMH and notifying SASS administrative staff of receipt.
- Tracking the balance of FLEX funds and maintaining a record of utilization.
- Establishing a time efficient process for disbursement of funds.
- Reporting the end-of-year balance to DHS/DMH in a timely manner.

CMH-203.6.2 Development of Resources

Awareness and development of community resources is essential to utilizing FLEX funds in the care of children and families with serious emotional disturbances. The development of effective relationships with other child-serving agencies allows for creative problem-solving when designing behavioral interventions for the context in which a child's difficulties arise. Successful programs articulate the need to work with community agencies to expand the scope of their services so that children with emotional and behavioral challenges can be included.

Resources that will address the needs of children across all life domains should be considered. The following list provides examples of potential resources for the utilization of FLEX funds.

- Community recreation /park districts programs
- Religious institutions
- Camps/American Camping Association
- YMCA/YWCA activities and programs
- Township/county programs
- Library programs
- Police department youth activities
- Psychological testing
- After school programs
- Community center programs and activities
- Home health organizations
- Community colleges
- 4H, Junior Achievement
- Short-term use of emergency psychiatric medication

CMH-203.7 REQUIRED STAFF TRAINING

Required trainings include but are not limited to the following:

- Childhood Severity of Psychiatric Illness (CSPI) Training
 - Prior to administering the CSPI, all SASS staff who may perform a crisis screening must complete training on how to perform the CSPI crisis screening

evaluation. This training can be administered within an agency with a certified CSPI trainer or at a training session sponsored by Northwestern University (NU). SASS provider staff may become certified trainers. If training is conducted by a SASS provider certified trainer, the completed training materials must be submitted to NU for review within 72 hours. Upon completion of the training or submission of materials, NU will score the results and issue certificates of certification within a three-week period.

- SASS providers will be granted a four-week grace period in which newly trained clinicians may administer the CSPI without having received confirmation of NU certification.
- All staff must comply annually with the NU recertification process.

- SASS Web-based Reporting System Training
 - Each SASS provider must have at least one Web-system administrator who has attended the NU-sponsored Web training.

- Other
 - The Departments reserve the right to mandate other trainings as required.

CMH-204 MONITORING, CORRECTIVE ACTION AND SANCTIONS

CMH-204.1 MONITORING

The Departments will perform ongoing monitoring of a SASS provider's compliance with contract deliverables. The Departments will monitor SASS providers' performance in all areas, including those detailed below. Monitoring activities, may include but are not limited to the following:

- Readiness Review: e.g., review of infrastructure, staffing, record keeping, systems capabilities including disaster recovery plan, and implementation plan, including quality assurance processes.
- Compliance with HIPAA rules, Mental Health and Developmental Disabilities Code and Mental Health and Developmental Disabilities Confidentiality Act.
- Coordination with and notification to DCFS, DHS/DMH or HFS, as needed.
- Deliverables and self-reporting, including report monitoring for accuracy, completeness and timeliness.
- CARES reports regarding a SASS provider's timeliness of performance requirements.
- Onsite review: desk audits, including review of policy and procedures; training materials; training sessions; staff qualifications; and clinical care record review, including review of CSPI, parent, guardian or caregiver consent and involvement in care plan, individualized treatment plan and treatment.
- Performance on all aspects of the SASS program, including SASS screening; timeliness and procedures; 90-day treatment period; participation in hospital treatment plans, discharge planning and follow-up, as appropriate; care coordination and referrals; participation in DCFS case reviews, staffings and court hearings, as appropriate; family resource developer; education/outreach to other service providers; and 90-day extensions.
- Timely interaction with CARES, Departments, hospitals, and other service providers regarding admissions, staffings and discharges.
- Care coordination activities, including resource utilization and mental health follow-up, medical services (e.g., medication management, lab follow-up), intensive home-based services, referrals and linkages to other resources.
- Process to assist families with preparing and submitting All Kids applications.
- Process to assist families with ICG applications and a SASS provider's provision of case management and intensive community based services.
- Process to assist CCBYS and child protection, as needed.
- SASS system of access, use and documentation of FLEX funds.
- Claims, including analysis of services.
- Telephone contacts, including "cold calling."
- Customer satisfaction surveys.
- Complaint monitoring.
- Hospital feedback regarding SASS involvement.
- Trend analyses.

CMH-204.2 CORRECTIVE ACTION AND SANCTIONS

The threshold is 100 percent compliance in the required program components. Corrective action plans will be required within two (2) weeks of adverse findings as determined by the Departments. If not corrected, other sanctions may be applied as determined by the Departments, based on the provisions in the contract.

SECTION II. BILLING AND REIMBURSEMENT REQUIREMENTS

CMH-205 BASIC PROVISIONS

For consideration for payment by HFS for SASS services, a provider enrolled for participation in the HFS Medical Programs must provide such services. Services provided must be in full compliance with both the general provisions contained in the Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures and the policy and procedures contained in this handbook. Exclusions and limitations are identified in specific topics contained herein.

The billing instructions contained within this handbook are specific to the HFS paper forms. Providers wishing to submit X12 or NCPDP electronic transactions must refer to Chapter 300, Handbook for Electronic Processing. Chapter 300 identifies information that is specific to conducting Electronic Data Interchange (EDI) with the Illinois Medical Assistance Program and other health care programs funded or administered by Healthcare and Family Services.

In addition to the handbooks, the SASS provider must be in compliance with 52 IL Administrative Code 130, 59 IL Administrative Code 132 and 89 IL Administrative Code 140. Refer to Appendix CMH-8.

CMH-206 PROVIDER PARTICIPATION

CMH-206.1 PARTICIPATION REQUIREMENTS

A provider that has entered into a contract for participation in the SASS program with the Departments must be enrolled to participate in the HFS Medical Programs.

The provider must be enrolled for the specific category of service for which charges are to be made.

The categories of service for which a SASS provider may enroll are:

- 34 – Mental Health Rehab Option Services
- 47 – Mental Health Targeted Case Management Services

Procedure: The provider must complete and submit the following:

- § Form HFS 2243 (Provider Enrollment/Application)
- § Form HFS 1413 (Agreement for Participation)
- § HCFA 1513 (Disclosure of ownership and controlling interest)
- § W9 (Request for Taxpayer Identification Number)

These forms may be obtained from the Provider Participation Unit. E-mail requests for enrollment forms should be addressed to:

hfs.ppu@illinois.gov

Providers may also call the unit at 1-217-782-0538 or mail a request to:

Healthcare and Family Services
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114

The forms must be completed (printed in ink or typewritten), signed and dated in ink by the provider, and returned to the above address. The provider should retain a copy of the forms. The date on the application will be the effective date of enrollment unless the provider requests a specific enrollment date and it is approved by HFS.

Participation approval is not transferable: When there is a change in ownership, location, name, or a change in the Federal Employer's Identification Number, a new application for participation must be completed. Claims submitted by the new owner using the prior owner's assigned provider number may result in recoupment of payments and other sanctions.

CMH-206.2 PARTICIPATION APPROVAL

When participation is approved, the provider will receive a computer-generated notification, the Provider Information Sheet listing all data on HFS computer files. Refer to Appendix CMH-7. The provider is to review this information for accuracy immediately upon receipt. For an explanation of the entries on the form, refer to Appendix CMH-7.

If all information is correct, the provider is to retain the Provider Information Sheet for subsequent use in completing claims (billing statements) to ensure that all identifying information required is an exact match to that in the HFS files. If any of the information is incorrect, refer to Topic CMH-205.

CMH-206.3 PARTICIPATION DENIAL

When participation is denied, the provider will receive written notification of the reason for denial.

Within 10 calendar days after the date of a participation denial notice, the provider may request a hearing. The request must be in writing and must contain a brief statement of the basis upon which the HFS action is being challenged. If such a request is not received within 10 calendar days, or is received, but later withdrawn, the HFS decision shall be a final and binding administrative determination. HFS rules concerning the basis for denial of participation are set out in 89 Ill. Admin. Code 140.14. HFS rules concerning the administrative hearing process are set out in 89 Ill. Admin. Code 104 Subpart C).

CMH-206.4 PROVIDER FILE MAINTENANCE

The information carried in the HFS files for participating providers must be maintained on a current basis. The provider and HFS share responsibility for keeping the file updated.

Provider Responsibility

The information contained on the Provider Information Sheet is the same as in the HFS files. Each time the provider receives a Provider Information Sheet, it is to be reviewed carefully for accuracy. The Provider Information Sheet contains information to be used by the provider in the preparation of claims; any inaccuracies found are to be corrected and HFS notified immediately.

Any time the provider effects a change that causes information on the Provider Information Sheet to become invalid, HFS is to be notified. When possible, notification should be made in advance of a change.

Procedure: The provider is to line out the incorrect or changed data, enter the correct data, sign and date the Provider Information Sheet with an original signature on the line provided. Forward the corrected Provider Information Sheet to:

Healthcare and Family Services
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114

Failure of a provider to properly notify HFS of corrections or changes may cause an interruption in participation and payments.

HFS Responsibility

When there is a change in a provider's enrollment status or the provider submits a change, HFS will generate an updated Provider Information Sheet reflecting the change and the effective date of the change. The updated sheet will be sent to the provider and to all payees listed if the payee address is different from the provider address.

CMH-207 REIMBURSEMENT

Billable services are those services defined in 52 Ill. Admin. Code 130 and 59 Ill. Admin. Code 132.

When billing for services or materials, the claim submitted for payment must include a diagnosis and the coding must reflect the actual services provided. Any payment received from a third-party payer or other persons applicable to the provision of services must be reflected as a credit on any claim submitted to HFS bearing charges for those services or items. (Exception: HFS co-payments are not to be reflected on the claim. Refer to Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topic 114.1 for more information on patient cost sharing.)

CMH-207.1 CHARGES

Charges billed to HFS must be the provider's usual and customary charge billed to the general public for the same service or item. Providers may only bill HFS after the service has been provided.

CMH-207.2 ELECTRONIC CLAIMS SUBMITTAL

Any services that do not require attachments or accompanying documentation may be billed electronically. Further information concerning electronic claims submittal can be found in Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topic 112.3.

Providers billing electronically should take special note of the requirement that Form HFS 194-M-C, Billing Certification Form, must be signed and retained by the provider for a period of three (3) years from the date of the voucher. Failure to do so may result in revocation of the provider's right to bill electronically, recovery of monies or other adverse actions. Form HFS 194-M-C can be found on the last page of each Remittance Advice that reports the disposition of any electronic claims. Refer to Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topic 130.5 for further details.

Please note that the specifications for electronic claims billing are not the same as those for paper claims. Please follow the instructions for the medium being used. If a problem occurs with electronic billing, providers should contact HFS in the same manner as would be applicable to a paper claim. It may be necessary for providers to contact their software vendor if HFS determines that the service rejections are being caused by the submission of incorrect or invalid data.

CMH-207.3 CLAIM PREPARATION AND SUBMITTAL

Refer to Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topic 112, for general policy and procedures regarding claim submittal.

HFS uses an imaging system for scanning paper claims. The imaging system allows more efficient processing of paper claims and also allows attachments to be scanned. Refer to Appendix CMH-6 for technical guidelines to assist in preparing paper claims for processing. HFS offers a claim scannability/imaging evaluation. Please send sample claims with a request for evaluation to the following address.

Healthcare and Family Services Attention: Vendor/Scanner Liaison 201 South Grand Avenue East Data Preparation Unit Springfield, Illinois 62763-0001

CMH-207.3.1 Claims Submittal

Form HFS 1443, Provider Invoice, is to be used to submit charges. A copy of the form and detailed instructions for its completion are included in Appendices CMH-6.

All routine paper claims are to be submitted in a pre-addressed mailing envelope provided by HFS for this purpose, Form HFS 1444, Provider Invoice Envelope. Use of the pre-addressed envelope should ensure that billing statements arrive in their original condition and are properly routed for processing.

For a non-routine claim submittal, use Form HFS 1414, Special Approval Envelope. A non-routine claim is:

Any claim to which Form HFS 1411, Temporary MediPlan Card, is attached.

Any claim to which any other document is attached.

Should envelopes be unavailable, the HFS 1443, Provider Invoice can be mailed to:

Healthcare and Family Services
Post Office Box 19105
Springfield, Illinois 62794

For electronic claims submittal, refer to Topic CMH-206.2 above. Non-routine claims may not be electronically submitted.

CMH-207.4 PAYMENT

Payment made by HFS for allowable services will be made at the lower of the provider's usual and customary charge or the maximum rate as established by HFS. Refer to Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topics 130 and 132, for payment procedures utilized by HFS and Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, General Appendix 8 for explanations of Remittance Advice detail provided to providers.

CMH-207.5 SERVICE DEFINITION AND ACTIVITY CROSSWALK

A listing of allowable procedure codes by provider type is on the HFS Web site. Refer to Appendix CMH-8.

Paper copies of the listings can be obtained by sending a written request to:

Healthcare and Family Services
Bureau of Comprehensive Health Services
201 South Grand Avenue East
Springfield, IL 62763-0001

The Web site listings and the downloadable rate file are updated as needed, but minimally annually. Providers will be advised of major changes via a written notice. Provider notices will not be mailed for minor updates such as error corrections or the addition of newly created HCPCS codes.

CMH-207.6 NON-COVERED ACTIVITIES

The following activities are not reimbursable under the Medicaid Community Mental Health Services Program, either because they are not directly therapeutic, and/or because the cost associated with the activity was already taken into account in the rates paid for billable services:

- Services provided to children who (1) are not approved through CARES and (2) do not have an appropriate ICD-9-CM diagnosis, or ICD-10, upon implementation.
- Services for which the agency is not certified.
- Services that do not meet service requirements specified by 59 Ill. Admin. Code 132, including staff that do not meet minimal qualifications for performing the service.
- More than one staff person per service delivered.
- Performance of a service that would normally be billable, but the total time expended is less than one-half billable unit (e.g., less than 7.5 minutes).
- Preparation required to perform a billable activity (e.g., gathering child files, planning activities, reserving space).

- Activities required to complete a billable service after the billable portion of the episode is concluded (e.g., completing case notes, returning file material, clinical documentation, billing documentation, etc.).
- Unavoidable down-time, including waiting for children prior to a billable activity or due to failure of children to attend billable sessions either on or off-site.
- Time spent building a relationship with a child when not providing a service defined by 59 Ill. Admin. Code 132.
- Personnel/management activities (e.g., hiring, staff evaluations, normal staff meetings, utilization review activities, and staff supervision).
- Staff training, orientation, and development.
- Clinical supervision.
- Observation of the child, or care-taking activities with the child while not actively performing another billable service.
- Any travel, with or without a child in the car, unless performing a service specified in the child's Individual Treatment Plan (e.g., individual counseling).

CMH-208 FINANCIAL REPORTING REQUIREMENTS

Only the costs associated with the SASS services should be reported on this CFR. Any cost reporting on the use of SASS FLEX funds or ICG work should be reported separately to DHS/DMH.

A SASS provider shall submit three (3) copies of an annual Consolidated Financial Report (CFR) and three (3) copies of a certified independent audit report within 180 days of the end of the provider agency's fiscal year to the address identified below. **The Consolidated Financial Report must detail the SASS program and must be bound within the certified independent audit report. The independent auditor shall provide an opinion expressing the accuracy of the Costs and Revenues schedules of the Consolidated Financial Report.**

All seven (7) schedules of the Consolidated Financial Report must be completed for the annual cost report.

1. Agency Information Page
2. Program Names Schedule
3. Costs Schedule
4. Revenues Schedule
5. Service Units Schedule
6. Personnel Schedule
7. Contractual Schedule

Electronic copies of the Consolidated Financial Report and instructions, as well as a sample opinion are available online. Refer to Appendix CMH-8.

Mailing address for submission of certified independent audit reports and the Consolidated Financial Report is:

Office of Planning and Budget Development
Department of Children and Family Services
Mail Station 440
406 East Monroe Street
Springfield, Illinois 62701-1498

Questions regarding the audit and cost reporting requirements should be directed to Department of Children and Family Services at 1-217-785-2468.

