



# Community Mental Health Services

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## Service Definition and Reimbursement Guide

September 11, 2014

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**Section I. Service Provision****201.1 Compliance**

Community Mental Health Centers (CMHC) seeking reimbursement for services described herein from any public funder, including Medicaid-funded services, must adhere to all applicable state and federal laws, rules, and policies.

**201.2 Provision of Medicaid-Funded Mental Health Services**

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

In addition, all Medicaid-funded mental health services provided by Community Mental Health Centers shall be delivered consistent with this guide and 59 Ill. Adm. Code Part 132.

**201.2.1 Medical Necessity**

Community Mental Health Centers seeking reimbursement from the Illinois Medicaid Program for the provision of Medicaid-funded mental health services must adhere to all applicable state and federal rules, including this guide, regarding the requirement for medical necessity for every service provided to a Medicaid eligible participant.

**201.2.2 Federal Financial Participation**

Any Medicaid-funded service provided to a Medicaid eligible recipient by a Community Mental Health Center from a Medicaid Certified Site may be eligible for Federal Financial Participation (FFP), regardless of public payer. Any claim submitted by Healthcare and Family Services (HFS) to the federal government for the purposes of obtaining FFP shall be delivered in accordance with this guide.

**201.2.3 Other Payers of Medicaid-Funded Mental Health Services**

All state and local government entities seeking to participate in the Illinois Medicaid Program for the purposes of obtaining Federal Financial Participation for Medicaid-funded services provided by a Community Mental Health Center, shall comply with 59 Ill. Adm. Code, Part 132 and this guide.

**201.2.4 Medicaid Rate**

HFS is responsible for establishing rates for all eligible services in the Illinois Medicaid Program. The HFS established rate is the maximum allowable rate for each eligible service. Reimbursement of a Medicaid service by a public payer in any amount up to the maximum allowable rate published by HFS shall be considered payment in full and cannot be supplemented in any way.

The HFS authorized rates for Medicaid-funded mental health services provided by Community Mental Health Centers shall be published and maintained as a Section of this guide.

### **201.3 Provision of Non-Medicaid-Funded Services**

Each service listed in this guide is identified as a Medicaid service or a non-Medicaid service. Those services described as non-Medicaid do not qualify for the Illinois Medicaid Program and as such are funded by a public payer with non-Medicaid funding. The terms of provision and reimbursement for non-Medicaid funded services are specified by this guide and any public payer specific rules established in the agreement for reimbursement. Failure to comply with the rules and policies of the public payer may result in claims denial. Some non-Medicaid funded services may require prior approval by the public payer. Those services described as non-Medicaid do not require certification and compliance with 59 Ill. Adm. Code Part 132.

### **201.4 Prior Approval**

Some Medicaid-funded and non-Medicaid mental health services require a prior approval – this approval must be established prior to the provision of service or consistent with the rules and policies of the public payer. Failure to secure a prior approval consistent with the rules and policies of the public payer may result in claims denial.

## **Section II. Billing and Service Reimbursement Requirements**

### **202.1 Provisions for Submitting Claims to HFS**

Community Mental Health Centers must be enrolled with HFS in order for those services to be considered for payment. Services provided must be in full compliance with the general provisions contained in the Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures; the policy and procedures contained or referenced in this guide; and policies and procedures issued by the department via provider notice.

Providers wishing to submit X12 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, information on processing electronic transactions specifically for Community Mental Health Centers can found in Section 202.4.3 of this guide.

### **202.2 HFS Provider Participation**

#### **202.2.1 Provider Participation**

Any provider directly submitting a claim to HFS for adjudication and/or reimbursement must be enrolled to participate with HFS Medical Programs. In addition, any Community Mental Health Centers rendering a service as part of the Illinois Medicaid Program, including those services funded through the Illinois Departments of Children and Family Services (DCFS), Human Services (DHS), and Juvenile Justice (DJJ), or any other state or local public payer, must be enrolled to participate with HFS Medical Programs.

#### **202.2.2 HFS Provider Participation Unit**

Healthcare and Family Services

Provider Participation Unit  
Post Office Box 19114  
Springfield, Illinois 62794-9114  
217-782-0538

Provider Enrollment Application Information and Forms  
<http://www.hfs.illinois.gov/enrollment/>

### **202.2.3 Medicaid Certification**

Any provider seeking reimbursement for services consistent with this guide, either directly from HFS or as part of the Illinois Medicaid Program as funded by another public payer must be enrolled with HFS as a Community Mental Health Center (Provider Type 036) to participate with HFS Medical Programs.

In order to enroll with HFS as a Community Mental Health Center (Provider Type 036), a qualified and willing entity must apply for and complete the Medicaid Certification Application Process from one of the qualifying state agencies listed below. Once the Certification Application Process is completed with any of the listed agencies, a complete registration packet will be forwarded to HFS and the provider will be enrolled to participate with HFS Medical Programs.

Illinois Department of Human Services  
Attention: Division of Mental Health  
319 E. Madison Suite 3B  
Springfield, Illinois, 62701

Illinois Department of Children and Family Services  
Manager, DCFS Office of Medicaid Certification and Program Services  
406 E. Monroe, Mail Station 425  
Springfield, IL 62701

Entities seeking information regarding the Medicaid Certification Program may contact the HFS Provider Participation Unit (see Section 202.2.2).

### **202.2.4 Site Certification**

Medicaid Certification for Community Mental Health Centers is issued on a site-specific basis. Each location utilized by the provider as an official site shall be required to obtain a unique Provider Identification Number as part of the Medicaid Certification Program. Each Provider Identification Number shall be recorded and managed by HFS and shall be limited to providing only the qualifying categories of service as determined in the Medicaid Certification Program. Providers with questions or concerns related to site-specific Medicaid Certification should contact their certifying state department or the HFS Provider Participation Unit.

### **202.2.5 National Provider Identification (NPI) Number**

Each provider site is issued a unique Provider Identification Number from HFS. Providers are required to obtain a unique National Provider Identification (NPI) Number for each site. This means that providers are required to have a unique one-to-one match between NPI's and

Provider IDs on file with HFS. Providers that fail to obtain and report a unique NPI for each Provider ID to HFS may be subject to claims denial.

## **202.3 Provider Participation Requirements**

### **202.3.1 Category of Service**

In addition to site-specific Medicaid Certification, each provider site must be enrolled for the specific category of service (COS) for which they plan to deliver services regardless of Medicaid-funded mental health payer.

The categories of service for which Community Mental Health Centers may enroll are:  
34 – Mental Health Rehab Option Services  
47 – Mental Health Targeted Case Management Services

In order to change or update your site-specific Medicaid Certified COS, the provider must complete and submit the following:

- Form HFS 2243 (Provider Enrollment/Application)
- Form HFS 1413 (Agreement for Participation)
- HFS 1513 (Enrollment Disclosure Statement)
- W9 (Request for Taxpayer Identification Number)

These forms may be obtained by e-mailing the [HFS Provider Participation Unit](#) or by visiting the [Medical Programs General Provider Enrollment Requirements Web page](#).

The forms must be completed (printed in ink or typewritten), signed and dated in ink by the provider, and returned to the HFS Provider Participation Unit (see Section 202.2.2). 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.

### **202.3.2 Transfer of Ownership**

**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.

### **202.3.3 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. The provider is to review this information for accuracy immediately upon receipt.

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, please contact the HFS Provider Participation Unit.

### **202.3.4 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. Adm. Code 140.14. HFS rules concerning the administrative hearing process are set out in 89 Ill. Adm. Code 104 Subpart C.

### **202.3.5 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.

#### **202.3.5.1 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 is to be 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. Failure of a provider to properly notify HFS of corrections or changes may cause an interruption in participation, claims denial, or provider charge backs.

#### **202.3.5.2 Updating Provider Information**

In order to submit updated information, using the Provider Information Sheet, the enrolled 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. Hard copy of the updated/corrected Provider Information Sheet should be submitted to the HFS Provider Participation Unit.

#### **202.3.5.3 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.

## **202.4 Reimbursement from HFS**

Billable services for Community Mental Health Centers are those services defined in this guide.

When billing for services, 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.)

#### **202.4.1 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.

#### **202.4.2 Electronic Claim 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 denials are being caused by the submission of incorrect or invalid data.

#### **202.4.3 Providers Submitting 837P Transactions**

Providers seeking to submit 837 transactions to HFS for Community Mental Health Services must meet the layout requirements of the HFS Chapter 300 Electronic Processing Handbook. In addition, the details for populating required fields can be found within the DHS 837 Companion Guide.

##### **202.4.3.1 Staff Qualification Level**

In order to meet the requirements specified by DHS-DMH for reporting of practitioner qualifications, a two-digit level of practitioner code is required. The Staff Qualification Levels should be reported in loop 2400 starting in position 64 of the NTE segment. The values and details regarding this requirement can be found in the DHS 837 Companion Guide. (See Appendix B.)

##### **202.4.3.2 Payee NPI**

The Payee NPI must be reported in loop 2010AA, Billing Provider. The information entered into this loop is where HFS will send Remittance Advice and Payments.

### **202.4.3.3 Rendering Provider**

The rendering provider must be entered in loop 2310B. This data should be a NPI that is connected to a specific Community Mental Health Center site / HFS provider number where services were rendered. The data field is not required if the Rendering is the same as the Billing Provider, Loop 2010AA.

### **202.4.4 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. HFS offers a claim scanning/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

### **202.4.5 Claims Submittal**

HFS encourages all providers to utilize an electronic claims submission process and requires that community mental health services be submitted electronically in most instances.

For services provided as part of the Screening, Assessment and Support Services (SASS) Program, Form HFS 1443 Provider Invoice may be used to submit charges.

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

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 202.4.2 above.

### **202.4.6 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.

#### **202.4.7 Reporting the Diagnosis Code for Medicaid Eligible Individuals Under the Age of 21**

Consistent with 59 Ill. Adm. Code, Part 132, the provider may provide services to any Medicaid-eligible individual under the age of 21 that demonstrates clinical need as evidenced by more than one documented criteria of a mental illness or serious emotional disorder as listed in the DSM-IV that is likely to impact the client's level of role functioning across critical life areas. In the event that services are provided to an individual that qualifies in this manner, the provider shall report the appropriate ICD-9 (or ICD -10 effective 10/1/15) diagnosis code for which the individual demonstrates more than one criterion as the individual's diagnosis code.

In addition, to identify the preventative nature of the service being performed, the provider must report the following data in the NTE01 and NTE02 loops of the 2300 segment.

NTE 01: Provider must report "DGN"

NTE 02: The Provider is allowed an 80 byte field. This field should be populated with the word, "Prevention" when the provider is serving an individual under the age of 21 that meets the, "more than one criterion" standard for Medical Necessity from 59 Ill. Adm. Code, Part 132.

#### **202.4.8 Service Definitions and Activity Crosswalk**

Previous rate schedules for Community Mental Health Centers have been titled, "Service Matrix", "Crosswalk", and/or "Service Definition and Reimbursement Guide" – this guide replaces all other documents as the official set of services, both Medicaid-funded and non-Medicaid, and rates that are reimbursable to this provider group.

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

#### **202.4.9 Non-Covered Activities**

The following activities are not reimbursable to Medicaid Community Mental Health Centers, 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:

- Medicaid-funded mental health services provided to individuals not meeting the requirement of Medical Necessity as defined by 59 Ill. Adm. Code, Part 132, at the time of service provision.
- Services requiring a prior approval to individuals in instances where the provider has not sought or received authorization.
- Services provided to individuals that do not have an appropriate ICD-9-CM or ICD-10 diagnosis, consistent with Sections 202.4.6. and 202.4.7. of this guide.
- Services for which the provider is not enrolled or certified to provide.

- Medicaid-funded mental health services that do not meet service requirements specified by 59 Ill. Adm. Code, Part 132, including staff that do not meet minimal qualifications for performing the service.
- Non-Medicaid services delivered in a manner inconsistent with the policies or procedures of the public payer.
- The provider is attempting to bill for more than one staff person per service delivered on individual claims. (Multiple staff members may be utilized and are accounted for with services that have an allowable 'HT' modifier.)
- Performance of a billable service in less than one-half billable unit (e.g., Services that are assumed at 15 minute units cannot be billed if the service is completed in 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 individuals prior to a billable activity or due to failure of an individual to attend billable sessions, regardless of place of service.
- Time spent interacting with or building a relationship with individuals when this activity cannot be directly accounted for in a service listed in Section III of this guide.
- 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 individual or activities with the individual while not actively performing another billable service.
- Any travel, with or without an individual in the car, unless performing a service specified in the client's Individual Treatment Plan (e.g., individual therapy/counseling).

## **202.5 Funding from the Department of Human Services – Division of Mental Health**

In addition to following the requirements found in this guide, providers seeking reimbursement for both Medicaid-funded and non-Medicaid mental health services from the Illinois Department of Human Services – Division of Mental Health (DHS-DMH) are required to comply with all DHS-DMH rules and policies, including those policies issued by its Agent(s). Providers seeking reimbursement for non-Medicaid services must have an agreement with DHS-DMH authorizing the provision and reimbursement of services prior to the delivery of service. Providers are required to submit claims for reimbursement for all DHS-DMH funded services to HFS consistent with HFS rules and policies, including [Chapters 100](#), [Chapter 200](#) and [Chapter 300](#).

### **202.5.1 Illinois Mental Health Collaborative for Access and Choice**

The [Illinois Mental Health Collaborative for Access and Choice](#), also known as, "The Collaborative," or "Value Options," is the DHS Administrative Services Organization (ASO) working on behalf of DHS-DMH in support of the Community Mental Health System. Additional information regarding the DHS ASO can be found on the [Illinois Mental Health Collaborative for Access and Choice Web site](#).

### **202.5.2 Provider Registration**

All changes to provider registration and enrollment completed with the HFS Provider Participation Unit must also be reported to the DHS ASO.

### **202.5.3 Registration and Prior Approval**

All services funded by DHS-DMH require that eligible recipients be registered with DHS ASO prior to service provision.

In addition to registration, to qualify for funding from DHS-DMH, some Medicaid-funded and non-Medicaid mental health services may require prior approval authorization. These services are noted in Section III of this guide with the indicator, "Prior Authorization – DMH". Any service with the "Prior Authorization – DMH" indicator marked requires the provider to obtain prior approval authorization from DHS-DMH or its Agent prior to service provision. If a provider fails to obtain prior approval when required, it may result in claims denial.

### **202.6 Funding from the Department of Children and Family Services**

In addition to following the requirements found in this guide, providers seeking reimbursement of Medicaid-funded mental health services from DCFS must comply with all DCFS rules and policies.

Provider seeking reimbursement for service provided to children and youth under the care of DCFS shall submit claims for reimbursement directly to DCFS in a manner specified by DCFS.

### **202.7 Funding for the Screening, Assessment and Support Services Program**

Providers seeking reimbursement for services provided to a child or youth with an active HFS Social Services Special Eligibility Segment on the date of service must comply with the requirements found in CMH-200, Handbook for the Providers of Screening, Assessment and Support Services.

All Medicaid-funded mental health services provided to children and youth with an active HFS Social Services Special Eligibility Segment on the date of service shall be submitted as a claim for reimbursement directly to HFS.

### **202.8 Funding from Other Payers of Medicaid-Funded Mental Health Services**

In addition to following the requirements found in 59 Ill. Adm. Code, Part 132 and this guide, providers seeking reimbursement of Medicaid-funded mental health services from other state and local payers must comply with the rules and policies established from the funder.

### **202.9 Funding from Medicaid Managed Care Organizations and other Care Coordination Entities**

Community Mental Health Centers enrolled with any entity contracted with HFS for the purposes of Care Coordination must comply with the rules and policies of the care coordination entity. A full listing of care coordination programs and how to contact those organizations can be found at [www.hfs.illinois.gov](http://www.hfs.illinois.gov).

### **202.10 Utilization Management**

Medicaid-funded mental health services are subject to utilization management consistent with applicable laws, rules and policies of the federal government and Illinois. Providers are subject to review of service delivery and must comply with all Medicaid Utilization Management procedures initiated by the funder. Failure to comply with the funder's Utilization Management procedures may result in claims denial.

#### **202.11 Medicaid Monitoring and Auditing**

In addition to any programmatic reviews performed by the funder, HFS Community Mental Health Centers must participate in all monitoring and auditing processes required in support of FFP claiming or retention of Medicaid Certification status, including Post Payment Reviews.

### **Section III. Service Guidance and Rate Schedule**

#### **203.1 General Notes**

Section III. Service Guidance and Rate Schedule is a companion to 59 Ill. Adm. Code, Part 132 for the purposes of providing guidance on the delivery of community mental health services. This section also incorporates the rates for non-Medicaid services funded by DHS. This section represents the official rate schedule for enrolled and participating Community Mental Health Centers seeking reimbursement from Illinois Medicaid Program as a fee for service provider.

No detail in Section III shall supplant Illinois law or administrative code in any way.

### **203.2 Group A Services**

Medicaid services governed by 59 Ill. Adm. Code 132.148.  
Services are billed to the appropriate authorizing public payer.  
DHS and SASS Services are billed to HFS for reimbursement.



203.2.1

**Mental Health Assessment**

**Group A:**

**Medicaid Reimbursed Service**

<p><b>Service Definition:</b></p> <p>A formal process of gathering information regarding a client's mental and physical status and presenting problems through face-to-face, video conference or telephone contact with the client and collaterals, resulting in the identification of the client's mental health service needs and recommendations for service delivery. Specific documentation of the delivery of mental health assessment service must include a description of the time spent with the client or collateral gathering information.</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input checked="" type="checkbox"/>MHP      <input checked="" type="checkbox"/>QMHP      <input checked="" type="checkbox"/>LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/>RN      <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN      <input type="checkbox"/>Physician (Doc)      <input type="checkbox"/> Other</p>
<p><b>Service Notes:</b></p> <ul style="list-style-type: none"> <li>Completed MHA is required for all services except for crisis intervention, psychological evaluation, case management – mental health, or case management – Locus Assessment.</li> <li>The mental health assessment must be updated at least annually.</li> <li>A minimum of one face-to-face meeting with the client by the QMHP who signs the MHA report is required prior to completion.</li> <li>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</li> <li>A diagnosis of mental illness is not required prior to starting mental health assessment activities.</li> </ul>	<p><b>Staffing Note(s):</b></p> <ul style="list-style-type: none"> <li>MHP must be under the direction of a QMHP.</li> <li>QMHP and LPHA must sign the mental health assessment report and annual update.</li> </ul>
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/>Adult (21+)      <input checked="" type="checkbox"/>Adult (18 to 21)      <input checked="" type="checkbox"/>Child (0 to 18)</p> <p><input checked="" type="checkbox"/>Specialized substitute care      <input checked="" type="checkbox"/>SASS</p>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>Face-to-face meeting with the client in order to assess the client's needs.</li> <li>Face-to-face meeting or telephone or video contact with the client or client's family to collect social history information</li> <li>With the client's permission, face-to-face meetings or telephone or video contact with:                         <ul style="list-style-type: none"> <li>Family members.</li> <li>Collateral sources of pertinent information—including, but not limited to, educational personnel, medical personnel, DCFS staff.</li> </ul> </li> <li>Administering CGAS/GAF or other acceptable instruments to the client to document substantial impairment in role functioning.</li> <li>Time spent by the QMHP/MHP reviewing assessment materials necessary for completion of the MHA (but not time spent writing/typing the document).</li> <li>Annual update of the assessment.</li> </ul>
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/>On Site      <input checked="" type="checkbox"/>Home      <input checked="" type="checkbox"/>Off Site</p> <p><input checked="" type="checkbox"/>Face-to-face      <input checked="" type="checkbox"/>Video      <input checked="" type="checkbox"/>Phone</p> <p><input checked="" type="checkbox"/>Individual      <input type="checkbox"/>Group      <input type="checkbox"/>Multi-staff (HT)</p>	<p><b>References:</b></p> <p><b>Rule – 59 Ill. Adm. Code 132.148(a)</b></p> <p><b>HIPAA – Mental Health Assessment – Non-physician</b></p>
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/>Medical Necessity      <input type="checkbox"/>Mental Health Assessment</p> <p><input type="checkbox"/>Treatment Plan</p> <p><input type="checkbox"/>SASS Enrollment      <input type="checkbox"/>Prior Authorization – DMH</p>	

**Reimbursement / Coding Summary**

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H0031	HN				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
H0031	HO				QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

203.2.2 Psychological Evaluation

Group A:

Medicaid Reimbursed Service

<p><b>Service Definition:</b> A psychological evaluation conducted and documented by the provider consistent with the <i>Clinical Psychologist Licensing Act</i> (225 ILCS 15), using nationally standardized psychological assessment instruments. Specific documentation of the delivery of psychological evaluation service must identify the specific nationally standardized psychological assessment instruments used.</p>	<p><b>Minimum Staff Requirements:</b>  <input type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input checked="" type="checkbox"/> Master's Level Psychologist (MCP)  <input checked="" type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>The licensed clinical psychologist must have at least one face-to-face meeting with the client before signing the evaluation.</li> <li>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</li> <li>A master's level professional may administer standardized testing as part of the evaluation.</li> </ul>	<p><b>Staffing Note(s):</b></p> <ul style="list-style-type: none"> <li>The evaluation must be conducted and signed by a licensed clinical psychologist.</li> </ul>
<p><b>Applicable Populations:</b>  <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input checked="" type="checkbox"/> Child (0 to 18)  <input checked="" type="checkbox"/> Specialized substitute care      <input checked="" type="checkbox"/> SASS</p>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>Client interview or clinical observation.</li> <li>Interview with parent or guardian, if indicated.</li> <li>Administration of nationally recognized psychological assessment instruments as part of a psychological evaluation.</li> </ul>
<p><b>Acceptable Delivery Mode(s):</b>  <input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	<p><b>References:</b>  <b>Rule – 59 Ill. Adm. Code 132.148(b)</b>  <b>HIPAA – Mental Health Assessment–Non-physician</b></p>
<p><b>Service Requirements:</b>  <input checked="" type="checkbox"/> Medical Necessity      <input checked="" type="checkbox"/> Mental Health Assessment  <input checked="" type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H0031	TG				LCP	Individual	¼ hr.	\$24.12	\$27.98	\$27.98
H0031					MCP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

203.2.3 Treatment Plan Development, Review, and Modification

Group A:

Medicaid Reimbursed Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
A process that results in a written ITP, developed with the participation of the client and the client's parent/guardian, as applicable, and is based on the mental health assessment report and any additional evaluations. Specific documentation of delivery of treatment plan development, review and modification service must include a description of the time spent with the client or collateral developing, reviewing or modifying the ITP.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input checked="" type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
<b>Notes:</b>		<b>Staffing Note(s):</b>	
<ul style="list-style-type: none"> <li>Part 132 services, except for psychological evaluation and crisis services, provided prior to the completion of the ITP must be included on the completed ITP.</li> <li>Medical necessity must be established and documented in the ITP. Participation by the client and parent/guardian (if client is a minor) is expected.</li> <li>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</li> </ul>		<ul style="list-style-type: none"> <li>QMHP responsible for development.</li> <li>LPHA provides clinical direction.</li> </ul>	
<b>Applicable Populations:</b>		<b>Example Activities:</b>	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<ul style="list-style-type: none"> <li>Meeting with client or parent/guardian (if the client is a minor) to discuss, develop or review a treatment plan.</li> <li>Face-to-face meetings with family members, collaterals, or with other persons essential to the development or review of the treatment plan, with client's permission.</li> <li>Treatment team meetings used for ITP development and/or formalized review of the effectiveness of the entire treatment plan. The LPHA or QMHP must be present and sign documentation. Does not include intra-agency meetings to review client progress related to individual ITP goals.</li> <li>Time spent by the QMHP/MHP reviewing the assessment materials for use in developing the ITP (but not time spent writing/typing the document).</li> </ul>	
<b>Acceptable Delivery Mode(s):</b>		<b>References:</b>	
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		<b>Rule – 59 Ill. Adm. Code 132.148(c)</b> <b>HIPAA – Mental Health Service Plan Development</b>	
<b>Service Requirements:</b>			
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H0032	HN				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
H0032					QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

### **203.3 Group B Services**

Medicaid services governed by 59 *Ill. Adm. Code* 132.150 and 132.165.  
Services are billed to the appropriate authorizing public payer.  
DHS and SASS Services are billed to HFS for reimbursement.

203.3.1 Assertive Community Treatment

Group B: Medicaid Reimbursed Service

<p><b>Service Definition:</b></p> <p>An intensive integrated rehabilitative crisis, treatment and rehabilitative support service for adults (18 years of age and older) provided by an interdisciplinary team to individuals with serious and persistent mental illness or co-occurring mental health and alcohol/substance abuse disorders. The service is intended to promote symptom stability and appropriate use of psychotropic medications, as well as restore personal care, community living and social skills. Specific documentation of the service must include a description of intervention, client's or family's/guardian's response to the intervention, and progress toward goals/objectives in the ITP.</p>		<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input checked="" type="checkbox"/> Team</p> <p><input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>	
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>Individual must be 18 years of age or older.</li> <li>Provider must be in compliance with the assertive community treatment (ACT) paradigm of the Department of Human Services. Other services listed in this document may be provided only for 30 days to facilitate transition into and out of ACT services in accordance with an ITP or while a client is receiving residential services to stabilize a crisis.</li> <li>"ACT team" should be identified as "responsible staff" on ITP.</li> <li>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</li> </ul>		<p><b>Staffing Note(s):</b></p> <ul style="list-style-type: none"> <li>Each ACT Team shall consist of at least six FTE staff including a licensed clinician as a full-time team leader, and a full-time RN. The team must be supported by a psychiatrist and program/administrative assistant. At least one team member must have training or certification in substance abuse treatment, one in rehabilitative counseling and one person qualified as a CRSS.</li> </ul>	
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)</p> <p><input type="checkbox"/> Specialized substitute care      <input checked="" type="checkbox"/> SASS</p>		<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>Symptom assessment and management including ongoing assessment, psycho-education, and symptom management efforts.</li> <li>Supportive counseling and psychotherapy on planned and as-needed basis.</li> <li>Medication prescription, administration, monitoring and documentation.</li> <li>Dual-diagnosis substance abuse services including assessment and intervention.</li> <li>Support of activities of daily living.</li> <li>Assist client with social/interpersonal relationship and leisure time skill building.</li> <li>Encourage engagement with peer support services.</li> <li>Services offered to families and/or other major natural supports (with the client's permission).</li> <li>Development of discharge or transition goals and related planning.</li> </ul>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input checked="" type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual      <input checked="" type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>		<p><b>References:</b></p> <p><b>Rule</b> – 59 Ill. Adm. Code 132.150(h)</p> <p><b>HIPAA</b> – Assertive Community Treatment</p>	
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/> Medical Necessity      <input checked="" type="checkbox"/> Mental Health Assessment</p> <p><input checked="" type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment      <input checked="" type="checkbox"/> Prior Authorization – DMH</p>			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H0039					Team	Individual	¼ hr.	\$26.46	\$30.70	\$30.70
H0039	HQ				Team	Group	¼ hr.	\$8.82	\$10.23	\$10.23

203.3.2 Case Management - Client-Centered Consultation Group B: Medicaid Reimbursed Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Individual client-specific professional communications among provider staff, or between provider staff and staff of other agencies who are involved with service provision to the client. The professional communication shall include offering or obtaining a professional opinion regarding the client's current functioning level or improving the client's functioning level, discussing the client's progress in treatment, adjusting the client's current treatment, or addressing the client's need for additional or alternative mental health services. Specific documentation of the delivery of mental health client-centered consultation service must include a description of the consultation that occurred, the professional consulted, and the resulting recommendations.		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		<b>Staffing Note(s):</b>	
		N/A	
<b>Notes:</b>		<b>Example Activities:</b>	
Must be provided in conjunction with one or more group 2 mental health services. <b>Does not</b> include advice given in the course of clinical staff supervisory activities, in-service training, treatment planning or utilization review and may not be billed as part of the assessment process. <b>Does not</b> include mental health interventions with the individual or their family.		<ul style="list-style-type: none"> <li>• Face-to-face or telephone or video contacts (including scheduled meetings or conferences) between provider staff, staff of other agencies and child-caring systems concerning the client's status.</li> <li>• Contacts with a State-operated facility and educational, legal or medical system.</li> <li>• Staffing with school personnel or other professionals involved in treatment.</li> <li>• Administrative case review (ACR).</li> </ul>	
<b>Applicable Populations:</b>			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		<b>Rule:</b> 59 Ill. Adm. Code 132.165(b) <b>HIPAA:</b> Case management	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1016	TG				RSA	Individual	¼ hr.	\$13.68	\$15.87	\$15.87
T1016	HN	TG			MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31

203.3.3 Case Management – Mental Health

Group B: Medicaid Reimbursed Service

<p><b>Service Definition:</b></p> <p>Services include assessment, planning, coordination and advocacy services for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, housing, public income entitlements and other community services to assist the client in the community. Case management activities may also include identifying and investigating available resources, explaining options to the client and linking them with necessary resources. Specific documentation of the delivery of mental health case management service must include a description of the activity.</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input checked="" type="checkbox"/> RSA      <input type="checkbox"/>MHP      <input type="checkbox"/>QMHP      <input type="checkbox"/>LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/>RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/>Physician (Doc)      <input type="checkbox"/> Other</p>
	<p><b>Staffing Note(s):</b></p> <p>N/A</p>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• Case management does not include time spent transporting the client to required services or time spent waiting while the client attends a scheduled appointment.</li> <li>• Case management may be provided, for a maximum of 30 days, prior to a mental health assessment or ITP.</li> <li>• Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</li> </ul>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• Helping the client access appropriate mental health services including the ICG program, apply for public entitlements, locate housing, obtain medical and dental care, or obtain other social, educational, vocational, or recreational services.</li> <li>• Assessing the need for service, identifying and investigating available resources, explaining options to the client and assisting in the application process.</li> </ul>
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/>Adult (21+)      <input checked="" type="checkbox"/>Adult (18 to 21)      <input checked="" type="checkbox"/>Child (0 to 18)  <input checked="" type="checkbox"/>Specialized substitute care      <input checked="" type="checkbox"/>SASS</p>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/>On Site      <input checked="" type="checkbox"/>Home      <input checked="" type="checkbox"/>Off Site  <input checked="" type="checkbox"/>Face-to-face      <input checked="" type="checkbox"/>Video      <input checked="" type="checkbox"/>Phone  <input checked="" type="checkbox"/>Individual      <input type="checkbox"/>Group      <input type="checkbox"/>Multi-staff (HT)</p>	
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/>Medical Necessity      <input type="checkbox"/>Mental Health Assessment  <input type="checkbox"/>Treatment Plan  <input type="checkbox"/>SASS Enrollment      <input type="checkbox"/>Prior Authorization – DMH</p>	<p><b>References:</b></p> <p><b>Rule:</b> 59 Ill. Adm. Code 132.165(a)  <b>HIPAA:</b> Case management</p>

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1016					RSA	Individual	¼ hr.	\$13.68	\$15.87	\$15.87
T1016	TF				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31

203.3.4 Case Management – LOCUS Assessment

Group B:

Medicaid Reimbursed Service

<p><b>Service Definition:</b></p> <p><i>Level of Care Utilization System (LOCUS)</i> that consists of assessing a client's clinical needs or functional status and matching the client's needs to treatment resources in the level of care continuum.</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input checked="" type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>
	<p><b>Staffing Note(s):</b></p> <p>N/A</p>
	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>Administering and completing a LOCUS assessment to assist in determining level of care for appropriate mental health services.</li> </ul>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>Individual must be 18 years of age or older.</li> <li>Utilized only at the time of treatment review or change in functioning status that may require a different level of care.</li> <li>For DHS use only.</li> </ul>	
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)</p> <p><input type="checkbox"/> Specialized substitute care      <input checked="" type="checkbox"/> SASS</p>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	<p><b>References:</b></p> <p><b>Rule:</b> 59 Ill. Adm. Code 132.165(a)</p> <p><b>HIPAA:</b> Behavioral health screening to determine eligibility for admission to treatment program.</p>

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H0002	HE				MHP	Individual	Event	\$41.04	\$47.61	\$47.61



203.3.5 Case Management - Transition Linkage and Aftercare

Group B: Medicaid Reimbursed Service

<p><b>Service Definition:</b></p> <p>Services are provided to assist in an effective transition in living arrangements consistent with the client's welfare and development. Specific documentation must include a description of the activity.</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input checked="" type="checkbox"/>MHP      <input type="checkbox"/>QMHP      <input type="checkbox"/>LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/>RN      <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN      <input type="checkbox"/>Physician (Doc)      <input type="checkbox"/> Other</p>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>When a client is being discharged from an inpatient psychiatric, other IMD setting, or a State Operated Hospital (SOH), the mental health assessment (MHA) and treatment plan (ITP) of the inpatient setting may be used to authorize the provision of this mental health service.</li> <li>When a client is being discharged from a State Operated Hospital and receiving mandated follow-up, the modifier HK below must be used for billing.</li> <li>Notes must indicate what transition is occurring.</li> <li>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</li> </ul>	<p><b>Staffing Note(s):</b></p> <p>N/A</p>
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/>Adult (21+)      <input checked="" type="checkbox"/>Adult (18 to 21)      <input checked="" type="checkbox"/>Child (0 to 18)</p> <p><input checked="" type="checkbox"/>Specialized substitute care      <input checked="" type="checkbox"/>SASS</p>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>Services provided to clients being discharged from inpatient psychiatric care, transitioning to adult services, moving into or out of DOC, or a DCFS client moving from one placement to another placement or to his/her parent's home.</li> <li>Service provided to clients being discharged from a SOH and moving into community placement or into a nursing facility. Use HK Modifier for services provided in SOH. Time spent planning with the staff of the client's current living arrangement or the receiving living arrangement. This includes time spent with foster parents to assist with logistics of placement or transition.</li> <li>Time spent locating client-specific placement resources, such as meetings and phone calls.</li> <li>Assisting client in completing paperwork for community resources.</li> <li>Arranging or conducting pre- or post-placement visits.</li> <li>Time spent developing an aftercare service plan.</li> <li>Time spent planning a client's discharge and linkage from an inpatient psychiatric facility for continuing mental health services and community/family support.</li> <li>Assisting the client or the client's family or caregiver with the transition.</li> </ul>
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/>On Site      <input checked="" type="checkbox"/>Home      <input checked="" type="checkbox"/>Off Site</p> <p><input checked="" type="checkbox"/>Face-to-face      <input checked="" type="checkbox"/>Video      <input checked="" type="checkbox"/>Phone</p> <p><input checked="" type="checkbox"/>Individual      <input type="checkbox"/>Group      <input type="checkbox"/>Multi-staff (HT)</p>	<p><b>References:</b></p> <p><b>Rule:</b> 59 Ill. Adm. Code 132.165(c)</p> <p><b>HIPAA:</b> Case management</p>
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/>Medical Necessity      <input checked="" type="checkbox"/>Mental Health Assessment</p> <p><input checked="" type="checkbox"/>Treatment Plan</p> <p><input type="checkbox"/>SASS Enrollment      <input type="checkbox"/>Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1016	HN				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
T1016	HO				QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90
T1016	HN	HK			MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
T1016	HO	HK			QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

203.3.6 Community Support (Individual, Group)

Group B: Medicaid Reimbursed Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Mental health rehabilitation services and supports for children, adolescents, families and adults necessary to assist clients in achieving rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of adaptive and compensatory strategies, identification and use of natural supports, and use of community resources. CS services help clients develop and practice skills in their home and community. Specific documentation of the delivery of community support service must include a description of the intervention, client's or family's/guardian's response to the intervention, and progress toward goals/objectives in the ITP.		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		<b>Staffing Note(s):</b>	
		N/A	
<b>Notes:</b>		<b>Example Activities:</b>	
<ul style="list-style-type: none"> <li>At least 60% of the individual and group community support (CS) services must be provided in natural settings.</li> <li>Group size may not exceed 15 clients.</li> <li></li> </ul>		<ul style="list-style-type: none"> <li>Assistance with identifying, coordinating and making use of individual strengths, resources, preferences and choices in natural settings.</li> <li>Assistance with identifying and developing existing and potential natural support persons and teams.</li> <li>Assistance with the development of crisis management plans.</li> <li>Assistance with identifying risk factors related to relapse, developing wellness plans and strategies and incorporating the plans and strategies into daily routines in one's natural environments.</li> <li>Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning and facilitating learning to do this for oneself.</li> <li>Support and consultation to the client or his/her collaterals that is directed primarily to the well-being and benefit of the client.</li> <li>Skill building and identification and use of adaptive and compensatory strategies to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness.</li> <li>Assistance with applying skills and strategies learned from provider-based services and interventions to life activities in natural settings; and</li> <li>Identification and assistance with modifying habits and routines to improve and support mental health, resiliency and recovery.</li> </ul>	
<b>Applicable Populations:</b>		<b>References:</b>	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<b>Rule:</b> 59 Ill. Adm. Code 132.150(e) <b>HIPAA:</b> Comprehensive community support services	
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>			
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2015	HM				RSA	Individual	¼ hr.	\$13.68	\$15.87	\$15.87
H2015	HN				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
H2015	HO				QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90
H2015	HM	HQ			RSA	Group	¼ hr.	\$3.42	\$3.97	\$3.97
H2015	HN	HQ			MHP	Group	¼ hr.	\$4.16	\$4.83	\$4.83
H2015	HO	HQ			QMHP	Group	¼ hr.	\$6.01	\$6.97	\$6.97

## 203.3.7 Community Support (Residential)

## Group B: Medicaid Reimbursed Service

<b>Service Definition:</b> Mental health rehabilitation services and supports for children, adolescents and adults necessary to assist individuals in achieving rehabilitative, resiliency and recovery goals. The service consists of interventions that facilitate illness self-management, skill building, identification and use of adaptive and compensatory strategies, identification and use of natural supports, and use of community resources for individuals who reside in sites designated by the public payer. Specific documentation must include a description of the intervention, client's or family's/guardian's response to the intervention, and progress toward goals/objectives in the ITP.	<b>Minimum Staff Requirements:</b> <input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other
<b>Notes:</b> <ul style="list-style-type: none"> <li>Group size may not exceed 15 clients.</li> <li>Individuals eligible for community support (CS) residential services include individuals whose mental health needs require active assistance and support to function independently as developmentally appropriate within home, community, work, or school settings and who are in public payer designated residential settings.</li> <li>CS residential must be provided on-site. Offsite services should be billed as other services, e.g., community support individual or case management.</li> <li></li> </ul>	<b>Staffing Note(s):</b> N/A
<b>Applicable Populations:</b> <input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS	<b>Example Activities:</b> <ul style="list-style-type: none"> <li>Assistance with identifying, coordinating and making use of individual strengths, resources, preferences and choices in natural settings.</li> <li>Assistance with identifying and developing existing and potential natural support persons and teams.</li> <li>Assistance with the development of crisis management plans.</li> <li>Assistance with identifying risk factors related to relapse, developing wellness plans and strategies and incorporating the plans and strategies into daily routines in one's natural environments.</li> <li>Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning and facilitating learning to do this for oneself.</li> <li>Support and consultation to the client or his/her collaterals that is directed primarily to the well-being and benefit of the client.</li> <li>Skill building and identification and use of adaptive and compensatory strategies to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness.</li> <li>Assistance with applying skills and strategies learned from provider-based services and interventions to life activities in natural settings; and</li> <li>Identification and assistance with modifying habits and routines to improve and support mental health, resiliency and recovery.</li> </ul>
<b>Acceptable Delivery Mode(s):</b> <input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)	<b>References:</b> <b>Rule:</b> 59 Ill. Adm. Code 132.150(f) <b>HIPAA:</b> Comprehensive Community Support Services
<b>Service Requirements:</b> <input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH	

## Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2015	HE	HM			RSA	Individual	¼ hr.	\$13.68	N/A	N/A
H2015	HE	HN			MHP	Individual	¼ hr.	\$16.65	N/A	N/A
H2015	HE	HO			QMHP	Individual	¼ hr.	\$18.02	N/A	N/A
H2015	HE	HM	HQ		RSA	Group	¼ hr.	\$3.42	N/A	N/A
H2015	HE	HN	HQ		MHP	Group	¼ hr.	\$4.16	N/A	N/A
H2015	HE	HO	HQ		QMHP	Group	¼ hr.	\$6.01	N/A	N/A

203.3.8 Community Support - Team

Group B: Medicaid Reimbursed Service

<p><b>Service Definition:</b></p> <p>Mental health rehabilitation services and supports available 24 hours per day and 7 days per week for children, adolescents, families and adults to decrease hospitalization and crisis episodes and to increase community functioning in order for the client to achieve rehabilitative, resiliency and recovery goals. The service consists of interventions delivered by a team that facilitates illness self-management, skill building, identification and use of adaptive and compensatory skills, identification and use of natural supports, and use of community resources. Client must meet the eligibility requirements in 132.150g) 4). Specific documentation must include a description of the intervention, client's or family's/guardian's response to the intervention, and progress toward goals/objectives in the ITP.</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input checked="" type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• At least 60% of the services must be provided in natural settings.</li> <li>• The client to staff ratio shall be no more than 18:1.</li> <li>•</li> <li>• Less intensive service has been tried and failed or has been found inappropriate at this time.</li> </ul>	<p><b>Staffing Note(s):</b></p> <ul style="list-style-type: none"> <li>• Team may be no fewer than three or more than six FTEs and no more than 8 different staff.</li> <li>• Full-time team leader who is at least a QMHP.</li> <li>• Sufficient staff to maintain the required client to staff ratio.</li> <li>• One team member must be a Certified Recovery Support Specialist (CRSS) or Certified Family Partnership Professionals (CFPP).</li> </ul>
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input checked="" type="checkbox"/> Child (0 to 18)  <input checked="" type="checkbox"/> Specialized substitute care      <input checked="" type="checkbox"/> SASS</p>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• Assistance with identifying, coordinating and making use of individual strengths, resources, preferences and choices in natural settings.</li> <li>• Assistance with identifying and developing existing and potential natural support persons and teams.</li> <li>• Assistance with the development of crisis management plans.</li> <li>• Assistance with identifying risk factors related to relapse, developing wellness plans and strategies and incorporating the plans and strategies into daily routines in one's natural environments.</li> <li>• Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning and facilitating learning to do this for oneself.</li> <li>• Support and consultation to the client or his/her collaterals that is directed primarily to the well-being and benefit of the client.</li> <li>• Skill building and identification and use of adaptive and compensatory strategies to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness.</li> <li>• Assistance with applying skills and strategies learned from provider-based services and interventions to life activities in natural settings; and</li> <li>• Identification and assistance with modifying habits and routines to improve and support mental health, resiliency and recovery.</li> </ul>
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input checked="" type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	<p><b>References:</b></p> <p>Rule: 59 Ill. Adm. Code 132.150(g)  HIPAA: Comprehensive community support services</p>
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/> Medical Necessity      <input checked="" type="checkbox"/> Mental Health Assessment  <input checked="" type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input checked="" type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2015	HT				Team	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

203.3.9 Crisis Intervention

Group B: Medicaid Reimbursed Service

<p><b>Service Definition:</b> Interventions to stabilize a client 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. A crisis is defined as deterioration in the level of role functioning of the client within the past 7 days or an increase in acute symptomatology. For a child or adolescent, a crisis may include events that threaten safety or functioning of the client or extrusion from the family or the community. Crisis intervention services shall include an immediate preliminary assessment that includes written documentation in the clinical record of presenting symptoms and recommendations for remediation of the crisis. Crisis intervention services may also include, if appropriate, brief and immediate mental health services or referral, linkage and consultation with other mental health services. Specific documentation of the delivery of crisis service must include a preliminary assessment, a description of the intervention and the client response to service.</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input checked="" type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• May be provided prior to a mental health assessment and prior to a diagnosis of mental illness.</li> <li>• May be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented.</li> <li>• Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</li> </ul>	<p><b>Staffing Note(s):</b></p> <ul style="list-style-type: none"> <li>• MHP must have immediate access to QMHP.</li> </ul>
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input checked="" type="checkbox"/> Child (0 to 18)  <input checked="" type="checkbox"/> Specialized substitute care      <input checked="" type="checkbox"/> SASS</p>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• All activities must occur within the context of a potential psychiatric crisis.</li> <li>• Face-to-face contact with client for purpose of preliminary assessment of need for mental health services.</li> <li>• Face-to-face or telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purpose of a preliminary assessment.</li> <li>• Face-to-face to provide immediate, short-term crisis-specific therapy or counseling with client and, as necessary, with client's caretaker and family members.</li> <li>• Referral to other applicable mental health services, including pre-hospitalization screening. Activities include phone contacts or meeting with receiving provider staff.</li> <li>• Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation.</li> <li>• Face-to-face or telephone contact with another provider to help that provider deal with a specific client's crisis.</li> <li>• Consultation with one's own provider staff to address the crisis.</li> </ul>
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input checked="" type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input checked="" type="checkbox"/> Multi-staff (HT)</p>	<p><b>References:</b></p> <p>Rule: 59 Ill. Adm. Code 132.150(b)  HIPAA: Crisis intervention</p>
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment  <input type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2011					MHP	Individual	¼ hr.	\$29.97	\$34.77	\$34.77
HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				HT Note	Rate	
H2011	HT				Multi	Individual	¼ hr.	Any code from Appendix A. Must be multi-staff, off site, and not at a hospital.	\$47.77	

203.3.10 Crisis Intervention – Pre-Hospitalization Screening Group B: Medicaid Reimbursed Service

<p><b>Service Definition:</b></p> <p>Interventions to stabilize a client 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. A crisis is defined as deterioration in the level of role functioning of the client within the past 7 days or an increase in acute symptomatology. For a child or adolescent, a crisis may include events that threaten safety or functioning of the client or extrusion from the family or the community. Children in psychiatric crisis who are believed to be in need of admission to a psychiatric inpatient facility and for whom public payment may be sought shall be provided with crisis intervention pre-hospitalization screening. The child shall be screened for inpatient psychiatric admission and shall have his or her mental health needs assessed, according to the requirements of the SASS (Screening, Assessment and Support Services) Program (59 Ill. Adm. Code 131).</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input checked="" type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>Individual must be enrolled in the HFS Social Services Special Eligibility Segment as issued by CARES.</li> <li>May be provided prior to a mental health assessment and prior to a diagnosis of mental illness.</li> <li>May be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented.</li> <li>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</li> </ul>	<p><b>Staffing Note(s):</b></p> <ul style="list-style-type: none"> <li>MHP must have immediate access to QMHP.</li> </ul>
<p><b>Applicable Populations:</b></p> <p><input type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input type="checkbox"/> Specialized substitute care      <input checked="" type="checkbox"/> SASS</p>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>This is a face-to-face event where all activities must occur within the context of a potential psychiatric crisis.</li> <li>Face-to-face contact with client for purpose of preliminary assessment of need for mental health services.</li> <li>Face-to-face or telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purpose of a preliminary assessment.</li> <li>Face-to-face contact to provide immediate, short-term crisis-specific therapy or counseling with client and, as necessary, with client's caretaker and family members.</li> <li>Referral to other applicable mental health services, including pre-hospitalization screening. Activities include phone contacts or meeting with receiving provider staff.</li> <li>Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation.</li> <li>Face-to-face or telephone contact with another provider to help that provider deal with a specific client's crisis.</li> <li>Consultation with one's own provider staff to address the crisis.</li> </ul>
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face      <input type="checkbox"/> Video      <input type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input checked="" type="checkbox"/> Multi-staff (HT)</p>	<p><b>References:</b></p> <p><b>Rule:</b> 59 Ill. Adm. Code 132.150(b)</p> <p><b>HIPAA:</b> Crisis intervention</p>
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Treatment Plan</p> <p><input checked="" type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1023					MHP	Individual	Event	\$299.70	\$347.70	\$347.70

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service	
	(1)	(2)	(3)	(4)				HT Note	Rate
T1023	HT				Multi	Individual	Event	Any code from Appendix A. Must be multi-staff, off site, and not at a hospital.	\$477.74

203.3.11 Crisis Intervention – State Ops

Group B: Medicaid Reimbursed Service

<p><b>Service Definition:</b></p> <p>Evaluation of a person who is experiencing a psychiatric crisis and is believed to be in need of psychiatric hospitalization to determine need for such hospitalization.</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input checked="" type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• May be provided prior to mental health assessment (MHA) and prior to a diagnosis of mental illness.</li> <li>• May be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented.</li> <li>• Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</li> </ul>	<p><b>Staffing Note(s):</b></p> <ul style="list-style-type: none"> <li>• MHP must have immediate access to QMHP.</li> </ul>
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)</p> <p><input checked="" type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS</p>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• All activities must occur within the context of a potential psychiatric crisis.</li> <li>• Face-to-face or telephone contact with client for the purpose of assessment of need for hospitalization.</li> <li>• Face-to-face telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for the purpose of assessment of need for hospitalization.</li> <li>• Referral to other applicable mental health services, including pre-hospital screening. Activities include phone contacts or meeting with receiving provider staff.</li> <li>• Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation.</li> </ul>
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input checked="" type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>
	<p><b>References:</b></p> <p>Rule: 59 Ill. Adm. Code 132.150(b)</p> <p>HIPAA: Crisis intervention</p>

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2011	HK				MHP	Individual	¼ hr.	\$29.97	\$34.77	\$34.77

203.3.12 Mental Health Intensive Outpatient

Group B: Medicaid Reimbursed Service

<p><b>Service Definition:</b></p> <p>Scheduled group therapeutic sessions made available for at least 4 hours per day, 5 days per week for clients at risk of, or with a history of, psychiatric hospitalization.</p>	<p><b>Minimum Staff Requirements:</b></p> <p> <input type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input checked="" type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other                 </p>
	<p><b>Staffing Note(s):</b></p> <p>N/A</p>
	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>The focus of the sessions must be to reduce or eliminate symptoms that, in the past, have led to the need for hospitalization.</li> </ul>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>Intensive outpatient services are intended for clients at risk of or with a history of psychiatric hospitalization.</li> <li>The client's ITP must include objectives related to reducing or eliminating symptoms that, in the past, have led to the need for hospitalization.</li> </ul> <p><b>Group Mode Ratios:</b></p> <ul style="list-style-type: none"> <li>Children 4:1 Ratio</li> <li>Adult 8:1 Ratio</li> </ul>	
<p><b>Applicable Populations:</b></p> <p> <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input checked="" type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care      <input checked="" type="checkbox"/> SASS                 </p>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p> <input checked="" type="checkbox"/> On Site      <input type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input type="checkbox"/> Phone  <input type="checkbox"/> Individual      <input checked="" type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)                 </p>	
<p><b>Service Requirements:</b></p> <p> <input checked="" type="checkbox"/> Medical Necessity      <input checked="" type="checkbox"/> Mental Health Assessment  <input checked="" type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH                 </p>	<p><b>References:</b></p> <p><b>Rule:</b> 59 Ill. Adm. Code 132.150(l)  <b>HIPAA:</b> Intensive outpatient</p>

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
S9480	HO				QMHP	Group - Adult	1 hr.	\$16.02	N/A	\$16.02
S9480	HO	HA			QMHP	Group - Child	1 hr.	\$32.04	N/A	\$32.04



203.3.13 Psychosocial Rehabilitation

Group B: Medicaid Reimbursed Service

<p><b>Service Definition:</b>                  Facility-based rehabilitative skill-building services for individuals 18 years of age and older with serious mental illness or co-occurring psychiatric disabilities and addictions. The PSR interventions focus on identification and use of recovery tools and skill building to facilitate independent living and adaptation, problem solving and coping skills development. Specific documentation of the delivery of psychosocial rehabilitation service must include a description of the intervention, client's or family's/guardian's response to the intervention, and progress toward goals/objectives in the ITP.</p>		<p><b>Minimum Staff Requirements:</b>  <input checked="" type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>	
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• The client to staff ratio for groups shall be no more than 15:1.</li> <li>•</li> <li>• PSR services shall be provided onsite only.</li> </ul>		<p><b>Staffing Note(s):</b></p> <ul style="list-style-type: none"> <li>• Must have at least a QMHP as clinical director on-site for at least 50% of the program time.</li> </ul>	
<p><b>Applicable Populations:</b>  <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care      <input checked="" type="checkbox"/> SASS</p>		<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• Individual or group skill building activities that focus on the development of skills to be used by clients in their living, learning, social and working environments.</li> <li>• Cognitive behavioral intervention.</li> <li>• Interventions to address co-occurring psychiatric disabilities and substance use.</li> <li>• Development of skills to be used in self-directed engagement in leisure, recreational and community social activities.</li> <li>• Engaging the client to have input into the service delivery of psychosocial rehabilitation programming.</li> <li>• Client participation in setting individualized goals and assisting their own skills and resources related to goal attainment.</li> </ul>	
<p><b>Acceptable Delivery Mode(s):</b>  <input checked="" type="checkbox"/> On Site      <input type="checkbox"/> Home      <input type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input type="checkbox"/> Video      <input type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input checked="" type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>		<p><b>References:</b>  <b>Rule:</b> 59 Ill. Adm. Code 132.150(k)  <b>HIPAA:</b> Psychosocial rehabilitation services</p>	
<p><b>Service Requirements:</b>  <input checked="" type="checkbox"/> Medical Necessity      <input checked="" type="checkbox"/> Mental Health Assessment  <input checked="" type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2017	HM				RSA	Individual	¼ hr.	\$13.68	N/A	N/A
H2017	HN				MHP	Individual	¼ hr.	\$16.65	N/A	N/A
H2017	HO				QMHP	Individual	¼ hr.	\$18.02	N/A	N/A
H2017	HM	HQ			RSA	Group	¼ hr.	\$3.42	N/A	N/A
H2017	HN	HQ			MHP	Group	¼ hr.	\$4.16	N/A	N/A
H2017	HO	HQ			QMHP	Group	¼ hr.	\$6.01	N/A	N/A

203.3.14 Psychotropic Medication Administration

Group B: Medicaid Reimbursed Service

<b>Service Definition:</b> Time spent preparing the client and the medication for administration, administering psychotropic meds, observing the client or possible adverse reactions, and returning the medication to proper storage. Specific documentation of the delivery of psychotropic medication administration service must include a description of the activity.		<b>Minimum Staff Requirements:</b> <input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input checked="" type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
<b>Notes:</b> • Does not include administration of non-psychotropic medications. •		<b>Staffing Note(s):</b> N/A	
<b>Applicable Populations:</b> <input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<b>Example Activities:</b> In addition to the activities in the service definition, drawing blood per established protocol for a particular psychotropic medication.	
<b>Acceptable Delivery Mode(s):</b> <input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b> <input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		<b>References:</b> <b>Rule:</b> 59 Ill. Adm. Code 132.150(d)(4) <b>HIPAA:</b> Administration of oral, intramuscular or subcutaneous medication	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1502					LPN	Individual	Event	\$10.21	\$11.84	\$11.84
T1502	SA				APN	Individual	Event	\$12.30	\$14.27	\$14.27

203.3.15 Psychotropic Medication Monitoring

Group B: Medicaid Reimbursed Service

<b>Service Definition:</b> Observation and evaluation of target symptom response, adverse effects, including <i>tardive dyskinesia</i> screens, and new target symptoms or medication. This may include discussing laboratory results with the client. Specific documentation of the delivery of psychotropic medication monitoring service must include a description of the intervention.		<b>Minimum Staff Requirements:</b> <input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other	
<b>Notes:</b> • This <b>does not</b> include watching a client self-administer his/her medications. • A designated staff ordering medication or communication with a pharmacist is not billable as medication monitoring.		<b>Staffing Note(s):</b> Staff designated in writing by a physician or advanced practice nurse per a collaborative agreement.	
<b>Applicable Populations:</b> <input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<b>Example Activities:</b> • Face-to-face interview with clients reviewing response to psychotropic medications. • Medication monitoring may include clinical communication, by telephone or face-to-face, between staff of the (same) provider or professional staff employed outside of the provider agency, under situations which constitute an appropriate release of information, emergency medical/life safety intervention, or consulting therapist relationships regarding the client's psychotropic medication. • Review laboratory results with clients that are related to the client's psychotropic medication • Phone consultation is allowed only when a client is experiencing adverse symptoms and phone consultation with another professional is necessary.	
<b>Acceptable Delivery Mode(s):</b> <input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		<b>References:</b> <b>Rule:</b> 59 Ill. Adm. Code 132.150(d)(5) <b>HIPAA:</b> Pharmacological management	
<b>Service Requirements:</b> <input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
M0064	52				Non-APN/Doc	Individual	¼ hr.	\$20.02	\$20.02	\$20.02
M0064	SA				APN	Individual	¼ hr.	\$24.12	\$24.12	\$24.12
M0064					Doc	Individual	¼ hr.	\$24.44	\$24.44	\$24.44

203.3.16 Psychotropic Medication Training

Group B: Medicaid Reimbursed Service

<p><b>Service Definition:</b></p> <p>Includes training the client or the client's family or guardian to administer the client's medication, to monitor proper levels and dosage, and to watch for side effects. Specific documentation of the delivery of psychotropic medication training service must include a description of the intervention, client's or family's/guardian's response to the intervention, and progress toward goals/objectives in the ITP.</p>	<p><b>Minimum Staff Requirements:</b></p> <p> <input type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input checked="" type="checkbox"/> Other                 </p>
<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>When training the family/guardian to administer or monitor medications, the client does not need to be present.</li> <li>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</li> </ul>	<p><b>Staffing Note(s):</b></p> <ul style="list-style-type: none"> <li>Staff designated in writing by a physician or advanced practice nurse per a collaborative agreement.</li> </ul>
<p><b>Applicable Populations:</b></p> <p> <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input checked="" type="checkbox"/> Child (0 to 18)  <input checked="" type="checkbox"/> Specialized substitute care      <input checked="" type="checkbox"/> SASS                 </p>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>When indicated based on client's condition and included in the ITP, meetings with individual clients to discuss the following:                         <ul style="list-style-type: none"> <li>Purpose of taking psychotropic medications.</li> <li>Psychotropic medications, effects, side effects, and adverse reactions.</li> <li>Self-administration of medications.</li> <li>Storage and safeguarding of medications.</li> <li>How to communicate with mental health professionals regarding medication issues.</li> <li>How to communicate with family/caregivers regarding medication issues.</li> </ul> </li> <li>For the client's parents, guardian or caregivers, meetings with provider staff to train them to monitor dosage and side effects.</li> </ul>
<p><b>Acceptable Delivery Mode(s):</b></p> <p> <input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input checked="" type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)                 </p>	<p><b>References:</b></p> <p><b>Rule:</b> 59 Ill. Adm. Code 132.150(d)(6)  <b>HIPAA:</b> Medication training and support</p>
<p><b>Service Requirements:</b></p> <p> <input checked="" type="checkbox"/> Medical Necessity      <input checked="" type="checkbox"/> Mental Health Assessment  <input checked="" type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH                 </p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H0034					MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
H0034	SA				APN	Individual	¼ hr.	\$24.12	\$27.98	\$27.98
H0034	HQ				MHP	Group	¼ hr.	\$5.55	\$6.44	\$6.44
H0034	HQ	SA			APN	Group	¼ hr.	\$8.04	\$9.33	\$9.33

203.3.17 Therapy/Counseling

Group B: Medicaid Reimbursed Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Treatment modality that uses interventions based on psychotherapy theory and techniques to promote emotional, cognitive, behavioral or psychological changes as identified in the ITP. Specific documentation of the delivery of therapy/counseling services must include a description of the intervention, client's or family's/guardian's response to the intervention, and progress toward goals/objectives in the ITP.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
<b>Notes:</b>		<b>Staffing Note(s):</b>	
<ul style="list-style-type: none"> <li>Incidental telephone conversations and consultations are not billable as therapy/counseling.</li> <li>Services to the family on behalf of the client should be reported and billed using the code for family therapy or counseling.</li> </ul>		N/A	
<b>Applicable Populations:</b>		<b>Example Activities:</b>	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<ul style="list-style-type: none"> <li>Formal face-to-face or videoconference meetings or telephone contacts with the client, or client's family as specified in the ITP.</li> <li>Conducting formal face-to-face group psychotherapy sessions with the client or his/her family. This may include serving special client populations with a particular theoretical framework, or addressing a specific problem such as low self-esteem, poor impulse control, depression, etc.</li> <li>For family modality, includes couple's or marital therapy and individual sessions with one parent if it is for the benefit of the child or therapy sessions with members of a child's foster family.</li> </ul>	
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		<b>Rule:</b> 59 Ill. Adm. Code 132.150(d) <b>HIPAA:</b> Behavioral health counseling and therapy	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H0004					MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
H0004	HR				MHP	Family	¼ hr.	\$16.65	\$19.31	\$19.31
H0004	HQ				MHP	Group	¼ hr.	\$4.16	\$4.83	\$4.83
H0004	HO				QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90
H0004	HO	HR			QMHP	Family	¼ hr.	\$18.02	\$20.90	\$20.90
H0004	HO	HQ			QMHP	Group	¼ hr.	\$6.01	\$6.97	\$6.97

### **203.4 Group C Services**

Non-Medicaid services funded by DHS only.  
Services are billed to HFS for reimbursement.

203.4.1 **Assertive Community Treatment –Vocational Services**

**Group C:**

**DHS Funded Service**

<p><b>Service Definition:</b> Work and education related services to helping an individual understand the value of employment and additional education, to find and achieve meaningful employment or education in community-based job and education sites.</p>	<p><b>Minimum Staff Requirements:</b>  <input checked="" type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input checked="" type="checkbox"/> Other</p>
	<p><b>Staffing Note(s):</b> •</p>
	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• Assessment of job-related interests and abilities through a complete education and work history assessment as well as on-the-job assessments in community-based jobs.</li> <li>• Development of an ongoing educational and employment rehabilitation plan to help an individual establish the skills necessary to gain desired education and achieve ongoing employment.</li> <li>• On the job, at school or work/school-related intervention.</li> <li>• Work/school-related supportive services such as assistance with securing appropriate clothing, wake-up calls and transportation issues.</li> </ul>
<p><b>Notes:</b> Individual must be 18 years of age or older. Job loss is not a reason to discontinue vocational services. Group services provided only to ACT clients—not more than 8 participants per group, client to staff ratio of no more than 4:1, and no more than two hours per week per client.</p>	
<p><b>Applicable Populations:</b>  <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS</p>	
<p><b>Acceptable Delivery Mode(s):</b>  <input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input checked="" type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input checked="" type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	
<p><b>Service Requirements:</b>  <input type="checkbox"/> Medical Necessity      <input checked="" type="checkbox"/> Mental Health Assessment  <input checked="" type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input checked="" type="checkbox"/> Prior Authorization – DMH</p>	<p><b>References:</b>   <b>Rule – N/A</b>  <b>HIPAA – Not Medically Necessary</b></p>

**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W009C	ACT, Vocational	Individual	¼ hr.	\$26.46	\$30.70	\$30.70
S9986	W009D	ACT, Vocational	Group	¼ hr.	\$8.82	\$10.23	\$10.23

203.4.2

**Forensic Evaluation**

**Group C:**

**DHS Funded Service**

<p><b>Service Definition:</b></p> <p>Per court order, for individuals remanded to the Department of Human Services, the formal process of gathering information through face-to-face or other personal contact with the individual, their family or collaterals for the purpose of producing a report or testimony advising the Court of the individual's mental status, mental health service needs, recommended treatments and plans, treatment and services availability and/or the individual's progress in treatment or services.</p>		<p><b>Minimum Staff Requirements:</b></p> <p> <input type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input checked="" type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input checked="" type="checkbox"/> Other                 </p>	
<p><b>Notes:</b></p> <p>The focus of this service is on the gathering of information necessary for judicial review. Services aimed solely and directly at addressing the mental health service needs of the individual and their rehabilitation, such as mental health assessment, treatment plan development and mental health treatments, should be separately coded and billed as the appropriate Group B service.</p> <p>Service is to comply with the standards established in the DHS Division of Mental Health Forensic Handbook.</p>		<p><b>Staffing Note(s):</b></p> <p>Licensed Clinical Psychologist or Board Eligible Psychiatrist.</p>	
<p><b>Applicable Populations:</b></p> <p> <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input checked="" type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS                 </p>		<p><b>Example Activities:</b></p> <p>The gathering of information for reporting to the Court regarding:</p> <ul style="list-style-type: none"> <li>the availability of appropriate treatment for the individual;</li> <li>the probability that the individual will be able to attain fitness to stand trial within a year;</li> <li>the plan for attaining fitness;</li> <li>the progress the individual is achieving in treatment and towards attaining fitness.</li> <li>the level of risk, if any, the individual poses to the community;</li> <li>whether the individual is still in need of outpatient mental health services;</li> <li>the individual's mental health service needs; and,</li> <li>a plan of recommended mental health treatments and services, the purpose of each treatment and service and the professional responsible for implementation of the plan.</li> </ul>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p> <input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input type="checkbox"/> Video      <input type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)                 </p>		<p><b>References:</b></p> <p><b>Rule/Statute</b> – 725 5/104-16 and 730 ILCS 5/5-2-4  <b>HIPAA</b> – Not Medically Necessary.</p>	
<p><b>Service Requirements:</b></p> <p> <input type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment  <input type="checkbox"/> Treatment Plan      <input checked="" type="checkbox"/> Court Ordered  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH                 </p>			

**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00F1	Forensic Evaluations and Reports	N/A	¼ hr.	Encounter Reporting Required.		



203.4.3

**Forensic Expert Testimony****Group C:****DHS Funded Service**

<b>Service Definition:</b> Court-ordered provision of expert testimony in court regarding a forensic case, including fitness to stand trial and post-adjudication NGRI proceedings.		<b>Minimum Staff Requirements:</b> <input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input checked="" type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other	
<b>Notes:</b> The focus of this service is on the provision of expert forensic testimony.  The service is billed as an event for each day of testimony. Service is to comply with the standards established in the DHS Division of Mental Health Forensic Handbook.		<b>Staffing Note(s):</b> Licensed Clinical Psychologist or Board Eligible Psychiatrist.	
<b>Applicable Populations:</b> <input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS		<b>Example Activities:</b> Providing expert testimony in Court.	
<b>Acceptable Delivery Mode(s):</b> <input type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b> <input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input checked="" type="checkbox"/> Court Ordered <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		<b>References:</b> <b>Rule/Statute</b> – 725 5/104-16 and 730 ILCS 5/5-2-4 <b>HIPAA</b> – Not Medically Necessary.	

**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00F2	Forensic Expert Testimony	N/A	Event	Encounter Reporting Required.		

203.4.4

**Forensic UST Fitness Restoration****Group C:****DHS Funded Service**

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Court-ordered services for individuals remanded to the Department of Human Services aimed at restoring the individual's fitness to stand trial through the provision of educational information and training. The goals of this service are to have the individual: (a) be able to understand and appreciate the nature and purpose of the judicial proceedings against them, and (b) be able to adequately assist in the preparation of their defense in such proceedings.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
<b>Notes:</b>		<b>Staffing Note(s):</b>	
The focus of this service is on the education and training of the individual relative to and in preparation for judicial proceedings. Services aimed solely and directly at addressing the mental health service needs of the individual and their rehabilitation, such as skill training in self-management of mental illness symptoms, should be separately coded and billed as the relevant Group B mental health treatment service.		N/A	
Service is to comply with the standards established in the DHS Division of Mental Health Forensic Handbook.		<b>Example Activities:</b>	
<b>Applicable Populations:</b>		<ul style="list-style-type: none"> <li>The delivery of information through discussion, lectures, audio-visual or other educational means regarding forensic court proceedings and their purpose.</li> <li>Direct instruction on how an individual can assist in the preparation of their defense.</li> <li>Discussion, training and role playing of techniques and individual can employ to effectively manage his/her behavior while in the courtroom.</li> </ul>	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS			
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input checked="" type="checkbox"/> Court Ordered <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		<b>Rule</b> – 725 5/104-16 and 730 ILCS 5/5-2-4 <b>HIPAA</b> – Not Medically Necessary.	

**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00F3	Forensic UST Fitness Restoration and NGRI Reintegration	N/A	N/A	Encounter Reporting Required.		

203.4.5 ICG Application Assistance

Group C:

DHS Funded Service

<p><b>Service Definition:</b></p> <p>Once a guardian requests an application for the Individual Care Grant, the ICG/SASS worker is responsible for assisting with compiling all the necessary documentation.</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input checked="" type="checkbox"/> RSA      <input type="checkbox"/>MHP      <input type="checkbox"/>QMHP      <input type="checkbox"/>LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/>RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/>Physician (Doc)      <input type="checkbox"/> Other</p>
	<p><b>Staffing Note(s):</b></p> <p>N/A</p>
	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• Provide families with information that will help with the decision whether to apply for ICG.</li> <li>• Acquire and maintain knowledge about the ICG program, Rule 135 and Rule 132</li> <li>• Assist families to compile the documentation necessary to apply for ICG.</li> <li>• Assist families to submit a completed ICG application.</li> <li>• Compile application packets for families seeking residential services and assist with distribution to residential facilities.</li> </ul>
<p><b>Notes:</b></p> <p>Parents contact the Collaborative to request an application. At the time of the call, information is taken as part of the intake process. An application is then mailed to the parent/guardian with instructions to ensure that all necessary information is collected for submission of a complete application. The ICG/SASS agency is notified at the same time that an application packet is sent to the parent/guardians. ICG/SASS workers are available to assist the family in completing the application</p>	
<p><b>Applicable Populations:</b></p> <p><input type="checkbox"/>Adult (21+)      <input checked="" type="checkbox"/>Adult (18 to 21)      <input checked="" type="checkbox"/>Child (0 to 18)  <input type="checkbox"/>Specialized substitute care      <input checked="" type="checkbox"/>SASS</p>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/>On Site      <input checked="" type="checkbox"/>Home      <input checked="" type="checkbox"/>Off Site  <input checked="" type="checkbox"/>Face-to-face      <input type="checkbox"/>Video      <input checked="" type="checkbox"/>Phone  <input type="checkbox"/>Individual      <input type="checkbox"/>Group      <input type="checkbox"/>Multi-staff (HT)</p>	
<p><b>Service Requirements:</b></p> <p><input type="checkbox"/>Medical Necessity      <input checked="" type="checkbox"/>Mental Health Assessment  <input checked="" type="checkbox"/>Treatment Plan  <input type="checkbox"/>SASS Enrollment      <input type="checkbox"/>Prior Authorization – DMH</p>	<p><b>References:</b></p> <p>Rule – N/A  HIPAA – Not Medically Necessary.</p>

Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W051M	RSA	Face to Face	¼ hr	\$13.68	\$15.87	\$15.87

203.4.6	ICG Behavior Management	Group C:	DHS Funded Service
<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Behavior Management Intervention is a community based ICG Service. It is a time limited child and family training/therapy intervention focused towards amelioration or management of specific behaviors that jeopardizes a child's level of functioning in their family setting. This intervention typically teaches/ models techniques and skills that can be used by the parent/guardian and other family members.		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input checked="" type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
<b>Notes:</b>		<b>Staffing Note(s):</b>	
All authorizations for behavioral management services will expire at the end of the fiscal year in which the authorization was granted, except for authorization requests submitted in June that clearly indicate that the request is for the subsequent fiscal year.		N/A	
<ul style="list-style-type: none"> <li>Behavior management services \$3,000 per youth per fiscal year.</li> <li>Providers should only request authorization for the amount that exceeds the child's annual limit.</li> </ul>		<b>Example Activities:</b>	
<b>Applicable Populations:</b>		These service include, participation in therapeutic after school programs, consultation with a dietician, fitness training, sleep consultation, yoga, equine therapy, de-escalation training, parent training.	
<input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH		<b>Rule</b> – 59 Ill. Adm. Code 135.10 <b>HIPAA</b> – Not Medically Necessary.	

## Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W097M	QMHP	N/A	N/A	Encounter Reporting Required.		

203.4.7 **ICG Child Support Services** **Group C:** **DHS Funded Service**

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Child Support Services is a community based ICG Service. Child support services include activities that are intended to facilitate integration into the community.		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
<b>Notes:</b>		<b>Staffing Note(s):</b>	
Providers are responsible for tracking their usage of these services and for requesting an authorization if services in excess of the annual limits are determined to be necessary based on the needs of the youth. The annual limits are per youth and not per provider.		N/A	
<ul style="list-style-type: none"> <li>• Child support services \$1,570 per youth per fiscal year.</li> <li>• Providers should only request authorization for the amount that exceeds the child's annual limit.</li> </ul>		<b>Example Activities:</b>	
<b>Applicable Populations:</b> <input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		The funding may support: YMCA passes, music lessons, recreational activities, summer camp, art classes, and after school programs.	
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH		<b>Rule</b> – 59 Ill. Adm. Code 135.10 <b>HIPAA</b> – Not Medically Necessary.	

**Reimbursement / Coding Summary**

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W072M	RSA	Face to Face	¼ hr	Encounter Reporting Required.		

203.4.8 ICG Clinical Case Participation

Group C:

DHS Funded Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Involves face-to-face or phone participation for community or residential conferences on behalf of the identified consumer.  The ICG/SASS worker shall travel to the youth's residential facility twice yearly if placed in Illinois and once yearly if placed outside Illinois to attend a staffing, advocate for the youth and family, and assess the youth's progress in treatment and current level of functioning. The worker shall also assess and recommend supports to facilitate the treatment plan, and facilitate transition to intensive community-based services, The worker shall prepare and submit a quarterly review report.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
<b>Notes:</b>		<b>Staffing Note(s):</b>	
This code can be used for any meeting on behalf of the child other than quarterly reviews.		N/A	
<b>Applicable Populations:</b>		<b>Example Activities:</b>	
<input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		These conferences may include: <ul style="list-style-type: none"> <li>• IEP staffing;</li> <li>• discharge planning staffing;</li> <li>• treatment plan review meetings; and,</li> <li>• case conferences.</li> </ul>	
<b>Acceptable Delivery Mode(s):</b>		<b>References:</b>	
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		Rule – 59 Ill. Adm. Code 135.135(b) HIPAA – Not Medically Necessary.	
<b>Service Requirements:</b>			
<input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W050E	RSA	Face to Face	¼ hr	\$19.31	\$19.31	\$19.31
S9986	W050F	RSA	Telephone	¼ hr	\$16.65	N/A	N/A

203.4.9 ICG Habilitative Services/Supervision

Group C:

DHS Funded Service

<p><b>Service Definition:</b></p> <p>This is a community based ICG Service. The service refers to the non-clinical time providers spend with the ICG consumer while providing therapeutic stabilization. The relationship between the child and contractual agent is specifically for the purpose of normalizing the activities of the child.</p>	<p><b>Minimum Staff Requirements:</b></p> <p> <input type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input checked="" type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input checked="" type="checkbox"/> Other         </p>
	<p><b>Staffing Note(s):</b></p> <p>LCSW and LCPC</p>
	<p><b>Example Activities:</b></p> <p>Supervision involves taking a client to a community activity and waiting for the class or activity to end.</p>
<p><b>Notes:</b></p> <p>This service provides for the child's safety and allows the provider time to monitor targeted behaviors identified in the treatment plan.</p>	<p>Social Skill Building- community involved activities:</p> <ul style="list-style-type: none"> <li>• Taking a client to dinner;</li> <li>• Taking a client on the bus or train;</li> <li>• Teaching a client how to manage money;</li> <li>• Taking client to the park;</li> <li>• Assisting client in developing peer relationships; and,</li> <li>• Taking a client fishing or bowling.</li> </ul>
<p><b>Applicable Populations:</b></p> <p> <input type="checkbox"/> Adult (21+)      <input type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS         </p>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p> <input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input type="checkbox"/> Video      <input type="checkbox"/> Phone  <input type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)         </p>	
<p><b>Service Requirements:</b></p> <p> <input type="checkbox"/> Medical Necessity      <input checked="" type="checkbox"/> Mental Health Assessment  <input checked="" type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input checked="" type="checkbox"/> Prior Authorization – DMH         </p>	<p><b>References:</b></p> <p> <b>Rule –59 Ill. Adm. Code 135.130</b>  <b>HIPAA – Not Medically Necessary.</b> </p>

Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W050G	QMHP	Face to Face	¼ hr	\$3.81	\$3.81	\$3.81

203.4.10 ICG Quarterly Residential Review

Group C:

DHS Funded Service

<p><b>Service Definition:</b></p> <p>This is a community service that involves telephone or face-to-face participation in quarterly staffings .</p> <p>The ICG/SASS worker shall conduct a quarterly review of the child's care, their current educational status and parent/guardian's participation. The report is due three months prior to the anniversary date of the child's entry into the ICG Program.</p>		<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input checked="" type="checkbox"/>MHP      <input type="checkbox"/>QMHP      <input type="checkbox"/>LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/>RN      <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN      <input type="checkbox"/>Physician (Doc)      <input type="checkbox"/> Other</p>	
<p><b>Notes:</b></p> <p>Quarterly and annual reviews are required under Rule 135. The due dates for quarterly and annual reviews are based on the grant award date. Information from the quarterly and annual reviews will be utilized by Collaborative Clinical Care Managers to assist with their role in the next treatment planning meetings and as a part of the documentation required for authorization of services.</p>		<p><b>Staffing Note(s):</b></p> <p>N/A</p>	
<p><b>Applicable Populations:</b></p> <p><input type="checkbox"/>Adult (21+)      <input checked="" type="checkbox"/>Adult (18 to 21)      <input checked="" type="checkbox"/>Child (0 to 18)</p> <p><input type="checkbox"/>Specialized substitute care      <input checked="" type="checkbox"/>SASS</p>		<p><b>Example Activities:</b></p> <p>Meeting with the Child and Family team to discuss the ICG Youth's clinical progress.</p>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input type="checkbox"/>On Site      <input checked="" type="checkbox"/>Home      <input type="checkbox"/>Off Site</p> <p><input checked="" type="checkbox"/>Face-to-face      <input type="checkbox"/>Video      <input checked="" type="checkbox"/>Phone</p> <p><input type="checkbox"/>Individual      <input type="checkbox"/>Group      <input type="checkbox"/>Multi-staff (HT)</p>		<p>The Quarterly Report shall include:</p> <ul style="list-style-type: none"> <li>• Brief description of the reason for admission.</li> <li>• Description of the treatment recovery goals to be accomplished with the youth so he/she can be transitioned to a lower level of care.</li> <li>• Description of treatment goal process during the quarter.</li> <li>• Description of the current efforts being made to prepare the client to transition to a lower level of care and indicate tentative transition date.</li> <li>• List of recovery criteria that must be met before transition process can occur.</li> <li>• List of the current diagnoses.</li> <li>• List of the youth's current scores on the Ohio Scales and the Columbia Impairment Scale.</li> <li>• List of the frequency of individual therapy and indication of progress.</li> <li>• List of the frequency of family therapy and indication of progress.</li> <li>• Description of any need for specialized therapy. An addendum for quarterly reports to be developed on inactive youth.</li> </ul>	
<p><b>Service Requirements:</b></p> <p><input type="checkbox"/>Medical Necessity      <input checked="" type="checkbox"/>Mental Health Assessment</p> <p><input checked="" type="checkbox"/>Treatment Plan</p> <p><input type="checkbox"/>SASS Enrollment      <input checked="" type="checkbox"/>Prior Authorization – DMH</p>		<p><b>References:</b></p> <p><b>Rule –59 III. Adm. Code 135.135(b)</b>  <b>HIPAA – Not Medically Necessary.</b></p>	

Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W050C	RSA	Face to Face	¼ hr	N/A	19.31	N/A
S9986	W050D	RSA	Telephone	¼ hr	16.65	N/A	N/A



203.4.11 ICG Services

Group C:

DHS Funded Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Bed holds are required for a specific amount of overnights the ICG youth is not present at the treatment facility.  This is a residential service.		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other	
<b>Notes:</b> A Bed-Hold Extension Request Form must be submitted when an individual enrolled in a residential program is away from the residence for more than 60 days per fiscal year		<b>Staffing Note(s):</b>	
Failure to submit a request or an extension can result in reduction of payment.  <ul style="list-style-type: none"> <li>The Department may reimburse a community agency for up to 120 consecutive or non-consecutive nights per fiscal year</li> <li>An agency will not be reimbursed for an individual's absence after the date of discharge or when his or her treatment plan includes removal from the agency's program or after the date the agency has knowledge of the youth's pending termination.</li> <li>A bed hold billing request by an agency that falls within a 60 day cumulative limit per state fiscal year will be authorized provided it is consistent with the Department's policies and procedures.</li> <li>Any absence that would exceed 60 cumulative days per state fiscal year must be communicated to and approved by the individual care grant program staff.</li> </ul> Any agency shall incorporate planned home visits and vacations in the child's treatment plan. The plan should be consistent with the treatment goals to avoid extended absences that may inhibit an individual's progress		Anyone working with a client can submit a bed hold request.	
		<b>Example Activities:</b>	
		Bed holds and bed hold extensions are a result of the following; <ol style="list-style-type: none"> <li>psychiatric hospitalization;</li> <li>juvenile detention;</li> <li>incarceration;</li> <li>home visits;</li> <li>medical hospitalization; and,</li> <li>Absent without leave (AWOL)</li> </ol>	
<b>Applicable Populations:</b>			
<input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
<b>Acceptable Delivery Mode(s):</b>			
<input type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH		<b>Rule</b> – 59 Ill. Adm. Code 135.140 <b>HIPAA</b> – Not Medically Necessary.	

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W017M	Group Home; Consumer Present	N/A	Per Diem	Provider Specific Rate.		
S9986	W017B	Group Home; Bedhold	N/A	Per Diem	Provider Specific Rate.		
S9986	W019M	Residential; Consumer Present	N/A	Per Diem	Provider Specific Rate.		
S9986	W019B	Residential; Bedhold	N/A	Per Diem	Provider Specific Rate.		

203.4.12

**ICG Services – Special Units 1 & 2**

**Group C:**

**DHS Funded Service**

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Special units are described as the following; the special unit codes must be billed for youth placed in the special units and the authorization will also be tied to the special units to assure proper claims processing and payment		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		<b>Staffing Note(s):</b>	
		N/A	
<b>Notes:</b>		<b>Example Activities:</b>	
N/A		N/A	
<b>Applicable Populations:</b>			
<input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input type="checkbox"/> Off Site <input type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH		<b>Rule – N/A</b> <b>HIPAA – Not Medically Necessary.</b>	

**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W020M	Unit 1; Residential; Consumer Present	N/A	Per Diem	Provider Specific Rate.		
S9986	W020B	Unit 1; Residential; Bedhold	N/A	Per Diem	Provider Specific Rate.		
S9986	W021M	Unit 2; Residential; Consumer Present	N/A	Per Diem	Provider Specific Rate.		
S9986	W021B	Unit 2; Residential; Bedhold	N/A	Per Diem	Provider Specific Rate.		

203.4.13 Job Finding Supports

Group C:

DHS Funded Service

<p><b>Service Definition:</b> Activities for a specific client, directed toward helping them find and procure a job, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, ongoing supports as needed and integration of supported employment services with other mental health services.</p>	<p><b>Minimum Staff Requirements:</b>  <input checked="" type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input checked="" type="checkbox"/> Other</p>
	<p><b>Staffing Note(s):</b></p>
	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>Using the "Conducting Job Searches" checklist from the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i> to guide the job search process.</li> <li>Helping the client identify job leads.</li> <li>Reviewing the client's network for job leads.</li> <li>Contacting employers about a job for a specific client, with or without the client being present.</li> <li>Assisting a client in completing job applications and preparing for interviews.</li> <li>Arranging a job interview.</li> <li>Accompanying a client on a job interview.</li> <li>Evaluating a job or job site to determine if it is a good fit for the client.</li> <li>Helping the client identify the pros and cons of disclosure.</li> <li>Facilitating a group where clients exchange job leads and their experience using various job-finding strategies with one another.</li> <li>Accompanying one or more clients to the local One-Stop Employment Center and helping them learn to use the resources there.</li> </ul>
<p><b>Notes:</b> Individual must be 14 years of age or older.  At least 40 percent of the services in aggregate must be provided in natural settings, outside the provider's office.  This does not include general job development.</p>	
<p><b>Applicable Populations:</b>  <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS</p>	
<p><b>Acceptable Delivery Mode(s):</b>  <input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input checked="" type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input checked="" type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	
<p><b>Service Requirements:</b>  <input type="checkbox"/> Medical Necessity      <input checked="" type="checkbox"/> Mental Health Assessment  <input checked="" type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	<p><b>References:</b>   <b>Rule – N/A</b>  <b>HIPAA – Not Medically Necessary</b></p>

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00V5	Job Finding Supports	Individual	¼ hr.	\$13.68	\$15.87	\$15.87
S9986	W00V4	Job Finding Supports	Group	¼ hr.	\$3.42	\$3.97	\$3.97

203.4.14 Job Leaving/Termination Supports

Group C:

DHS Funded Service

<p><b>Service Definition:</b>                  Activities for a specific client, who is employed, directed toward helping them leave a job in good standing, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, on-going supports as needed, and integration of supported employment services with other mental health services. Job Leaving/Termination Supports may also be provided to help the client see unplanned job loss as transitional and a learning experience that will help them with his/her next job. Job Leaving/Termination Supports are provided to ensure that job loss due to termination is not seen as a reason to discontinue participation in the supported employment program.</p> <p><b>Notes:</b>                  Individual must be 14 years of age or older.                   Job loss is not a reason to discontinue participation in supported employment.</p> <p><b>Applicable Populations:</b>  <input checked="" type="checkbox"/> Adult (21+)    <input checked="" type="checkbox"/> Adult (18 to 21)    <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care    <input type="checkbox"/> SASS</p> <p><b>Acceptable Delivery Mode(s):</b>  <input checked="" type="checkbox"/> On Site    <input checked="" type="checkbox"/> Home    <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face    <input checked="" type="checkbox"/> Video    <input checked="" type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual    <input checked="" type="checkbox"/> Group    <input type="checkbox"/> Multi-staff (HT)</p> <p><b>Service Requirements:</b>  <input type="checkbox"/> Medical Necessity    <input checked="" type="checkbox"/> Mental Health Assessment  <input checked="" type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment    <input type="checkbox"/> Prior Authorization – DMH</p>	<p><b>Minimum Staff Requirements:</b>  <input checked="" type="checkbox"/> RSA    <input type="checkbox"/> MHP    <input type="checkbox"/> QMHP    <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision    <input type="checkbox"/> RN    <input type="checkbox"/> Team  <input type="checkbox"/> APN    <input type="checkbox"/> Physician (Doc)    <input checked="" type="checkbox"/> Other</p> <p><b>Staffing Note(s):</b>                  •</p> <p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• Using the "Planning for Success: Leaving the Job Consumer Checklist" from the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i> when the client expresses dissatisfaction with their job.</li> <li>• Using motivational interviewing to help client identify the pros and cons of leaving their job.</li> <li>• Deciding how much notice is required to leave in good standing.</li> <li>• Coaching on talking to a supervisor about resigning.</li> <li>• Helping write a letter of resignation.</li> <li>• Coaching on how to obtain a letter of reference.</li> <li>• Helping client see work accomplishments despite job termination.</li> <li>• Ensuring client that you will continue to help them find and keep meaningful employment.</li> <li>• Helping client understand how job experiences build their effectiveness as a worker.</li> <li>• Encouraging client to review a job termination and job experience to help with finding a better job match and learn what might improve job tenure on the next job.</li> <li>• Arranging for client to speak with other</li> </ul> <p><b>References:</b>                  Rule – N/A                  HIPAA – Not Medically Necessary</p>
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Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00V0	Job Leaving/Termination Supports	Individual	¼ hr.	\$13.68	\$15.87	\$15.87
S9986	W00V8	Job Leaving/Termination Supports	Group	¼ hr.	\$3.42	\$3.97	\$3.97

203.4.15 Job Retention Supports

Group C:

DHS Funded Service

<p><b>Service Definition:</b>                  Activities for a specific client directed toward helping them keep their job, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, ongoing supports as needed, and integration of supported employment services with other mental health services.</p>	<p><b>Minimum Staff Requirements:</b>  <input checked="" type="checkbox"/> RSA    <input type="checkbox"/> MHP    <input type="checkbox"/> QMHP    <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision    <input type="checkbox"/> RN    <input type="checkbox"/> Team  <input type="checkbox"/> APN    <input type="checkbox"/> Physician (Doc)    <input checked="" type="checkbox"/> Other</p>
<p><b>Notes:</b>                  Individual must be 14 years of age or older.                  A minimum of 40 percent of the services in aggregate must be provided in natural settings, outside the provider's office setting.                  Therapeutic support to help the client manage their mental health symptoms and illness as they work toward achieving their recovery goals is a group B service.                  Recovery goals can include employment goals.</p>	<p><b>Staffing Note(s):</b>                  •</p>
<p><b>Applicable Populations:</b>  <input checked="" type="checkbox"/> Adult (21+)    <input checked="" type="checkbox"/> Adult (18 to 21)    <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care    <input type="checkbox"/> SASS</p>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>Using the "Planning for Success" checklists in the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i> to identify, plan and guide the implementation of ongoing job supports.</li> <li>Helping the client identify the pros and cons of disclosure.</li> <li>Helping the client develop a plan for the first day/week/month of a new job.</li> <li>Helping the client identify how they will know if their employer is pleased with their work? Dissatisfied?</li> <li>Helping the client identify and make use of their support system to manage their concerns about work.</li> <li>Participating in a job support group.</li> <li>Frequently talking with client about changes in health, work environment, or personal environment to identify needed support changes and avoid crises.</li> <li>Helping the client identify and implement strategies that improve job performance or relationships at work.</li> <li>Visiting the client at the job site to identify and address issues pertinent to job retention.</li> <li>Working with the supervisor and client to establish effective supervision and feedback strategies,</li> <li>Working with the client and employer to make reasonable accommodations to enhance job performance,</li> <li>Contacting the employer to monitor progress and resolve issues.</li> <li>Contacting family to monitor support network and resolve issues.</li> </ul>
<p><b>Acceptable Delivery Mode(s):</b>  <input checked="" type="checkbox"/> On Site    <input checked="" type="checkbox"/> Home    <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face    <input checked="" type="checkbox"/> Video    <input checked="" type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual    <input checked="" type="checkbox"/> Group    <input type="checkbox"/> Multi-staff (HT)</p>	<p><b>References:</b>                  Rule – N/A                  HIPAA – Not Medically Necessary</p>
<p><b>Service Requirements:</b>  <input type="checkbox"/> Medical Necessity    <input checked="" type="checkbox"/> Mental Health Assessment  <input checked="" type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment    <input type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00V7	Job Finding Supports	Individual	¼ hr.	\$13.68	\$15.87	\$15.87
S9986	W00V6	Job Finding Supports	Group	¼ hr.	\$3.42	\$3.97	\$3.97

203.4.16 Oral Interpretation and Sign Language

Group C:

DHS Funded Service

<p><b>Service Definition:</b></p> <p>Sign language or oral interpreter services necessary to ensure the provision of mental health services for individuals with hearing impairments or non-English speaking individuals.</p> <p>Interpreters shall be linguistically appropriate and capable of communicating in the primary language of the individual and able to translate verbal and written clinical information effectively into English.</p>		<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input checked="" type="checkbox"/> Other</p>	
<p><b>Notes:</b></p> <p>This service must be performed in conjunction with a medically necessary billable service to be reimbursed.</p> <p>The client's mental health assessment must indicate a need for these services, and if a treatment plan is completed, it must also include this intervention.</p>		<p><b>Staffing Note(s):</b></p> <p>Sing Language or Language Interpreter Specialist Required.</p>	
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS</p>		<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• Communicates to professional mental health service staff the presenting problems and concerns signed by an individual with severe hearing impairment seeking mental health services.</li> <li>• Interpreting to a Spanish-speaking client instruction for social skill development being presented by a mental health staff member.</li> </ul>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input checked="" type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>		<p><b>References:</b></p> <p>Rule – N/A</p> <p>HIPAA – Not Medically Necessary</p>	
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/> Medical Necessity      <input checked="" type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>			

Reimbursement / Coding Summary

	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1013					Specialist		¼ hr.	\$16.65	\$19.31	\$19.31

203.4.17

**Residential Services**

**Group C:**

**DHS Funded Service**

<p><b>Service Definition:</b></p> <p>This service supports the non-rehabilitative and non-therapeutic costs associated with supporting a specific individual consumer in an agency managed residential setting, such as a group home or set of apartments. These costs are billed on a per diem basis, and are not to include any costs associated with the delivery and billing of any other available DHS/DMH service and billing codes.</p> <p>For supported residential, these costs include the costs associated with the room and board of the individual as well as the intermittent supervision provided by paid agency staff members.</p> <p>For supervised residential, these costs include the costs associated with the room and board of the individual as well as the continuous on-site supervision provided by paid agency staff members.</p> <p>For crisis residential, this service supports the non-rehabilitative and non-therapeutic costs associated with supporting a specific individual consumer in an agency managed crisis residential setting. These costs include the costs associated with the room and board of the individual as well as the continuous supervision provided by paid agency staff members.</p> <p><b>Notes:</b></p> <p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/>Adult (21+)    <input checked="" type="checkbox"/>Adult (18 to 21)    <input checked="" type="checkbox"/>Child (0 to 18)  <input type="checkbox"/>Specialized substitute care    <input type="checkbox"/>SASS</p> <p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/>On Site    <input type="checkbox"/>Home    <input type="checkbox"/>Off Site  <input checked="" type="checkbox"/>Face-to-face    <input type="checkbox"/>Video    <input type="checkbox"/>Phone  <input checked="" type="checkbox"/>Individual    <input type="checkbox"/>Group    <input type="checkbox"/>Multi-staff (HT)</p> <p><b>Service Requirements:</b></p> <p><input type="checkbox"/>Medical Necessity    <input checked="" type="checkbox"/>Mental Health Assessment  <input checked="" type="checkbox"/>Treatment Plan  <input type="checkbox"/>SASS Enrollment    <input type="checkbox"/>Prior Authorization – DMH</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input checked="" type="checkbox"/>RSA    <input type="checkbox"/>MHP    <input type="checkbox"/>QMHP    <input type="checkbox"/>LPHA  <input type="checkbox"/>Master's Level Psychologist (MCP)  <input type="checkbox"/>Licensed Clinical Psychologist (LCP)  <input type="checkbox"/>LPN w/ RN Supervision    <input type="checkbox"/>RN    <input type="checkbox"/>Team  <input type="checkbox"/>APN    <input type="checkbox"/>Physician (Doc)    <input type="checkbox"/>Other</p> <p><b>Staffing Note(s):</b></p> <p>N/A</p> <p><b>Example Activities:</b></p> <p>N/A</p> <p><b>References:</b></p> <p><b>Rule –</b> N/A  <b>HIPAA –</b> Not Medically Necessary.</p>
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**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00R1	Residential (620): Consumer Present	N/A	N/A	Encounter Reporting Required.		
S9986	W0BR1	Residential (620): Bedhold	N/A	N/A	Encounter Reporting Required.		
S9986	W00R2	Residential (820): Consumer Present	N/A	N/A	Encounter Reporting Required.		
S9986	W0BR2	Residential (820): Bedhold	N/A	N/A	Encounter Reporting Required.		
S9986	W00R4	Residential (830): Consumer Present	N/A	N/A	Encounter Reporting Required.		
S9986	W0BR4	Residential (830): Bedhold	N/A	N/A	Encounter Reporting Required.		
S9986	W00R5	Residential (860): Consumer Present	N/A	N/A	Encounter Reporting Required.		

203.4.18 SMHRF Comparable (Comp) Services

Group C:

DHS Funded Service

<p><b>Service Definition:</b></p>	<p><b>Minimum Staff Requirements:</b></p>
<p>These services are recovery-oriented residential services delivered to individuals assessed through the SMHRF Comparable Services program initiative, and who would otherwise have been referred for psychiatric inpatient or nursing home level of care.</p> <p>SMHRF Comp Services fund the non-rehabilitative and non-therapeutic costs, such as: facility depreciation or rent, utilities, food or staff costs, associated with providing this level of care, expenses for consumer travel between levels of care and shall not include any costs associated with the delivery and billing of any other available service reimbursable by the Illinois Department of Healthcare and Family Services (HFS) or DHS/DMH. Provider shall have at least one awake, onsite staff person available, onsite nursing services and access to on-call psychiatric service onsite 24 hours per day, 7 days per week. Definitions and requirements for eligible individuals can be found in the Consumer Eligibility and Enrollment section of the Provider Manual.</p>	<p> <input checked="" type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other                 </p>
<p><b>Notes:</b></p>	<p><b>Eligibility Note(s):</b></p> <p>To be eligible for program 831, the individual must:</p> <ul style="list-style-type: none"> <li>• Be diagnosed with a serious persistent mental illness as defined by the DHS/DMH provider manual; and,</li> <li>• Be in need of 24 hour services and supports as indicated by a LOCUS level of care recommendation of 5 (Medically Monitored Residential Services).</li> </ul> <p>To be eligible for program 861, the individual must:</p> <ul style="list-style-type: none"> <li>• Have symptoms consistent with <b>or</b> a diagnosis of one of the following mental illnesses: Schizophrenia (295.xx) , Schizophreniform Disorder (295.4) , Schizo-affective Disorder (295.7) , Delusional Disorder (297.1) , Shared Psychotic Disorder (297.3) , Brief Psychotic Disorder (298.8) , Psychotic Disorder NOS (298.9) , Bipolar Disorders (296.0x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89, 296.90) , Cyclothymic Disorder (301.13) , Major Depression (296.2x, 296.3x) , Obsessive-Compulsive Disorder (300.30) , Anorexia Nervosa (307.1) , Bulimia Nervosa (307.51) , Post Traumatic Stress Disorder (309.81);</li> <li>• Have been assessed with a LOCUS level of care recommendation of 5;</li> <li>• Have a condition that affirms the need for continuous monitoring and supervision due to the onset of a psychiatric crisis;</li> <li>• Have their usual skills to maintain an adequate level of functioning in daily living and social skills or community/family integration disrupted by the psychiatric crisis;</li> <li>• Have responded to current treatment in a way that reflects that a less intensive or less restrictive psychiatric treatment program would not be adequate to provide safety for the individual or others or to improve the individual's functioning; <b>and,</b></li> </ul> <p>Be expected that the resources and techniques associated with this level of care will lead to successful discharge into the community.</p>
<p>For comp services supervised residential, these costs include the costs associated with the room and board of the individual as well as the continuous on-site supervision provided by paid agency staff members.</p> <p>For comp services crisis residential, this service supports the non-rehabilitative and non-therapeutic costs associated with supporting a specific individual consumer in an agency managed crisis residential setting. These costs include the costs associated with the room and board of the individual as well as the continuous supervision provided by paid agency staff members.</p>	
<p><b>Applicable Populations:</b></p>	
<p> <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input checked="" type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS                 </p>	
<p><b>Acceptable Delivery Mode(s):</b></p>	
<p> <input checked="" type="checkbox"/> On Site      <input type="checkbox"/> Home      <input type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input type="checkbox"/> Video      <input type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)                 </p>	
<p><b>Service Requirements:</b></p>	<p><b>References:</b></p>
<p> <input type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment  <input type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH                 </p>	<p> <b>Rule – N/A</b>  <b>HIPAA – Not Medically Necessary.</b> </p>

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00R8	Residential (831) Consumer Present	N/A	N/A	Encounter Reporting Required.		
S9986	W00R9	Residential (861) Consumer Present	N/A	N/A	Encounter Reporting Required.		



203.4.19 **Transitional Living Center-SMHRF Comparable Services** **Group C:** **DHS Funded Service**

<p><b>Service Definition:</b></p> <p>Transitional Living Centers were developed for individuals evaluated in emergency rooms or being discharged from psychiatric inpatient treatment to avoid a referral to SMHRF or nursing home level of care. This program funds the non-rehabilitative and non-therapeutic costs, such as securing the physical location, furnishing the space for living, food expenses, and additional costs such as facility depreciation or rent, utilities, expenses for consumer travel between levels of care and other staff costs, and shall not include any costs associated with the delivery and billing of any other available service reimbursable by the Illinois Department of Healthcare and Family Services (HFS) or DHS/DMH.</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>
<p><b>Notes:</b> Individuals may be referred to TLC by discharge linkage or by crisis assessment staff. The individual must meet DHS/DMH Target Population criteria as defined in the DHS/DMH provider manual, and must be clinically appropriate for referral to a non-supervised setting, as reflected by a LOCUS level of care recommendation of 3.</p>	<p><b>Staffing Note(s):</b></p> <p>N/A</p>
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS</p>	<p><b>Example Activities:</b></p> <p>N/A</p>
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/> On Site      <input type="checkbox"/> Home      <input type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input type="checkbox"/> Video      <input type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	
<p><b>Service Requirements:</b></p> <p><input type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment  <input type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	<p><b>References:</b></p> <p><b>Rule –</b> N/A  <b>HIPAA –</b> Not Medically Necessary.</p>

**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00R7	Housing (811) Transitional Living Center	N/A	N/A	Encounter Reporting Required.		

203.4.20 Transitional Subsidies

Group C:

DHS Funded Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
<p>This service consists of special funding available to a community service agency to facilitate the placement or retention of specifically identified consumers in a community setting, as opposed to remaining in or entering institutional settings, such as state or community hospitals, nursing facilities or other group congregate living facilities.</p>		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		<b>Staffing Note(s):</b>	
<b>Notes:</b>		N/A	
<p>Community service agencies are to document in the consumer's clinical record the amount of subsidy funds dispensed to that individual, the purpose, date, format of the fund distribution (e.g., check, cash, or direct payment to landlord or vendor) and the staff involved. The place of service is considered the source of the funds and, thus, is always coded as on-site.</p> <p>Community service agencies are to submit billings to DHS/DMH totaling the amount actually dispensed to or on the behalf of the consumer plus 5% for administrative costs. Should the consumer later repay all or part of the subsidy received the agency should submit a corrected billing reflecting the reduced subsidy amount.</p>			
<b>Applicable Populations:</b>		<b>Example Activities:</b>	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS		<p>Paying a security deposit or first month's rent directly to a landlord on the behalf of a consumer so that the consumer has a place to live following discharge from a state hospital.</p>	
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH		<p><b>Rule – N/A</b>  <b>HIPAA – Not Medically Necessary</b></p>	

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00A1	Utilities	N/A	N/A	Encounter Reporting Required.		
S9986	W00A2	Rent	N/A	N/A	Encounter Reporting Required.		
S9986	W00A3	Transportation	N/A	N/A	Encounter Reporting Required.		
S9986	W00A4	Personal Items	N/A	N/A	Encounter Reporting Required.		
S9986	W00A5	House wares, Furniture	N/A	N/A	Encounter Reporting Required.		
S9986	W00A6	Psychiatric Medications	N/A	N/A	Encounter Reporting Required.		
S9986	W00A7	Non-Psychiatric Medications	N/A	N/A	Encounter Reporting Required.		
S9986	W00A9	Other	N/A	N/A	Encounter Reporting Required.		

203.4.21 Vocational Assessment

Group C:

DHS Funded Service

<p><b>Service Definition:</b> Developing a vocational profile to guide client choices in seeking and maintaining competitive employment. A vocational profile typically includes information pertaining to work history, interests, skills, strengths, education, the impact of symptoms on the ability to use strengths, job preferences, etc. Vocational assessment is continuous during all phases of obtaining and maintaining employment. New information gleaned from experience is incorporated to guide modification of the vocational plan.</p>	<p><b>Minimum Staff Requirements:</b>  <input checked="" type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input checked="" type="checkbox"/> Other</p>
<p><b>Notes:</b> Individual must be 14 years of age or older. Services may be provided 30 days prior to the completion of a mental health assessment. The client's vocational goals should be integrated in the treatment plan. This does not include pre-vocational work experiences or simulated/situational work experiences at the provider's site. Related activities that may be viewed as a more general assessment of a client's functioning capacity without explicit application to vocational or educational placement should be expressed in that manner and billed as a part of the mental health assessment.</p>	<p><b>Staffing Note(s):</b></p>
<p><b>Applicable Populations:</b>  <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS</p>	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• Interviewing client using guidelines found in the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i>.</li> <li>• Using interest and preference inventories to increase client's personal knowledge of employment-related interests and preferences.</li> <li>• Helping client secure accurate information on job history and dates of previous employment.</li> <li>• Identifying and prioritizing preferences related to work environment, hours, location, transportation needs, etc.</li> <li>• Administering a test to determine basic reading and math abilities to assist with identifying job or academic program fit (e.g., Test of Adult Basic Education, Wide Range Achievement Test).</li> <li>• Visiting competitive work sites with client to facilitate discussion of employment preferences concerns and desires.</li> <li>• Exploring with client how various jobs might influence substance use/abuse patterns.</li> <li>• Gathering information that an employer might find on a background check for purposes of planning job search strategies.</li> <li>• Observing the client on the job to identify strengths and problems.</li> <li>• Identifying strengths, problems, and potential accommodations to address pertinent person-job environment fit issues after job loss.</li> <li>• Reviewing a job termination to learn what might contribute to a better job match and identify support strategies that might improve job tenure on the next job.</li> </ul>
<p><b>Acceptable Delivery Mode(s):</b>  <input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input checked="" type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	<p><b>References:</b> Rule – N/A HIPAA – Not Medically Necessary</p>
<p><b>Service Requirements:</b>  <input type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment  <input type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00V1	Vocational Assessment	Individual	¼ hr.	\$13.68	\$15.87	\$15.87

203.4.22 Vocational Engagement

Group C:

DHS Funded Service

<p><b>Service Definition:</b> Activities for a specific client to engage the client in making a decision to actively seek competitive employment or formal credit/certificate bearing education.</p>	<p><b>Minimum Staff Requirements:</b>  <input checked="" type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input checked="" type="checkbox"/> Other</p>
	<p><b>Staffing Note(s):</b> •</p>
	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>Using motivational interviewing to assist client in identifying the pros and cons of working.</li> <li>Educating the family on the benefits of employment to the client.</li> <li>Leading groups that explore concerns raised by clients considering employment.</li> <li>Helping the client understand the impact that employment would have on benefits.</li> <li>Going to various job sites with the client to explore the world of work.</li> <li>Using motivational interviewing to assist client in identifying the pros and cons of furthering his/her formal education.</li> <li>Accompanying client on a tour of a potential school.</li> <li>Leading a group at the mental health agency to introduce clients to the supported employment program.</li> </ul>
<p><b>Notes:</b> Individual must be 14 years of age or older.  Services may be provided 30 days prior to the completion of a mental health assessment.  Client must have employment or preparation for employment as a goal in the treatment plan.  This does not include pre-vocational provider-based work programs or provider-based education programs that do not result in credentials recognized by an employer.  Activities related to employment that <b>may</b> be viewed in terms of the client's broader rehabilitative or social functioning skills and are <b>not</b> job specific should be expressed in those terms and billed as Medicaid-covered services.</p>	
<p><b>Applicable Populations:</b>  <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS</p>	
<p><b>Acceptable Delivery Mode(s):</b>  <input checked="" type="checkbox"/> On Site      <input checked="" type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input checked="" type="checkbox"/> Video      <input checked="" type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input checked="" type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	
<p><b>Service Requirements:</b>  <input type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment  <input type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	<p><b>References:</b> Rule – N/A HIPAA – Not Medically Necessary</p>

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00V3	Vocational Engagement	Individual	¼ hr.	\$13.68	\$15.87	\$15.87
S9986	W00V2	Vocational Engagement	Group	¼ hr.	\$3.42	\$3.97	\$3.97

203.4.23

**Williams Consent Decree - Class Member Assessment****Group C:****DHS Funded Service**

<b>Service Definition:</b> Williams Class Member resident reviews are professional clinical and functional assessments performed for each consenting Williams Class Member to determine his or her capability, with an array of mental health support services (ACT and CST) in the mental health service taxonomy and other ancillary State Plan services, to move from the Williams Class Nursing Facility/Institutes for Mental Disease (IMD) as part of the Williams Consent Decree to their own lease-held, community based rental apartments (Permanent Supportive Housing). The Williams Consent Decree requires that an initial strength based assessment, one that considers goals, interests and desires, as well as explore other indicators such as risks (medical, behavioral and physical), criminal histories, functional capability and cognitive abilities, is conducted on the residents of the NF/IMDs. Class Members who do not transition will have a scheduled annual re-reviews performed. Additionally, Class Members, who are not recommended to transition, may request a review up to four times within a twelve month period.		<b>Minimum Staff Requirements:</b> <input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input checked="" type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input checked="" type="checkbox"/> RN <input type="checkbox"/> Team <input checked="" type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
<b>Notes:</b>		<b>Staffing Note(s):</b> Resident reviews are performed by licensed staff. This service requires a staff supervisor to oversee the Resident Review Process. Resident Review assessments will be submitted to the DMH Associate Deputy Director of Assessments on a weekly basis.	
<b>Applicable Populations:</b> <input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Williams Class Members <input type="checkbox"/> SASS		<b>Example Activities:</b> Each licensed professional reviewer is expected to produce (at a minimum) one completed, full tool, Resident Review, per day. This includes: <ul style="list-style-type: none"><li>• Preparation time to review the clinical record</li><li>• Phone or face to face discussions with collateral contacts (family, friends or guardians) as well as key IMD staff (Director of Nursing, Social Services and IMD administrator, etc.)</li><li>• Face to face interview with the Class Member, using established Resident Review assessment instruments.</li><li>• Completion of a full clinical write up assessment with recommendations</li></ul>	
<b>Acceptable Delivery Mode(s):</b> <input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		<b>References:</b> <b>Rule – N/A</b> <b>HIPAA – Not Medically Necessary.</b>	
<b>Service Requirements:</b> <input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH			

**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00W1	WCD Class Member Assessment - Completed	individual	Event	N/A	N/A	\$550.00
S9986	W00W2	WCD Class Member Assessment-Initiated Not Completed	individual	Event	N/A	N/A	\$475.00
S9986	W00W3	WCD Class Member Assessment Preparation – No Review Initiated	individual	Event	\$375.00	N/A	\$375.00

203.4.24 Williams Consent Decree Transition Coordination Group C: DHS Funded Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Transition Coordination services/activities and supports referenced in this definition are services not currently defined as Rule 132 or DMH non-Medicaid Services that are essential to timely and efficiently facilitate Williams Class Members' move from the IMD to the community. These transitional activities complement the treatment supports and mental health services that Class Members will have to move toward individual recovery and to live successfully in the community. The coordination of timely transfer of benefits/entitlements, accompanying Class Members to SSA to change payee status and Local Offices to activate Medicaid is critical to support self-sufficiency; the ability to interface with landlords or property management entities who may have potential rental properties available, then conduct preliminary visits across vast geographic areas as a means of scouting appropriate rental units is essential if timely execution of a move from the IMDs to the community is to occur. The availability to travel to an IMD and to transport Class Members as they navigate housing searches; to accompany them as they make decisions to purchase household needs and the ability to assist in moving furniture and setting up the household are all necessary and functional resource requirements to make the transition from NF/IMDs possible. Transition Coordination is the means to assure that all efforts to make the transitions to the community occur and that they occur under a vision of coordinated attention.		<input checked="" type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input checked="" type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		<b>Staffing Note(s):</b>	
		N/A	
<b>Notes:</b>		<b>Example Activities:</b>	
		N/A	
<b>Applicable Populations:</b>			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Williams Class Members <input type="checkbox"/> SASS			
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule – N/A HIPAA – Not Medically Necessary.	

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00W4	Transition Coordination results in move to community in 8 weeks or less	N/A	Event	N/A	N/A	\$1,663.00
S9986	W00W5	Transition Coordination results in move to community in 9 weeks or less	N/A	Event	N/A	N/A	\$1,563.00

S9986	W00W6	Transition Coordination results in move to community in 10 weeks	N/A	Event	N/A	N/A	\$1,463.00
S9986	W00W7	Transition Coordination results in move to community in 11 weeks	N/A	Event	N/A	N/A	\$1,363.00
S9986	W00W8	Transition Coordination results in move to community in 12 weeks	N/A	Event	N/A	N/A	\$1,163.00
S9986	W00W9	Transition Coordination does not result in move to community	N/A	Event	N/A	N/A	\$963.00

203.4.25 Clinical Review – Williams Consent Decree

Group C:

DHS Funded Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Clinical Reviews for the Williams Class Members are performed by DMH contracted agencies to provide a second level, post clinical review of the Resident Review assessments that are conducted on all consenting Class Members when the determination is that the Williams Class Member is not being recommended for transition to the community, at this time. This second level review is to assure that all reasonable services, resources and supports, within the existing DMH service taxonomy and other State Plan services have been considered to seamlessly facilitate the Class Members' transition from the NF/IMD to the community. This Clinical Review process will assure the efficacy of the Resident Review assessment and that the initial reviewer's recommendations were not overly conservative or restrictive in its conclusion.		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input checked="" type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input checked="" type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input checked="" type="checkbox"/> RN <input type="checkbox"/> Team <input checked="" type="checkbox"/> APN <input checked="" type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other	
<b>Notes:</b>		<b>Staffing Note(s):</b>	
		The provider will incorporate the expertise of the following professionals as part of the Clinical Review composition as needed: Lead Clinician (licensed LPHA), Nurse, Psychiatrist, Internist, and Administrative Assistant.	
<b>Applicable Populations:</b>		<b>Example Activities:</b>	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Williams Class Members <input type="checkbox"/> SASS		The following activities must be performed: <ul style="list-style-type: none"> <li>• Receive and log the files of Class Members' sent from DMH Central Office to the provider agency when the Resident Review assessment determines that the Class Member is not a candidate for transition to the community.</li> <li>• Schedule at least one Clinical Review weekly or more if appropriate, based on the volume of files received.</li> <li>• Assure that the Clinical Review process has, at a minimum, participation from the lead clinician and the nurse, with other consultants as required.</li> <li>• Assure that there is full documentation of the Clinical Review process discussion, recommendations and determination.</li> <li>• Submit all required paperwork and documentation on the Clinical Review outcome, by Class Member, back to DMH within the designated time frame.</li> <li>• Provide DMH with a weekly list of Class Members who have had a Clinical Review and the status determinations – supported or overturned (recommended for transition).</li> <li>• Participate in weekly teleconferences with the DMH Clinical Review Coordinator.</li> </ul>	
<b>Acceptable Delivery Mode(s):</b>		<b>References:</b>	
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input type="checkbox"/> Off Site <input type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		<b>Rule – N/A</b> <b>HIPAA – Not Medically Necessary.</b>	
<b>Service Requirements:</b>		<b>References:</b>	
<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W0W10	Williams Class Member Clinical Review	N/A	Event	\$349.00	N/A	N/A



203.4.26 **PATH Outreach and Engagement**

**Group C:**

**DHS Funded Service**

<p><b>Service Definition:</b></p> <p>Services to identify adults who are homeless and who are suspected to have serious mental illnesses and who have not currently consented to receive services, require engagement into services, are disengaging from services or have disengaged and require re-engagement into services. The individual may also have a co-occurring substance abuse disorder.</p> <p>The target population is individuals who are suspected of being seriously mentally ill and who are homeless or at imminent risk of becoming homeless, currently experiencing cultural barriers to services or a refugee.</p> <p><b>Notes:</b></p> <p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Williams Class Members      <input type="checkbox"/> SASS</p> <p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/> On Site      <input type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input type="checkbox"/> Video      <input type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p> <p><b>Service Requirements:</b></p> <p><input type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment  <input type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input checked="" type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p> <p><b>Staffing Note(s):</b></p> <p><b>Example Activities:</b></p> <p>Time spent searching for an individual who is suspected of having serious mental illnesses in locations where he or she is known to commonly frequent or in locations in which a similar population resides.</p> <p>Initiating non-threatening conversation and informally identifying need for community mental health services. Repeated contact over time in an effort to engage a targeted individual into services.</p> <p>Interventions targeted at linking to emergency medical or psychiatric care or basic emergency needs such as food, shelter and clothing.</p> <p>Informally gathering assessment information needed to ensure appropriate linkage to needed services.</p> <p>Develop a trusting relationship in an effort to reduce the barriers and stigma associated with receiving mental health services and to facilitate movement into services.</p> <p>Develop strategies with the individual to reduce or eliminate risk experienced by the individual and to improve mental health functioning.</p> <p>Respond to referrals as requested by police, landlords, etc., of individuals suspected of having a serious mental illness or serious emotional disorder and in need of mental health services.</p> <p><b>References:</b></p> <p><b>Rule –</b> N/A  <b>HIPAA –</b> Behavioral health outreach service (planned approach to reach a targeted population)</p>
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**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	H0023	PATH Outreach and Engagement	N/A	¼ hr	Encounter Reporting Required.		

203.4.27

**PATH Stakeholder Education**

**Group C:**

**DHS Funded Service**

<p><b>Service Definition:</b>                  Services that educate and train community stakeholders (e.g., police officers, providers of homeless services and landlords) who frequently interact with individuals with a suspected serious mental illness on how to understand, approach and work with the population during the performance of their duties. It serves to educate the general community about adults with serious mental illnesses.</p>	<p><b>Minimum Staff Requirements:</b>  <input checked="" type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>
	<p><b>Staffing Note(s):</b></p>
	<p><b>Example Activities:</b>                  Provide education and training to stakeholders on how to recognize the signs and symptoms of serious mental illnesses. Formally promote awareness of available mental health services to community stakeholders who have frequent contact with individuals suspected of having serious mental illnesses.                  Provide public speaking engagements that will strengthen the collaborative relationship between community stakeholders and the local mental health system with the goal of reducing stigma.                  Teach innovative outreach and engagement strategies to identified stakeholders to facilitate the initial recovery process.                  Provide education and training to stakeholders on how to reduce the stigma associated with serious mental illnesses.</p>
<p><b>Notes:</b></p>	
<p><b>Applicable Populations:</b>  <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Williams Class Members      <input type="checkbox"/> SASS</p>	
<p><b>Acceptable Delivery Mode(s):</b>  <input checked="" type="checkbox"/> On Site      <input type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input type="checkbox"/> Video      <input type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	
<p><b>Service Requirements:</b>  <input type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment  <input type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	<p><b>References:</b>                  Rule – N/A                  HIPAA –Behavioral health prevention information dissemination service (one-way direct or non- direct contact with service audiences to affect knowledge and attitude)</p>

**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	H0024	PATH Stakeholder Education	N/A	¼ hr	Encounter Reporting Required.		

203.4.28 **PATH Case Management**

**Group C:**

**DHS Funded Service**

<p><b>Service Definition:</b>                  Services include assessment, planning, coordination and advocacy services for individuals that are homeless and who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, housing, public income entitlements and other community services to assist the client in the community. Case management activities may also include identifying and investigating available resources, explaining options to the client and linking them with necessary resources. The targeted population is individuals that are homeless and receiving services funded under the Federal PATH grant.</p>	<p><b>Minimum Staff Requirements:</b>  <input checked="" type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input type="checkbox"/> LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>
<p><b>Notes:</b>                  Case management does not include time spent transporting the client to required services or time spent waiting while the client attends a scheduled appointment</p>	<p><b>Staffing Note(s):</b></p>
<p><b>Applicable Populations:</b>  <input checked="" type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input type="checkbox"/> Child (0 to 18)  <input type="checkbox"/> Williams Class Members      <input type="checkbox"/> SASS</p>	<p><b>Example Activities:</b>                  Helping the client access appropriate mental health services, apply for public entitlements, locate housing, obtain medical and dental care, or obtain other social, educational, vocational, or recreational services.                   Assessing the need for service, identifying and investigating available resources, explaining options to the client and assisting in the application process.</p>
<p><b>Acceptable Delivery Mode(s):</b>  <input checked="" type="checkbox"/> On Site      <input type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site  <input checked="" type="checkbox"/> Face-to-face      <input type="checkbox"/> Video      <input type="checkbox"/> Phone  <input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	<p><b>References:</b>                  Rule – N/A                  HIPAA – Case management</p>
<p><b>Service Requirements:</b>  <input type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment  <input type="checkbox"/> Treatment Plan  <input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	

**Reimbursement / Coding Summary**

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00L2	PATH Case Management	N/A	¼ hr.			
S9986	W00L2	PATH Case Management	N/A	¼ hr.			
S9986	W00L2	PATH Case Management	N/A	¼ hr.			

Encounter Reporting Required

### **203.5 Group D Services**

Medicaid services funded by HFS only.  
Services are billed to HFS for reimbursement.

203.5.1 Case Management – Transition Linkage and Aftercare (Nursing Facility)

Group D:

HFS Funded Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Services are provided to assist in an effective transition in living arrangement consistent with the client's welfare and development.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		<b>Staffing Note(s):</b>	
		N/A	
<b>Notes:</b>		<b>Example Activities:</b>	
Entry into this service is a result of the PASARR process and subject to prior authorization by DHS.  When a client is being transitioned from a nursing facility, the mental health assessment (MHA) and treatment plan (ITP) of the inpatient setting may be used to authorize the provision of this mental health service.  Individual limitation of 40 hours per year.		<ul style="list-style-type: none"> <li>• Services provided to clients being moved from a nursing facility to the community.</li> <li>• Time spent planning with the staff of the nursing facility or the receiving living arrangement.</li> <li>• Assisting client in completing paperwork for community resources.</li> <li>• Arranging or conducting pre- or post-placement visits.</li> <li>• Time spent developing an aftercare service plan.</li> <li>• Time spent planning a client's discharge and linkage from a nursing facility for continuing mental health services and community/family support.</li> <li>• Assisting the client or the client's family or caregiver with the transition.</li> </ul>	
<b>Applicable Populations:</b>			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS			
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH		<b>Rule:</b> 89 Ill. Adm. Code 140.465(d) <b>HIPAA:</b> Case management	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1016	HN				MHP	Individual	¼ hr.	\$16.58	N/A	\$19.23
T1016	HO				QMHP	Individual	¼ hr.	\$17.88	N/A	\$20.74

203.5.2 **Developmental Testing**

**Group D:**

**HFS Funded Service**

<p><b>Service Definition:</b></p> <p>Administration, interpretation, and reporting of developmental testing. The testing of cognitive processes, visual motor responses, and abstractive abilities accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate material that will be formulated into a report.</p> <p>An objective screening tool (limited or extended) must meet the definition provided by the American Medical Association's Current Procedural Terminology (CPT) and must be provided accordingly to the instrument, including use of the instrument from as application.</p> <p>Objective screening evaluates domains:</p> <p style="padding-left: 40px;">Social emotional development Fine motor-adaptive development Language development Gross motor development</p>	<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input type="checkbox"/> MHP      <input type="checkbox"/> QMHP      <input checked="" type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/> RN      <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN      <input type="checkbox"/> Physician (Doc)      <input type="checkbox"/> Other</p>
	<p><b>Staffing Note(s):</b></p> <p>N/A</p>
	<p><b>Example Activities:</b></p> <ul style="list-style-type: none"> <li>• CPT 96110 (for examples refer to the Handbook for Healthy Kids Services, section HK-203.53 Developmental Screening).</li> <li>• CPT 96111 (for examples refer to the Handbook for Healthy Kids Services, section HK-203.54 Developmental Screening).</li> </ul>
<p><b>Notes:</b></p> <p>N/A</p>	
<p><b>Applicable Populations:</b></p> <p><input type="checkbox"/> Adult (21+)      <input checked="" type="checkbox"/> Adult (18 to 21)      <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input type="checkbox"/> Specialized substitute care      <input type="checkbox"/> SASS</p>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/> On Site      <input type="checkbox"/> Home      <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face      <input type="checkbox"/> Video      <input type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual      <input type="checkbox"/> Group      <input type="checkbox"/> Multi-staff (HT)</p>	
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/> Medical Necessity      <input type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment      <input type="checkbox"/> Prior Authorization – DMH</p>	<p><b>References:</b></p> <p><b>Rule:</b> 89 Ill. Adm. Code 140.454(e)</p> <p><b>HIPAA:</b> Developmental testing, with interpretation and report</p>

**Reimbursement / Coding Summary**

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
96110	HN				LPHA	Individual	Event	\$16.07	N/A	\$16.07
96111	HO				LPHA	Individual	Event	\$16.07	N/A	\$16.07

203.5.3 Mental Health Risk Assessment

Group D:

HFS Funded Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Administration and interpretation of health risk assessment instrument to be used for a perinatal depression screening if the woman is postpartum.		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Significant predictors for perinatal depression: Prenatal depression, child care stress, life stress, poor social support, prenatal anxiety, poor marital relationship, history of previous depression, difficult infant temperament, maternity blues, single marital status, previous postpartum depression, severe PMS, family history of depression, prior stillborn, bereavement		<b>Staffing Note(s):</b>	
		N/A	
<b>Notes:</b>		<b>Example Activities:</b>	
May not be billed in conjunction with a mental health assessment. The mental health assessment, being more comprehensive, should encompass an assessment of depression, as needed.		<ul style="list-style-type: none"> <li>• Edinburgh Postnatal Depression Scale</li> <li>• Beck Depression Inventory</li> <li>• Primary Evaluation of Mental Disorders Patient Health Questionnaire</li> </ul>	
<b>Applicable Populations:</b>			
<input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS			
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input checked="" type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		<b>Rule:</b> 89 Ill. Adm. Code 140.454(e) <b>HIPAA:</b> Administration and interpretation of health risk assessment	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
99420	HD				LPHA	Individual	Event	\$14.60	N/A	\$14.60

203.5.4 Prenatal Care At-Risk Assessment

Group D:

HFS Funded Service

<b>Service Definition:</b>		<b>Minimum Staff Requirements:</b>	
Administration and interpretation of health risk assessment instrument to be used for a prenatal depression screening if the woman is pregnant.		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Significant predictors for Perinatal Depression: Prenatal depression, child care stress, life stress, poor social support, prenatal anxiety, poor marital relationship, history of previous depression, difficult infant temperament, maternity blues, single marital status, previous postpartum depression, severe PMS, family history of depression, prior stillborn, bereavement		<b>Staffing Note(s):</b>	
		N/A	
<b>Notes:</b>		<b>Example Activities:</b>	
May not be billed in conjunction with a mental health assessment. The mental health assessment, being more comprehensive, should encompass an assessment of depression, as needed.		<ul style="list-style-type: none"> <li>• Edinburgh Postnatal Depression Scale</li> <li>• Beck Depression Inventory</li> <li>• Primary Evaluation of Mental Disorders Patient Health Questionnaire</li> </ul>	
<b>Applicable Populations:</b>			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS			
<b>Acceptable Delivery Mode(s):</b>			
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
<b>Service Requirements:</b>		<b>References:</b>	
<input checked="" type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		<b>Rule:</b> 89 Ill. Adm. Code 140.454(e) <b>HIPAA:</b> Prenatal care, at-risk assessment	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H1000					LPHA	Individual	Event	\$14.60	N/A	\$14.60



203.5.5 **Telepsychiatry: Originating Site**

**Group D:**

**HFS Funded Service**

<p><b>Service Definition:</b></p> <p>The use of a telecommunication system to provide medical services between places of lesser and greater medical capability and/or expertise, for the purpose of evaluation and treatment. Medical data exchanged can take the form of multiple formats: text, graphics, still images, audio and video. The information or data exchanged can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through “store and forward” applications.</p> <p>The Originating Site is the site where the patient is located.</p>		<p><b>Minimum Staff Requirements:</b></p> <p><input type="checkbox"/> RSA      <input checked="" type="checkbox"/>MHP      <input type="checkbox"/>QMHP      <input type="checkbox"/>LPHA  <input type="checkbox"/> Master's Level Psychologist (MCP)  <input type="checkbox"/> Licensed Clinical Psychologist (LCP)  <input type="checkbox"/> LPN w/ RN Supervision      <input type="checkbox"/>RN      <input type="checkbox"/> Team  <input type="checkbox"/> APN      <input type="checkbox"/>Physician (Doc)      <input type="checkbox"/> Other</p>	
<p><b>Notes:</b></p> <p>For telepsychiatry services, the provider rendering the service at the Distant Site must be a physician licensed by the State of Illinois, or by the state where the patient is located, who has completed an approved general psychiatry residency program or a child and adolescent psychiatry residency program.</p> <p>To be eligible for reimbursement for telepsychiatry services, physicians must have an HFS 3882, Psychiatric Residency Certification form, on file with the department.</p> <p>Group psychotherapy is not a covered telepsychiatry service.</p> <p>Though most of the services defined in 59 IL Admin Code, Part 132 may be delivered through video conference or telephone, Q3014 may not be billed in conjunction with these services.</p>		<p><b>Staffing Note(s):</b></p> <p>A physician, licensed health care professional or other licensed clinician, mental health professional (MHP), or qualified mental health professional (QMHP) <u>must be present at all times with the patient</u> at the originating site.</p>	
<p><b>Applicable Populations:</b></p> <p><input checked="" type="checkbox"/>Adult (21+)      <input checked="" type="checkbox"/>Adult (18 to 21)      <input checked="" type="checkbox"/>Child (0 to 18)  <input type="checkbox"/>Specialized substitute care      <input checked="" type="checkbox"/>SASS</p>		<p><b>Example Activities:</b></p> <p><b>Originating Site:</b> Bill HCPCS Code Q3014 for facility fee.</p> <ul style="list-style-type: none"> <li>For examples refer to Chapter 200 Practitioner Handbook, section A-220.67 Telehealth.</li> </ul>	
<p><b>Acceptable Delivery Mode(s):</b></p> <p><input checked="" type="checkbox"/>On Site      <input type="checkbox"/>Home      <input type="checkbox"/>Off Site  <input type="checkbox"/>Face-to-face      <input checked="" type="checkbox"/>Video      <input type="checkbox"/>Phone  <input checked="" type="checkbox"/>Individual      <input type="checkbox"/>Group      <input type="checkbox"/>Multi-staff (HT)</p>		<p><b>References:</b></p> <p><b>Rule:</b> 89 Ill. Adm. Code 140.403  <b>HIPAA:</b> Telehealth originating site facility fee</p>	
<p><b>Service Requirements:</b></p> <p><input checked="" type="checkbox"/>Medical Necessity      <input type="checkbox"/>Mental Health Assessment  <input type="checkbox"/>Treatment Plan  <input type="checkbox"/>SASS Enrollment      <input type="checkbox"/>Prior Authorization – DMH</p>			

**Reimbursement / Coding Summary**

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
Q3014					MHP	Individual	Event	\$25.00	N/A	N/A

## Appendix A – Supportive Details

### Apx1-1. Minimum Staff Requirements

- RSA – Rehabilitative services associate.
- MHP – Mental Health Practitioner.
- QMHP – Qualified Mental Health Practitioner.
- LPHA – Licensed Practitioner of the Healing Arts.
- Master’s Level Psychologist (MCP)
- Licensed Clinical Psychologist (LCP)
- LPN – Licensed practical nurse.
- RN – Registered Nurse.
- Team – A group of multiple clinicians working on the same case at the same time.
- APN – Advanced practice nurse.
- Physician (Doc) – An individual holding an active and valid license from the Illinois Department of Financial and Professional Regulation as a physician in the state of Illinois.
- Other – See Staffing Specifications for each service indicated.

### Apx1-2. Applicable Populations

- Adult (21+)
- Adult (18 to 21)
- Child (0 to 18)
- Specialized substitute care
- SASS

### Apx1-3. Acceptable Delivery Mode(s)

- On Site
- Home
- Off Site
- Face-to-face
- Video
- Phone
- Individual
- Group
- Multi-staff (HT)

### Apx1-4. Service Requirements

- Medical Necessity
- Mental Health Assessment
- Treatment Plan
- SASS Enrollment
- Prior Authorization – DMH

### Apx1-5. Acronyms

- ACR – Administrative case review.
- ACT – Assertive community treatment.
- CARES – Crisis and Referral Entry Service.
- CFPP – Certified Family Partnership Professional
- CGAS – Children’s Global Assessment Scale.
- CRSS – Certified Recovery Support Specialist
- CSPI – Childhood Severity of Psychiatric Illness.
- DCFS – Department of Children and Family Services.
- DHS – Department of Human Services.
- DJJ – Department of Juvenile Justice.
- DOC – Department of Corrections.
- FTE – Full-time equivalent.
- GAF – Global Assessment of Functioning.
- HCPCS – Healthcare Common Procedure Coding System.
- HFS – Healthcare and Family Services.
- HFS 1443 – Provider Invoice (used for billing community mental health services).
- HFS 2360 – Health Insurance Claim Form (used for billing physician services).
- HIPAA – Health Insurance Portability and Accountability Act.
- ICG – Individual care grant.
- ITP – Individual treatment plan.
- LOCUS – Level of Care Utilization of System for Psychiatric and Addiction Services.
- MMIS – Medicaid Management Information System.
- MRO – Medicaid rehabilitation option.
- NGRI – Not guilty by reason of insanity.
- NOS – Not otherwise specified.
- PASRR – Pre-admission screening and resident review.
- RIN – Recipient Identification Number.
- SASS – Screening, Assessment, and Support Services.
- TCM – Targeted case management.
- UST – Unfit to stand trial.

#### ApX1-6. Illinois HCPCS Modifier Associations for Community Mental Health Centers

- 52 – Reduced services.
- HA – Child/adolescent.
- HE – Mental health program.
- HN – Bachelor’s degree.
- HM – Less than a bachelor’s degree.
- HO – Master’s degree.
- HQ – Group modality.
- HR – Family modality.
- HT – Multi-disciplinary team.
- SA – Advanced practice nurse.
- TF – Intermediate level of care.
- TG – Complex level of care.

## Apx1-7. Place of Service

- 11 – Office.
- 12 – Home.
- 99 – Other place of service.

## Apx1-8. Place of Service for services using an HT modifier.

- When billing either Crisis intervention (H2011-HT) or Crisis intervention—Pre-hospitalization screening (T1023-HT) the following modifiers must be used if service is performed with multiple staff:
  - 03 – School.
  - 04 – Homeless shelter.
  - 12 – Home.
  - 13 – Assisted living facility.
  - 14 – Group home.
  - 31 – Skilled nursing facility.
  - 32 – Nursing facility.
  - 33 – Custodial care facility.
  - 49 – Independent clinic.
  - 50 – Federally qualified health center.
  - 71 – State or local public health clinic.
  - 72 – Rural health clinic.
  - 99 – Other place of service.

## Appendix B – Loop 2400 Note Information

The following data to be entered into Loop 2400 Service Line Note NTE02. The pipe, indicated below by the symbol '|', will be used as the delimiter between fields. If a field is not entered, fill with spaces so as to continue populating the NTE segment positions correctly.

2400 Example:

NTE\*ADD\*S|W0000M|FT|1200|015CL|00000|00|00ID|000000310 03

Note: Bytes 47 through 63 are space filled

DATA	LENGTH	TYPE	FROM	TO
S	2	X	1	2
W Procedure Code	5	X	3	7
M	2	X	8	9
Delivery Method	1	A	10	10
T	2	X	11	12
Service Start Time	4	N	13	16
	1	X	17	17
Duration in Minutes	3	N	18	20
CL	3	X	21	23
Group ID	5	N	24	28
	1	X	29	29
Clients in Group	2	N	30	31
	1	X	32	32
Number of Staff	2	N	33	34
ID	3	N	35	37
Staff ID	9	N	38	46
Space Filled	17	X	47	63
First Staff Level Qualification	2	N	64	65
	1	X	66	66
Second Staff Level Qualification	2	N	67	68
	1	X	69	69
Third Staff Level Qualification	2	N	70	71
	1	X	72	72
Fourth Staff Level Qualification	2	N	73	74
	1	X	75	75
Fifth Staff Level Qualification	2	N	76	77
	1	X	78	78
Sixth Staff Level Qualification	2	N	79	80

### Appendix C – Pseudo RIN Identifiers

HFS has established a unique nine digit pseudo-RIN to correspond to many of the DHS-DMH legacy program benefit packages to be used by providers to bill for those services that are not restricted to a particular recipient. Each pseudo-RIN will be associated with a particular array of activity code differentiated services (W codes). Each pseudo-RIN will also be associated with a specific program code that will be added to the claim record when services are adjudicated.

Program	Fund	All Groups	Not Homeless		Homeless	
			Child	Adult	Child	Adult
Mental Health Juvenile Justice	121	210105516	210105524	n/a	210105524	n/a
Psychiatric Leadership	350	210105565	210105540	210105557	210105540	210105557
Client Transitional Subsidies	572	210105581	210105573	210105599	210105573	210105599
Psychiatric Medications	574	210105615	212770994	212771000	212770994	212771000
PATH Grants	575	210105623	212771018	212771026	210105649	211835012
Crisis Staffing Services	580	210105656	212771034	212771042	212771034	212771042
Crisis Residential	860	210105672	212771059	212771067	212771059	212771067
Specific non-Medicaid Billable Activities	ABC	212771075	212771083	212771091	212771117	212771109
Individual Care Grants (ICG)	ICGC	n/a	212770978	n/a	n/a	n/a

RIN:	Program Code	DHS RIN	Last Name:	First Name:	DOB:
210105516	121 Any Age	121000	Pseudo	JJANY	01/01/1980
210105524	121 Children	121001	Pseudo	JJCNH	01/01/2000
210105540	350 Children	350001	Pseudo	PLCNH	01/01/2000
210105557	350 Adult	350002	Pseudo	PLANH	01/01/1970
210105565	350 Any	350000	Pseudo	PLANY	01/01/1980
210105573	572 Children	572001	Pseudo	CTSCNH	01/01/2000
210105581	572 Any	572000	Pseudo	CTSANY	01/01/1980
210105599	572 Adult	572002	Pseudo	CTSANH	01/01/1970
210105615	574 Any	574000	Pseudo	PMANY	01/01/1980
212770994	574 Children	574001	Pseudo	PMCNH	01/01/2000
212771000	574 Adult	574002	Pseudo	PMANH	01/01/1970
210105623	575 Any	575000	Pseudo	PATHANY	01/01/1980
212771018	575 Child	575001	Pseudo	PATHCNH	01/01/2000
212771026	575 Adult	575002	Pseudo	PATHANH	01/01/1970
210105649	575 Homeless Children	575011	Pseudo	PATHCH	01/01/2000
211835012	575 Homeless Adult	575012	Pseudo	PATHAH	01/01/1970
210105656	580 Any	580000	Pseudo	CSSANY	01/01/1980
212771034	580 Children	580001	Pseudo	CSSCNH	01/01/2000
212771042	580 Adult	580002	Pseudo	CSSANH	01/01/1970
210105672	860 Any	860000	Pseudo	CRANY	01/01/1980
212771059	860 Children	860001	Pseudo	CRCNH	01/01/2000
212771067	860 Adult	860002	Pseudo	CRANH	01/01/1970
212771075	ABC Any	ABC000	Pseudo	ABCANY	01/01/1980
212771083	ABC Children	ABC001	Pseudo	ABCCNH	01/01/2000
212771091	ABC Homeless Adult	ABC002	Pseudo	ABCANH	01/01/1970
212771117	ABC Homeless Children	ABC011	Pseudo	ABCCH	01/01/2000
212771109	ABC Homeless Adult	ABC012	Pseudo	ABCAH	01/01/1970
212770978	ICGC Children	800001	Pseudo	ICGCCNH	01/01/2000