HFS
Illinois Department of
Healthcare and Family Services

Family Support Program (FSP)

Continued Enrollment Authorization Request Packet

Effective April 1, 2024

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Family Support Program (FSP) Continued Enrollment Authorization Request Submission Process

The Department of Healthcare and Family Services (HFS), the state agency responsible for FSP, has designated Acentra Health (Acentra) to manage application approval. Acentra is to provide administrative and clinical support to FSP process, including reviewing FSP continued enrollment authorization requests.

The FSP continued enrollment authorization request packet will be considered complete once all documentation listed in the FSP Continued Enrollment Authorization Request Checklist is gathered and submitted to Acentra for review. This includes a signature from the youth or the youth's legal guardian, when applicable, on Section 6, Request for Continued Eligibility Determination, attesting that the youth or legal guardian has reviewed the entire packet and consents to the submission of the packet to HFS through its designee, Acentra, for the purpose of determining ongoing eligibility for the Family Support Program.

FSP continued enrollment authorization requests may only be submitted to Acentra during the last 30 days of an FSP youth's 180-day FSP eligibility period.

FSP continued enrollment authorization request packets may be submitted by the FSP Coordinator to Acentra through eQSuite at the following web address:

https://il.eqhs.com/FamilySupportProgram/LOGINPROVIDERSONLY.aspx

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FSP Continued Enrollment Authorization Request Checklist

Completed FSP continued enrollment authorization request form including each of the following components:

- ☐ Section 1: General Information
- ☐ Section 2: Family Financial Information, including the following, as applicable:
  - Copy of the legal guardian's tax returns for the last calendar year, if filed.
  - Copy of the youth's tax returns for the last calendar year, if filed

  Note: Tax returns only need to be submitted if new federal returns have been filed since the youth's Initial Application or most recent Continued Enrollment
- ☐ Section 3: Acknowledgement of FSP Parent or Guardian Responsibilities
  - This section is only required if the youth has a legal guardian.
- ☐ Section 4: Request for Continued Eligibility Determination, including:
  - Signatures from the youth or the youth's legal guardian that they have reviewed the application for accuracy and completion; and,
  - Signature from the youth's FSP Coordinator if the FSP Coordinator is submitting the request.
- ☐ Copy of the youth's current Individual Assessment and Treatment Plan, updated within 180 days prior to the submission of the FSP continued enrollment review packet.
- ☐ If a change in custody or guardianship occurred since the last FSP eligibility review: court order defining custody and/or non-parental guardianship.

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FSP CONTINUED ENROLLMENT REQUEST FORM

1. GENERAL INFORMATION

Youth Name:		**Recipient ID#:**		**Date of Birth:**
Gender:	**Primary Language:**	**Phone Number:**	**US Citizen:** ☐ Yes ☐ No	**Household Size:**
Youth's Home Address:		**City:**	**State:** / **ZIP Code:**	**County:**

Race:	☐ American Indian/Alaska Native ☐ Hawaiian Native/Other ☐ Multi-Race ☐ Asian ☐ Pacific Islander ☐ Unknown ☐ Black/African American ☐ White ☐ Other:	**Ethnicity:** ☐ Hispanic or Latinx ☐ Non-Hispanic or Latinx ☐ Unknown
Interpreter Services:	☐ None ☐ TDD/TTY ☐ American Sign Language ☐ Spoken Language: ☐ Other:	**Guardianship Status:** ☐ Own guardian ☐ Parent ☐ Legal guardian

Parent/ Guardian Information:	**Name:**	**Relationship to Youth:** ☐ Parent ☐ Guardian		**Phone Number:**	
	Address:	**City:**	**State:**	**Zip Code:**	**County:**
Parent/ Guardian Information:	**Name:**	**Relationship to Youth:** ☐ Parent ☐ Guardian		**Phone Number:**	
	Address:	**City:**	**State:**	**Zip Code:**	**County:**

Residential Arrangement:	☐ Lives Alone ☐ Homeless ☐ Independent Living ☐ Lives with parent(s), relative(s), or guardian(s) ☐ Foster Care ☐ State operated facility (mental health/dev. disability) ☐ Jail or correctional facility ☐ Residential/Institutional Setting (residential treatment center, nursing home) ☐ Other:
Education Level: (last completed)	☐ Never attended school ☐ Grade 1 ☐ Preschool/Kindergarten ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Grade 5 ☐ Grade 6 ☐ Grade 7 ☐ Grade 8 ☐ Grade 9 ☐ Grade 10 ☐ Grade 11 ☐ High school diploma ☐ GED certificate

Care Coordination and Support Organization (CCSO) Provider Information:	**Agency Name:**	**FSP Coordinator Name:**		**FSP Coordinator Phone:**
	Agency Address:	**City:**	**Zip Code:**	**County:**

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2. FAMILY FINANCIAL INFORMATION

Please complete this section in its entirety, to the best of your ability. Attach additional pages to this application packet as necessary.

Youth's Insurance Coverage (list all types of insurance, including Medicaid/All Kids coverage, when applicable)

Name of Insurance Company/Companies: **Policy Number(s):**

Premium Costs: $ ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Quarterly ☐ Yearly

Is this a retiree health plan?	Is this a COBRA plan?	Does the plan cover at least 60% of benefit costs?
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

Please list any properties the parent/guardian or youth owns, such as home, vacation home, time share, building or land.

Owner Name	Address	Type	Current Value	Amount Owed

Does the parent/guardian or youth own any of the following resources? Check all that apply.

☐ Business ☐ Inheritance ☐ Savings Account ☐ Mineral/Oil Rights ☐ Promissory Note/Loan
☐ Life ☐ Funeral/Burial Plan ☐ Checking Account ☐ Money Market Account ☐ Deferred Comp
☐ Estate ☐ Mutual Funds ☐ Certificates of Deposit ☐ Trust Fund(s) ☐ Government Bonds
☐ Annuity ☐ IRA/401K ☐ Stocks/Bonds ☐ Nursing Home Account ☐ Reverse Mortgage
☐ Burial Plot(s)

Other Financial Resources: Please List:

Owner Name	Type of Resource	Current Value	Name of Bank, Company, etc.

Family Income (complete only if youth or parent/guardian did not file taxes; if the youth or parent/guardian did file taxes, only submit tax documents)

Youth's income for last calendar year:	☐ AGI ☐ Net	☐ Youth's most recent federal tax return attached ☐ No federal return filed on behalf of the youth/no new federal returns filed
Parent/guardian(s) income for last calendar year:	☐ AGI ☐ Net	☐ Parent/guardian(s) most recent federal tax return(s) attached ☐ No federal return filed/no new federal returns filed

Please list any public benefits currently received on behalf of the youth, not including Medical Assistance (All Kids) or Medicare.

Type	Effective Date	Monthly Benefit Amount	Payee
Social Security			
Supplemental Security Income			
State Cash Assistance (i.e. TANF)			
Adoption Subsidy			
Other:			
Other:			

Please summarize how the parent(s)/guardian(s) receive income annually. ☐ N/A – youth is own guardian

Type	Current Amount	Recipients/Payees	Description
Employment			
Investments			
Public Benefits			
Other:			

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3. ACKNOWLEDGEMENT OF CONTINUED FSP PARENT OR GUARDIAN RESPONSIBILITIES (if applicable)

Participation in the Family Support Program requires that, when applicable, the youth's parent or guardian continue to agree to meet the FSP parent or guardian responsibilities, which are outlined below. To complete this section, please:

1. Review each parent or guardian responsibility carefully;
2. Initial next to each requirement to indicate you have read and agree to meet the standards of parent or guardian participation, should the youth be determined eligible for ongoing participation in the FSP; and
3. Sign and date this Acknowledgement in the appropriate space provided below.

Note: if the youth is his/her own guardian, this section does not need to be completed and submitted as part of the FSP Continued Enrollment Request packet.

FSP Parent or Guardian Responsibilities

If the youth seeking services is found eligible for continued participation in the FSP, I agree to:

_____ Initials

1. Actively participate in the youth's treatment.

_____ Initials

2. Be primarily responsible for any financial obligations associated with participation in the program. This may include being responsible for services not covered by the FSP (e.g. transportation, any necessary equipment).

_____ Initials

3. Assist in identifying and coordinating funding of services from all available sources, including insurance coverage.

_____ Initials

4. Assist in the completion of all applications for public assistance programs, including HFS Medical Assistance, supplemental security income (SSI), Social Security benefits (SSA), and other programs as appropriate.

_____ Initials

5. Complete and submit all forms and documents required by HFS.

_____ Initials

6. Work with my FSP Coordinator to notify HFS of any changes to the following:
   - ✓ The financial income or assets of the parent, guardian, or youth;
   - ✓ The level of financial support from public sources for the parent, guardian, or youth;
   - ✓ The healthcare coverage for the youth;
   - ✓ The parent or guardian's home address; and,
   - ✓ The guardianship or legal custody of the youth.

_____ Initials

7. In the event the youth receives treatment in a residential treatment setting:
   - ✓ Notify HFS of all assets and sources of public financial support of the youth;
   - ✓ Make available all sources of public financial support for the youth, including but not limited to SSA and SSI, to be applied to the costs of residential treatment, to the extent provided by law;
   - ✓ Coordinate all educational functions, processes, and funding between the youth's home school district to ensure compliance with the compulsory education attendance requirements that the youth will be attending while in residential treatment;
   - ✓ Participate in and cooperate with the residential treatment facility's requirements for the youth's care, including treatment and discharge to the family and community;
   - ✓ Supply the usual and customary costs of parenthood or guardianship, including: clothing, medical, dental, personal allowance, incidentals, and transportation costs to and from residential treatment; and,
   - ✓ Accept the youth back into the home or be solely responsible for establishing residence for the youth upon discharge from residential treatment.

Signature

_____	_____	_____
Parent/Legal Guardian (print name)	Signature	Date

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4. Request for Continued Eligibility Determination

Youth/Legal Guardian Attestation

By signing below, I confirm that:

- ✓ I have read all the information in this packet and, to the best of my knowledge, all of the information in this packet is correct.
- ✓ I understand that incomplete requests for continued FSP enrollment will not be reviewed for ongoing FSP eligibility.
- ✓ I have had a chance to ask my FSP Coordinator questions about the FSP continued enrollment request process.
- ✓ I am submitting this packet and all required supporting documentation to Healthcare and Family Services through its designee, Acentra Health, in order to make a determination of continued eligibility for the FSP. I understand that I may withdraw this application at any time by contacting Acentra.
- ✓ I understand that if the youth is found eligible for continued participation in the FSP, confidential information about the youth will be shared with the CCSO assigned to work with my family for the purposes of providing or arranging for FSP services. The type of information that will be disclosed includes the youth's name, demographic information, my contact information, my family's financial information, and the youth's clinical records submitted as part of this packet.
- ✓ I understand that if the youth is found eligible for continued participation in the FSP, he/she will receive 180 days of ongoing program eligibility. I understand that I will be responsible for completing an FSP Continued Enrollment Packet within the last 30 days of the youth's next eligibility period if I wish for the youth to be authorized for an additional 180 days of eligibility in the FSP.

Youth/Legal Guardian (print name)	Signature	Date

FSP Coordinator Attestation – By signing below, I confirm that:

- ✓ I am the FSP Coordinator that has assisted the youth or the youth's legal guardian, as necessary, with completing this FSP continued eligibility request packet.
- ✓ I have gone over the criteria for continued FSP eligibility on page 2 with the youth or the youth's legal guardian, as applicable.
- ✓ I have given the youth or the youth's legal guardian, as applicable, a chance to ask me questions about the FSP continued enrollment request process.
- ✓ I have informed the youth or the youth's legal guardian, as applicable, that he/she has the right to inspect and copy the information in this application.
- ✓ I have informed the youth or the youth's legal guardian, as applicable, about the process for withdrawing this request.

FSP Coordinator (print name)	Signature	Date

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Attachment # 1

Current Individual Assessment and Treatment Plan

Section Title Page. Place this title page in front of the content: Individual Assessment and Treatment Plan

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Attachment #2

Court Order Defining Custody and/or Non-Parental Guardianship (if applicable)

Section Title Page. Place this title page in front of the content: Court Order