

Family Support Program (FSP)

Prior Authorization for Residential Treatment

Prior Authorization for Residential Treatment Services must be submitted by the FSP Coordinator through eQSuite at the following web address:

<https://il.eqhs.com/FamilySupportProgram/LOGINPROVIDERONLY.aspx>

Documents Submitted with Prior Authorization Request:

- Integrated Assessment and Treatment Planning (IATP) dated within 180 days of request

Note: IATP must include a rational for Residential Treatment Services that minimally includes the following:

- Targeted length of stay
- Anticipated discharge date
- Specific clinical objectives and treatment goals to be addressed during the residential treatment that cannot be achieved within a community-based setting

- Psychiatric Evaluation dated within 180 days of request

- Psychological Evaluation – dated within 24 months of date of request

Effective April 1, 2024



HFS

Illinois Department of
Healthcare and Family Services

Prior Authorization for Residential Treatment

Youth Name:	Recipient ID#:	Date of Birth:
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Youth's Home Address:	City:	State:	ZIP Code:	County:
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Parent/ Guardian Information:	Name:	Relationship to Youth: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Phone Number:	
	Address:	City:	State:	Zip Code: County:

CCSO Provider Information:	Agency Name:	FSP Coordinator Name:		FSP Coordinator Phone:
	Agency Address	City:	Zip:	County:

Medication(s): List current and previous medications below, including over-the-counter medications. Attach additional pages as needed.

Is the individual currently taking any medications for a behavioral health condition? Yes No

If yes, does the individual regularly receive lab work? Yes No Not Required Unknown

Medication Name	Prescriber	Dosage	Date Started	Date Ended	Medication Issues

Behavioral Health Treatment History

Prior Behavioral Health Services: Yes No

Inpatient Hospitalization History

When	Where	Admit Date	Reason

Partial Hospitalization / Day Treatment Service History

When	Where	With Whom	Reason

Community-based Service History

When	Where	With Whom	Reason

Substance Use Disorder Service History

When	Where	With Whom	Reason

Other Service History (Including Primary Care and Education)

When	Where	With Whom	Reason