



FSP Residential Provider Training

Overview of FSP Review Requirements &
Submitting Continued Stay Requests

FSP Residential Provider Training

Welcome

- **Acentra Health's Role in Family Support Program**
- **Overview of Residential Responsibilities**
 - Requests for Continued Stay, Bed Holds and Individual Support Days
- **Review Process for Continued Stay Requests**
 - Required Documents
 - Clinical Criteria for Determining Medical Necessity
 - Review Outcomes and Response
 - Reconsideration Process
- **Welcome to eQSuite® – Submitting Requests Online**
- **Wrap up - FSP Resources**

Acentra Health

Utilization review enables the Department of Healthcare and Family Services (HFS) to determine if residential treatment services are medically necessary, reasonable and appropriate for FSP youth based on their clinical needs.

Acentra Health performs both administrative review as well as utilization review, which assists HFS in determining:

- Whether the services furnished are consistent with the provision of appropriate medical care.
- Whether these services are being delivered in the most clinically appropriate, cost-effective setting.
- The quality of services.
- Whether professionally recognized standards of health care are met.

CCSO & RTF Responsibilities

FSP Coordinators at CCSO Agency

The family/guardian works with a community FSP Coordinator to submit a Residential Prior Authorization to Acentra Health for approval and to find placement. Once admitted, they submit a Placement form to Acentra Health.

Residential Treatment Center

Once Acentra has received the residential placement request from the FSP Coordinator, the Residential Treatment Facility (RTF) Provider will receive a 60-day initial authorization letter.

- Ten (10) to three (3) calendar days prior to the end of the initial 60-day authorization, the RTF Provider will submit a continued stay request online to Acentra Health to determine whether the youth continues to meet residential treatment level of care.
- Continued stay requests are approved in 30 calendar day segments.
- If the continued stay request and all required documentation are not received 3 business days prior to last approved day, the RTF may incur non-covered days for late submission.

RTF Responsibilities – Bed Hold Requests

When a FSP youth requires a bed hold due to an absence from the residential treatment facility, a request must be submitted online through eQSuite®:

- **Planned Absences:** If the planned bed hold exceeds 3 days and 2 consecutive nights, submit request 3 business days before the first day of the bed hold.
(*No request is needed for absences less than 3 days/2 nights*)
- **Unplanned Absences:** Submit requests within 72 hours from the beginning of the youth's absence.

When submitting a Bed Hold request, at least **one** of the following documents will need to be uploaded after completing the review request portion in eQSuite®:

1. Individualized Assessment Treatment Plan (required for planned bedholds)

IATP or IM+CANS

- Dated within 30 days of the last Acentra Health approved residential continued stay

2. Crisis Safety Plan

- Most current crisis safety plan within 180 days of this request

3. Family Success Plan (Discharge Plan)

- Dated within 30 days of the last Acentra Health approved residential continued stay

Residential Treatment Facility Responsibilities

A Prior Authorization of Bed Hold request requires the following information to be submitted into eQSuite®.

- **General Information**

- Using the most current Treatment Authorization Number (TAN), the system will auto-populate FSP youth information from latest approved residential admission or continued stay.
 - **The TAN will come from the initial 60 Day authorization letter; or the latest Continued Stay approval letter** (the TAN number is new each time an approval is made).

- **Bed Hold Requests**

- Enter number of days requested and begin and end dates
- Select type of bed hold and reason

- **Summary of Justification**

- Provide a narrative to support and justify the requested day(s)

HFS Individual Support Days Definition

Individual Support Days is an add-on service for FSP youth receiving **residential treatment**. *It is a time-limited intervention to provide more intensive one-on-one therapeutic supports to youth whose clinical acuity escalates to the point of destabilizing their residential placement. This is evidenced by repeated restraint, seclusion, aggression, suicidal ideation, or other crisis events which require increased supervision and observation.*

The ISD intervention includes:

- 1. A 1:1 staff ratio**
- 2. 24-hour supervision**
- 3. Daily contact with a Qualified Mental Health Professional (QMHP)**
- 4. An individualized, structured daily living/activity plan by a Licensed Practitioner of the Healing Arts (LPHA)**

Individual Support Days – Initial Request

An initial request for residential Individual Support Days (ISD) will require the following information as part of the online review:

- **General Information**
 - Youth's Medicaid Bene ID and the ISD begin and end dates
 - LPHA and Requester's name and contact information
- **Clinical Information**
 - Check the escalating behaviors that require an increase in the level of supervision and observation
- **Summary**
 - Provide an overview of the youth's presenting problems and behaviors over the last thirty (30) days and include details of the escalation in clinical acuity
- **Required Documents**
 - Upload the most current Crisis Safety Plan

CONTINUED STAY UTILIZATION REVIEW PROCESS



RTF Continued Stay Required Documents

- In submitting a continued stay request, the following items are required:
 - **Treatment Authorization Number (TAN) from Acentra's most recent approval letter**
 - **The Youth's IL Medicaid Bene ID**
 - **Primary Diagnosis and any additional diagnosis**
 - **List of FSP Youth Medications**
 - **Progress Summary**
 - **Attach/Upload the IM+CANS or IATP and Family Success Plan**
 - **IM+CANS must be signed by both the LPHA and Parent/Guardian**
 - **Family Success plan must be signed by LPHA**

NOTE: Regarding the parent/guardian signature required on the IATP/IM+CANS, a parent/guardian can give a verbal consent as their signature. The Residential Provider must document the date and time the consent was given and attest that the information is correct and sign their name as the “FSP Coordinator” attestation.

Administrative Review

- Acentra Health 's Behavioral Health reviewer begins the review process with an ***administrative review*** to ensure all review tabs in eQSuite® have been completed and that the required documents have been uploaded.
- If all information has been submitted, the reviewer will proceed with a ***clinical review***.
- If the information is ***incomplete***, the reviewer will create an incomplete letter describing the missing information/documents. The RTF Provider will be able to view the incomplete letter in the Web portal.
 - **The RTF Provider will have 3 *business days* to check the Request for Addt'l Info section and upload information online.**
 - If the additional information is not received, the review can be closed, and the RTF Provider may lose covered days of service until the additional information is received, and Acentra Health's review is complete.
 - The RTF Provider and parent/guardian will receive a letter if the review is being closed, which may result in the youth being discharged from residential treatment.

Clinical Review Process

- ***The Acentra clinical review includes:***
 - A thorough review of the 1) ***IATP or IM+CANS***, 2) ***Family Success Plan*** and 3) ***Progress Notes in the online review request*** for additional evidence supporting the request for continued residential services
 - Comparing the clinical documentation to InterQual® Residential Treatment criteria for continued stay requests

IATP Updates

When reviewing the Integrated Assessment and Treatment Plan (IATP), Acentra Health looks for changes in items related to the youth's symptoms, behaviors and strengths.

Specifically:

- If using a rating or scoring system, look for changes in the scoring of youth's symptoms and/or behaviors. As an example, a change of an anxiety assessment from of "3" to "2."
- If this type of change occurs, please include a description in the Summary section that support this change.
 - *If no change in the youth's assessment sections, include a short description of why it remains the same.*
 - Please also note in Summary section if there was some progress, but not enough to change the assessment level.

Family Success Plan

In reviewing the youth's Family Success Plan (discharge plan), Acentra Health will take into consideration the following items:

- Evidence that the Family Success Plan was initiated at the point of admission.
- Addresses youth's therapeutic, educational, social and family support needs and strengths.
- Has a multidisciplinary team that is actively engaged in developing components of the plan in part and as a team.
- Has identified and documented services and resources the youth will need upon discharge.
- Provides education and support to family members to prepare for youth's discharge from residential treatment.
- Is continually being updated to address youth's needs and strengths.

Clinical Review Process

- ***The clinical review concludes with:***

The Acentra clinician documenting the decision for approval and drafting the determination letter

- The determination letter is available online for the RTF provider and a copy is mailed to the parent/guardian.

Note: If the Behavioral Health reviewer cannot approve the continued stay request, the request will be reviewed by an Acentra psychiatric physician reviewer.

Second-Level Clinical Review Process

- *The request and all associated documents will be sent to a Psychiatrist to perform a second-level clinical review.*
 - The Physician Reviewer (PR) thoroughly reviews all documentation and will contact the RTF Provider for a consult if they have questions.
 - Using the RTF's submitted documents and information provided during consultation, the Physician Reviewer will render their determination.
 - An Acentra Physician Reviewer documents the clinical rationale decision to **approve** or **deny** the continuation of residential treatment services.
- The determination letters will be posted online in eQSuite for the RTF Provider, and a copy mailed to the Parent/Guardian and the FSP Coordinator.
 - *If a continued stay request is denied, the RTF may request a reconsideration of that denial within 3 days of the initial denial.*

RTF Continued Stay Review Outcomes

Following are the review outcomes for a residential Continued Stay:

- **Incomplete (Pended)**

- If request is incomplete, missing required documents, pertinent information or required signatures, Incomplete letter is found in eQSuite for the RTF Provider in eQSuite® under *Respond to Addtl Info* menu bar tab.
- RTF must **submit additional information within three (3) business days** to avoid the request being closed, resulting in uncovered days for the RTF Provider.

- **Approved**

- The approval letter appears for the RTF under the Letters tab in eQSuite® and also mailed to the parent/guardian.

- **Adverse Determination (Denied)**

- Denial Letter is sent to the RTF Provider, parent/guardian and CCSO FSP Coordinator.
- The RTF may submit a reconsideration request form with supporting information to Acentra within **3 business days** from the date of denial notification; OR the family (parent/legal guardian) may submit an appeal directly to HFS.

Denial - Reconsideration Process

Medical Necessity Denial – RTF Continued Stay

- If the residential continued stay is denied by a Physician Reviewer for medical necessity, the RTF can fax a **Reconsideration Request Form** to Acentra Health with additional clinical information within **3 business days** from the date of denial notification.
 - If the information is received within 3 - business days, all prior documentation and any additional information submitted by the RTF will be sent to a second, Acentra Health psychiatric Physician Reviewer (PR).
 - If the Physician Reviewer has questions, they will attempt to contact the RTF Clinical Director or LPHA for consultation listed on the Reconsideration Request form.
 - When calling the RTF, if the Physician Reviewer gets a voicemail, they will leave a message with their phone number and give 3 hours to return the call to Acentra Health .

Reconsideration Process

- **Reconsideration Physician Review**

- Based on all RTF-provided documentation and any information obtained from the LPHA consultation, the Acentra Physician Reviewer will render their decision.

- **Reconsideration Outcomes**

- **Uphold:** The Physician Reviewer can uphold the original denial, **or**
- **Overtured:** The Physician Reviewer can approve the reconsideration request, and the RTF will be issued 30 days of continued stay.

Note: If the denial is upheld on reconsideration, the residential provider may not request further review. However, a Parent/Guardian may appeal this denial to IL HFS BBH, according to Section 139.600 in Rule 139.

A Residential Treatment Facility Transfer

Whenever a residential treatment facility has determined that a youth in its care requires a transfer to another HFS-registered residential treatment facility (different HFS Provider ID), the RTF must contact the youth's SASS FSP Coordinator and provide information why a transfer has been initiated.

The SASS/FSP Coordinator will complete and fax the FSP Residential Transfer Form to notify Acentra Health within 3 business days after the youth's admission into the new facility. Upon approval, Acentra Health will provide the new RTF Provider an initial 60-day authorization.

The FSP Residential Transfer Form can be found on the Acentra Health website at <https://il.acentra.com/request-for-residential-treatment-services/>, then send the secure fax to 800-418-4039 Attention: FSP RTF Transfer.

Once a placement has been identified, the current RTF Provider must provide the SASS FSP Coordinator with the new RTF information:

- ✓ RTF Name and HFS Provider ID number
- ✓ Contact name, phone number, email or fax number
- ✓ Admission date

Residential Treatment Facility Discharge

When a residential treatment center discharges a Family Support Program (FSP) youth from their facility the Residential Treatment Facility.

Please notify the FSP youth CCSO about the youth discharge. It's the FSP CCSO that must complete and fax the FSP Residential Discharge Form to Acentra Health within 3 business days after the youth's discharge.

The FSP Residential Discharge Form can be obtained from our website <https://il.acentra.com/request-for-residential-treatment-services/>, then send secure fax of the form to (800) 418-4039. Please note in the subject line: FSP RTF Discharge





Welcome to eQSuite®!

ONLINE REVIEW FOR RESIDENTIAL
CONTINUED STAY FOR THE FAMILY
SUPPORT PROGRAM

Minimum eQSuite® Requirements

Secure FSP eQSuite® System Access

✓ Internet Connection

- eQSuite® requires advanced browsers that support HTML5 - use one of the most recent versions of Google Chrome or Microsoft Edge

✓ Ability to Upload Documents

- Required documents must be clear copies that are scanned and saved on your computer as a PDF image file.

Accessing the FSP Web Portal - eQSuite®

Always go to Acentra 's Website homepage at <https://il.Acentra.com>



RESOURCES ✓

QUALITY

UR TRAINING ✓

FAMILY SUPPORT PROGRAM

ABOUT

1

Family Support Program



Request for Residential
Treatment Services

Learn more >



Continued Enrollment

Learn more >



FSP Initial Application
& Log In

Learn more >

2

Log In - Providers Only

SUBMIT APPLICATION/REQUESTS ONLINE

FSP Providers - Click the button above to log in to the FSP Web Portal - eQSuite®

eQSuite is our proprietary, HIPAA compliant system which offers registered users 24/7 access to submit FSP Applications and providers to fulfill other program requirements.

Log In

3

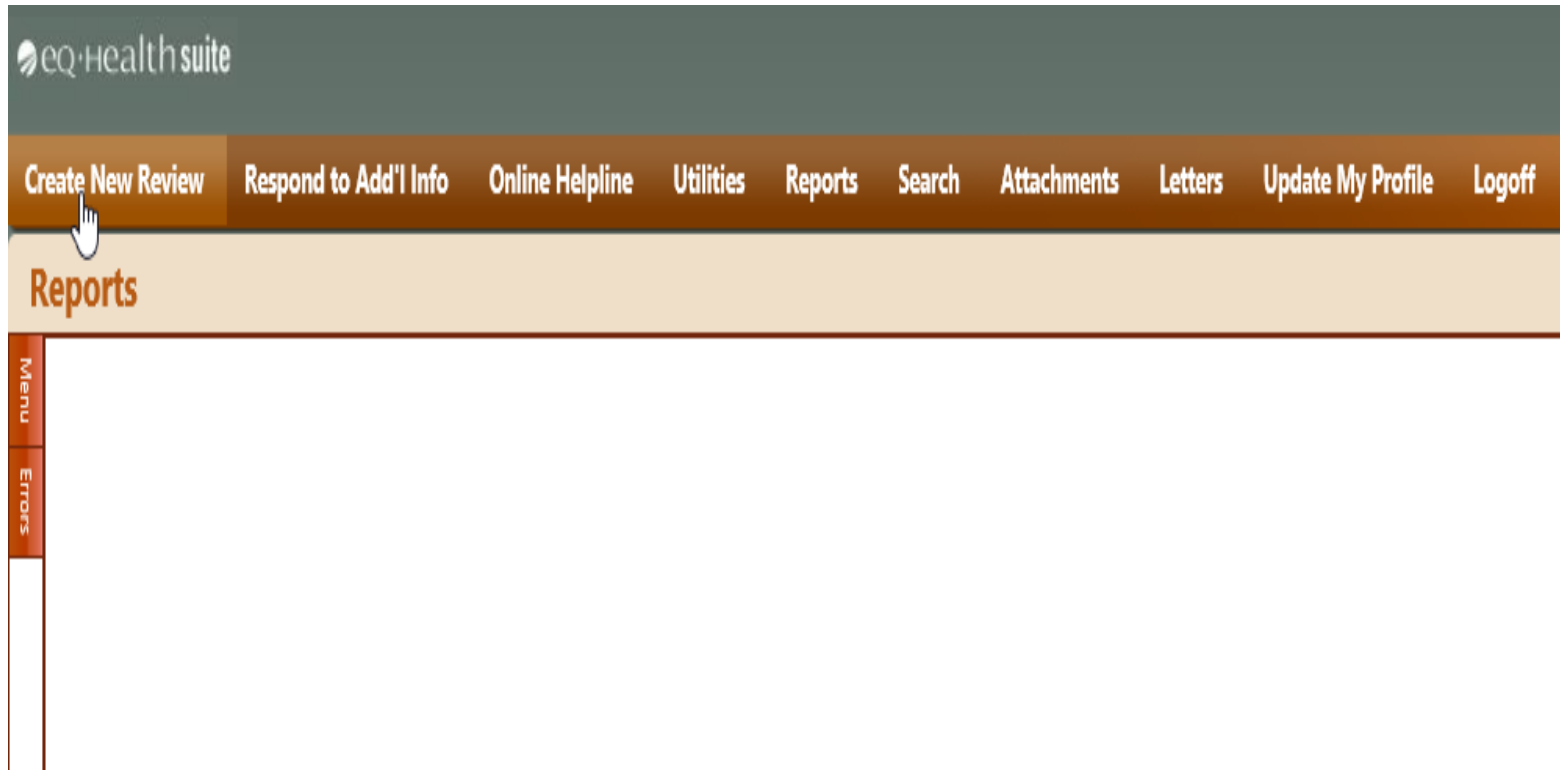
1. Click
Family
Support
Program

2. Scroll
and click to
Log In

3. Log In –
Providers
Only
will take you
to secure
login screen

eQSuite® – Residential Continued Stays

- Once you log on, the following screen will appear for Residential Continued Stay Requests.
- Click “**Create New Review**” tab to begin.



eQSuite® – Residential Continued Stays

Start tab will appear (will recognize your log in name and shows your Provider # and RTF name)

- Use drop down and select **Cont Stay** for review type
- Enter in the 9- digit Treatment Authorization Number (TAN) that will be sent to you by Acentra . This is your initial TAN that will allow you to begin your first review in eQSuite®.
 - For each approved continued stay request a new TAN will be generated. ***The TAN is printed on the approval letter for that youth.***
 - For each subsequent continued stay request you will enter the TAN listed on the last Continued Stay approval letter.
- Once the TAN is entered, Hit **"Retrieve Data"** to populate the next section of the Start Tab.

The screenshot displays the eQSuite web interface. At the top, the 'Review Header Information' section shows 'Provider #: 237188150078' and 'Provider Name: CENTER FOR CHILD Admit DX:'. Below this, the 'Start' tab is selected and circled in red. The 'Review Type and Settings' section contains the following fields: 'Provider ID: 237188150078', 'Provider Name: CENTER FOR CHILD', 'Type of Bed: ☒ Residential Bed', 'Review Type: Not Selected' (with a dropdown menu open showing 'Not Selected' and 'Cont Stay'), and 'TAN: 18006202'. A green arrow points to the 'DATA' button, which is located next to the 'Cont Stay' option in the dropdown menu.

eQSuite® – Residential Continued Stays

The rest of the review tabs will appear on the top of page. Please see 3 key steps below to complete the Start tab:

Start | DX CODES | MEDS | SUMMARY

Review Type and Settings

Provider ID: 237188150078 Provider Name: CENTER FOR CHILD Total Days Cert: 60
Last Day Cert: 4/10/2019

Type of Bed: ☒ Residential Bed

Review Type: Cont Stay TAN: 18006202

1 Member ID: 021887944 Name: KLAYTON DOB: 02/23/2008 Sex: Male

2 Admit DX: F3110 D CURRENT EPISODE MANIC W/O PSYCH FEATURE NOS

3 Admit Date: 2/10/2019

Days Requested: 30

 CHECK KEY CANCEL

1. Enter Member ID (Medicaid RIN)

Click Tab or Enter Key to move to the next field.

2. Enter Admit Dx using no decimal points.

3. Enter the Admit Date and hit **Check Key** to continue with review

Note: “30” days will automatically appear for # Days Requested

eQSuite® – Residential Continued Stays

- **DX CODES Tab** - The primary diagnosis entered on the first tab will appear in this grid. Please enter in any additional diagnoses for this FSP youth by clicking "Add".

The screenshot shows the 'DX CODES' tab in the eQSuite interface. At the top, there are four tabs: 'Start', 'DX CODES', 'MEDS', and 'SUMMARY'. Below the tabs is a 'DX Codes' section with a search bar and a table of diagnoses. A red circle with the number '1' is over the search bar. The table has columns 'P', 'ICD Code', and 'Description'. It contains two rows: one for 'BPD CURRENT EPISODE MANIC W/O PSYCH FEATURE NOS' (ICD Code F3110) and one for 'INTERMITTENT EXPLOSIVE DISORDER' (ICD Code F6381). A red arrow points from the 'Add' button in the 'Code Add/Edit Page' pop-up window to the 'F6381' row in the table. The pop-up window has a title bar 'Code Add/Edit Page' and contains fields for 'Code:' (F6381), 'Description:' (INTERMITTENT EXPLOSIVE DISORDER), and 'Date Identified:' (1/1/19). There are 'Add' and 'Close' buttons at the bottom of the pop-up. A red circle with the number '2' is over the 'Add' button. At the bottom of the main interface, there are three buttons: 'CANCEL', 'SAVE/CLOSE', and 'SAVE/CONTINUE'. A red circle with the number '3' is over the 'SAVE/CONTINUE' button.

P	ICD Code	Description
Y	F3110	BPD CURRENT EPISODE MANIC W/O PSYCH FEATURE NOS
	F6381	INTERMITTENT EXPLOSIVE DISORDER

Code Add/Edit Page

Code: F6381
Description: INTERMITTENT EXPLOSIVE DISORDER
Date Identified: 1/1/19

Add Close

CANCEL SAVE/CLOSE SAVE/CONTINUE

1. Click Add
2. In the pop-up screen type in diagnosis code (no decimals) and date identified.

Click tab or enter key to move to the next field.

Click Add to add additional diagnoses
Continue process for each additional code.

3. Hit Save/Continue

eQSuite® – Residential Continued Stays

MEDS Tab - Please enter the current medications for this FSP youth

1. Click Add
2. Fill out the pop-up screen with medication info and hit Add. Continue until each med shows in grid
3. Answer compliance questions
4. Hit Save/Continue

The screenshot displays the 'MEDICATIONS' section of the eQSuite interface. At the top, there is a table with columns: Medication Name, Prescriber, Dosage, Start Date, Stop Date, Edit, and Delete. A red circle with the number '1' highlights the 'Add' button above the table. Below the table, there are compliance questions: 'Is the youth compliant with their medication?' with radio buttons for Yes, No, and Unknown; and 'If "no", length of non-compliance:' with radio buttons for within last month, within past three months, within past six months, and sporadically compliant. A red circle with the number '3' highlights the 'Yes' radio button. Below these questions are buttons for CANCEL, SAVE/CLOSE, and SAVE/CONTINUE. A red circle with the number '4' highlights the SAVE/CONTINUE button. A red arrow points from the 'Add' button to a pop-up window titled 'Code Add/Edit Page'. This pop-up window contains fields for Med Name (Ziprasidone), Prescriber (Dr. Yosef Muelle), Dosage (60 mg), Start Date (10/15/2018), and Stop Date. A red circle with the number '2' highlights the 'Add' button at the bottom of the pop-up window. The URL at the bottom of the browser window is https://lwebaos.ehs.org:443/lstaoportal/PocuoPages/MedEditPage...

eQSuite® – Residential Continued Stays

SUMMARY Tab – Provide an updated summary of progress and ongoing areas of concern

- ✓ Summary of youth's demeanor i.e. hostile, not engaged, depressed, oppositional, personal hygiene, anxious, impulsive, etc.
- ✓ Identify any incidents where the youth was on 1:1 supervision, if he/she eloped, had to be restrained, inappropriate sexual behavior, presented a danger to himself or others.
- ✓ Changes in medication and reason for change – behavior since change of medicine.
- ✓ School performance, interaction with peers, teachers, staff. Relationship with family, status of visits, calls, etc.
- ✓ New concerns or problems



Note: Acentra cannot accept copy/paste summary from the last continued stay. RTF must show progression/regression of care every 30 days.

eQSuite® – Residential Continued Stays

- SUMMARY Tab – Provide an updated summary of progress and ongoing areas of concern

Start	DX CODES	MEDS	SUMMARY
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Summary of Progress and Ongoing Areas of Concern

EDUCATIONAL EXAMPLE ONLY

Please identify the progress the FSP youth has made since the youth's last FSP review for continued stay. Please identify the ongoing behaviors of concern that continue to be the focus of the FSP youth's treatment.

Klayton is 11 y/o male with lengthy history of behavioral problems and started therapy when he was 8 y/o. He was released most recently from inpatient psychiatric care in December 2018 where he was hospitalized for defiant, physically and verbally aggressive behaviors, prior to admission here on Feb. 12, 2019. Continues to require supervision and level of support that residential treatment provides, as he keeps engaging in his referral behaviors including physical aggression towards himself, others and property as well as sexual behaviors. All of these behaviors have increased in frequency and intensity in the past 30 days as there is strong disagreement between he and his family regarding the discharge plan, visitation and behavioral expectations to discharge. We recommend continued participation in all services as his emotional dysregulations leads to risky behaviors, placing him and others in danger. Treatment team continues to provide opportunities to address the family's ambivalence. Increased time spent in the home through regular visitation is recommended to work toward reunification, utilizing the ongoing support, guidance and counseling of the clinical team.



eQSuite® – Residential Continued Stays

HEALTHCARE AND FAMILY SERVICES DISCLAIMER STATEMENT

☒ **Attestation:** Reviewing LPHA signature must be uploaded with submissions of Continued Stay request. By checking this box, I understand I must submit this documentation to fully complete the review.

EQHEALTH SOLUTIONS' CERTIFICATION DETERMINATION DOES NOT GUARANTEE MEDICAL ASSISTANCE PAYMENT FOR SERVICES OR THE AMOUNT OF PAYMENT FOR MEDICAL ASSISTANCE SERVICES. ELIGIBILITY FOR AND PAYMENT OF MEDICAL ASSISTANCE SERVICES ARE SUBJECT TO ALL TERMS AND CONDITIONS AND LIMITATIONS OF THE MEDICAL ASSISTANCE PROGRAM.

As an authorized Medical Assistance provider, I certify that I have reviewed the information submitted for prior authorization. I certify that the information provided is true, accurate, and complete to the best of my knowledge. I understand that services requested herein are subject to review and approval through Healthcare and Family Services' Utilization Management and Quality Improvement Organization. I understand that any falsification, omission or concealment of material fact may subject me to civil monetary penalties, fines, or criminal prosecution or may disqualify me as a provider of Medical Assistance services.

By clicking [Submit for Review] you are attesting to the above.

CANCEL

SAVE/CLOSE

SUBMIT FOR REVIEW



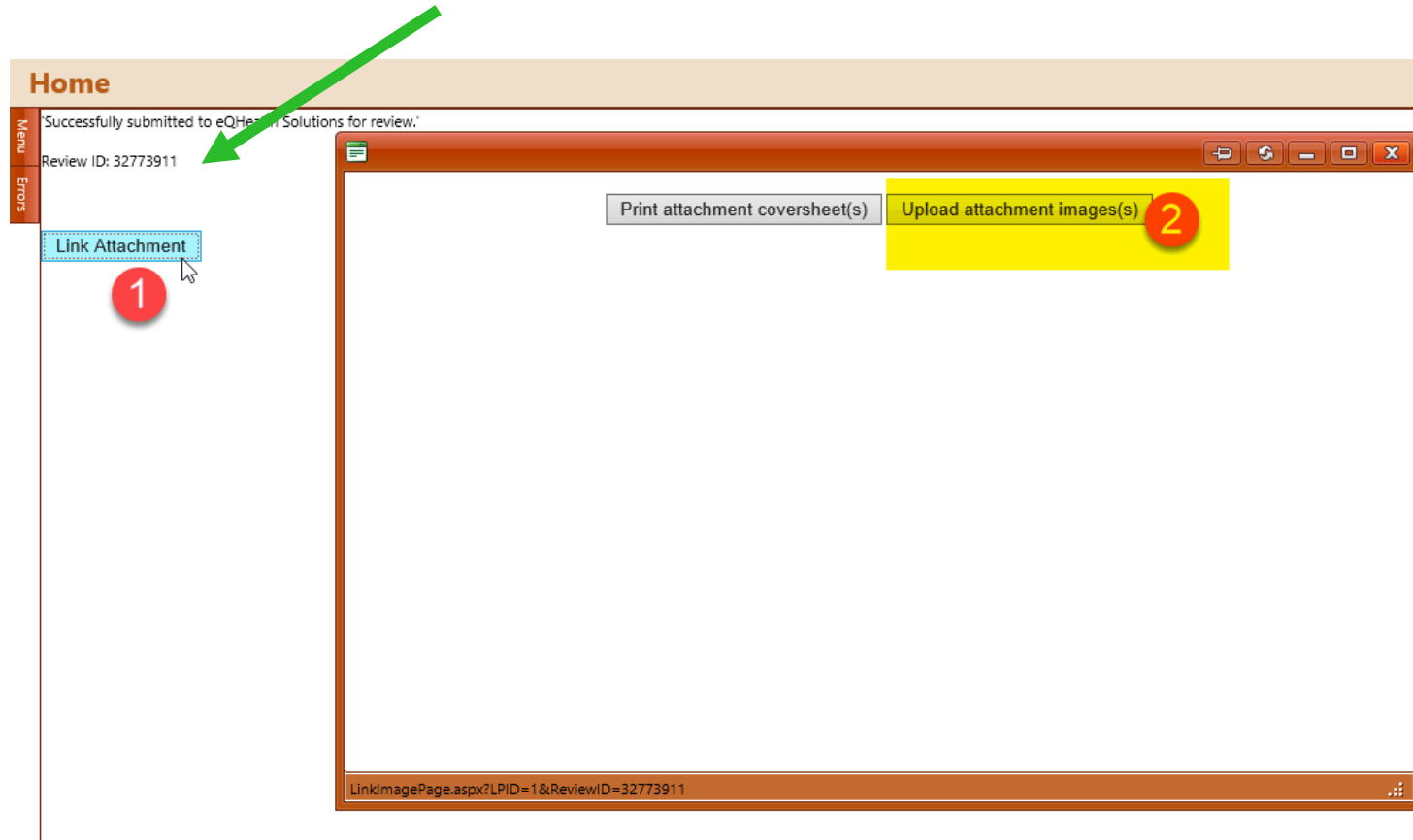
Do you have your required documents ready to upload?
Click SUBMIT FOR REVIEW

eQSuite® – Residential Continued Stays

The following screen will appear after you hit Submit.

IMPORTANT: Write down the Review ID.

1. Click Link Attachment
2. Select the Upload option

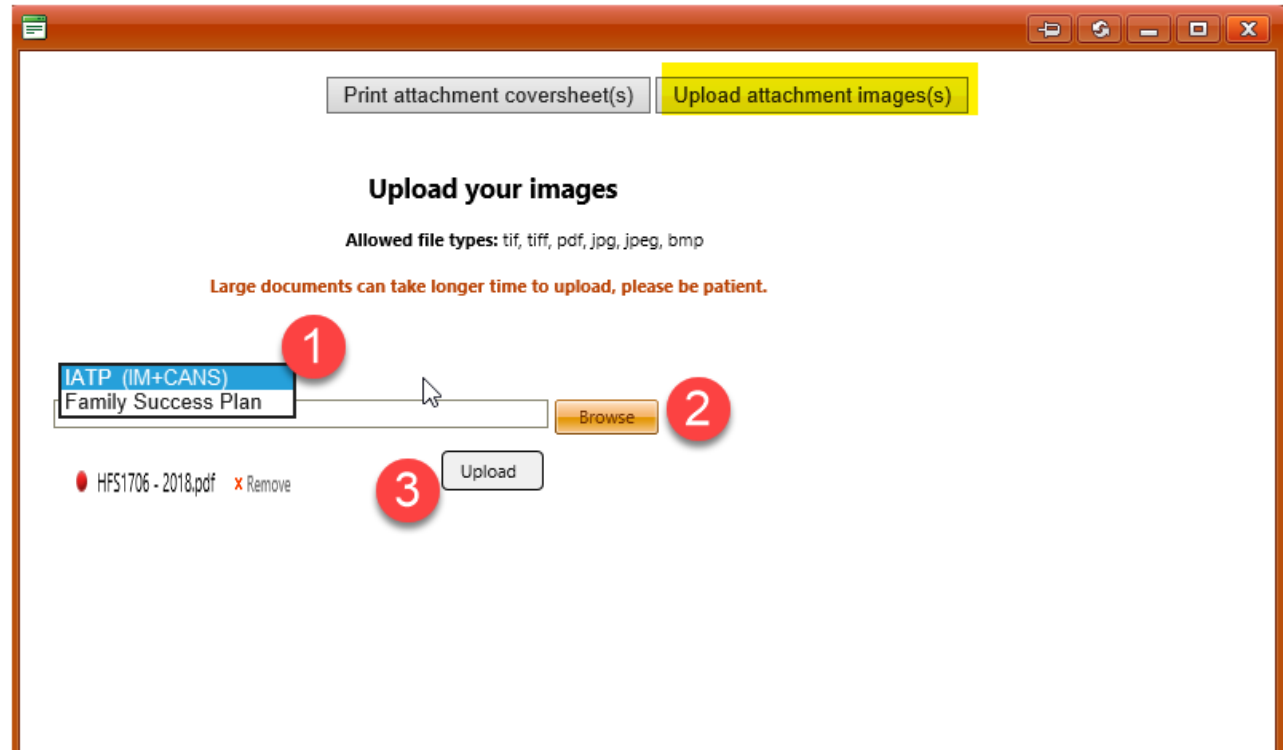


eQSuite – Residential Continued Stays

- Upload attachment images screen appears. You will upload your IATP or IM+CANS and Discharge Plan (save as PDF file first on your computer).

1. Select File Type
2. Hit Browse button (highlight file to open)
3. Click Upload and your file name will appear when it is loaded

Repeat this process to upload the other file.



Checking Your Attachments

On menu bar, click Attachments tab

Look at the “In Process” cases

Check your case to ensure you see Attachment(s) in far-right column. Click this link to verify both files were sent. If either of the files is missing, click the Link Attachment to upload.

You have completed submission of your continued stay request!

- The record status will show “Awaiting Documents” until the case is received. It will then change to “At Nurse Review”. When the review is approved, the TAN can be found on the approval letter under the Letters tab.

eQSuite® – Respond to Request for Addtl Info

RESPOND TO REQUEST FOR ADDITIONAL INFORMATION

- If your request is “pending” due to missing or incomplete information, an incomplete letter will show under the Letters tab or Respond to Addtl Info tab, notifying you that required documentation is missing or incomplete. You will have up to three (3) calendar days to submit information/upload documents in eQSuite®.

Create New Review		Respond to Add'l Info		Online Helpline		Utilities		Search		Attachments		Letters		Update My Profile		User Admin	
Search																	
Menu Errors	Cases Needing Add'l Info.			Search By Review ID													
		ReviewID	Request Date	Requestor Name	Bene ID	First Name	Last Name	Request Type	Setting	Admit Date	Provider ID	Provider Name					
	Open	53489529	07/01/2024					Cont Stay	Residential	06/10/2021			View Letter				

eQSuite® – Respond to Request for Addtl Info

Read the top box to see what information is missing. If box is blank still continue to next steps

1. Type in your short response

2. Click Submit Info

The screenshot shows the 'ADDL INFO' tab in the eQSuite interface. At the top, there is a navigation bar with buttons for 'Start', 'DX CODES', 'MEDS', 'SUMMARY', and 'ADDL INFO' (which is highlighted in yellow). Below the navigation bar, there is a 'QUESTION:' box containing the text: 'The IM CANS has not been updated. Please upload the most recent IM CANS document that has been updated in the past 30 days.' Below the question box is an 'ADDITIONAL INFO:' box with a text area for the response. A red circle with the number '1' is placed next to the text area. Below the response box, there is a red warning message: 'Please do not click the Submit Info button until you have entered necessary documentation in the response box above.' At the bottom, there are two buttons: 'CANCEL' and 'SUBMIT INFO'. A red circle with the number '2' is placed next to the 'SUBMIT INFO' button.

eQSuite® – Respond to Request for Addtl Info

1. Click **Link Attachment** on left side
2. Choose **“Upload”**
3. Click **Browse** to find your updated document file. Once you select it your file name will appear on screen.
4. Click **Upload** to complete the task

FSP Resources and Contacts

Acentra Health FSP Helpline & Email

- Please use the **Online Helpline** to submit a ticket regarding residential requests or call the FSP line at (866) 435-8778.
- Helpline assistance is available Monday through Friday, 8:30 a.m. to 5:00 p.m.
- Send secure email to FSPHELP@Acentra.com

Acentra Health Website <https://il.Acentra.com>

- Click [Family Support Program tab](#) on top of Website homepage and scroll down to click the Residential Services icon to find:
 - Reconsideration Process and Form
 - Residential Transfer & Residential Discharge Form

Healthcare and Family (HFS)

Program questions? Funding, Covered services, packets, etc.

Contact HFS by phone at 217-557-1000 or email at HFS.FSP@illinos.gov

Website: <https://hfs.illinois.gov/medicalclients/behavioral/familysupportprogram.html>

Acentra

HEALTH

Accelerating
Better Outcomes