



FSP COORDINATOR TRAINING

***FSP OVERVIEW AND SUBMITTING
CONTINUED ENROLLMENT
APPLICATIONS***

Agenda

- ▶ Overview of HFS and Acentra Health's Role in the Family Support Program
- ▶ Continued Enrollment Review Process
 - ▶ Required Documents
 - ▶ Review Outcomes/Determinations
- ▶ Submitting Continued Enrollment Requests in eQSuite®
- ▶ Short Training Survey followed by Resources and Contact Information

Acentra Health's Role in the FSP Program

Our Role in the Family Support Program is to:

- ▶ Serve as the Peer Review/Quality Improvement Organization to ensure medical necessity/utilization review is conducted as defined by IL Administrative Rule 139 for the following four components of the Family Support Program:
 - ▶ *Initial Application for the Family Support Program*
 - ▶ *Continued Enrollment (renewal application every 180 days)*
 - ▶ *Prior Authorization for Residential Treatment admission*
 - ▶ *Continued Stay Request for Residential Treatment (submitted only by RTF)*
- ▶ Facilitate the eligibility determination process through both an administrative and clinical review

Reminder: Initial Application Required Information

It is important that the information required for the *Initial Application* is complete and the following documents are uploaded into eQSuite:

- ▶ Copy of parent/legal guardian's most recent federal tax return if submitted in past 2 years (if applicable)
- ▶ Copy of the Youth's Birth Certificate
- ▶ Copy of court order custody (if applicable)
- ▶ Signed Parent/Legal Guardian Acknowledgment Form (Initial App)
- ▶ Signed Eligibility Determination Form (Initial App)
- ▶ Copy of Mental Health Assessment is uploaded
 - ▶ Dated within 180 days of the submission of application
 - ▶ Signed and dated by the LPHA completing the assessment

Initial Application - Required Information

- ▶ The youth's Behavioral Health Treatment History must be entered into eQSuite tabs for the Initial Application
 - ▶ Includes last 12 months of mental health services, including inpatient, outpatient, substance use, residential, as well as a list of medications
 - ▶ All services must have start and end dates (when applicable); or check service ongoing box

Reminder: Prior Authorization for Residential Treatment

When a FSP youth can no longer function in the community and residential treatment services become an option, the parent/ legal guardian works with the FSP Coordinator who will submit a Residential Prior Authorization request to Acentra Health.

- ▶ If the request is approved, the FSP Coordinator has 180 days to find a residential placement. A copy of this approval letter is to be submitted to potential Residential Treatment providers as part of their residential admission packet.
- ▶ Once a placement has been found the FSP Coordinator is responsible for sending the Residential Placement Form to notify within 3 business days from residential admission date.

When Acentra receives the Residential Placement form, an initial 60-day approval for residential care for the FSP youth is authorized. The Residential facility will see the letter online in the FSP Portal and a copy will be emailed to the FSP Coordinator.

- ▶ Once a FSP youth has been discharged from a Residential Treatment Center, the FSP Coordinator must submit a Residential Discharge Form within 3 business days after the youth discharge from residential treatment.

FSP Residential Prior Authorization

Required Documents

Complete the residential prior authorization request online prior to the eligibility end date. Include the rationale for the need of residential placement, and upload the following three (3) required documents:

– Youth’s Psychiatric Evaluation for Residential Prior Auth

- Dated within 180 days of submission of request
- Mental status evaluation
- Specific principal diagnosis and other diagnoses and medications
- Treatment summary and recommendations
- Signed and dated by the psychiatrist or advance nurse practitioner in psychiatry

– Psychological Evaluation for Residential Prior Auth

- Dated within 24 months of submission of the request
- Signed and dated by a LPHA (Clinical Psychologist)
- Evaluation must include IQ testing or cognitive testing results

– Integrated Assessment & Treatment Plan (IATP/IM+CANS) – Residential PA

- Dated within 180 days of the submission of prior auth request
- Signed and dated by the LPHA completing the assessment and the parent/legal guardian

Continued Enrollment Review Process



Youth enrolled in the Family Support Program (FSP) receive an initial eligibility determination of 180-days. To continue in the Family Support Program, a continued enrollment (renewal) application is required to be submitted to Acentra Health for review.



Forty-five (45) prior to the youth's eligibility end date, a reminder letter and Continued Enrollment Packet will be mailed out to the parent/legal guardian.

The youth's FSP Coordinator will also receive an email from Acentra Health with a copy of the letter and FSP Continued Enrollment Packet.



Within the last 30 calendar days of the youth's enrollment, the FSP Coordinator will need to submit a completed continued enrollment request through the eQSuite® FSP online portal by the eligibility end date.

The Continued Enrollment Authorization process shall review the FSP youth's:

- A)** Progress in treatment;
- B)** Updated Assessment and Treatment Plan;
- C)** Other updated clinical documentation, as available;
- D)** The FSP youth's overall clinical presentation to determine whether the FSP youth continues to meet the requirements detailed in Section 139.115; and
- E)** For FSP youth that are 18 years of age or older but have not reached 21 years of age at the time of Continued Enrollment Authorization:
 - i)** Active school attendance by the individual; and
 - ii)** Whether the individual has not graduated high school, achieved high school graduation equivalency, or otherwise qualified for high school graduation pursuant to Section 27-22 of the School Code.

FSP Continued Enrollment Required Documents

The following administrative documents are required to be completed and uploaded as part of the online Continued Enrollment application:

The following four (4) documents must be saved as a PDF file and uploaded under the Attachments tab in the continued enrollment application:

1. When applicable, the most recent Federal Tax Return of parent or legal guardian (within the 2 years) or answer “no” on the application and enter in income earned.
2. The Continued Enrollment Parent acknowledgement form - signed and dated by the parent/legal guardian.
3. The Continued Enrollment Eligibility Determination form - signed and dated by the parent/legal guardian and the FSP Coordinator when assisting with application or a *verbal attestation can be obtained for the parent/legal guardian.*

*****HFS BBH as of 4.4.2024 - No progress note needs to be uploaded, as this information should be contained in the IATP or IM+CANs.***

FSP Continued Enrollment Required Documents

continued:

4. Integrated Assessment and Treatment Plan (IATP/IM+CANS)

- ▶ The IATP or treatment plan must be current ***within 180 days*** from the date you submit the continued enrollment application
- ▶ Signed and dated by the LPHA completing the assessment and the parent/guardian
 - ▶ If the parent/legal guardian is unable to sign, the FSP Coordinator can accept a verbal attestation with their name, date/time with the FSP Coordinator's signature
- ▶ The IATP or IM+CANS should include the following information below. *If the IM+CANS does not contain a) Medications and/or b) current Behavioral Health Treatment services, the FSP Coordinator must enter them into the eQSuite continued enrollment application:*
 - ▶ Progress or lack of progress
 - ▶ Goals and objectives
 - ▶ Medications list
 - ▶ A list of current Behavioral Health Treatment services
- ▶ **IATP/IM+CANS form can be obtained from the IL HFS website.**

Review Determinations Continued Enrollment

The following are the review determinations that Acentra Health can make when reviewing a continued enrollment application:

- ▶ **Approval:** The youth is eligible for FSP services and receives an additional 180-days of enrollment. The approval letter is found online under Approved Applications for each youth.
- ▶ **Incomplete (not a denial):** If required documents are missing, outdated or do not meet specifications, the parent/legal guardian will receive an *Incomplete Letter* and the FSP Coordinator will find the case under Existing Applications/Applications Needing Additional Information and can submit the needed information online by the due date:
 - ▶ A youth may be discharged when Acentra Health does not receive additional information for the incomplete continued enrollment OR
if the continued enrollment was never submitted.
 - ▶ If a discharge occurs, the parent/legal guardian can submit an appeal request to HFS or the FSP Coordinator start the application process over again and submit *a new FSP Initial application to us.*

Review Determination - Physician Review

If the first level reviewer is unable to approve the applications, the request and all associated documents will be sent to an Illinois licensed, board-certified Psychiatrist to perform a second-level clinical review.

- ▶ The Physician Reviewer (PR) thoroughly reviews all the documentation. If the PR has questions, they will contact the FSP Coordinator or LPHA for a consultation.
- ▶ Using the submitted documentation and information provided during the consult, the Physician Reviewer will render their determination, and the appropriate letter will be mailed to the parent/legal guardian, and FSP Coordinator will find approval letter or denial letter online.
- ▶ **Upon Physician Review, if the continued enrollment request is denied, the youth is no longer eligible for FSP services. The youth will be discharged from the Family Support Program.**
 - ▶ FSP Coordinators can initiate a reconsideration request of a denial, within 5 calendar days of the denial notice using the Reconsideration Form on our Website homepage under Family Support Program tab.
 - ▶ If there is an initial denial or reconsideration denial upheld, then Parents/legal guardians have the right to initiate an appeal process through HFS directly.

Access FSP Web Portal - eQSuite®

Acentra
HEALTH

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®

QSuite 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**

- » Go to Website at <http://il.Acentra.com> and choose the Family Support Program tab on the menu bar, scroll to FSP Initial App & Log In
- » On the Log In - Providers only page, click Log In button

FSP Web Portal - Home Page

- » Click on Existing Applications
- » Then click on **Approved Applications** to see the list of youth who have a Continued Enrollment (Renewal) date coming due.



What would you like to do?



Continued Enrollment Electronic Review

- » **GO TO APPROVED APPLICATIONS**
- » Find the youth to start the Continued Enrollment application by clicking **Renew** (far right) to open/start. You will only click this once.
- » If the Renew is not displayed for youth, please let us know by submitting a Helpline ticket via eQSuite.

New Application

Existing Applications

Archived Applications

Search Filters

Tracking ID:

Medicaid ID:

First Name:

Last Name:

Search

Clear Search

Submitted Applications - Additional Information Needed

^

Incomplete Applications Not Yet Submitted

^

Applications Submitted For Approval

^

Approved Applications

v

Application #	Child's Name	Date Submitted	Decision Date	Renewal Date			
		09/13/2022	09/14/2022	03/12/2023	View	Letters	Renew
		09/15/2022	09/21/2022	02/22/2023	View	Letters	Renew
		10/05/2022	10/12/2022	04/05/2023	View	Letters	Renew
		11/18/2022	12/05/2022	06/03/2023	View	Letters	Renew
		01/17/2023	01/20/2023	07/25/2023	View	Letters	Renew

Attach Documents

Continued Enrollment Application

- » This page lists the type of documents you may need to upload, as part of the online application process
- » See the highlighted documents that are needed as part of the continued enrollment application review
- » If you do not have all your documents yet, you may continue with filling in the application by clicking

Next

NOTE: Progress Notes are no longer required if this information is contained in the IATP/IM+CANS

Attach Documents

Uploaded?	Document Name
	Tax Return - Child (if applicable)
	Tax Return - Guardian (if applicable)
	Court Order - Custody (if applicable)
	~~Progress Notes~~
	~~Attestation of School Enrollment and Attendance Form~~
	Current Individual Assessment and Treatment Plan or IM + CANS
	Parent/Guardian Acknowledgment Form
	Eligibility Determination Form
	Other Supporting Documents

Guardian - Primary

- » Please enter legal guardian name and relationship to child or update fields.
- » 'Self' will be only be selected if the youth is their own, legal guardian
- » Fill in all contact information
- » Always click  on the bottom of each page
- » This saves the data on this page and allows you to move to next page.

Guardian - Primary

First Name:	JOYCE	Last Name:	REED
Relationship to Child: ☒ Parent ☐ Guardian ☐ Other ☐ Self			
Phone:	(773) 268-8993		
Email:	jreed@cox.net		
Address:	5339 S SHIELDS AVE FL 1		
City:	CHICAGO	State:	Illinois
Zip:	606096216	County:	Oakland - Cook Central

Back

Next

Guardian - Other

» If your answer “No”

» Click 

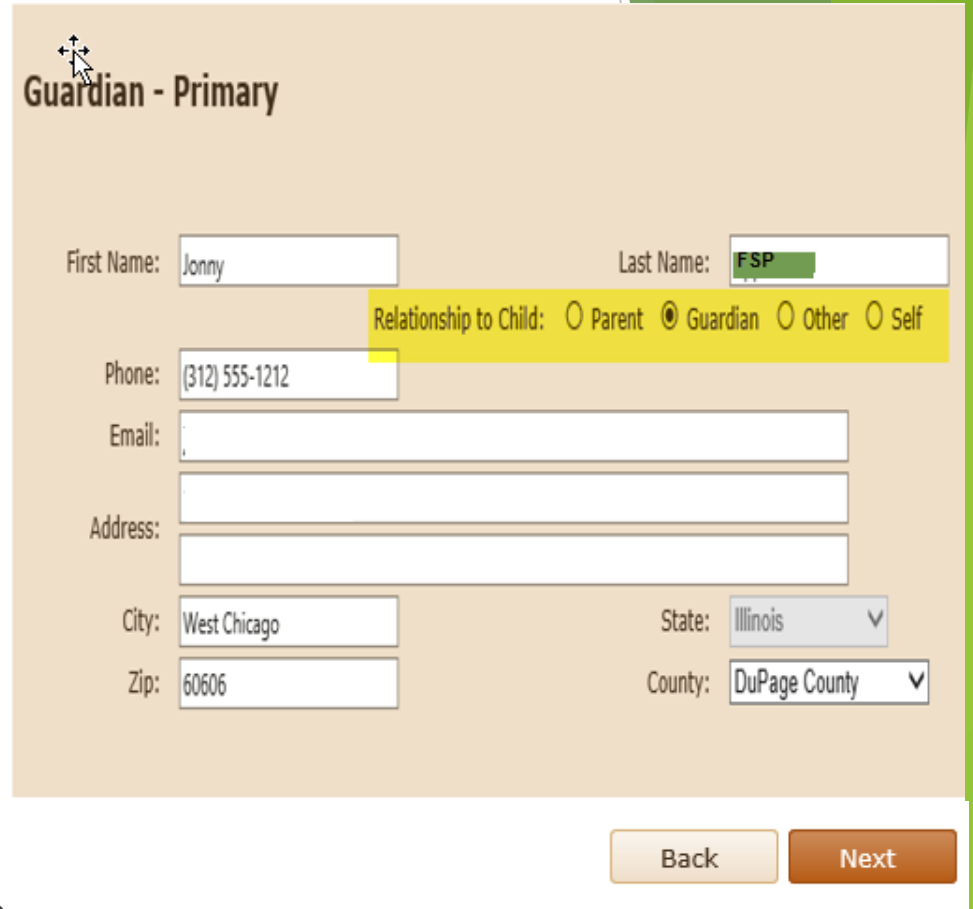
» If you answer “Yes”

» Please enter name and the relationship to child

» Fill in contact information

» Always click  on the bottom of each page

» This SAVES the data on this page and allows you to move to next page



Guardian - Primary

First Name: Jonny Last Name: FSP

Relationship to Child: ☐ Parent ☒ Guardian ☐ Other ☐ Self

Phone: (312) 555-1212

Email:

Address:

City: West Chicago State: Illinois

Zip: 60606 County: DuPage County

Back Next

Child Information - General

- » For a continued enrollment application, the youth should have a RIN that was assigned upon approval of the initial application if the youth did not have already have a RIN (Medicaid Bene ID).
- » Click “YES” and a box will appear to type in the RIN number. Once you enter RIN, the most information will appear on the screen. Fill in the County.

Child Information - General

Do you know your child's RIN? ☒ Yes ☐ No

RIN:

First Name:

Last Name:

Gender: ☐ Male ☒ Female

Date of Birth: 

Current Age: 20

Phone:

Address:

City:

State:

Zip:

County:

[Back](#) [Next](#)

Child Information - Demographics

» Please select an answer for each of the following sections:

- » Race
- » Ethnicity
- » US Citizen
- » Primary language
- » Method of communication
- » Residential Arrangement

» Click  on the bottom of each page

- » This saves the data on this page and allows you to move to next page

Child Information - Demographics

Race: ☐ White ☐ Black/African American ☐ American Indian or Alaska Native
☐ Hawaiian Native/Other Pacific Islander ☒ Multi-Race ☐ Hispanic
☐ Asian ☐ Other ☐ Unknown

Ethnicity: ☐ Hispanic ☒ Non-Hispanic

Is child a US citizen? ☒ Yes ☐ No ☐ Unknown

Primary Language:

Child's Method of Communication: ☐ No interpreter services required ☐ TDD/TYY ☐ American Sign Language
☒ Spoken Language ☐ Other

Residential Arrangement: ☐ Homeless ☐ Independent Living ☒ Lives with parent(s), relative(s), or guardian(s)
☐ State operated facility (mental health/dev. disability) ☐ Jail or correctional facility
☐ Residential/Institutional Setting (residential treatment center, nursing home)
☐ Foster Care ☐ Other ☐ Unknown



Child Information - Education

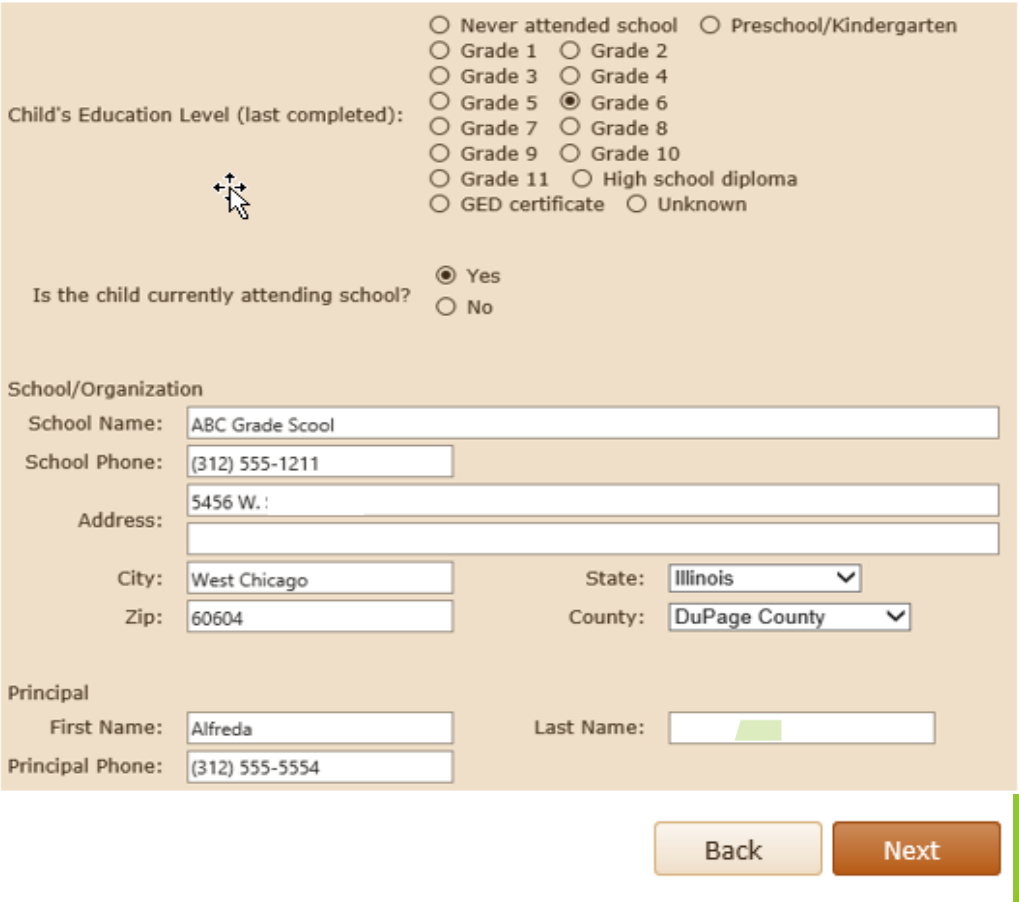
» Enter last grade completed

» Is the child currently attending school?

Fill in the name of school name and complete address/location

» Include the Principal name and contact information

» Click  on the bottom of the page.



The form is titled "Child Information - Education" and contains the following sections:

- Child's Education Level (last completed):** A list of radio buttons for grades 1 through 11, GED certificate, and Unknown. "Grade 6" is selected.
- Is the child currently attending school?:** Radio buttons for "Yes" (selected) and "No".
- School/Organization:** Text input fields for "School Name" (ABC Grade School), "School Phone" ((312) 555-1211), and "Address" (5456 W.).
- City:** Text input field (West Chicago).
- State:** Dropdown menu (Illinois).
- Zip:** Text input field (60604).
- County:** Dropdown menu (DuPage County).
- Principal:** Text input fields for "First Name" (Alfreda) and "Last Name" ().
- Principal Phone:** Text input field ((312) 555-5554).

At the bottom right, there are two buttons: "Back" and "Next".

Emergency Contact

First Name: Jonny Last Name: FSP

Relationship to Child: ☐ Parent ☒ Guardian ☐ Other ☐ Self

Phone: (312) 555-1212

Email:

Address:

City: West Chicago State: Illinois

Zip: 60606 County: DuPage County

Back Next

» Emergency Contact Information

- » Provide name, relationship to child, phone and address information
- » Click. 

FSP Coordinator

FSP Coordinator

FSP Provider Agency

Agency Name:

YOUNG SOCIAL SERVICES

Address:

City:

Bolingbrook

State:

Illinois

Zip:

61265

County:

(Select)

If you are logged in as the FSP Coordinator, this screen will auto-populate; if user is parent/guardian they will choose Agency from drop down menu.

The system recognizes your log on and auto-populates your agency name and address.

FSP Coordinator

First Name:

Best

Last Name:

Socialworker

Phone:

(773) 555-1111

Email:

bestsocial@young.com

- » This page will show the name of your agency and address information that is tied to your FSP Web portal account
- » As the FSP Coordinator, please fill in your name, phone and email address
- » Click

Next

Behavioral Health -Treatment History

Behavioral Health - Mental Health Services

Please list the mental health and substance abuse services and supports the youth has received in the last 6 months.
Please attach additional pages as needed.

Has the child received outpatient mental health services / support in the last 12 months? ☒ Yes ☐ No

Has the child ever received outpatient mental health services / support? ☒ Yes ☐ No

Outpatient Mental Health Services/Supports:

+ Add new record							Refresh
	Service Name	Provider Name	Service Frequency	Service Begin Date	Service End Date	Service Ongoing	
Edit	Psychiatry	Dr. Joe Johnson	once a month	03/05/2021		☒	Delete
Edit	Individual Counseling	Robert Blue	2x week	10/25/2020		☒	Delete
Edit	Family Counseling	Cook County Community	1x/month	05/02/2021		☒	Delete

Next

**SKIP ALL BEHAVIORAL HEALTH
PAGES**
on Continued Enrollment
Applications if the Mental Health
Services are listed in the
IATP/IM+CANs

❖ **IMPORTANT:** The mental health supports the youth has received in the last six (6) months will need to be documented as part of the IATP or IM+CANs that is required to be uploaded.

Behavioral Health - Medication Regimen

Behavioral Health - Medication Regimen

Please list the mental health and substance abuse services and supports the youth has received in the last 12 months.
Please attach additional pages as needed.

Is/has the child been on a medication regimen within the last 12 months? ☒ Yes ☐ No

Medications:

Please list all of the child's current and previous medications. Include all prescribed and over the counter medications.

+ Add new record

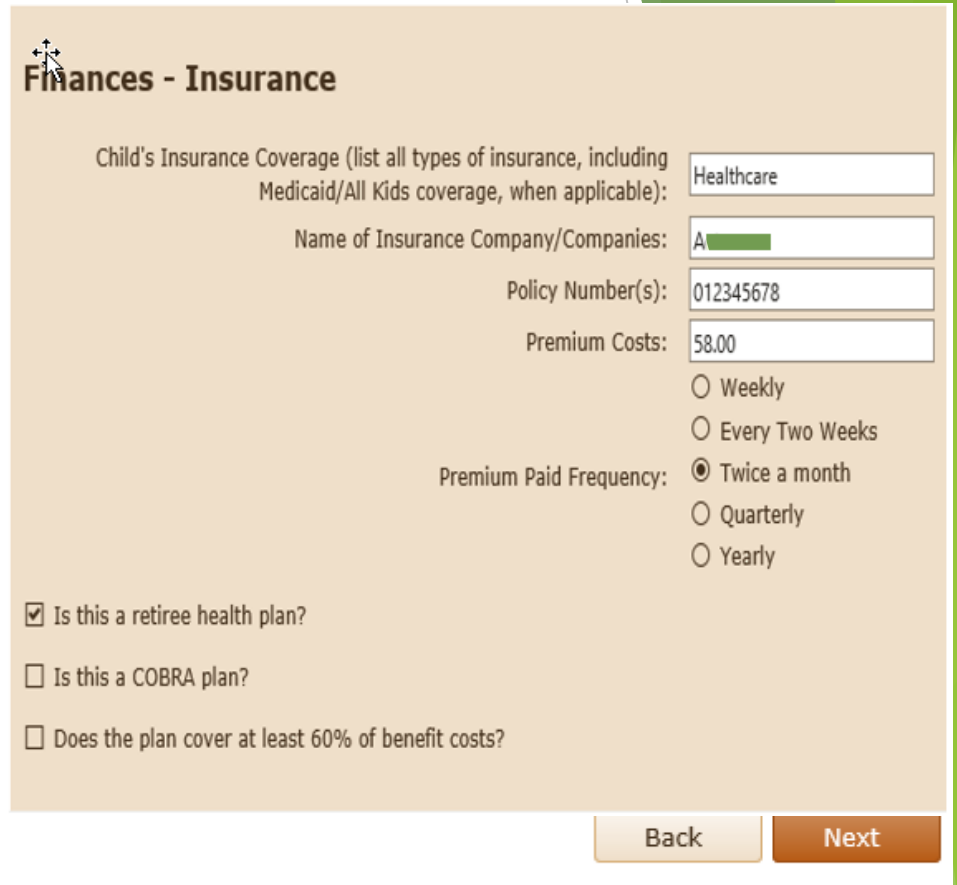
	Medication Name	Prescriber	Dosage	Date Started	Date Ended
Update Cancel	Zyprexa	Dr. John Doe	10 mg	1/24/2018	
Edit	Ativan	Dr. John Doe	2 mg	04/04/2018	
Edit	Xanax XR	Dr. AB Cee	2 mg	03/01/2018	04/03/2018

**SKIP THIS PAGE
On Continued
Enrollment Applications
if the information is in
the IATP/IM+CANs**

- ❖ **IMPORTANT:** The current Medications list will need to be provided as part of the Individual Assessment and Treatment Plan (IATP) or IM+CANs uploaded as a required document.

Finances - Insurance

- » Enter in any youth's insurance coverage information
 - » Include Medicaid/All Kids when applicable
- » Fill in
 - » Insurance name
 - » Policy Number
 - » Premium Costs/Frequency
- » Answer questions if applicable or leave blank
- » Click 



Finances - Insurance

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

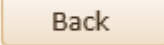
Name of Insurance Company/Companies:

Policy Number(s):

Premium Costs:

Premium Paid Frequency:
☐ 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?

Finances - Properties

Applications Forms Home Tools Utilities Update My Profile User Administration Logoff

FSP Application

FSP Application ID: 3 Setting: FSP Admit DX Code: F3012 Provider ID:

Eligibility & Criteria

Application Checklist

Attach Documents

Guardian - Primary

Guardian - Other

Child Information - General

Child Information - Demographics

Child Information - Education

Emergency Contact

FSP Coordinator

Behavioral Health - Treatment History

Behavioral Health - Home Treatment

Behavioral Health - Mental Health Services

Behavioral Health - Substance Use Services

Behavioral Health - Medication Regimen

Finances - Insurance

Finances - Properties

Finances - Properties

+ Add new record Refresh

	Owner Name	Address	Type	CurrentValue	AmountOwed	
Edit	Johnny .FSP	1 Winding Way	condo	130,000.00	99,000.00	Delete

Back

Next

- » [Click “Add new record” for each property](#)
- » Fill in Owner Name, Address and Type of property
- » Fill in the current value of property and amount owned
- » Hit **Update** on the left side of grid to save; or **Edit** to change information

Finances - Resources

- » This page shows a list of *finances or resources* that the parent, the legal guardian or the youth owns
- » Check off all resources that apply to them

» Click

Next

Finances - Resources

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

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

Back

Next

Finances - Other Resources

Finances - Other Resources

+ Add new recordRefresh

	Owner Name	Type	CurrentValue	Bank Institution Name
Insert Cancel				
No records to display.				

[Back](#)[Next](#)

Click “Add new record” to list Other Resources

- » Fill in owner name and the type of resource
- » Include the current value and the name of the bank/institution
- » Hit **Insert** on the left side of grid to save in the table

If there are no other resources, leave page blank and click

[Next](#)

Finances - Family Income

Finances - Family Income

Child's Income

☒ No federal return filed on behalf of the child?

☐ Child's most recent federal tax return attached?

Child's Tax Return Year:

Child's income for last calendar year:

Child's anticipated income for current calendar year:

Income Type: ☐ AGI ☐ Net

Income Type: ☐ AGI ☐ Net

Parent/Guardian's Income

☐ No federal return filed?

☒ Parent(s)/Guardian(s)'s most recent federal tax return(s) attached?

Guardian's Tax Return Year:

Guardian's income for last calendar year:

Guardian's income for current calendar year:

Income Type: ☐ AGI ☒ Net

Income Type: ☐ AGI ☒ Net

On this page, please complete information about *family income*

- » Complete both the Child's and the Parent/Legal Guardian's income sections
- » If the Parent/Legal Guardian tax return is uploaded, you do not need to fill in the income section.
- » Click

Finances - Public Benefits

 Finances - Public Benefits

 Add new record  Refresh

	Benefit Type	Other Benefit	Effective Date	MonthlyBenefitAmount	Payee	
<u>Insert</u> <u>Cancel</u>	(Select) ▼					
<u>Edit</u>	Social Security ▼		10/01/2017	600.00	Jonny FSP 	<u>Delete</u>

- » Click “Add new record” for each *Public Benefit*
- » Select the benefit type from drop down list; type in if “other”
- » Fill in effective date, monthly benefit amount and the payee name
- » Hit Insert on the left side of grid to save
- » Edit to change information
- » Click 

Finances - Parent/Legal Guardian Income

Finances - Guardian Income

 Add new record  Refresh

	Income Source	Other Income Type	CurrentAmount	Recipient Payee	Description	
Edit	Employment ▼		844.00	Jonny FSP		Delete
Edit	Public Benefits ▼		422.00	Jonny FSP	for Mini	Delete

- » Click “Add new record” for each income source you need to record
Select Income Source from drop down and enter current monthly amount
- » Fill in the Recipient Payee name and a description (if necessary)
- » Click 

Parent/Legal Guardian Acknowledgement

Guardian Acknowledgement

Participation in the Family Support Program requires that the parent or guardian or the youth seeking services agree to meet the FSP parent or guardian responsibilities, which are outlined below.

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 participation in the FSP; and
3. Sign and date this Acknowledgement in the appropriate space provided below.

FSP Parent or Guardian Responsibilities

If the youth seeking services is found eligible to participate in FSP, I agree to:

INITIALS

JA

1. Actively participate in the youth's treatment.

INITIALS

JA

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 (i.e. transportation, medical services).

INITIALS

JA

3. Be solely responsible for the coordination of educational services and funding, waiving HFS of all potential education responsibilities and financial liability.

» Please read all 7 areas of acknowledgement with the Parent/Legal Guardian

- » The parent or legal guardian must initial each one of the seven boxes
- » Sign and Date – the parent/legal guardian name serves as electronic signature

HFS has extended the protocol of allowing the parent/legal guardian to give a verbal consent to the FSP Coordinator. The FSP Coordinator will need to document the date and time the parent/legal guardian's verbal consent was given and sign your name. You will upload a copy of this acknowledgment/attestation.

Final Step – Parent/Legal Guardian Attestation

Final Step

Parent/Guardian Attestation – By signing below, I confirm that:

- I have read all of the information in this application.
- To the best of my knowledge, all of the information in this application is correct.
- I understand that incomplete applications will not be reviewed for an eligibility determination.
- I understand that if my child is found eligible for the FSP, confidential information about my child will be shared with my assigned SASS provider for the purposes of providing or arranging for FSP services. The type of information that will be disclosed includes my child's name, demographic information, contact information, and my child's records submitted as part of this FSP application.

(Choose One)

- ☐ I have decided to complete this application WITHOUT the assistance of my FSP Coordinator. I am submitting this application and all required supporting documents to eQHealth Solutions, Inc., in order to make a determination of eligibility for the FSP. I understand that I may withdraw this application at any time by contacting eQHealth Solutions, Inc.
- ☒ I have decided to complete this application with the assistance of my FSP Coordinator and all the following are true:
- My FSP Coordinator has gone over the eligibility criteria on page 2 with me;
 - 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.

SIGNATURE

Please type your First and Last Name

Parent/Legal Guardian (Electronic Signature)

Date

» [Read/confirm attestation of Parent/Legal Guardian at the top of this page](#)

Sign and Date – Type in parent/legal guardian name and date.

PLEASE NOTE: A parent or guardian is not allowed to submit a continued enrollment application and must coordinate the submission of the continued enrollment with the FSP Coordinator.

» **IMPORTANT: MAKE SURE YOU CHECK THE BOX ABOVE THE SIGNATURE AREA**

Final Step – FSP Coordinator Attestation

FSP Coordinator Attestation – this section must be completed if the parent/guardian decides to complete this application with the assistance of an FSP Coordinator

By signing below, I confirm that:

- I have gone over the eligibility criteria on page 2 with the parent/guardian.
- I have given the parent/guardian a chance to ask me questions about the FSP and the application process.
- I have informed the parent/guardian that he/she has the right to inspect and copy the information in this application.
- The parent/guardian has asked that I submit this application and all required supporting documentation on his/her behalf to Healthcare and Family Services and its designee, eQHealth, in order to make a determination of eligibility for the FSP.
- I have informed the parent/guardian about the process for withdrawing this application.

SIGNATURE

Please type your First and Last Name

FSP Coordinator (Electronic Signature)

Date

» FSP Coordinators will confirm that they assisted the Parent/Legal Guardian with the FSP application process, answered their questions and informed them of their rights regarding this application

» Sign and Date - The FSP Coordinator's name serves as an electronic signature

Final Step

Applications Forms Home Tools Utilities Update My Profile Logoff

FSP Application

- Behavioral Health - Mental Health Services
- Behavioral Health - Substance Use Services
- Behavioral Health - Medication Regimen
- Finances - Insurance
- Finances - Properties
- Finances - Resources
- Finances - Other Resources
- Finances - Family Income
- Finances - Public Benefits
- Finances - Guardian Income
- Guardian Acknowledgement
- Final Step**

I have gone over the eligibility criteria on page 2 with the parent/guardian.

- I have given the parent/guardian a chance to ask me questions about the FSP and the application process.
- I have informed the parent/guardian that he/she has the right to inspect and copy the information in this application.
- The parent/guardian has asked that I submit this application and all required supporting documentation to the Family Services and its designee, eQHealth, in order to make a determination of eligibility for the FSP.
- I have informed the parent/guardian about the process for withdrawing this application.

SIGNATURE

Best Socialworker 07/19/2018

FSP Coordinator (Electronic Signature) Date

Submit Application **Close**

Please fix the following errors:

- 24040 - Behavioral Health - treatment history tab - Hospital admit date must be entered

» After you “sign” as the FSP Coordinator, click

Submit Application

» If the system detects something that needs an answer; it will show errors

» Click on that specific page that error is on: fill in the information needed

» Go back to Final Step page and click

Submit Application

again

Existing Continued Enrollment Applications

Applications Forms Home Tools Utilities Update My Profile User Administration Logoff

Applications

New Application Existing Applications

Submitted Applications - Additional Information Needed

Incomplete Applications Not Yet Submitted

Applications Submitted For Approval

Approved Applications

Denied and Failed Applications

Once you start a new application or submit it - always go to the **Existing Applications** to continue to work on incomplete applications or to find the status of any submitted application

About 3 days after you submit an application, go to Existing Apps and check **Submitted Applications – Addtl Info Needed** to see if the continued enrollment application is incomplete. Open Letters tab.

Applications Forms Home Tools Utilities Update My Profile Logoff

Applications

New Application Existing Applications Archived Applications

Submitted Applications - Additional Information Needed

Application #	Child's Name	Date Submitted	Deadline			
3	FSP Youth	06/05/2018	07/06/2018	View	Letters	Additional Info

Existing Continued Enrollment Applications

- ***Under Submitted Applications – Additional Information Needed***

- * Find the case and click Letters to view the Incomplete Letter

+

- * Then click Additional Info to upload the updated documents

Submitted Applications - Additional Information Needed

Application #	Child's Name	Date Submitted	Deadline			
01/28/2021	01/28/2021	01/28/2021	03/06/2021	View	Letters	Additional Info
01/20/2022	01/20/2022	01/20/2022	03/05/2022	View	Letters	Additional Info

Existing Continued Enrollment Applications

Attach Documents

Question:

Additional Info:

Please do not click the Submit Info button until you have entered necessary documentation in the response box above.

Cancel Submit Info

Uploaded?	Document Name	Signature	Date	
✓	Birth Certificate			Upload View
	Tax Return - Child (if applicable)			Upload
✓	Eligibility Determination Form			Upload View

Print attachment coversheet(s) Upload attachment images(s)

Upload your images

Allowed file types: tif, tiff, pdf, jpg, jpeg, bmp

Large documents can take longer time to upload, please be patient.

Determination Form

Upload

Once you click the Additional Info link, the Attach Documents page will appear. Follow the directions below:

- Step 1 – Type in what information is being submitted. (it may be more than one file)
- Step 2 – Click “Upload” on the document name that you need to submit updated file (repeat steps 2-4 if you have to upload another, different document)
- Step 3 – Select the Upload attachment images button
- Step 4 – Browse and select the updated document on your computer and click OK so the file name appears on the screen. Click UPLOAD
- Last Step 5 – To complete this action, look for the words “Submit Info” and click. Wait 10-15 seconds for it to complete process.

Incomplete Applications Not Yet Submitted

Incomplete Applications Not Yet Submitted

Holding place for applications until they are submitted

Application #	Child's Name	Date Application Started	Last Accessed Date		
33651485	Mini Mouseling	07/12/2018	7/30/2018 4:17:37 PM	Resume	Delete
33651605	Child1 Family	07/20/2018	7/30/2018 4:15:41 PM	Resume	Delete
33651707		07/30/2018	7/30/2018 11:30:05 AM	Resume	Delete

- » Find all applications that you need to complete work on them.
 - » Click Resume each time you want to work on an incomplete application; it will remain under this section until you **SUBMIT**.

Applications Submitted For Approval

Incomplete Applications Not Yet Submitted

Applications Submitted For Approval

Application #	Child's Name	Date Submitted
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No records to display.

Once you submit the application, it will move under the Applications Submitted for Approval

The application stays here until a determination is made

Approved or Denied/Failed Applications

- » All applications “Submitted for Approval” will move to either the Approved Applications OR Denied and Failed Applications



Approved applications will show the date you submitted it, Acentra Health’s decision date (after receipt of all information), and the next application renewal date. Always look for the latest Renewal Date.

Approved Applications							
Application #	Child's Name	Date Submitted	Decision Date	Renewal Date			
		09/13/2022	09/14/2022	03/12/2023	View	Letters	Renew
		09/15/2022	09/21/2022	02/22/2023	View	Letters	Renew
		10/05/2022	10/12/2022	04/05/2023	View	Letters	Renew
		11/18/2022	12/05/2022	06/03/2023	View	Letters	Renew
		01/17/2023	01/20/2023	07/25/2023	View	Letters	Renew

FSP Resources and Contacts

FSP Helpline

- Questions regarding FSP requests and needs for assistance are answered Monday through Friday, 8:30 a.m. to 5:00 p.m., CST. Submit your questions to Acentra Health:
 - Use the Online Helpline tab in eQSuite Web Portal to submit your questions to us
 - If you have an urgent need, contact us at (866) 435-8778
 - If sending secure documents or requests by Email, please send directly to FSPHELP@Acentra.com

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

- Click [Family Support Program](#) from top menu bar
 - Then select [Log In – Providers Only](#)
 - Click eQSuite® button and log in

Healthcare and Family (HFS)

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

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

Website:

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



Acentra

HEALTH

Accelerating
Better Outcomes