



FSP COORDINATOR TRAINING

Residential Prior Authorization and Placement

FSP Provider Training

- **Acentra Health's Role in FSP Utilization Review**
- **FSP Coordinator Responsibilities**
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- **Review Process**
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 - ▶ Reconsideration Process
- **Welcome to eQSuite - Online Prior Authorization Requests for Residential Treatment**
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 - ▶ Create New Review
 - ▶ Link Attachments/Uploading required documents
 - ▶ Checking Respond to Addtl Info

Acentra Health's Role - Utilization Review

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

In alignment with Title 89 II. Admin. Code Rule 139, the utilization review 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.



Prior Authorization Process

FSP Residential Services

FSP Coordinator in FSP Residential Treatment

Every youth enrolled in the Family Support Program has an FSP Coordinator, who:

- Assists parent/guardian with the FSP application process
- Coordinates FSP community mental health and support services for the youth
- When a youth can no longer function in the community, residential treatment services may become an option, the FSP Coordinator submits with parent/guardian approval a prior authorization request for residential treatment to Acentra Health
- If Acentra approves the request, the FSP Coordinator **has 180 calendar days** to find a residential placement. The FSP Coordinator is responsible for submitting admission packets. **The approval letter is to be submitted in the residential admission packet (RAP).**
- Once a placement has been found the FSP Coordinator is responsible for entering the residential placement information using Acentra's Residential Placement Form **within three (3) calendar days** from the date of admission.

***Please confirm that the Residential Prior Authorization includes the correct RTF name and IL HFS provider ID number.**

Submitting Prior Authorization Request for RTS

When submitting a prior authorization request for residential treatment services, the following **three (3) documents are required** to be uploaded with your electronic request:

1. Copy of Psychiatric Evaluation

- Dated within the last 180 days and includes mental status evaluation
- Specific principal diagnosis and other diagnoses
- Most current medication list, treatment summary and recommendations
- Signed and dated by Psychiatrist or Advance Nurse Practitioner in Psychiatry

2. Copy of Psychological Evaluation

- Dated within last 24 months
- Must include IQ testing
- Signed and dated by Psychologist

3. Copy of current IM+CANS

- Dated within 180 days of the submission
- Must include LPHA signature as well as parent/guardian*

**In lieu of P/G written signature the FSP Coordinator may obtain a verbal consent with the name of the person giving consent, date and time the consent was given and attest to this information with their signature.*

Clinical Criteria for Determining Medical Necessity

Acentra Health uses Change Healthcare's (now Optum) InterQual® criteria in addition to clinical judgement of the nurse or physician to render a decision for prior authorization, inpatient admission, continued stay and reconsideration review requests.

- ▶ InterQual®, “ ***is a proprietary set of evidenced-based clinical intelligence to support appropriate care and foster optimal utilization of resources.***”
- ▶ InterQual® criteria for Residential Treatment outlines a series of symptoms/behaviors that the patient must display in order to meet recognized standards for residential placement.
- ▶ Depending on how many symptoms/behaviors displayed in each category are met by the patient can a determination then be made through InterQual® that residential treatment is medically necessary.

Please visit Optum Healthcare's website at <https://business.optum.com/> and search for “InterQual Criteria”.

Administrative Review

An Acentra Health Clinician begins the review process with an **administrative review** to ensure all prior authorization review tabs in eQSuite® have been completed and all required documents have been uploaded.

- ▶ If all information has been submitted, the reviewer will proceed with the **clinical review**
- ▶ **However**, if the information is **incomplete**, the reviewer will describe the missing information/documents on the **Incomplete letter** which will be found on the FSP Web portal.
- ▶ The FSP Coordinator will have **three business (3) days** to upload the missing documents.
- ▶ If the additional information is not received, the review will be suspended up to 30 calendar days. If the additional information is received within that 30-day window the review process will resume, and a determination will be made.
- ▶ If the additional information is not received after this 30-calendar day period, the FSP Coordinator and parent/guardian will receive a letter informing them the review is closed. A new prior authorization request would need to be submitted.

Clinical Review Process

► *The clinical review includes:*

- Thorough review of the ***Psychiatric Evaluation***, ***Psychological Evaluation*** and ***IM+CANS***, reviewing information that supports the need for residential treatment. Acentra Health looks for continuity of symptoms and behaviors presented in each of these documents.
 - Comparing the clinical documentation to InterQual® Residential Treatment admission criteria
 - Documenting the decision to approve the prior authorization request for residential treatment services
 - Preparing and submitting determination letter to the parent/guardian and the FSP Coordinator.
- If the Clinician cannot approve the prior authorization request, the request will be referred to an Acentra Health psychiatric physician reviewer.

Second-Level Clinical Review Process

The Clinician will send the request and all associated documents to an Acentra Health 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 for a consultation.
- ▶ Using the submitted documentation and information provided during consultation, the Physician Reviewer will render their determination.
- ▶ An Acentra Health Physician Reviewer documents the clinical rationale decision to **approve** or **deny** the residential treatment services.
- ▶ The appropriate determination letters will be sent to the Parent/ Legal Guardian. The FSP Coordinator can see the letter online under the Letters tab within the eQSuite web portal.
- ▶ If the prior authorization request is denied, the FSP Coordinator may request a reconsideration for that denial directly to Acentra Health within 10 calendar days from the date of denial.

Reconsideration Process

If the prior authorization request for residential treatment is denied by a Physician Reviewer, the FSP Coordinator can fax a Reconsideration Request Form to Acentra Health with additional clinical information **within ten (10) calendar days** from the date of denial notification.

- ▶ The Family Support Program Reconsideration Form can be found on our website at <https://il.Acentra.com>
- ▶ If Acentra Health receives the information within the allotted timeframe, all prior documentation and any additional information submitted will be sent to a second, Acentra Health psychiatric Physician Reviewer (PR).
- ▶ If the Acentra Health Physician Reviewer has questions, they will attempt to contact the FSP Coordinator OR LPHA listed on the Reconsideration Form for consultation.
 - When calling the FSP Coordinator, if Acentra Health's Physician Reviewer gets a voicemail, they will leave a message with their phone number and give the FSP Coordinator three (3) hours to return the call to them.
 - If no return call is received, the Physician Reviewer will proceed in making their determination.

Reconsideration Process continued

Based on information from the documentation review and consultation with the FSP Coordinator, Acentra Health's Physician Reviewer will render their final decision.

- ▶ The Physician Reviewer may **uphold (deny)** the original denial or **overturn (approve)** the reconsideration request.
- ▶ Notification will be sent to the FSP Coordinator and Parent/Guardian.
- ▶ *If the denial is upheld on reconsideration, the FSP Coordinator may not request further review from Acentra Health.*
- ▶ A Parent/Guardian may appeal a denial directly to IL HFS BBH, according to Section 139.600 in IL Administrative Rule 139 that covers the FSP Program.

Recap of Review Timelines

- After receipt of a complete request and all information, Acentra Health has **five (5) business days (not counting Holidays)** to make a determination and send notification to the parent/ legal guardian, and the FSP Coordinator will see letter online.
- **If the request is incomplete**, an Incomplete Letter notification will be available to the FSP Coordinator online and the case will be under **Respond to Addtl Info** tab online.
 - FSP Coordinator will have **three (3) business days** to send requested information online.
 - **If information is not received**, review is suspended for **30 calendar days**. **After 30 calendar days, the incomplete request is closed.** FSP Coordinator will need to submit a new prior authorization request.
- **If request is approved**, FSP Coordinator has **180 calendar days** to find a residential placement. After 180 calendar days, must submit a new request.
- **If request is denied**, FSP Coordinator has **ten (10) calendar days** to submit a reconsideration.
 - **If reconsideration request is not received within ten (10) calendar days**, however afterward, then the reconsideration request will be canceled.

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

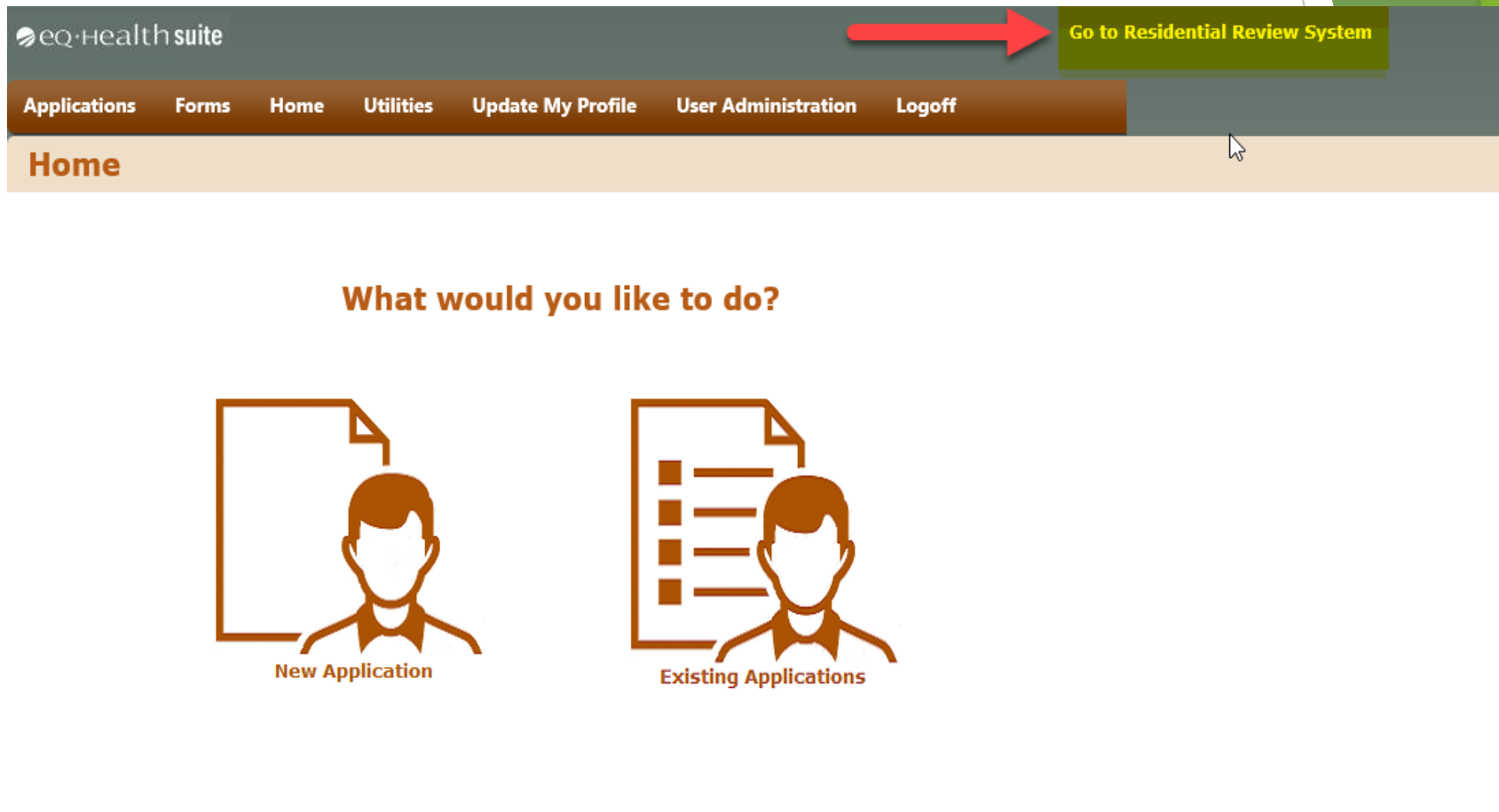
1. Click Family Support Program

2. Scroll and click FSP Initial Application & Log In

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

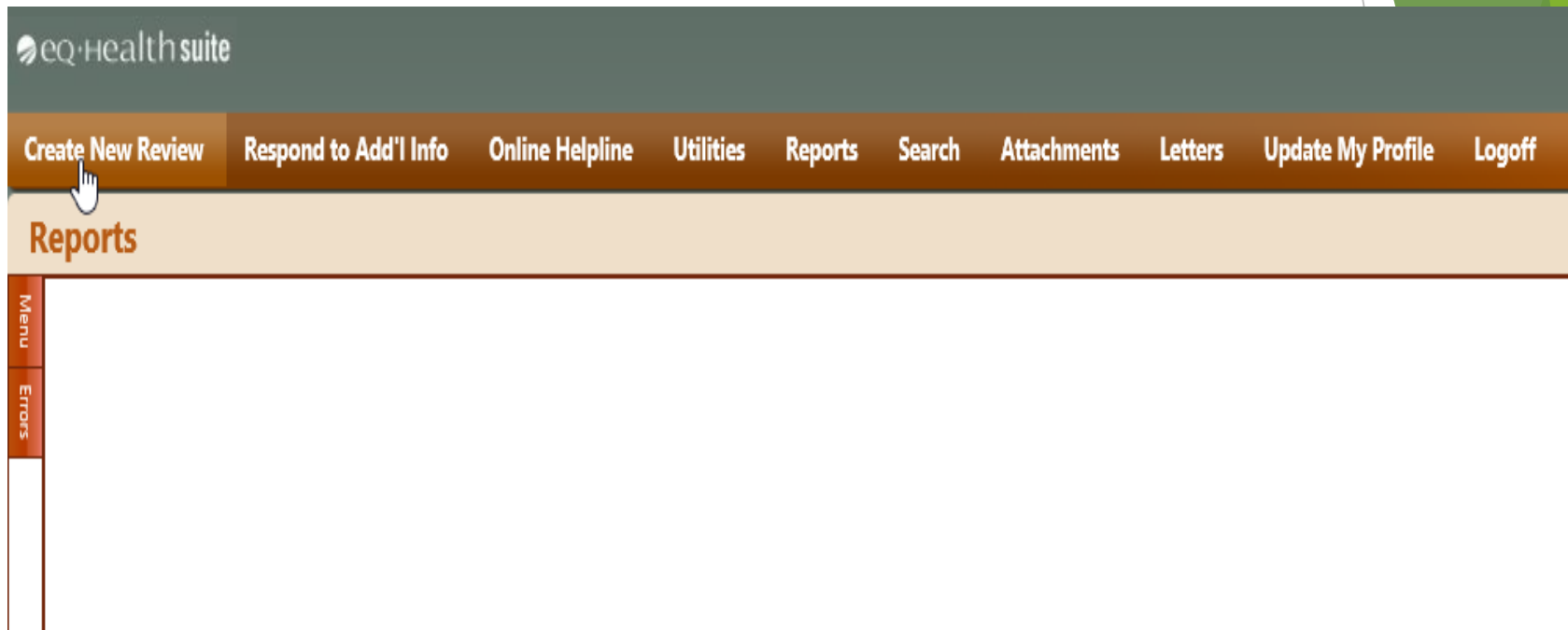
eQSuite® - Residential Prior Auth

- After you log on, it will take you to your “Application” home screen
- **You must click the “Go to Residential Review System” link on top of this page**



Requesting Residential Prior Authorization

- You will be taken to the “Residential” home page, as shown below
- Click “**Create New Review**” tab to begin



Residential Prior Authorization - Start Tab

1. Select the Create New Review tab on the menu bar to start the Residential Prior Auth request

2. A review entry screen will appear showing this is a request for an upcoming residential admission.

Click “Retrieve Data”

The screenshot shows the 'EQ Health Suite' interface. At the top, a navigation bar includes 'Create New Review' (highlighted with a red circle and number 1), 'Respond to Add'l Info', 'Online Helpline', 'Utilities', 'Reports', 'Search', 'Attachments', 'Letters', and 'Update My Profile'. Below this is a 'Review Entry' section. The 'Review Header Information' section shows 'Provider #: 0' and 'Provider Name: (Select Provider) Admit DX:'. A yellow callout box states: 'The Provider ID and Name will NOT appear (it is a holding spot for the assigned RTF) All you need to do is click the Retrieve Data button to continue'. The 'Review Type and Settings' section contains fields for 'Provider ID: 0', 'Provider Name: (Select Provider)', 'Type of Bed: Residential Bed' (selected with a radio button), 'Review Type: Admission' (dropdown), and 'TAN:'. A 'RETRIEVE DATA' button (highlighted with a red circle and number 2) is located below these fields. A 'CANCEL' button is at the bottom left.

Residential Prior Authorization - Start Tab

1. Enter in the 9-digit RIN/Bene ID and hit the tab key on your keypad
2. Enter in the Admit Dx code (no decimal) and hit the tab key
3. Select the youth's current living arrangement
4. The Parent/Guardian information should pre-populate on the bottom of this screen. If there is no phone number, please enter
5. Hit “Check Key” to continue

Review Entry

Review Header Information

Provider #: 0 Provider Name: (Select Provider) Admit DX:

Start

Review Type and Settings

Provider ID: 0 Provider Name: (Select Provider) Total Days Cert: 0
Last Day Cert:

Type of Bed: ☒ Residential Bed

Review Type: Admission TAN:

Member ID: 1 Name: DOB: Sex:

Admit DX: 2

Youth's Current Living Arrangement: 3

- ☐ Living alone
- ☐ Independent living
- ☐ Lives with parent(s), relative(s), or guardian(s)
- ☐ Jail or correctional facility
- ☐ Residential/Institutional Setting (residential, nursing home, shelter)
- ☐ Community integrated living arrangement (CILA)
- ☐ Foster care
- ☐ Homeless
- ☐ Other

Parent/Guardian Information

First and Last Name: Relationship to Client: Phone Number: 4
() - -

Address: City: State: Zip Code: County:

5

CHECK KEY CANCEL

Residential Prior Authorization – DX CODES

The screenshot shows a web application interface for managing DX Codes. At the top, there are tabs: Start, DX CODES, TREATMENT HISTORY, GOALS, MEDS, and SUMMARY. The 'DX CODES' tab is active. Below the tabs, there is a section titled 'DX Codes' with buttons for 'Add', 'Search', and 'Refresh'. The 'Add' button is highlighted with a red circle and the number 1. Below this is a table with columns 'P', 'ICD Code', and 'Description'. The table contains one row with 'Y', 'F4311', and 'ACUTE POST-TRAUMATIC STRESS DISORDER'. At the bottom of the interface are buttons for 'CANCEL', 'SAVE/CLOSE', and 'SAVE/CONTINUE'. A 'Code Add/Edit Page' popup window is open, showing a form with fields for 'Code' (F332), 'MDD RECURRENT SEVERE W/O PSYCHOTIC FEATURES', and 'Date Identified' (6/16/2021). The 'Add' button in the popup is highlighted with a red circle and the number 3. The 'Close' button is also visible. The URL at the bottom of the popup is 'https://ilwebapps.eqhs.com:443/WebPortal/PopupPages/DxCodeEditPage.aspx?AxI...'.

P	ICD Code	Description
Y	F4311	ACUTE POST-TRAUMATIC STRESS DISORDER

Code	Description	Date Identified
F332	MDD RECURRENT SEVERE W/O PSYCHOTIC FEATURES	6/16/2021

1. Click “Add” on top of the DX Code box

2. Enter in any additional Admit Dx code ***without*** decimal point and hit Enter. It will populate the current date.

3. Click Add on the Code Add/Edit page so that it appears in the grid. Continue to put in additional Dx codes using the same steps. ***Remember not to include any decimal point in the Dx code.***

Residential Prior Authorization – DX CODES

Start

DX CODES

TREATMENT HISTORY

GOALS

MEDS

SUMMARY

DX Codes

Add

Search

Refresh

P	ICD Code	Description		
Y	F4311	ACUTE POST-TRAUMATIC STRESS DISORDER		
	F332	MDD RECURRENT SEVERE W/O PSYCHOTIC FEATURES	Edit	Delete

CANCEL

SAVE/CLOSE

SAVE/CONTINUE

- ✓ Check to see that the additional DX codes you entered show in the grid.
- ✓ Once you have completed putting in the DX codes, click the Save/Continue button to move to the Treatment History

Residential Prior Authorization - TREATMENT HISTORY

Treatment History Tab

Fill in the applicable treatment history for each type of service

- Inpatient Hospitalization
- Partial Hospitalization/Day Treatment Services
- Community Based Service
- Substance Use Disorder Service
- Other Services

Note: If youth did not receive certain services, just skip that specific grid

The screenshot displays the 'Review Entry' form in the EQ Health Suite application. The 'TREATMENT HISTORY' tab is selected, showing five service history grids. Each grid has a header with 'Add new record' and 'Refresh' buttons, and a table with columns: Service Name, Provider Name, Service Frequency, Service Begin Date, Service End Date, and Service Ongoing. The grids are for Inpatient Hospitalization History, Partial Hospitalization/Day Treatment Service History, Community-Based Service History, Substance User Disorder Service History, and Other Relevant Service History (Including Primary Care and Education). Each grid currently shows 'No records to display.' and has an 'Insert Cancel' button.

EQ Health suite Go to the FSP Application System

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Update My Profile User !

Review Entry

Menu Errors

Review Header Information

Start DX CODES TREATMENT HISTORY GOALS MEDS SUMMARY

Inpatient Hospitalization History

+ Add new record Refresh

	Service Name	Provider Name	Service Frequency	Service Begin Date	Service End Date	Service Ongoing
Insert Cancel						☐

No records to display.

Partial Hospitalization/Day Treatment Service History

+ Add new record Refresh

	Service Name	Provider Name	Service Frequency	Service Begin Date	Service End Date	Service Ongoing
Insert Cancel						☐

Community-Based Service History

+ Add new record Refresh

	Service Name	Provider Name	Service Frequency	Service Begin Date	Service End Date	Service Ongoing
Insert Cancel						☐

Substance User Disorder Service History

+ Add new record Refresh

	Service Name	Provider Name	Service Frequency	Service Begin Date	Service End Date	Service Ongoing
Insert Cancel						☐

Other Relevant Service History (Including Primary Care and Education)

+ Add new record Refresh

	Service Name	Provider Name	Service Frequency	Service Begin Date	Service End Date	Service Ongoing
Insert Cancel						☐

Inpatient Hospitalization - EXAMPLE

The screenshot shows a software interface for managing inpatient hospitalizations. At the top, there are tabs: Start, DX CODES, TREATMENT HISTORY, GOALS, MEDS, and SUMMARY. Below these is a section titled "Inpatient Hospitalization".

Callout 1 points to a "+ Add new record" button in the top left of the form area. Callout 2 points to the "Service Name" field, which contains the text "Inpatient Stay". Callout 3 points to the "Update" button, which is underlined and has a mouse cursor hovering over it.

Service Name	Provider Name	Service Frequency	Service Begin Date	Service End Date	Service Ongoing
Inpatient Stay	ABC Behavioral Hospital		11/26/2020	12/4/2020	☐

1. Click to the Add New Record button to open the data fields to type in. If the patient has more than one inpatient hospital stay, you will complete the first line and click Add again.
2. Fill in the fields with the following information:
3. Click **“Update”** to complete the entry and make it appear in the grid

Residential Prior Authorization - GOALS

NOTE: As of 4.4.2024, HFS no longer requires Goals/Objectives information to be entered into eQSuite if it is contained within the IATP or the IM+CANs.

Start	DX CODES	TREATMENT HISTORY	GOALS	MEDS	SUMMARY
Example					
Measurable, Achievable Goals Include treatment related to the primary diagnosis. Include up to five of the most urgent goals.					
			Objective (Describe how the goal will be achieved)		
Residential Treatment Goal 1:			Learn and practice communication skills		
Objective 1a			Practice reflective listening and using "I" statements		
Objective 1b			Develop an awareness of anger triggers and how to appropriately express anger		
Residential Treatment Goal 2:			Learn and Practice alternative behaviors to aggressive outbursts		
Objective 2a			Spend more time on interests she enjoys and increase exercise		
Objective 2b			Walk away from anger-producing situations		
Residential Treatment Goal 3:			Reduce the frequency and intensity of symptoms of violent outbursts		

Residential Prior Authorization - MEDS

The screenshot displays the 'MEDS' tab in a software interface. At the top, there are tabs for 'Start', 'DX CODES', 'TREATMENT HISTORY', 'GOALS', 'MEDS', and 'SUMMARY'. Below these is a 'MEDICATIONS' section with an 'Add' button (marked with a red circle 1) and a 'Refresh' button. A table lists medications with columns: Medication Name, Prescriber, Dosage, Start Date, Stop Date, Edit, and Delete. The first row shows 'Ziprasidone', 'Dr. Mueller', '60mg', and '10/15/2018'. Below the table, there is a compliance question: 'Is the youth compliant with their medication?' with radio buttons for 'Yes', 'No', and 'Unknown'. If 'No' is selected, there are further options for non-compliance: 'within last month', 'within past three months', 'within past six months', and 'sporadically compliant'. At the bottom left are buttons for 'CANCEL', 'SAVE/CLOSE', and 'SAVE/CONTINUE' (marked with a red circle 4). A 'Code Add/Edit Page' dialog box (marked with a red circle 2) is open, showing fields for 'Med Name' (Ziprasidone), 'Prescriber' (Dr. Yosef Muelle), 'Dosage' (60 mg), 'Start Date' (10/15/2018), and 'Stop Date'. It has 'Add' and 'Close' buttons at the bottom. A red arrow points from the 'Add' button in the dialog to the 'Add' button in the Medications grid. A red circle 3 is placed over the compliance question area.

Medication Name	Prescriber	Dosage	Start Date	Stop Date	Edit	Delete
Ziprasidone	Dr. Mueller	60mg	10/15/2018			

1. Click **"Add"** on top of the Medications' grid
2. Enter in the med name, prescriber, dosage, start and stop date. Next, Click **Add** on the Code Add/Edit page so that it appears in the grid. Continue to enter.
3. After all meds have been added to the grid, answer the medication compliance question
4. Hit **Save/Continue** to go to Summary tab.

Residential Prior Authorization - SUMMARY

Start

DX CODES

TREATMENT HISTORY

GOALS

MEDS

SUMMARY

Rationale for Residential Treatment Services

Clinical analysis and support for the request for residential treatment services-this should include a targeted length of stay and specific treatment goals to be addressed during the residential admission stay.

Make sure to include estimated youth residential discharge date or plan.

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

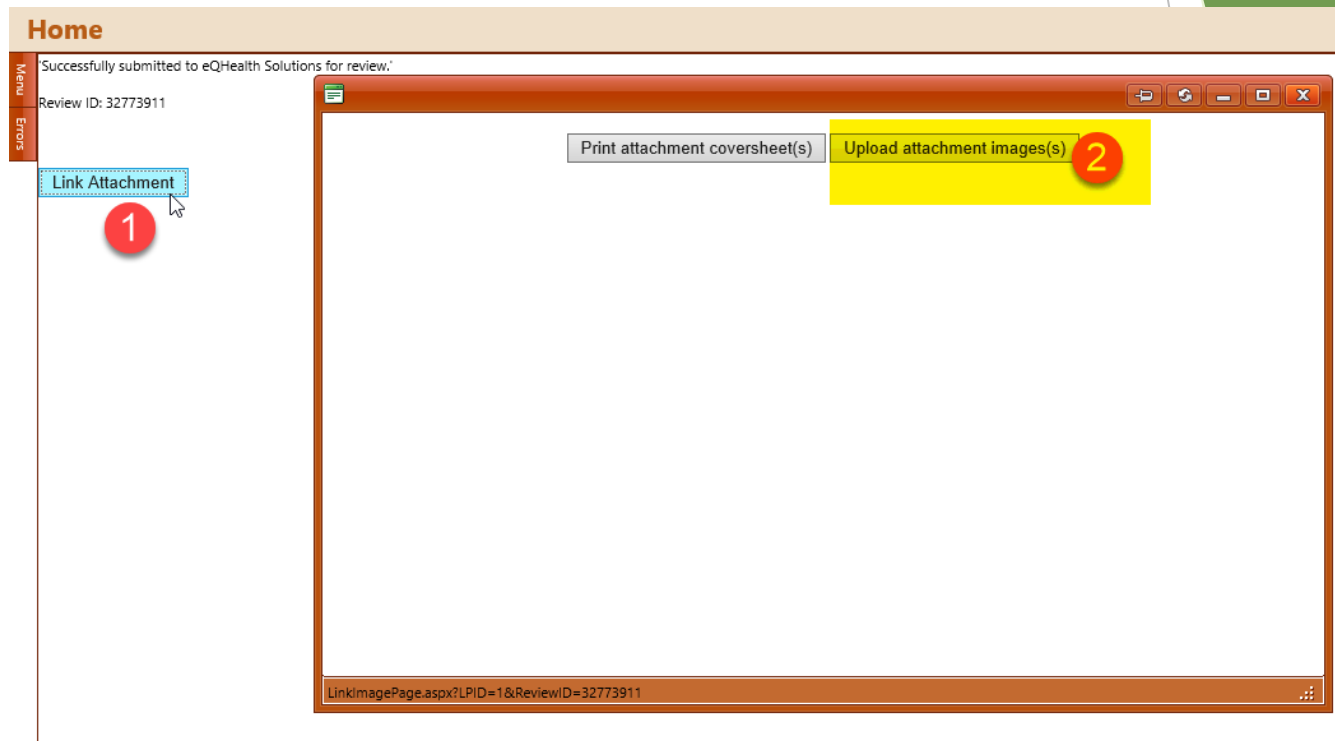
Do you have your required documents ready to upload?
Click SUBMIT FOR REVIEW

Residential Prior Auth - Link Attachments

- The following screen will appear after you **SUBMIT**.
- **Write down the Review ID number** - You will need this Review ID when entering a residential treatment placement in eQSuite®.

1. Click
"Link
Attachment"

2. Then
select
"Upload
attachment"



Residential Prior Auth - Link Attachments

Upload your images screen appears. You will upload your IM+CANS (*file type will say **Mental Health Assessment in eQSuite***), Psychiatric Evaluation and Psychological Evaluation. PDFs work best when uploading documents.

1. Select File Type
(one at a time)

2. Hit Browse button
(*click the file on your computer to open*)

The file name will appear on bottom.

After files appear click **Upload** button.

Note: *Use the file type **Mental Health Assessment** to upload the IM+CANS*

The screenshot shows a web application window titled "LinkImagePage.aspx?LPID=1&ReviewID=51813746". At the top, there are two buttons: "Print attachment coversheet(s)" and "Upload attachment images(s)". Below these is the heading "Upload your images" followed by the text "Allowed file types: tif, tiff, pdf, jpg, jpeg, bmp" and a warning: "Large documents can take longer time to upload, please be patient." The main area contains a dropdown menu with three options: "Mental Health Assessment" (highlighted with a red circle 1), "Psychological Evaluation", and "Psychiatric Evaluation". To the right of this menu is a text input field and a "Browse" button (highlighted with a red circle 2). Below the dropdown is another dropdown menu currently set to "Psychiatric Evaluation", and an "Upload" button. At the bottom, two files are listed: "FSP Psych Eval Thunderman.pdf" and "FSP MHA Thunderman.pdf", each with a green status icon and a red "Remove" link. The browser's address bar at the bottom shows the URL "LinkImagePage.aspx?LPID=1&ReviewID=51813746".

Checking Your Attachments

1. On menu bar, click **Attachments** tab

2. Look at the **"In Process"** cases

3. Go to your case and ensure you see Attachment(s). Click this link to verify which attachments were sent

ReviewID	Bene ID	First Name	Last Name	Admit Date	TAN	KBaby Name	Account Number	Receipt Date	Record Status	Open Review	Link Attachment	Attachment(s)
32771252		JULIET	***	02/08/2018				02/08/2019		Open Review	Link Attachment	
32773134		KLAYTON		02/10/2019	18006202			03/08/2019		Open Review	Link Attachment	Attachment(s)

Attachment Date	Image Type	Page Count	View
06/17/2021	Mental Health Assessment	1	View
06/17/2021	Psychological Evaluation	1	View

1. On menu bar, click **Attachments** tab

2. Look at the **"In Process"** cases

3. Go to your case and ensure you see Attachment(s). Click this link to verify which attachments were sent

If any attachments are missing, click on Link Attachment to upload



Responding to a Request for Additional Information in eQSuite®

Pended for Incomplete Information

- **RESPOND TO ADDITIONAL INFORMATION** – eQHealth’s FSP Review Specialist may “pend” your request if they do not have all required documentation to start the review.
 - The case will appear under the Respond to Addtl Info tab, waiting for your response
1. On menu bar click **Respond to Addtl Info** tab
 2. Find the case and click **Open**

The screenshot shows the eQHealth interface. At the top is a navigation bar with the following tabs: Create New Review, Respond to Add'l Info, Retro Chart Requests, Online Helpline, Utilities, Reports, Search, Attachments, and Update My Profile. The 'Respond to Add'l Info' tab is selected. Below the navigation bar is a search bar with the text 'Search' and a red circle with the number '1' next to it. Below the search bar is a table titled 'Cases Needing Add'l Info.' with a red circle and the number '2' next to it. The table has the following columns: ReviewID, Request Date, Requestor Name, Bene ID, First Name, Last Name, Request Type, Setting, Admit Date, Provider ID, Provider Name, and two action buttons: Delete and Print. The first row of the table contains the following data: ReviewID 32772730, Request Date 02/20/2019, Requestor Name Tammie Stephens, Bene ID [REDACTED], First Name Minnie, Last Name Youth, Request Type Prior Auth, Setting Residential, Admit Date 02/20/2019, Provider ID [REDACTED], Provider Name CENTER FOR CHILD, and action buttons Delete and Print. The 'Open' button is highlighted in yellow.

ReviewID	Request Date	Requestor Name	Bene ID	First Name	Last Name	Request Type	Setting	Admit Date	Provider ID	Provider Name		
32772730	02/20/2019	Tammie Stephens	[REDACTED]	Minnie	Youth	Prior Auth	Residential	02/20/2019	[REDACTED]	CENTER FOR CHILD	Delete	Print

Pended for Incomplete Information

- RESPOND TO ADDITIONAL INFORMATION

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

Start DX CODES MEDS SUMMARY **ADDL INFO**

QUESTION:

The IM CANS document must include the parent/guardian signature and date signed.

ADDITIONAL INFO:

We will upload the most current IM CANS document for your review

1

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

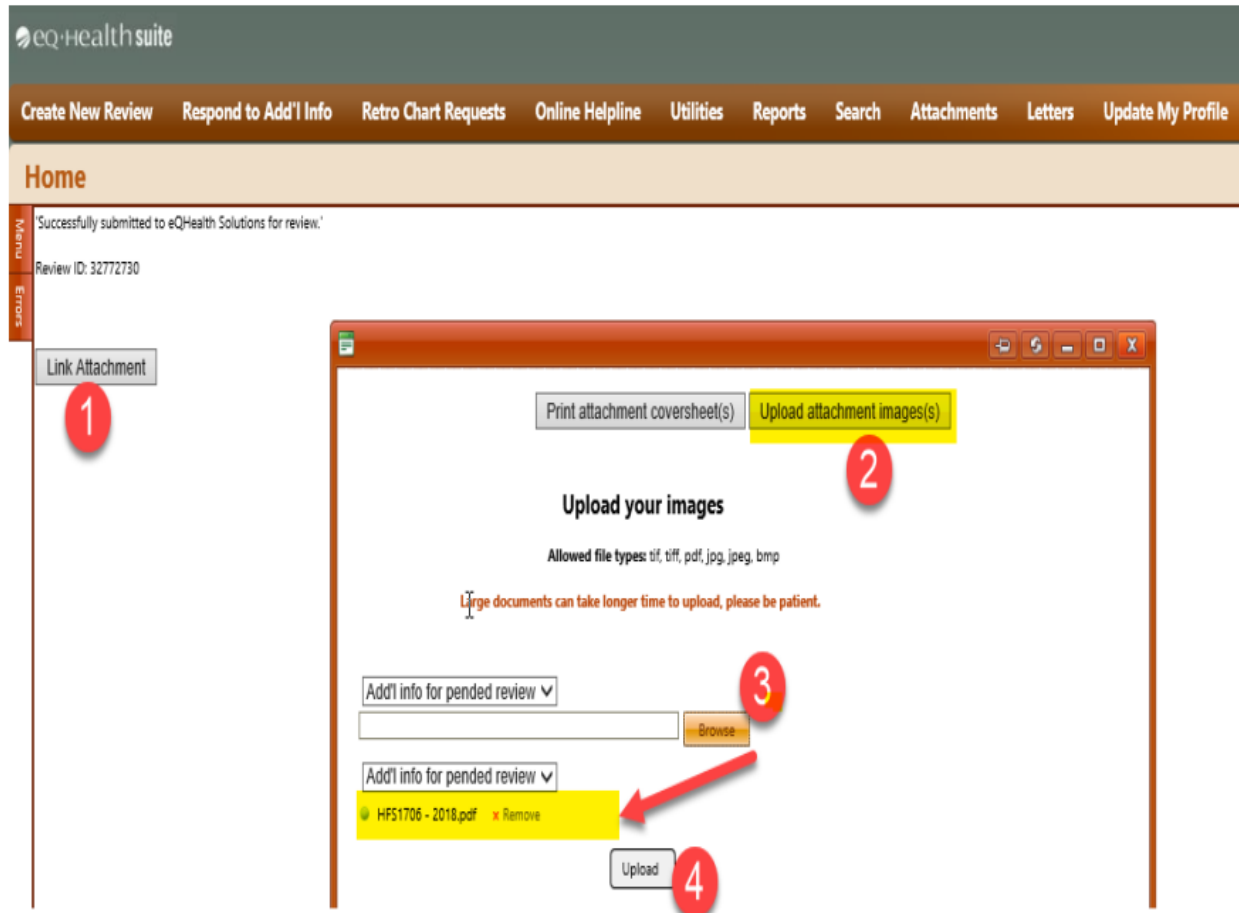
CANCEL SUBMIT INFO

2

Pended for Incomplete Information

- RESPOND TO ADDITIONAL INFORMATION

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





Submitting Residential Treatment Facility Placement Form

Residential Placement Form

Once the FSP Coordinator has secured a placement in an HFS-approved Residential Treatment Facility (RTF) and the youth has been admitted, the FSP Coordinator must complete a Residential Placement Form and submit to Acentra Health.

- ▶ Send the completed Residential Placement form to Acentra Health **within three (3) calendar days** after the youth has been admitted to the residential treatment facility.
- ▶ Once this information is submitted to Acentra Health, a **60-day Initial Authorization** for the RTF Provider which is necessary for the RTF to bill the State for that time of care.
- ▶ At the end of the 60-day initial authorization, the RTF Provider will begin submitting continued stay requests through eQSuite® to request residential continued stay every 30 days and upload an updated IM+CANs/IATP and Discharge Plan.
- ▶ ***Please confirm that the Residential Placement Form includes the correct RTF name and IL HFS provider ID number.**

FSP Resources and Contacts

Please submit your questions using FSP Online Helpline in eQSuite®. The Online Helpline should be your main method for questions.

- Acentra Health is available Monday through Friday, 8:30 a.m. to 5:00 p.m. to address your questions
- If you are having log on issues or need immediate assistance, call the FSP Helpline at **(866) 435-8778**
- If submitting forms or sending secure email, please use the dedicated email: FSPHELP@Acentra.com

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

- Click *Family Support Program* on menu bar and scroll down to find resources:
 - Reconsideration Process/Form
 - Residential Placement Form
 - Residential Discharge Form

To submit your requests for FSP, scroll down and click the link **Log In – Providers Only**

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