

TITLE 59: MENTAL HEALTH
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES

PART 131
CHILDREN'S MENTAL HEALTH SCREENING, ASSESSMENT
AND SUPPORT SERVICES PROGRAM (REPEALED)

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Section 131.10 Purpose

This Part establishes criteria for payment of certain mental health and related services that are provided to children enrolled in the Screening, Assessment and Support Services (SASS) Program.

Section 131.20 Definitions

For the purposes of this Part, the following terms are defined:

"CARES" – Crisis and referral entry services. The agent under contract with HFS, DCFS, or DHS to perform certain administrative functions on the State agency's behalf.

"CMHS" – Community mental health services.

"DCFS" – The Illinois Department of Children and Family Services.

"DHS" – The Illinois Department of Human Services.

44 "DHS-DMH" – The Illinois Department of Human Services/Division of Mental
45 Health.

46
47 "HFS" – The Illinois Department of Healthcare and Family Services.

48
49 "SASS" – Screening, assessment and support services.

50
51 "SASS agent" – A provider of CMHS, under contract with HFS, DCFS or DHS
52 to screen children in psychiatric crisis who are believed to be in need of admission
53 to an inpatient facility.

54
55 "SASS period" – A 90-day period beginning with the date that the SASS agent
56 begins initial screening of a child in psychiatric crisis. The period may be
57 extended beyond 90 days if it has been determined to be clinically necessary to do
58 so by DCFS (for children for whom DCFS is legally responsible) or DHS (for any
59 other child).

60
61 **Section 131.30 Eligibility**

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63 A child eligible for services provided under this Part is:

- 64
65 a) An individual for whom DCFS is legally responsible;
- 66
67 b) An individual under 21 years of age who is enrolled, pursuant to 89 Ill. Adm.
68 Code 118, 120, 123 or 125, in one of the medical programs administered by HFS,
69 except that any child who is enrolled in a managed care organization is not
70 eligible; or
- 71
72 c) Subject to funding that is appropriated and available to DHS-DMH for the SASS
73 program, an individual who is under 18 years of age and who meets one of the
74 following criteria:
- 75
76 1) An individual who, following submission of a completed application, does
77 not qualify under subsection (b);
- 78
79 2) An individual who meets criteria for the DHS-DMH target population (see
80 Appendix A) and requires intensive community-based services in the
81 SASS program, has no other means of payment as determined by DHS-
82 DMH, and is seeking public payment for services covered under this Part;
83 or
- 84
85 3) An individual whose family is unable, unwilling, or refuses to apply for
86 medical assistance (e.g., the family may not be able to comply with the

87 requirement to gather the necessary information required to file an
88 application for Medicaid or All Kids due to medical reasons, such as
89 impending surgery or long term medical illness, or the family refuses to
90 comply because family members are undocumented), or if the SASS
91 agent, hospital or community mental health provider finds it impossible to
92 assist the family in applying, may be permitted an exception to this
93 requirement only in these instances. A request for an exception may be
94 made by contacting DHS-DMH. A hospital or community mental health
95 provider may report that it finds it impossible to assist the family in
96 applying only if the family refuses to apply due to incapacitating medical
97 or psychiatric illness reasons, or because family members are
98 undocumented.
99

100 **Section 131.40 Screening Requirement**

- 101
- 102 a) Children in psychiatric crisis who are believed to be in need of admission to an
103 inpatient psychiatric facility and for whom public payment for the admission may
104 be sought must be referred to CARES.
105
 - 106 b) If determined to be appropriate, CARES shall refer the child to a SASS agent.
107
 - 108 c) The SASS agent shall screen and assess the mental health needs of the child.
109

110 **Section 131.50 Program Services**

- 111
- 112 a) Community Mental Health Services
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 - 114 1) Children, as a result of the mental health screening required under Section
115 131.40, for whom it has been determined by a SASS agent that appropriate
116 alternative resources are available in the community shall be referred to
117 those services by the SASS agent. Community mental health services
118 (CMHS) shall be reimbursed by HFS, DCFS or DHS only under the
119 following conditions:
120
 - 121 A) The CMHS provider is enrolled with the HFS to participate in the
122 Illinois medical assistance program and meets the requirements for
123 certification and payment under 59 Ill. Adm. Code 132.
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 - 125 B) The CMHS provider is one of the following:
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 - 127 i) The SASS agent to which responsibility for managing the
128 child's care was assigned by CARES.
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- ii) Another CMHS provider that, through CARES, is authorized to provide CMHS to children.
 - C) The service is provided in accordance with the plan of care developed by the SASS agent.
 - D) The service is provided during the SASS period.
 - E) The patient was a child at the time of screening and met eligibility requirements specified in Section 131.30(c).
- 2) Payment shall be made utilizing rates of reimbursement established under 59 Ill. Adm. Code 132.
- b) Pharmacy Services
- 1) DHS shall pay for certain prescribed drugs dispensed to a child who meets DHS eligibility requirements in Section 131.30(c). Pharmacy services, other than those provided by an inpatient psychiatric facility, shall be reimbursed only under the following conditions:
 - A) The pharmacy provider is enrolled with HFS to participate in the Illinois medical assistance program.
 - B) The service is provided in accordance with the plan of care developed by the SASS agent.
 - C) The service was provided during the SASS period.
 - D) The patient was a child at the time of screening.
 - E) The prescribed drug has been determined by DHS/DMH as appropriate for the treatment of serious emotional disturbance or mental illness or related symptoms.
 - 2) Payment shall be made utilizing rates of reimbursement established under the provisions of 89 Ill. Adm. Code 140.444 and 140.445.
- c) Transportation Services
- 1) DHS shall pay for certain emergency and non-emergency transportation services provided to a child who meets DHS eligibility criteria specified in Section 131.30(c). Transportation services, other than those provided by

173 an inpatient psychiatric facility, shall be reimbursed only under the
174 following conditions:

- 175
- 176 A) The transportation provider is enrolled with HFS to participate in
177 the Illinois medical assistance program.
- 178
- 179 B) The transportation is in support of the plan of care developed by
180 the SASS agent and is to or from a source of medical care covered
181 under this Part.
- 182
- 183 C) The service was provided during the SASS period.
- 184
- 185 D) The patient was a child at the time of screening.
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- 187 2) Payment shall be made utilizing rates of reimbursement established under
188 89 Ill. Adm. Code 140.492 and 140.493.
- 189

190 d) Inpatient Psychiatric Services

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- 192 1) DHS shall pay for certain inpatient psychiatric services provided to a child
193 who meets DHS eligibility criteria specified in Section 131.30(c).
194 Inpatient psychiatric services, other than those provided by an inpatient
195 psychiatric facility operated by DHS, shall be reimbursed only under the
196 following conditions:
- 197

- 198 A) The inpatient facility is enrolled with HFS to participate in the
199 Illinois medical assistance program and meets the special
200 requirements for inpatient psychiatric services found at 89 Ill.
201 Adm. Code 148.40(a).
- 202
- 203 B) Prior to admission, the individual shall be screened by a SASS
204 agent to determine the appropriateness of an inpatient admission
205 and the availability of alternative treatment resources in the
206 community.
- 207
- 208 C) The admission is approved by DHS or its agent.
- 209
- 210 D) Prior to discharge, the SASS agent participated in the development
211 of the discharge plan.
- 212
- 213 E) The date of admission was during the SASS period.
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- 215 F) The patient was a child at the time of admission.

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2) Payment shall be made utilizing rates of reimbursement established for the medical assistance program under 89 Ill. Adm. Code 148.270 and 89 Ill. Adm. Code 152.200, subject to utilization review or pre- or post-payment reviews, as applicable.

e) Psychiatric Physician Services

A child eligible for psychiatric physician services must be currently enrolled in a SASS program and must meet the requirements under Section 131.30(c)(1) and (2).

1) Physician services shall be reimbursed only under the following conditions:

A) The physician is enrolled with HFS to participate in the Illinois Medical Assistance Program.

B) The service is one of the following:

i) Psychiatric diagnostic interview examination inpatient and outpatient by a SASS staff psychiatrist;

ii) Electroconvulsive therapy (includes necessary monitoring), single and multiple seizures per day. Electroconvulsive therapy must have prior approval from DHS;

iii) Individual psychotherapy, insight oriented behavior modifying and/or supportive that is approximately 20-80 minutes face to face with the patient with medical evaluation and management services provided in a hospital inpatient setting only, during an inpatient psychiatric stay; or

iv) Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, approximately 20-80 minutes face to face with the patient with medical evaluation and management services.

C) The service was provided during the SASS period.

D) The patient was a child at the time of screening.

287 **Section 131.APPENDIX A DHS/DMH Target Population**
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289 The DHS/DMH target population, for purposes of this Part, consists of children 17 years of age
290 or younger who meet the diagnoses criteria of subsection (a) and treatment history of subsection
291 (b) or who meet the diagnoses criteria of subsection (a) and functional criteria of subsection (c).
292

293 a) Diagnoses

294
295 One of the following DSM-IV diagnoses that is the focus of the treatment being
296 provided:
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- 298 1) Attention Deficit/Hyperactivity Disorders (314.00, 314.01, 314.9)
- 299
- 300 2) Schizophrenia (295.xx)
- 301
- 302 3) Schizophreniform Disorder (295.4)
- 303
- 304 4) Schizo-Affective Disorder (295.7)
- 305
- 306 5) Delusional Disorder (297.1)
- 307
- 308 6) Shared Psychotic Disorder (297.3)
- 309
- 310 7) Brief Psychotic Disorder (298.8)
- 311
- 312 8) Psychotic Disorder (298.5)
- 313
- 314 9) Bipolar Disorders (296.0x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89,
315 296.90)
- 316
- 317 10) Cyclothymic Disorder (301.11)
- 318
- 319 11) Major Depression (296.2x, 296.3x)
- 320
- 321 12) Panic Disorder with or without Agoraphobia (300.01, 300.21)
- 322
- 323 13) Obsessive-Compulsive Disorder (300.30)
- 324
- 325 14) Anorexia Nervosa (307.1)
- 326
- 327 15) Bulimia Nervosa (307.51)
- 328
- 329 16) Post Traumatic Stress Disorder (309.81)

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17) Intermittent Explosive Disorder (312.34)

18) Tourette’s Disorder (307.23)

b) Treatment History

Treatment history covers the client’s lifetime treatment and is restricted to treatment for a DSM-IV diagnosis specified in subsection (a).

The youth must meet at least ONE of the following criteria:

- 1) Continuous treatment of six months or more in one, or a combination of, the following:
 - A) inpatient treatment;
 - B) day treatment; or
 - C) partial hospitalizations.
- 2) Six months of continuous residence in a residential treatment center.
- 3) Two or more admissions of any duration to inpatient treatment, day treatment, partial hospitalization or residential treatment programming within a 12 month period.
- 4) A history of using the following outpatient services over a one year period, either continuously or intermittently:
 - A) psychotropic medication management;
 - B) case management; or
 - C) SASS/intensive community-based services.
- 5) Previous treatment in an outpatient modality and a history of at least one mental health psychiatric hospitalization.

c) Functional Criteria

371 Functional criteria has been purposely narrowed to descriptors of the most serious
372 levels of functional impairment and are not intended to reflect the full range of
373 possible impairments.

374
375 The functional impairment must be the result of the mental health problems for
376 which the child is, or will be, receiving care and must be expected to persist in the
377 absence of treatment.

378
379 The youth must meet criteria for functional impairment in TWO of the following
380 areas:

- 381
- 382 1) Functioning in self care – Impairment in age-appropriate self-care skills is
383 manifested by a person’s consistent inability to take care of personal
384 grooming, hygiene, clothing, and meeting of nutritional needs.
 - 385
 - 386 2) Functioning in community – Impairment in community functioning is
387 manifested by a consistent lack of age-appropriate behavioral controls,
388 decision-making, judgment and value systems that results in potential
389 involvement in the juvenile justice system.
 - 390
 - 391 3) Functioning in social relationships – Impairment of social relationships is
392 manifested by the consistent inability to develop and maintain satisfactory
393 relationships with peers and adults.
 - 394
 - 395 4) Functioning in the family –
 - 396
 - 397 A) Impairment in family functioning is manifested by a pattern of:
 - 398
 - 399 i) disregard for the safety and welfare of self or others, e.g.,
400 fire setting, serious and chronic disruptiveness;
 - 401
 - 402 ii) significantly disruptive behavior exemplified by repeated
403 and/or unprovoked violence to siblings and/or parents; or
 - 404
 - 405 iii) inability to conform to reasonable limitations and
406 expectations.
 - 407
 - 408 B) The degree of impairment requires intensive (i.e., beyond age-
409 appropriate) supervision by parent/caregiver and may result in
410 removal from the family or its equivalent.
 - 411
 - 412 5) Functioning at school – Impairment in functioning at school is manifested
413 by the inability to pursue educational goals in a normal time frame, e.g.,

414 consistently failing grades, repeated truancy, expulsion, property damage,
415 or violence toward others that cannot be remediated in a classroom setting
416 (whether traditional or specialized).