ICG IMPROVEMENTS: FREQUENTLY ASKED QUESTIONS

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FAQs From ICG Improvement Trainings and Webinars

- ICG Improvement trainings and webinars were held during the months of February and March, 2009.
  - **Registration and Claims Reporting Webinars, February 24 and 25**
  - **ICG Improvements Training at Read MHC, Chicago, March 3 and at McFarland MHC, Springfield, March 5**

FAQs From ICG Improvement Trainings and Webinars Continued

- Overview of Provider Connect Webinars, March 16 and 19
- ICG Family Webinars March 10 and 11

Future Trainings

- Rule 132 Training for Out-of-State Providers, March, 25, 9:00 a.m. – 12:00 p.m., 1-800-369-2050, pass code Illinois, www.gotomeeting.com/register/522302460
- In-depth Training for Online Registration with ICG, March 26, 1-800-391-6757, pass code Illinois, www.gotomeeting.com/register/45868762
- Rule 132 Training, March 31, 1:00 p.m. – 5:00 p.m., 1-888-391-6757, passcode Illinois, www.gotomeeting.com/register/877458392
- Follow-up Technical Assistance Calls

FAQs - SASS/ICG Providers

- Do ICG/SASS providers need to have a mental health assessment, an individualized treatment plan, and a clinical service in order to bill under Rule 132?
- Answer: Yes.

FAQs - SASS/ICG Providers

- Can the ICG/SASS and residential provider bill for case management at the quarterly staffing? Is this “double dipping?”
- Answer: The two providers cannot bill for same service. Attendance of a meeting in and of itself is not billable. An exception to this is case management: transition, linkage, and aftercare and case management: client centered consultation. This situation requires that the staffing addresses transition to home or the community.

FAQs - SASS/ICG Providers

- Can ICG/SASS providers use the residential provider's mental health assessment and individualized treatment plan?
- Answer: Yes, but only if the documents are jointly constructed by both agencies. The ICG/SASS agency must have the documents in its file.

FAQs - SASS/ICG Providers

- If Rule 132 requires face-to-face interviews for mental health assessments, do ICG/SASS providers have to go to the residential treatment center to interview the ICG client?
- Answer: The ICG/SASS and residential providers can collaborate on the mental health assessment. For ICG clients that are already in residential placement, a mental health assessment could be developed when the ICG/SASS worker makes the required site visit.

FAQs - SASS/ICG Providers

- How will ICG/SASS providers be compensated for travel for required site visits?
- Answer: A decision about this has not been made, but the current thinking is that a flex fund should be established to compensate ICG/SASS providers for travel to and from residential treatment centers.

FAQs – Billing

- How are providers actually paid? Are they paid by the Collaborative or DMH?
- Answer: The provider submits the bill to the Collaborative, which adjudicates the claim and authorizes payment to the provider through DMH.

FAQs - Billing

- Our residential clients are currently in 19M programs. What will replace 19M?
- Answer: Residential services will still be purchased with per diem payments, although with new codes (see the Services Matrix). However, residential services providers are also expected to bill the Collaborative for individual service events that are delivered to a consumer in residential treatment so that the state may collect federal matching funds."

FAQs – Billing

- If child is an active /open SASS eligible client and we are helping with the ICG application process, do we bill through SASS for case management services or bill report through the Collaborative?
- Answer: While a consumer has active status with HFS SASS (DHS Social Services A), the provider should bill HFS for any ABC services provided to the consumer. For any service uniquely funded under ICG, the provider should bill the Collaborative, even while the consumer has an active HFS SASS status. If the service is not an ABC service (e.g. application assistance), the provider should bill the Collaborative.

FAQs - Billing

- Does the billing for Rule 132 services for ICG clients go against the cap?
- Answer: No. ICG payments will have no effect upon funding or billing on other DMH programs.

FAQs - Billing

- How do you bill for ICG clients that do not have Medicaid?
- Answer: The conditions for billing for a non Medicaid ICG client and a Medicaid ICG client are the same.

FAQs – Billing

- If a provider has difficulty billing in Provider/Connect, who does the provider call at the Collaborative?
- Answer: The provider should contact the ProviderConnect Help Desk.

FAQs - CBICG

- How will community-based ICG services be authorized?
- Answer: There is no authorization for ICG community. These will be monitored through post payment review. There is an exception for 72M and 97M. For 72M (Child Support Services) there is no authorization required until a threshold of $1575 is met. For 97M (Behavior Intervention) there is no authorization required until a threshold of $3500 is reached.

FAQs -CBICG

- Will ICG/SASS providers continue to submit Six-Month Reports?
- Answer: No. ICG/SASS providers will submit Quarterly Reports as of April 1.

FAQs – Quarterly Report

- Is the Quarterly Report required every three months?
- Answer: The Quarterly Report is required every 90 days. The Quarterly review date is calculated by using the grant anniversary date.

FAQs – Quarterly Report

- How is the Quarterly Report used by the Collaborative?
- Answer: The purpose of the Quarterly Report is to ensure that the services provided are medically necessary and the appropriate level of care is being provided.

FAQs – Quarterly Report

- What should be in the Quarterly Report?
- Answer: The Quarterly Report should address the items and questions in the Quarterly Report Questionnaire. The Quarterly Report Reviewer looks at the clinical information (diagnoses, medications, progress toward completion of ITP goals, goals that must be met for discharge, family therapy progress, and any other clinical information the provider chooses to include.

FAQs – Quarterly Report

- Is the Quarterly Report just for clinical purposes or is it used to justify services?
- Answer: The Quarterly Report is a communication device that provides an up-to-date clinical picture of the ICG client to ensure that the level of care is medically necessary. When the parent/guardian, providers, and Clinical Care Managers participate as a Child and Family Team in the Quarterly staffings, there should be no surprises regarding the client's needs and the appropriate level of care.

FAQs – Quarterly Report

- Can the fourth Quarterly Report be used in place of the Annual Review?
- Answer: No. The Quarterly and Annual Review Reports are separate documents and provide different perspectives on progress. The Quarterly Report addresses treatment progress during the 90 day period. The Annual Report is an opportunity for the parent/guardian and provider to look at progress across the year.

FAQs – Quarterly Report

- How can I find out the grant anniversary date?
- Answer: Call the Collaborative (312-453-9000) or the ICG Office (773-794-4886)

FAQs –Clinical Care Manager

- What is the role of the Collaborative Clinical Care Manager?
- Answer: The role of the Clinical Care Manager is to support the efforts of the parent/guardian, the SASS/ICG provider, and residential provider. The Clinical Care Manager works with these partners as part of a Child and Family Team.

FAQs - Authorization

- What does the Clinical Care Manager Authorize?
- Answer: The Clinical Care Manager authorizes levels of service on the basis of medical necessity.

FAQs – Authorization and Appeal

- If the parent/guardian objects to the level of care determination made by the Clinical Care Manager, what can they do to contest the change in level of care?
- Answer: The parent/guardian may initiate a Secretary's Level Appeal under Rule 135. This is done by writing Myra Kamran, MD in care of the Collaborative and stating the reasons for objection. A decision will be rendered within 30 days of the Collaborative's receipt of the letter requesting the appeal.

FAQs - Questions

- Are there further questions?

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