

YOUR FAMILY AND THE INDIVIDUAL CARE GRANT IMPROVEMENTS

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Along with:

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- Bryce Goff, Director of Recovery and Resilience for the Collaborative

A Brief History of the ICG Program

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- Founded in 1967. ICG Program has served children and families for 42 years.
- Initially served residential clients only.
- 1987 RR v. Kiley resulted in a consent decree that required the promulgation of Rule 135.
- 1999 Rule 135 was opened for changes, and the community-based ICG program was included in the Rule.
- 2004 Recovery and resilience focus begins along with the beginning dialogues about fee for service conversation
- 2008 Federal Government required that residential per diem rates needed to be unbundled in order to participate in federal dollar matching. DMH contracts with the Illinois Collaborative for Access and Choice (Collaborative) to provide more resources to the ICG program. April 1, 2008 Collaborative assumed ICG administrative functions.
- April 1, 2009 application of Rule 132 to the ICG Program.

ICG Accomplishments

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- ICG Program has served hundreds of children and families over the years.
- ICG Program has been there to support severely mentally ill children in safe, supportive, and therapeutic environments.
- The ICG Program has developed an extensive network of relationships with residential and community providers.
- Each year the community-based ICG Program has grown to 40% in FY2008.
- ICG Program, providers, and families have successfully partnered to reintegrate children with their families and communities.
- The ICG Advisory Council, consisting of parents, providers, and ICG staff, has been a communication forum for an exchange dialogue and feedback about the ICG Program.
- Introduced the Collaborative into the partnership to enhance ICG Program operations with more staff, resources, technology, and monitoring compliance with Medicaid and emerging regulations.

IMPROVEMENTS WITH PURPOSE

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□ Increase Family Participation

- / Family involvement in treatment is essential
- / Children and families have a higher rate of recovery when families are consistently involved in their treatment
- / Family participation throughout, including quarterly treatment planning and regularly scheduled family therapy sessions are keys to the success of treatment

IMPROVEMENTS WITH PURPOSE

(cont'd)

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□ Enhance Recovery and Resilience Focus

/ **Resilience Defined**

- *Resilience means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem-solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members.*

/ **Recovery Defined**

- *Recovery refers to the process in which persons are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery. (New Freedom Commission on Mental Health)*

IMPROVEMENTS WITH PURPOSE

(cont'd)

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□ Focus on Least Restrictive Environment

- / Services are most effective when provided in the most natural and supportive setting possible
- / The environment a youth is in affects their view of their place in society and their potential for independence
- / Returning youth to their family and community settings as soon as they are ready facilitates recovery and resilience

IMPROVEMENTS WITH PURPOSE (cont'd)

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□ Pursue Successful Outcomes

- / Improvements to the ICG program will help us identify clear, meaningful outcomes
- / The Ohio and Columbia Scales of Impairment are tools we use to measure the effectiveness of treatment toward achievement of individualized goals

IMPROVEMENTS WITH PURPOSE

(cont'd)

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□ Enhance Clinical Care Management

- / Services that fit the youth and family's medical needs
 - The Right Services
 - The Right Amount
 - The Right Time
- / Family involvement and clinical support are keys to this decision making process

IMPROVEMENTS WITH PURPOSE

(cont'd)

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- Reimburse through Fee-for-Service
- / Building a more person-centered and accountable child and adolescent mental health system
- / Making the best use of limited funds to serve persons in need of publicly funded mental health services

IMPROVEMENTS WITH PURPOSE

(cont'd)

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□ Resume Medicaid Billing

The DHS/DMH was required by the federal government to discontinue Medicaid billing for bundled residential services in 2006. In June 2008, a year was given to bring the ICG residential billing in to compliance by June 30, 2008.

ICG changes in billing, both for community and residential services, will permit the DHS/DMH to resume Medicaid billing for eligible clients and services, thereby garnering federal match for these services.

DEFINING THE IMPROVEMENTS

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- / DHS hired a consulting group to review our operations and it was recommended that DMH hire an Administrative Service Organization (ASO) to perform multiple management functions for DMH, including but not limited to the ICG Program. The Illinois Mental Health Collaborative for Access and Choice (the Collaborative) is the ASO hired by DHS/DMH and provides administrative and clinical services:

- Sending, receiving and reviewing applications

- Making initial eligibility and continuing eligibility determinations

- Authorization of residential ICG nights of stay approximately every ninety (90) days

DEFINING THE IMPROVEMENTS (cont'd)

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- Collaborative Clinical Care Managers in partnership with parents, ICG/Screening Assessment and Support Services (SASS) providers, and residential providers
- Eligibility and levels of care are based on medical necessity
- According to Medicaid rule 94R, ICG clients are eligible for Medicaid after 90 days of residential care

DEFINING THE IMPROVEMENTS (cont'd)

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□ The Same

- / Active parent and family role in treatment planning (enhanced)
- / Application process & requirements
- / ICG eligibility criteria and determination process
- / Quarterly and annual reviews under Rule 135
- / Rates for services except for application assistance and case coordination

□ Different

- / Claims submitted to the Collaborative
- / Service billed using the DMH Service Matrix and the old ICG codes are no longer valid
- / Residential nights of care require authorization for claim payment
- / Residential providers required to submit encounters for treatment services provided during the residential day - encounters equal to at least 40% of the per diem rate required
- / Improved consumer registration system

DEFINING THE IMPROVEMENTS (cont'd)

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□ The Same

- / Payments to providers by the DHS/DMH
- / Case coordination role of ICG/SASS worker
- / Providers required to assist with Medicaid applications

□ Different

- / Collaborative Clinical Care Manager in placement decisions and treatment planning
- / Human Capital Development (HCD) field offices aware of ICG program and exclusion of family income for Medicaid eligibility at 90th day of treatment
- / All providers and sites required to be certified for Rule 132 services

WHAT IS A QUARTERLY REPORT?

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- The Quarterly Report contains information about the youth's progress in treatment and individual needs.
- The Quarterly Report is used to help the Clinical Care Manager make a decision to recommend continuation of the current level of care or a higher or lower level of care.
- The Quarterly Report, along with the Annual Review Report, provides an assessment of treatment progress and treatment needs across time. This allows evaluators to track patterns of behavior over time.

WHY IS THE QUARTERLY STAFFING IMPORTANT?

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- The Quarterly Staffing is where the Child and Family Team participate in a review of the youth's treatment progress and needs.
- The Child and Family Team consists of the parent/guardian, the youth, the ICG/SASS provider, the treatment provider, and the Clinical Care Manager.
- Everyone hears the same information at the same time and has the opportunity to discuss progress and future planning.

WHAT IS MEANT BY AUTHORIZATION OF SERVICES?

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- Based on the Quarterly Report, the Clinical Care Manager makes a decision to recommend clinical services in the:
 - Current level of care
 - Higher level of care, or
 - Lower level of care
- The Quarterly Report occurs approximately every ninety days.

WHAT CLINICAL INFORMATION IS INVOLVED IN THE ANNUAL REVIEW REPORT?

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- ❑ Mental health diagnoses
- ❑ Current medications
- ❑ Psychological testing information from the most recent psychological evaluation
- ❑ Description of current behavioral and/or emotional problems that warrant the need for continued placement
- ❑ Staff's clinical opinion of the youth's need for treatment at this time

WHAT CLINICAL INFORMATION IS INVOLVED IN THE ANNUAL REVIEW REPORT? (cont'd)

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- Progress toward attainment of individual treatment plan goals
- Progress in individual, group, and family therapy
- Progress in functioning regarding peers and the community
- Description of current and/or past year medical concerns and issues, if any

WHAT INFORMATION IS INVOLVED IN THE ANNUAL REVIEW REPORT?

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- Parent participation
- Individual strengths
- List of discharge criteria to be met in order for the youth to be ready for a step down or step up
- Type of discharge planning that the youth received/will require
- Educational progress
- Legal circumstances

CAN ADDITIONAL INFORMATION BE INCLUDED IN THE ANNUAL REVIEW?

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- Yes. While parents are not required to submit anything other than the Annual Review Parent Statement, parents can add information if they choose to do so. Of particular importance is home visits, progress in therapy, and in meeting treatment goals.
- The provider can include additional information he/she thinks will help add to the total clinical picture.
- With the help of the DMH C & A Family and Consumer Specialists, a subcommittee of the ICG Advisory Council is revising the Parent Statement.

Importance of Parental Input

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- It's vitally important that parents participate in the Annual Review process.
- Parents have a unique perspective and role in achieving successful treatment outcomes.
- Rule 135 requires parental participation.
- Progress is still needed from some parents in obtaining all Annual Review information.

WHAT WERE THE “CONDITIONAL LETTERS”?

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- Thirty-eight letters were sent to ICG families, which some have come to refer to as “conditional letters.”
- The letter was **not** a non renewal of the ICG.
- The letter was intended to let the family know that they should be aware that they would need to ensure, and that on the next review, they and the provider submitted evidence in support of continuing the ICG.
- The letters stated that eligibility would continue until the next grant renewal and that progress of the youth would be monitored through Quarterly Reports.

REQUESTING AN APPEAL

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- To request an appeal of an Individual Care Grant denial, you may write a letter to:

✓ **Myra M. Kamran MD**
Deputy Clinical Director
Child and Adolescent Services
Division of Mental Health
c/o Illinois Mental Health Collaborative for
Access and Choice
P.O. Box 06559
Chicago, IL 60606

FAMILY SUPPORT RESOURCES

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- Consumer and Family Handbook (2nd edition)
 - Recovery and Resilience
 - Understanding Services (Child and Adult)
 - Getting Involved in Treatment

- The Consumer and Family Care Line: **1 (866) 359-7953**
 - Main Menu: Select “2” for Consumers and Families

Then...

- Questions about Individual Care Grants Press “1”
- Referral to a Mental Health Provider
Press “2”
- Questions About Mental Health Services
Press “3”
- Concerns or Complaints
Press “4”
- The Warm Line (Emotional Support, Recovery Education)

CONTACT US

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GUIDELINES FOR QUESTIONS AND ANSWERS

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- ❑ All Speakers Will Use Person-First Language
- ❑ All Acronyms Will Be Spelled Out and Defined
- ❑ Diverse Experiences Will Be Heard and Validated
- ❑ Limit to One Question per Person, then Pass to the Next Person
- ❑ Questions and answers must respect confidentiality. We are unable to address specific personal circumstances

THANK YOU!

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