PSH Electronic Application Process

Presenter: Terry Schoonover
Author: Terry Schoonover

Summary:

This document will step through the process of submitting an electronic application for Permanent Supportive Housing through the use of ProviderConnect.

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Glossary of Terms

- PSH – Permanent Supportive Housing

Preparing to Submit a PSH Electronic Application

- Before submitting a PSH electronic application
  - Consumers must be registered with the Collaborative.
  - You must first have a PSH Intake completed, approved and on file with the Collaborative. An Intake can only be requested during the open period that is specified within the Provider Communication Alert prior to the round. There are no exceptions before or after this period.
  - Only DMH Certified Providers may request a PSH Intake.
  - To request a PSH Intake, call the Illinois Mental Health Collaborative at 866-359-7953 (Mon-Fri 8am-5pm CST). The intake will be completed, by a Collaborative clinician, and put on file during the call.

Information Needed For Requesting PSH Intake

- Agency Information
  - FEIN
  - Address
  - Phone Number
  - Region

Information Needed For Requesting PSH Intake (continued)

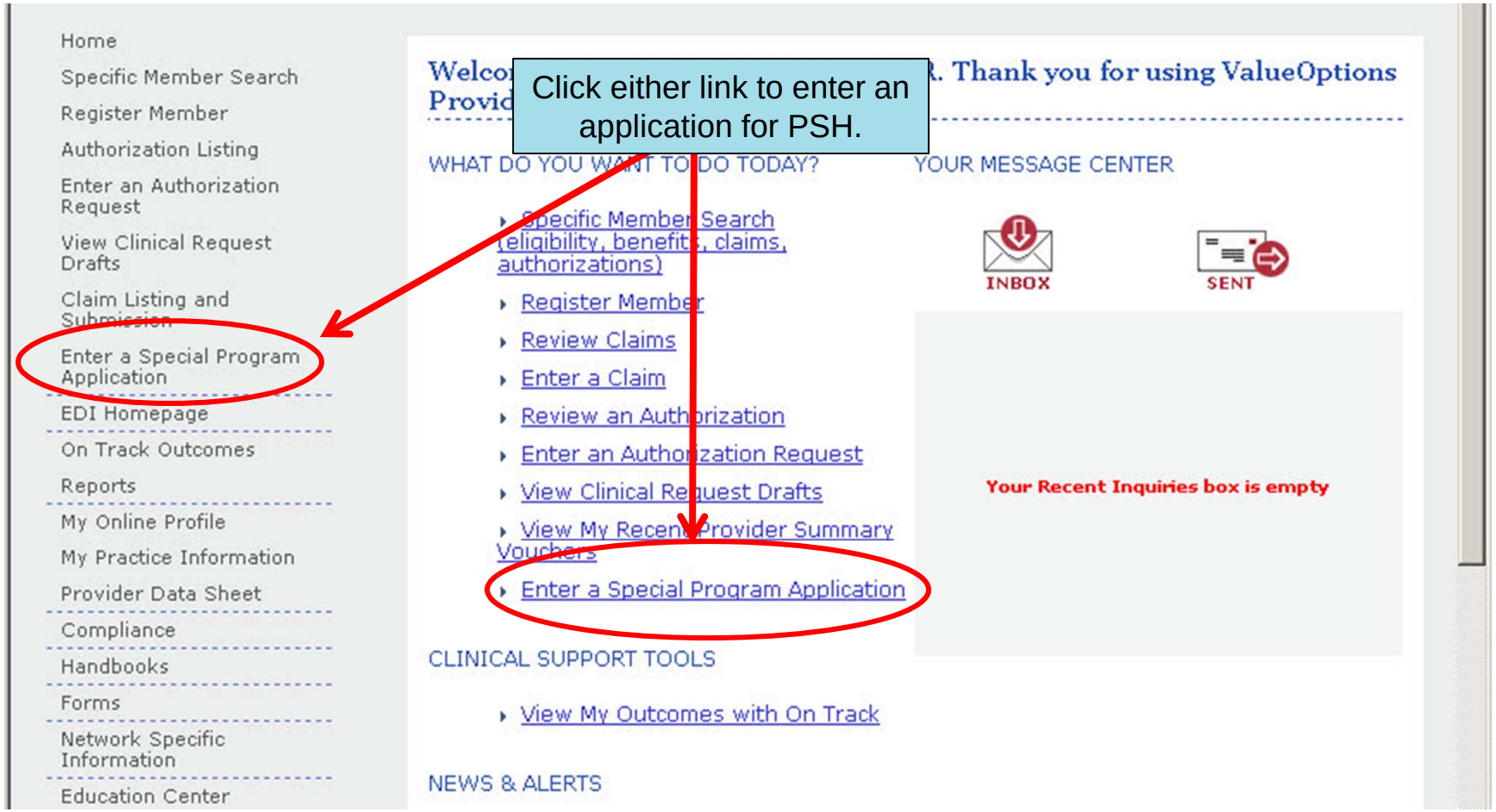
- Consumer Information
  - RIN
  - Current Placement
    - Homeless
    - Aging out ICG recipient
    - Aging out DCFS ward
    - Resident of long term care
    - At risk of placement in long term care
    - Extended long term patient of a state hospital
    - Resident of DMH funded, supported, or supervised residential setting

Information Needed for Requesting PSH Intake (continued)

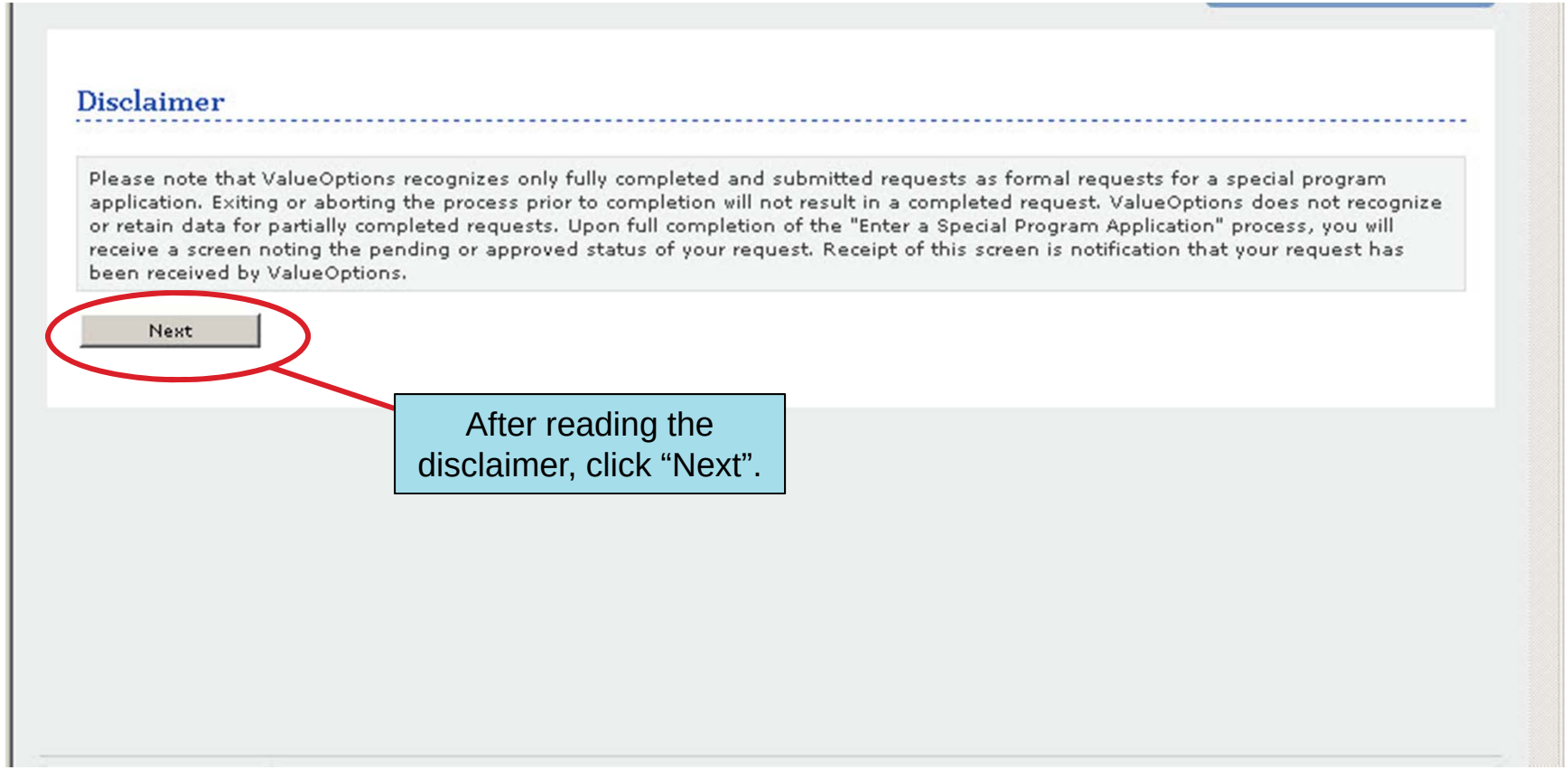
- Consumer Information (continued)
  - Name of Applicant
  - Date of Birth
  - Address
  - County
  - Home Phone
  - Work Phone
  - Medicaid Funding Verification

Getting Started

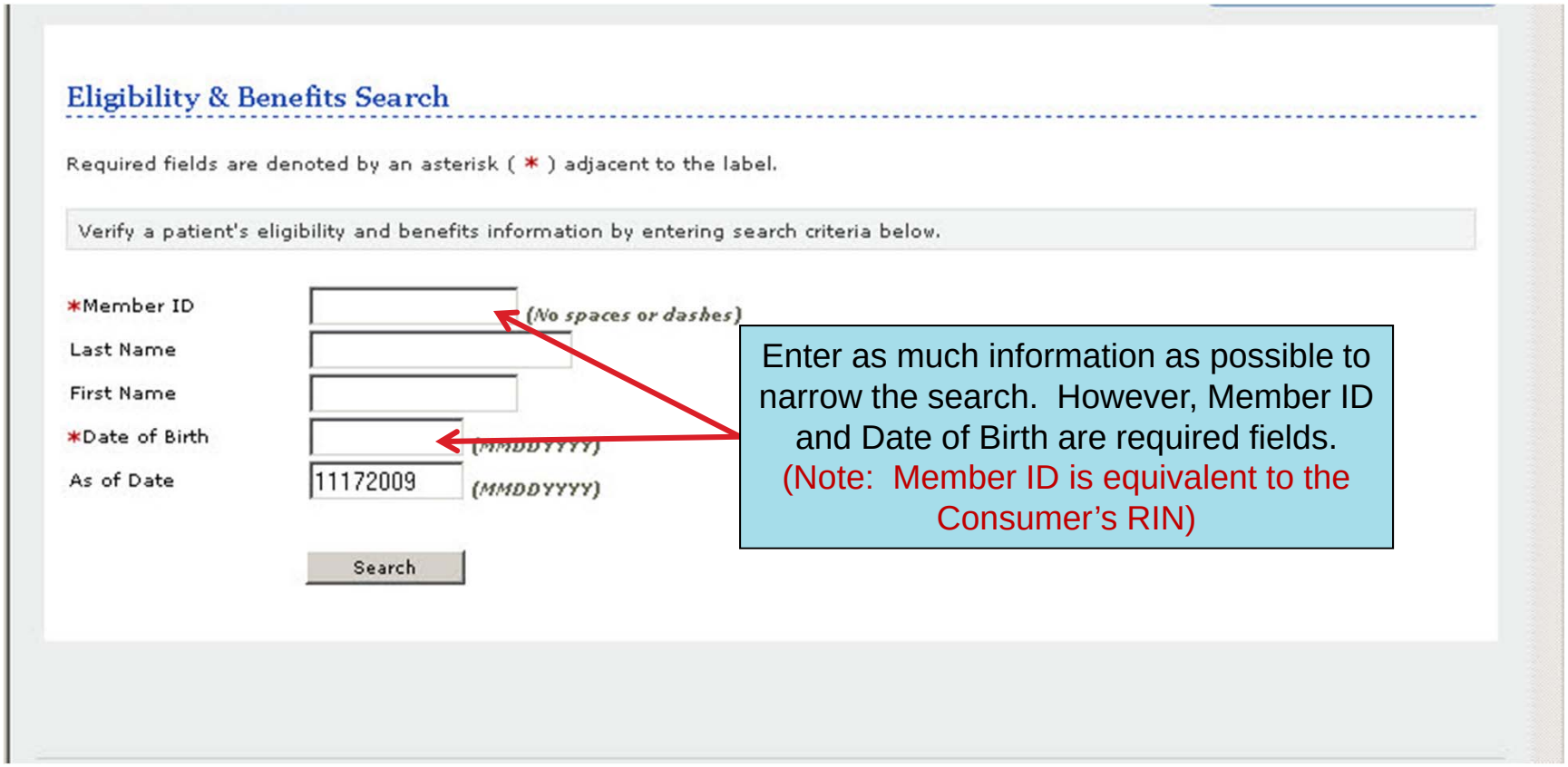
Home Page


Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Request Drafts
Claim Listing and Submission
Enter a Special Program Application
EDI Homepage
On Track Outcomes
Reports
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
Click either link to enter an application for PSH.
. Thank you for using ValueOptions
WHAT DO YOU WANT TO DO TODAY?
Specific Member Search (eligibility, benefits, claims, authorizations)
Register Member
Review Claims
Enter a Claim
Review an Authorization
Enter an Authorization Request
View Clinical Request Drafts
View My Recent Provider Summary Vouchers
Enter a Special Program Application
CLINICAL SUPPORT TOOLS
View My Outcomes with On Track
NEWS & ALERTS
YOUR MESSAGE CENTER
INBOX
SENT
Your Recent Inquiries box is empty

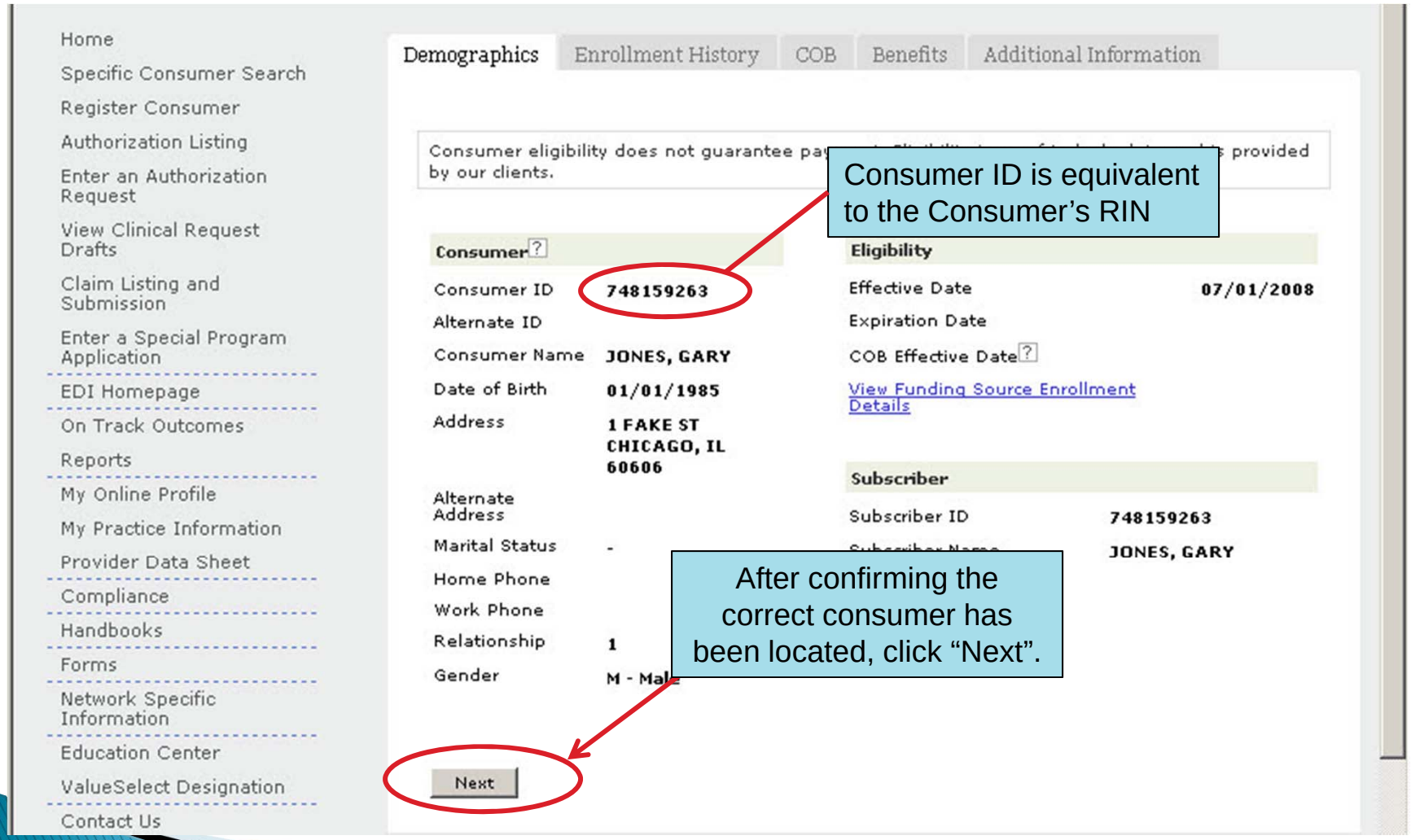
Disclaimer Page



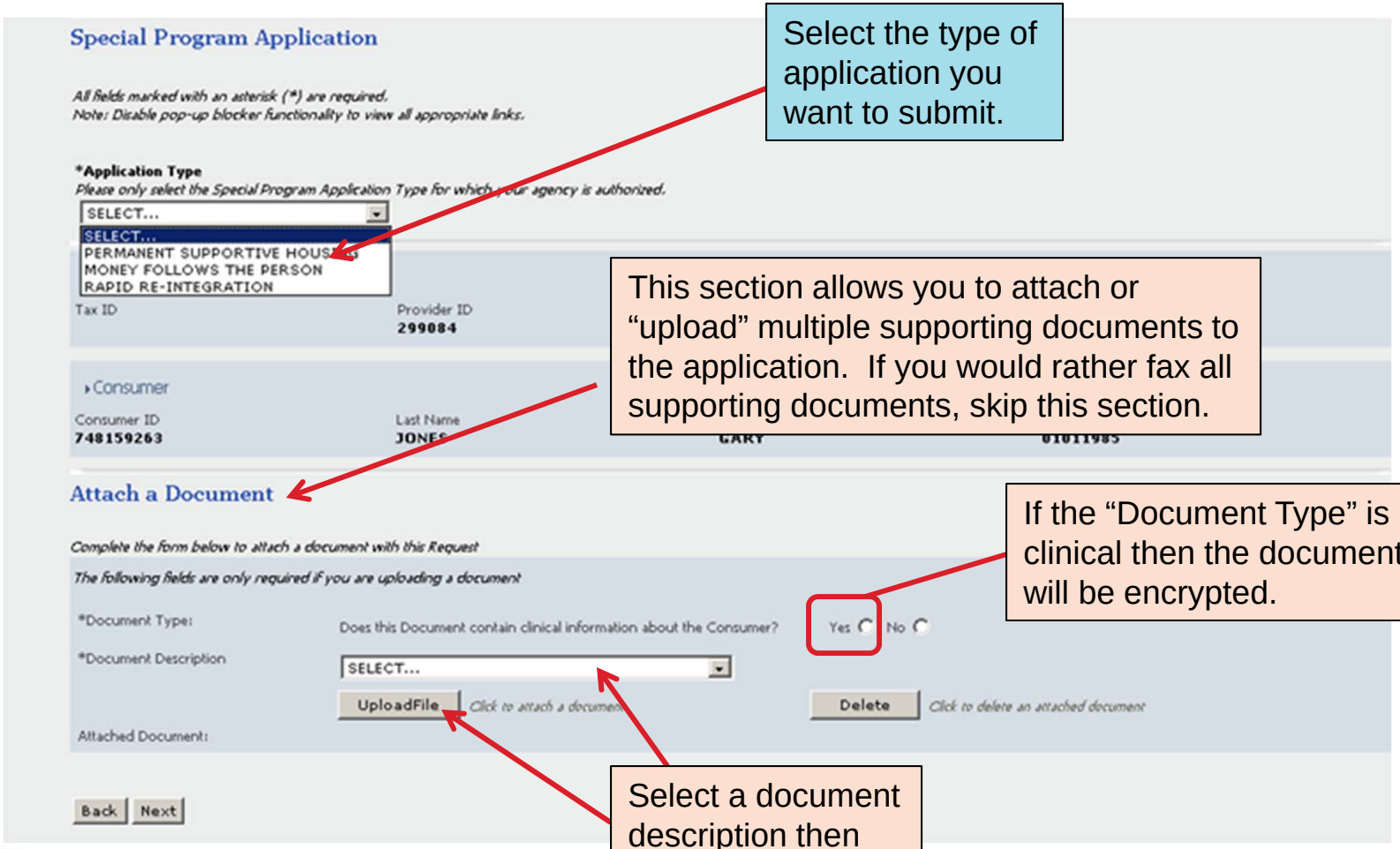
Search a Member



Demographics Verification



Application Landing Page



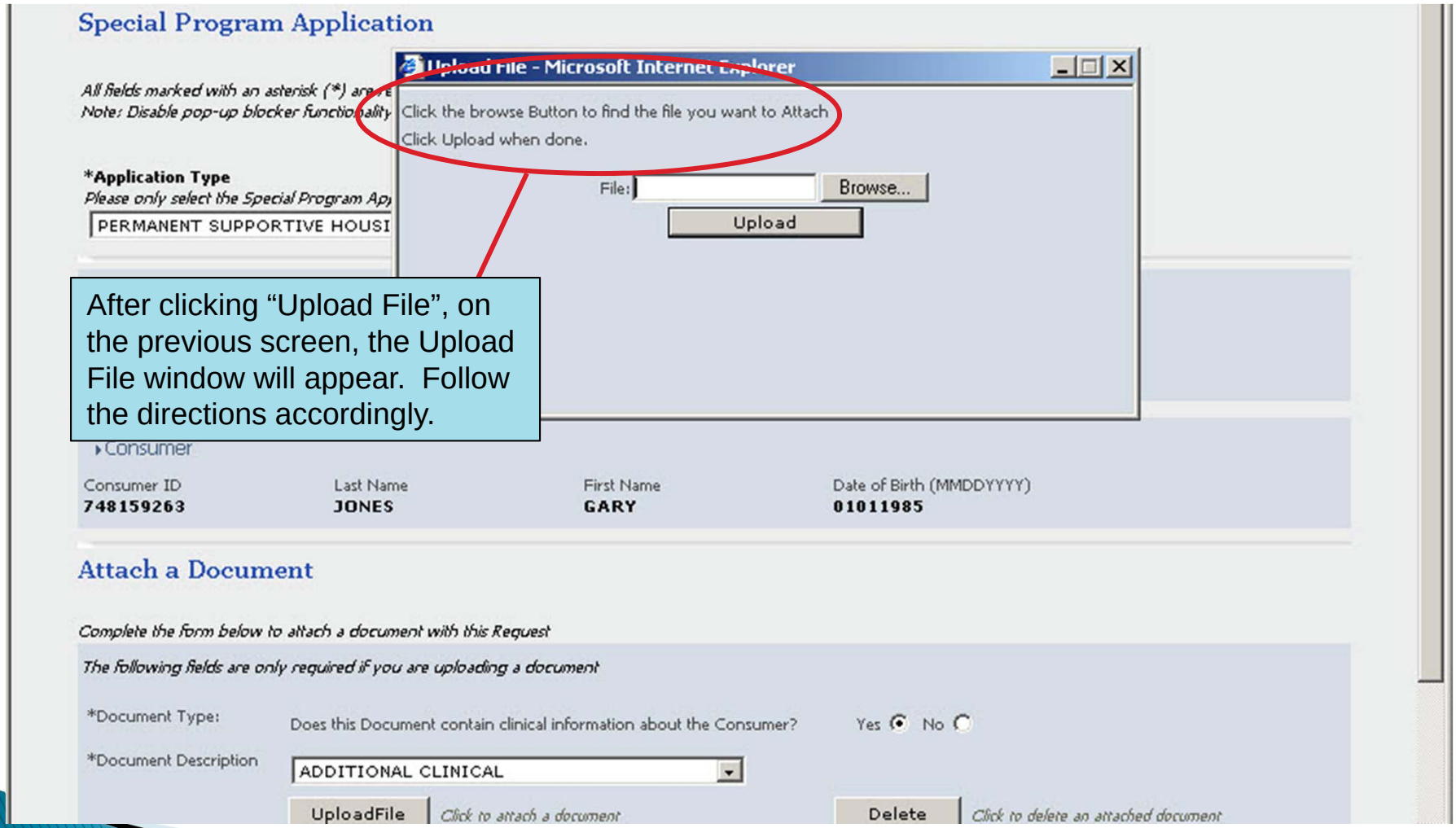
Select the type of application you want to submit.

This section allows you to attach or "upload" multiple supporting documents to the application. If you would rather fax all supporting documents, skip this section.

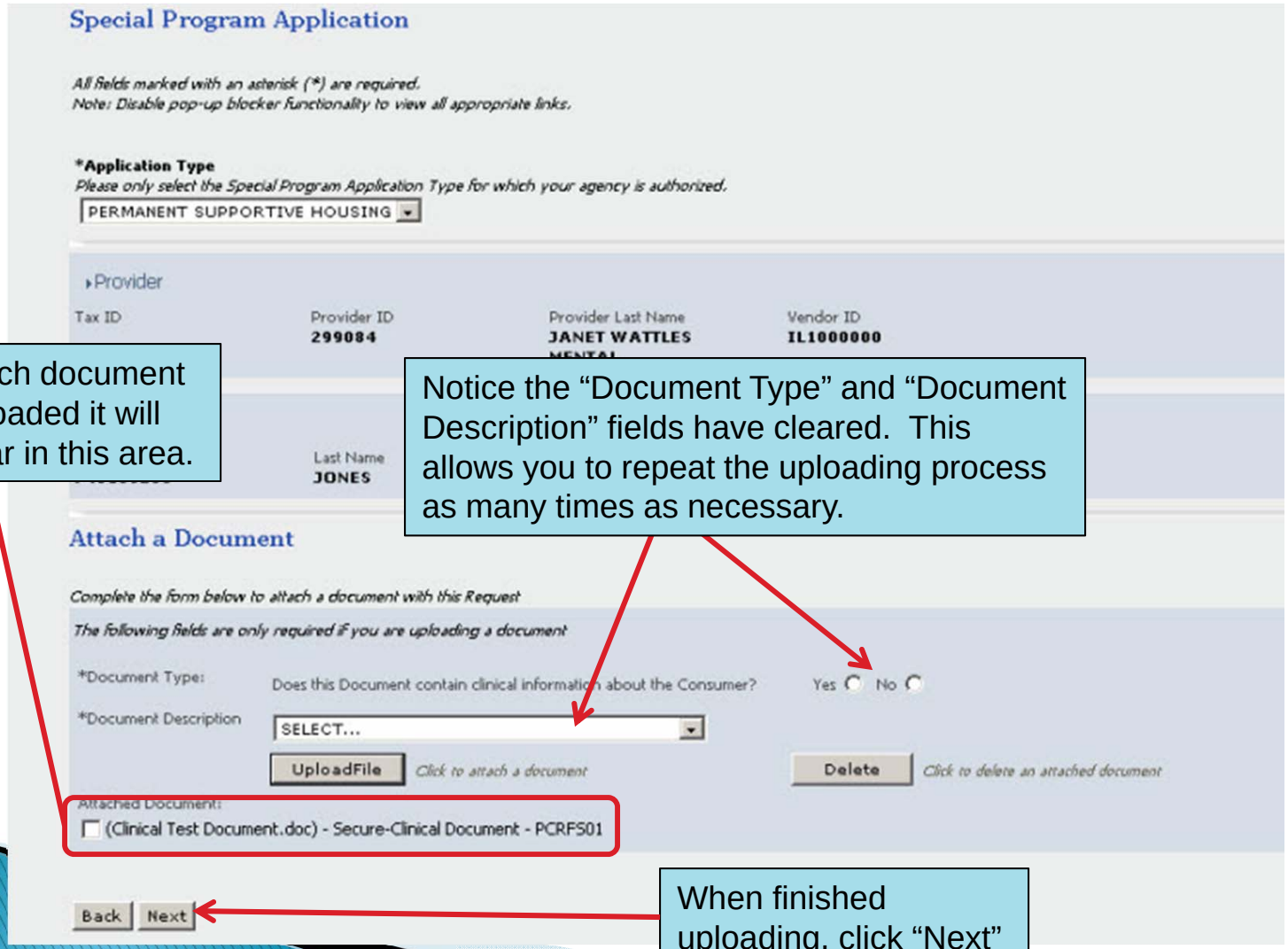
If the "Document Type" is clinical then the document will be encrypted.

Select a document description then click "Upload File".

Attaching Documents (continued)



Application Landing Page (after uploading a document)

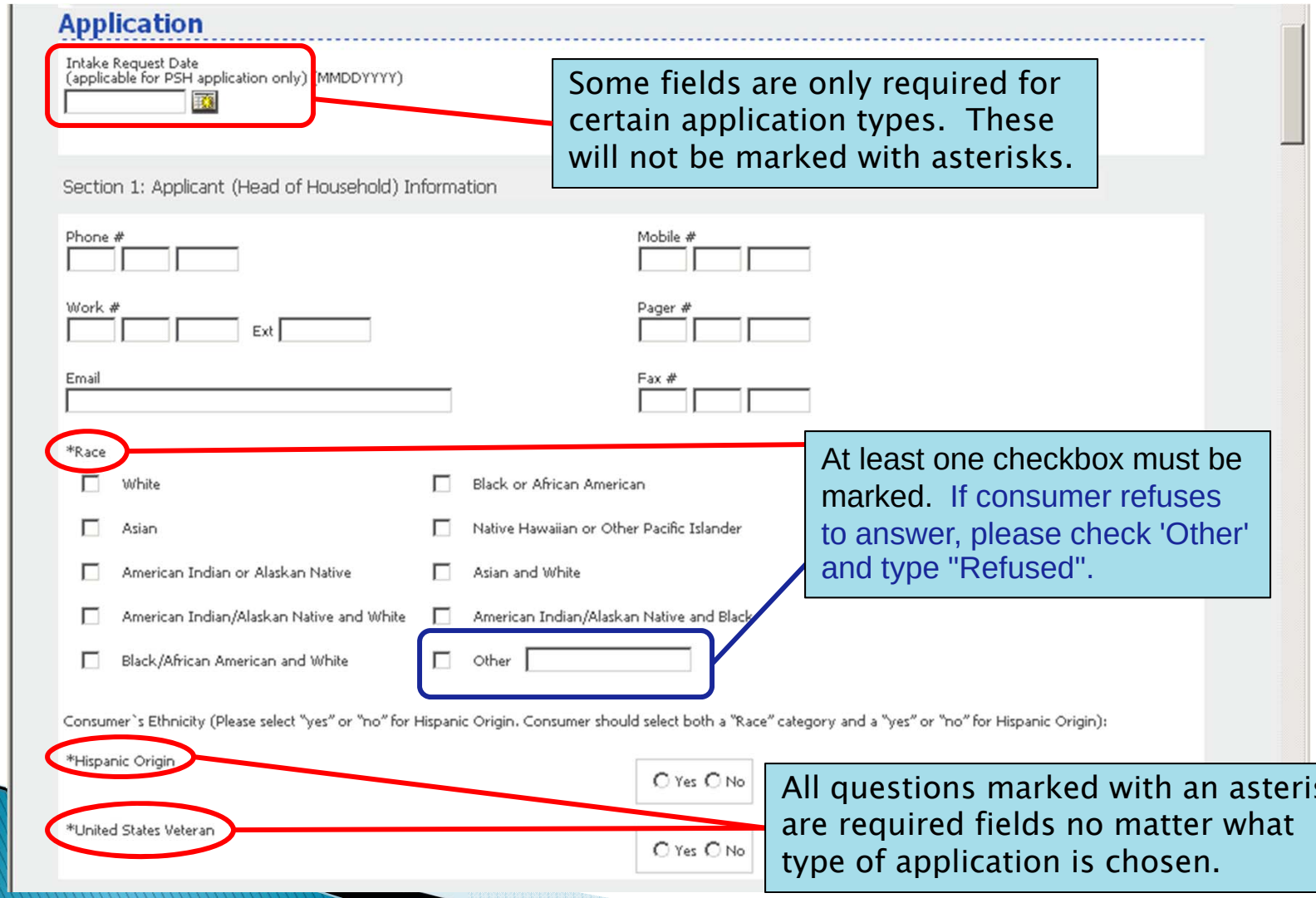


As each document is uploaded it will appear in this area.

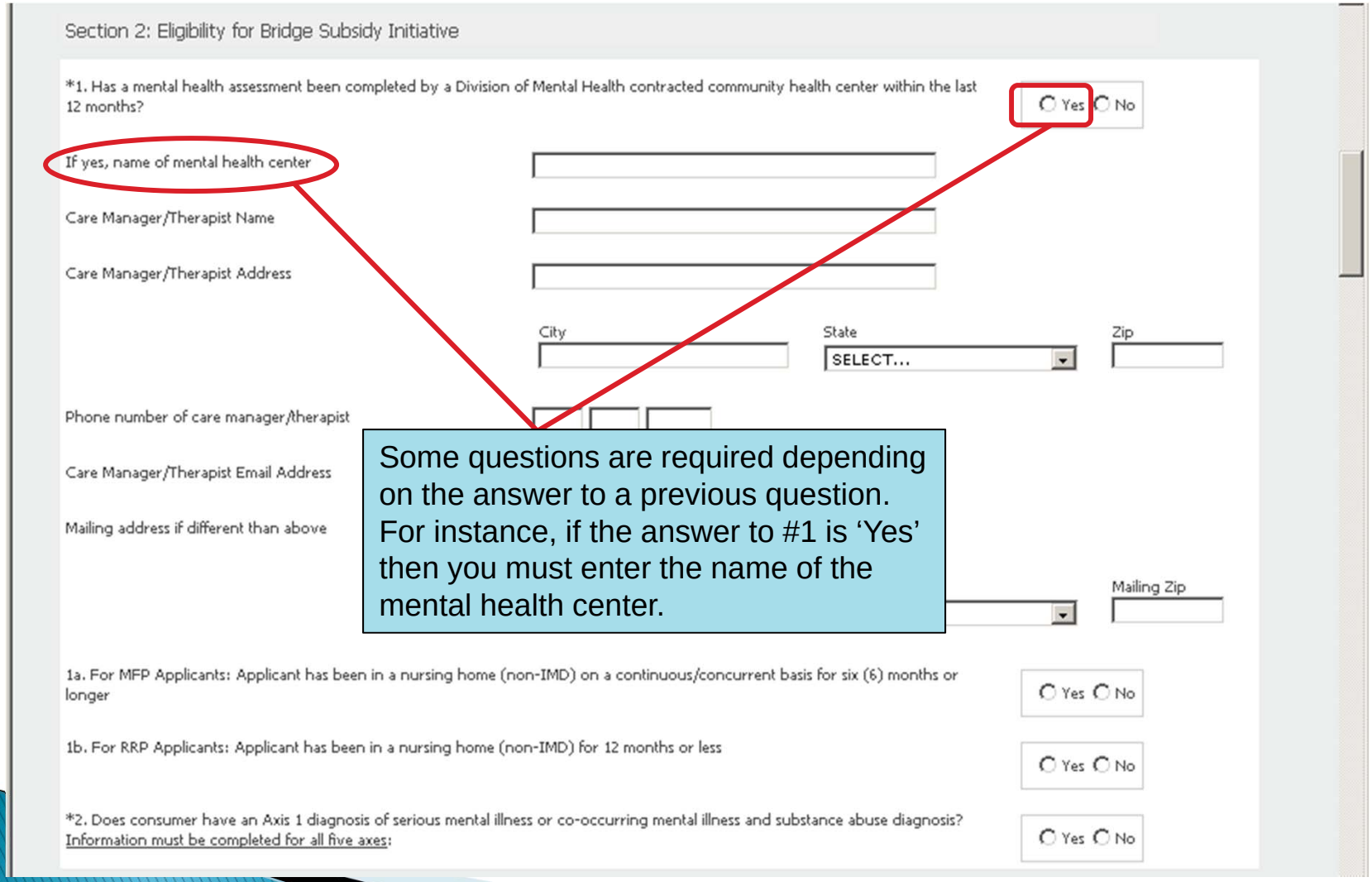
Notice the “Document Type” and “Document Description” fields have cleared. This allows you to repeat the uploading process as many times as necessary.

When finished uploading, click “Next”

Special Program Application Section 1

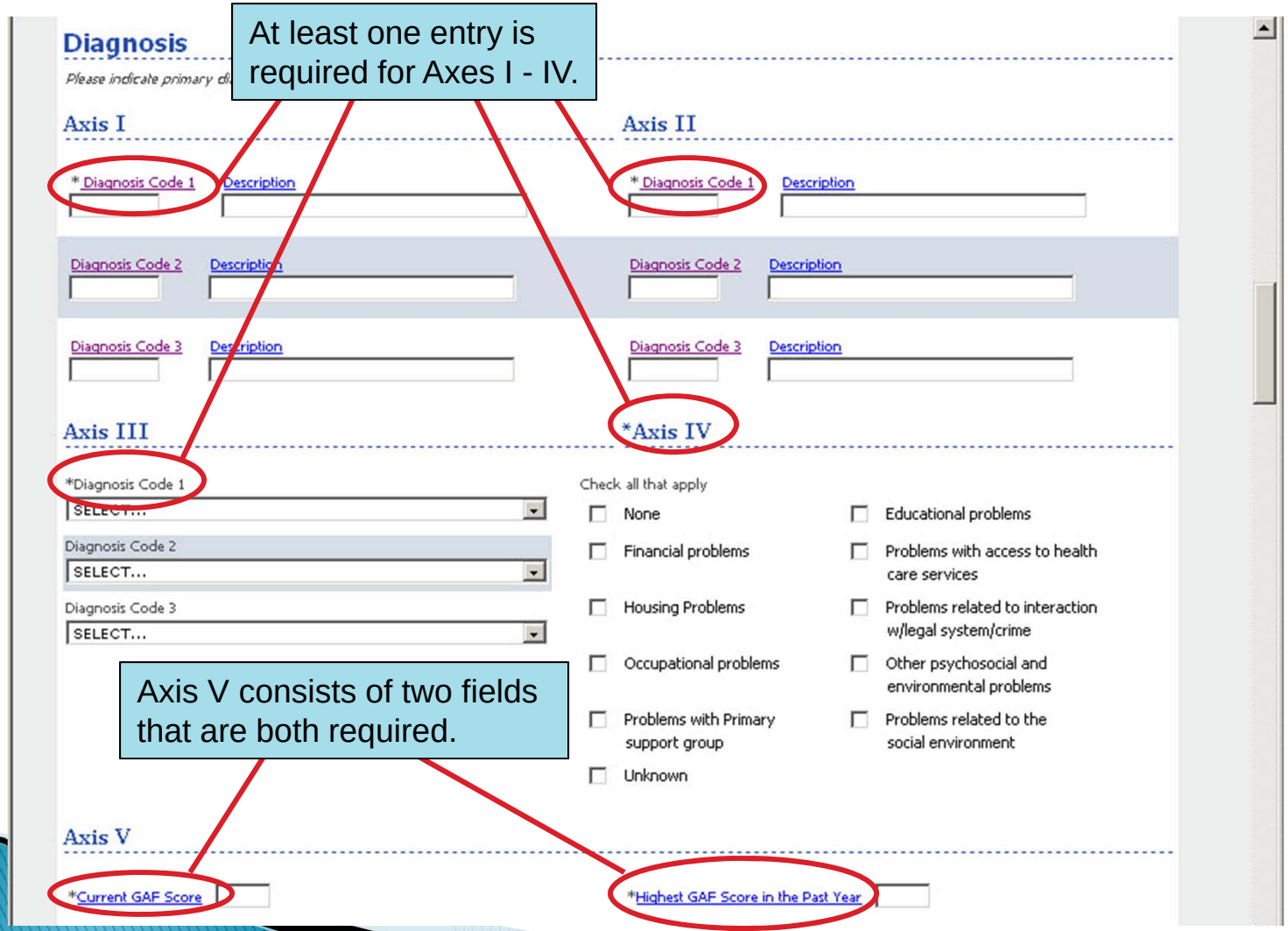


Special Program Application Section 2

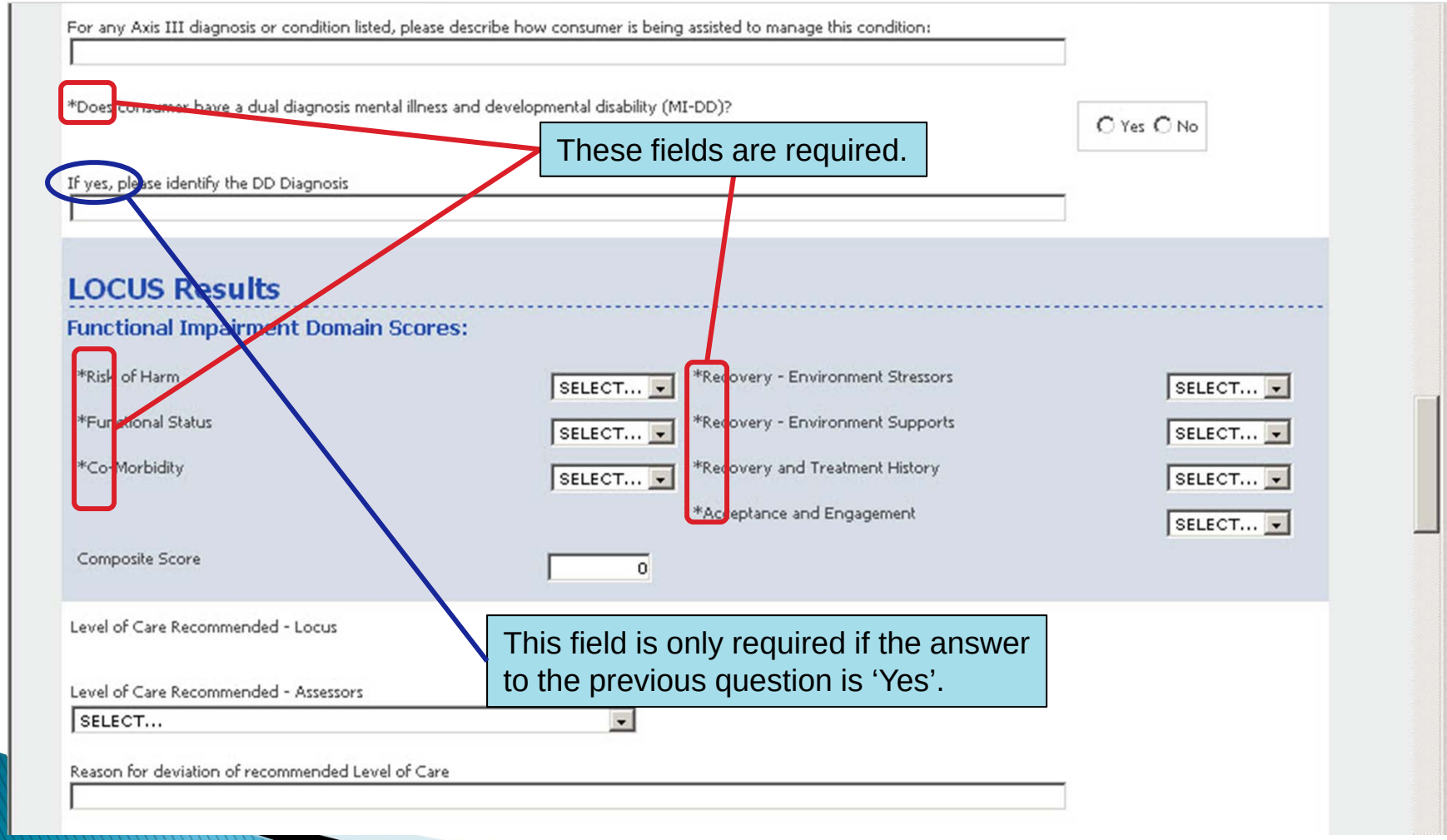


Some questions are required depending on the answer to a previous question. For instance, if the answer to #1 is 'Yes' then you must enter the name of the mental health center.

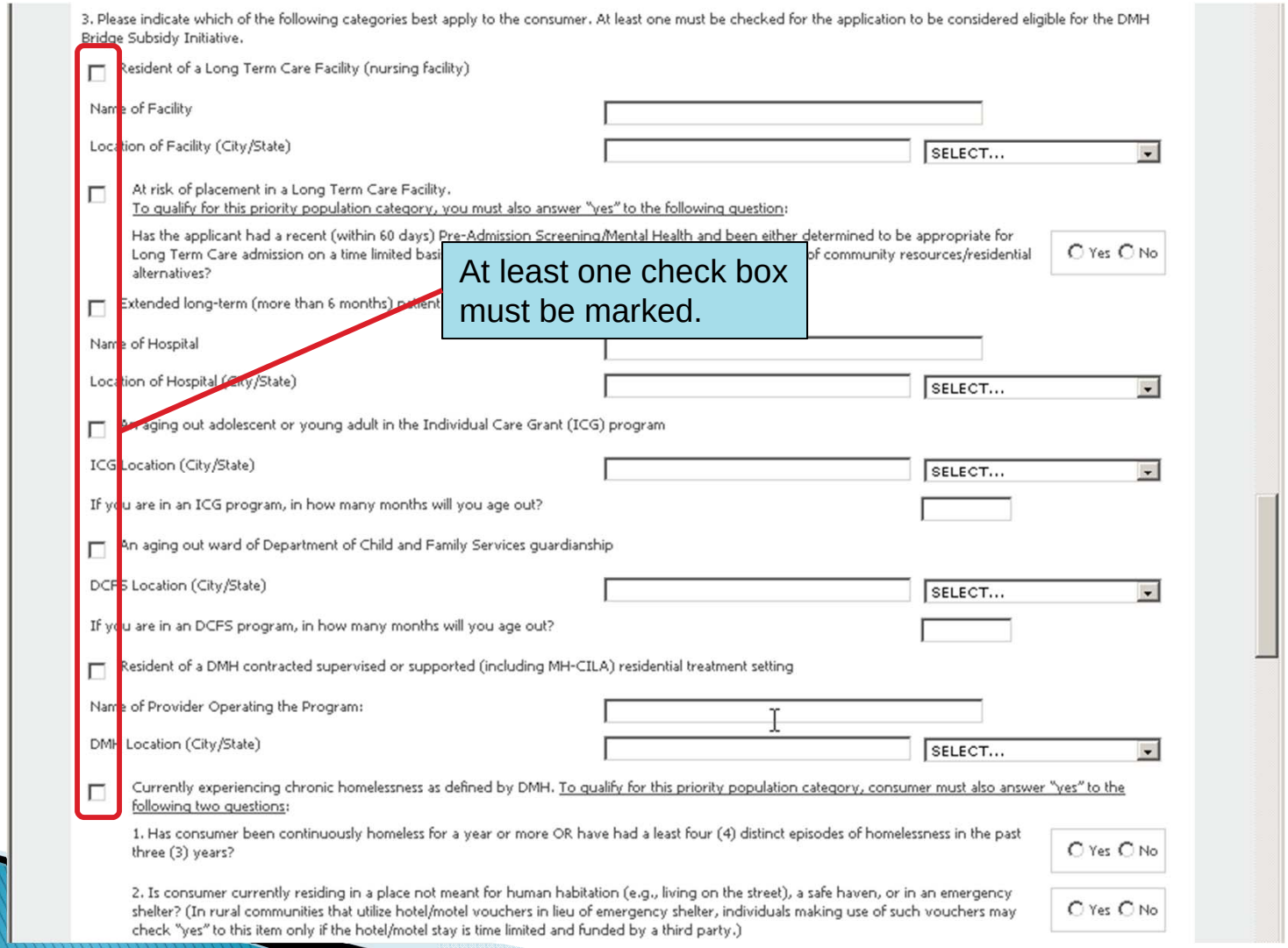
Special Program Application Section 2 (continued)



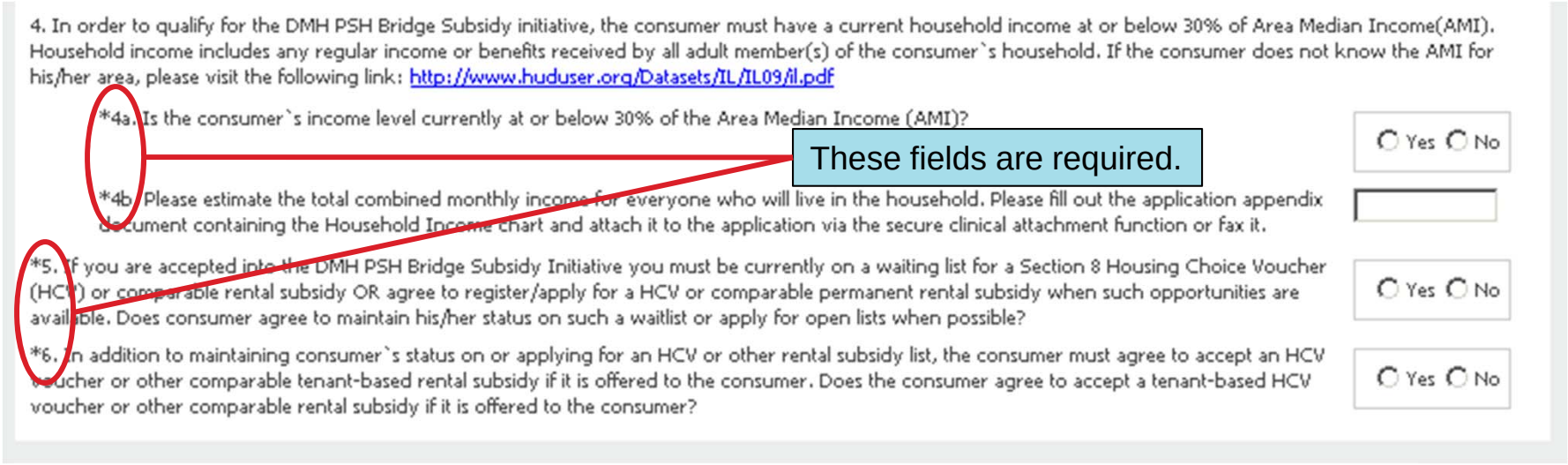
Special Program Application Section 2 (continued)



Special Program Application Section 2 (continued)



Special Program Application Section 2 (continued)



4. In order to qualify for the DMH PSH Bridge Subsidy initiative, the consumer must have a current household income at or below 30% of Area Median Income(AMI). Household income includes any regular income or benefits received by all adult member(s) of the consumer`s household. If the consumer does not know the AMI for his/her area, please visit the following link: http://www.huduser.org/Datasets/IL/IL09/il.pdf

*4a. Is the consumer`s income level currently at or below 30% of the Area Median Income (AMI)? ○ Yes ○ No

*4b. Please estimate the total combined monthly income for everyone who will live in the household. Please fill out the application appendix document containing the Household Income chart and attach it to the application via the secure clinical attachment function or fax it.

*5. If you are accepted into the DMH PSH Bridge Subsidy Initiative you must be currently on a waiting list for a Section 8 Housing Choice Voucher (HCV) or comparable rental subsidy OR agree to register/apply for a HCV or comparable permanent rental subsidy when such opportunities are available. Does consumer agree to maintain his/her status on such a waitlist or apply for open lists when possible? ○ Yes ○ No

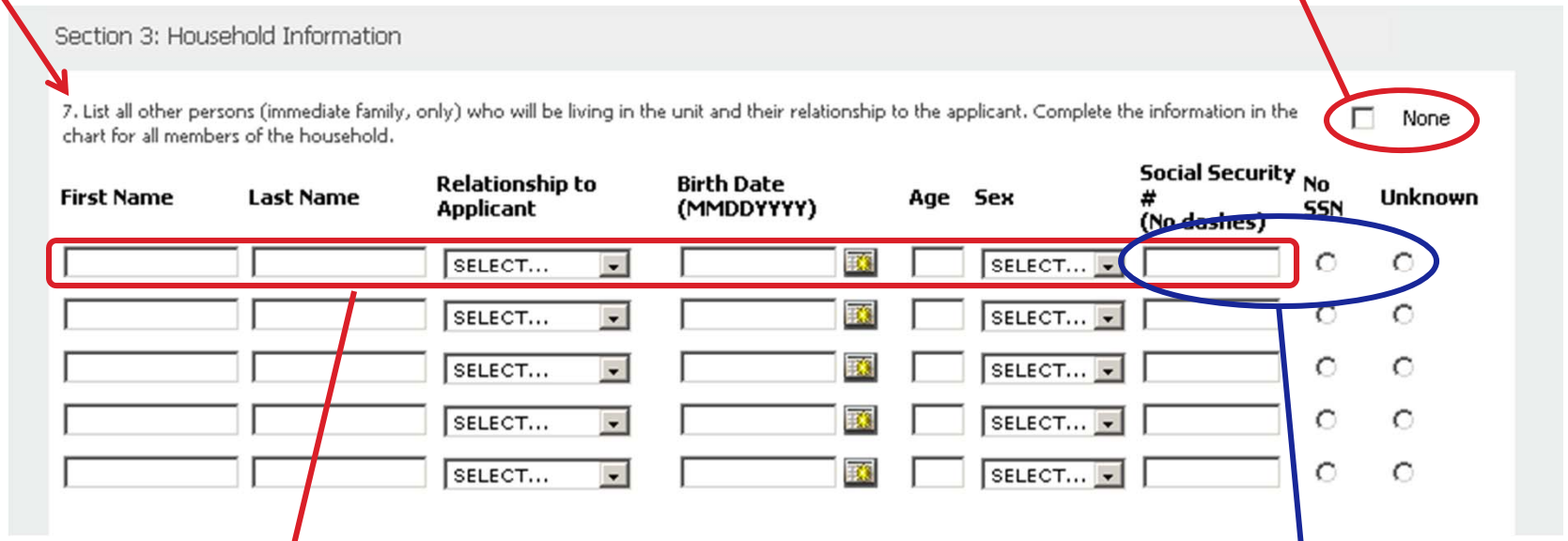
*6. In addition to maintaining consumer`s status on or applying for an HCV or other rental subsidy list, the consumer must agree to accept an HCV voucher or other comparable tenant-based rental subsidy if it is offered to the consumer. Does the consumer agree to accept a tenant-based HCV voucher or other comparable rental subsidy if it is offered to the consumer? ○ Yes ○ No

These fields are required.

Special Program Application Section 3

This question is required.

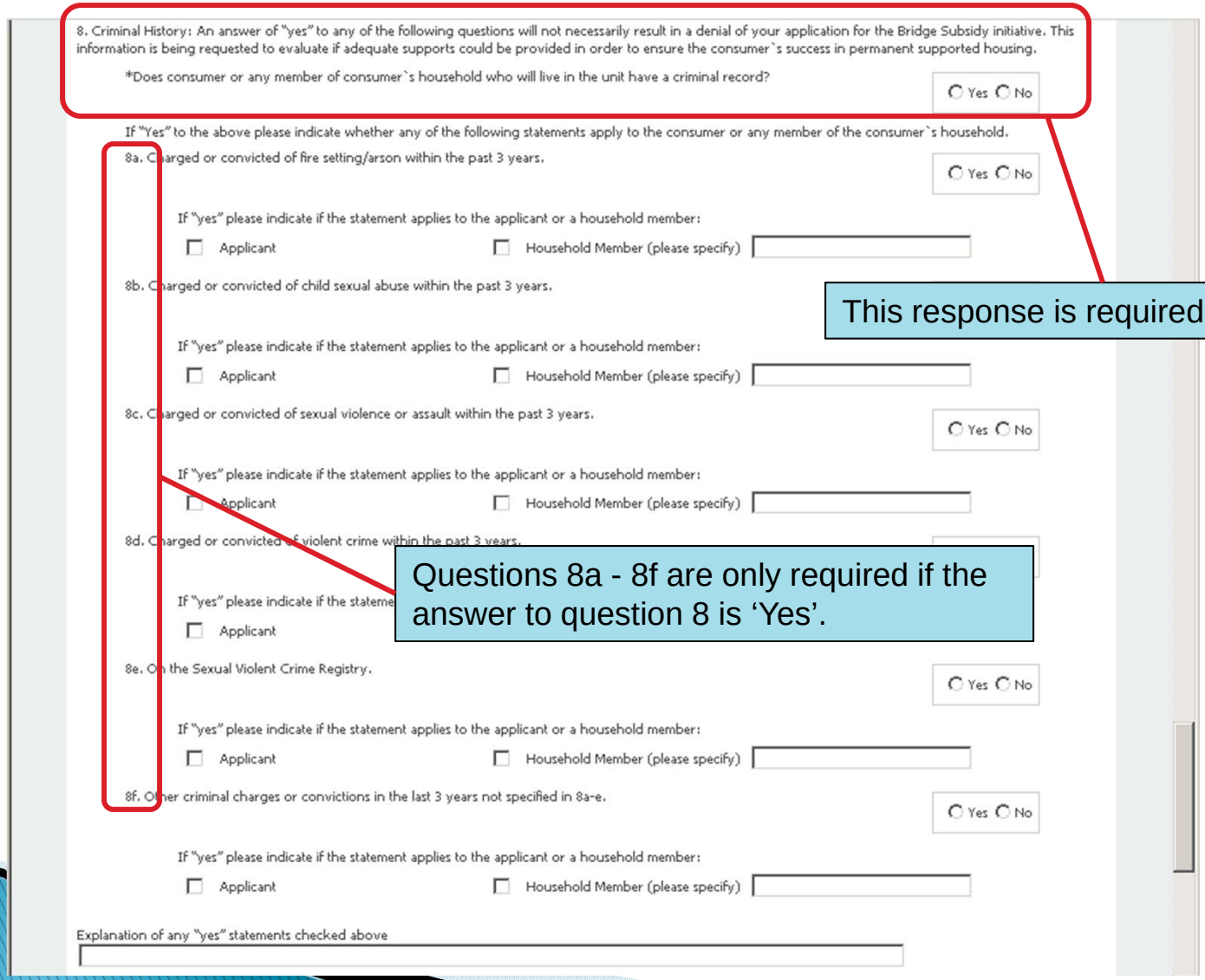
If there are no additional household members to list, please check “None”.



When entering data for a household member, every field for that member is required.

If there is not a Social Security Number to enter, please choose “No SSN” or “Unknown” whichever is applicable.

Special Program Application Section 3



8. Criminal History: An answer of "yes" to any of the following questions will not necessarily result in a denial of your application for the Bridge Subsidy initiative. This information is being requested to evaluate if adequate supports could be provided in order to ensure the consumer`s success in permanent supported housing.

*Does consumer or any member of consumer`s household who will live in the unit have a criminal record? ○ Yes ○ No

If "Yes" to the above please indicate whether any of the following statements apply to the consumer or any member of the consumer`s household.

8a. Charged or convicted of fire setting/arson within the past 3 years. ○ Yes ○ No

If "yes" please indicate if the statement applies to the applicant or a household member:

☐ Applicant ☐ Household Member (please specify)

8b. Charged or convicted of child sexual abuse within the past 3 years.

If "yes" please indicate if the statement applies to the applicant or a household member:

☐ Applicant ☐ Household Member (please specify)

8c. Charged or convicted of sexual violence or assault within the past 3 years. ○ Yes ○ No

If "yes" please indicate if the statement applies to the applicant or a household member:

☐ Applicant ☐ Household Member (please specify)

8d. Charged or convicted of violent crime within the past 3 years.

If "yes" please indicate if the stateme

☐ Applicant

8e. On the Sexual Violent Crime Registry. ○ Yes ○ No

If "yes" please indicate if the statement applies to the applicant or a household member:

☐ Applicant ☐ Household Member (please specify)

8f. Other criminal charges or convictions in the last 3 years not specified in 8a-e. ○ Yes ○ No

If "yes" please indicate if the statement applies to the applicant or a household member:

☐ Applicant ☐ Household Member (please specify)

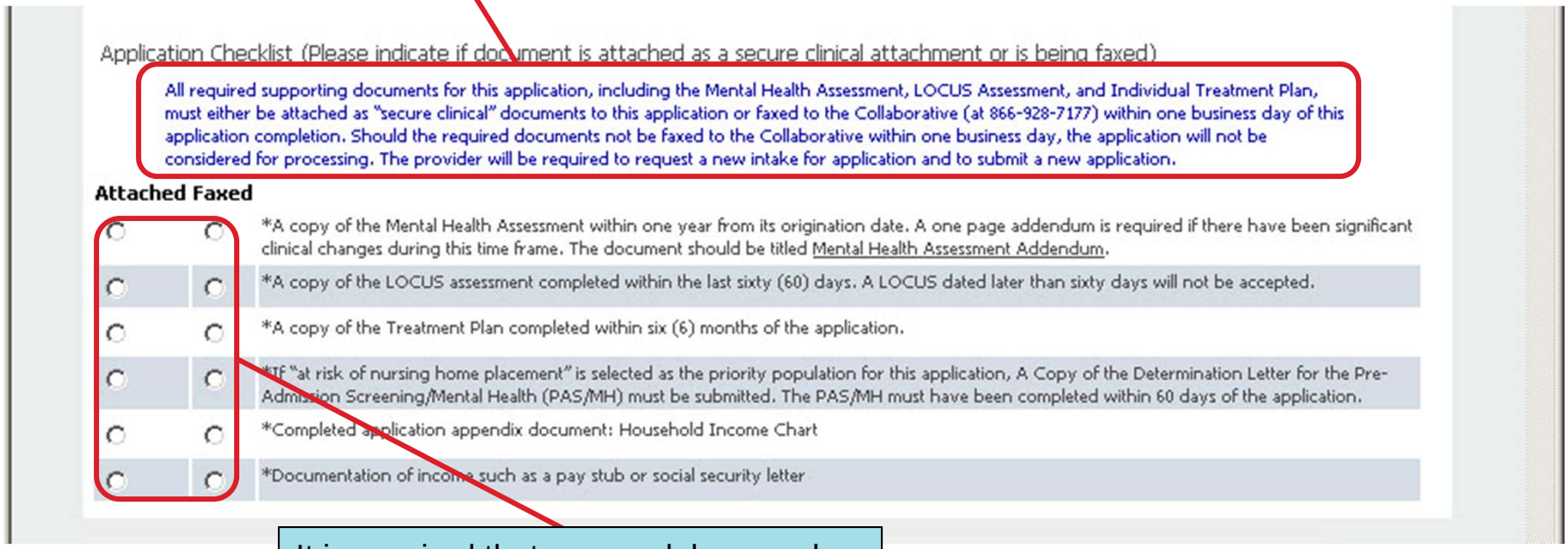
Explanation of any "yes" statements checked above

This response is required.

Questions 8a - 8f are only required if the answer to question 8 is 'Yes'.

Special Program Application Section 3 (continued)

If you choose to fax the supporting documents, they must be faxed within one business day of submitting the application. If not, the application will be voided.



Application Checklist (Please indicate if document is attached as a secure clinical attachment or is being faxed)

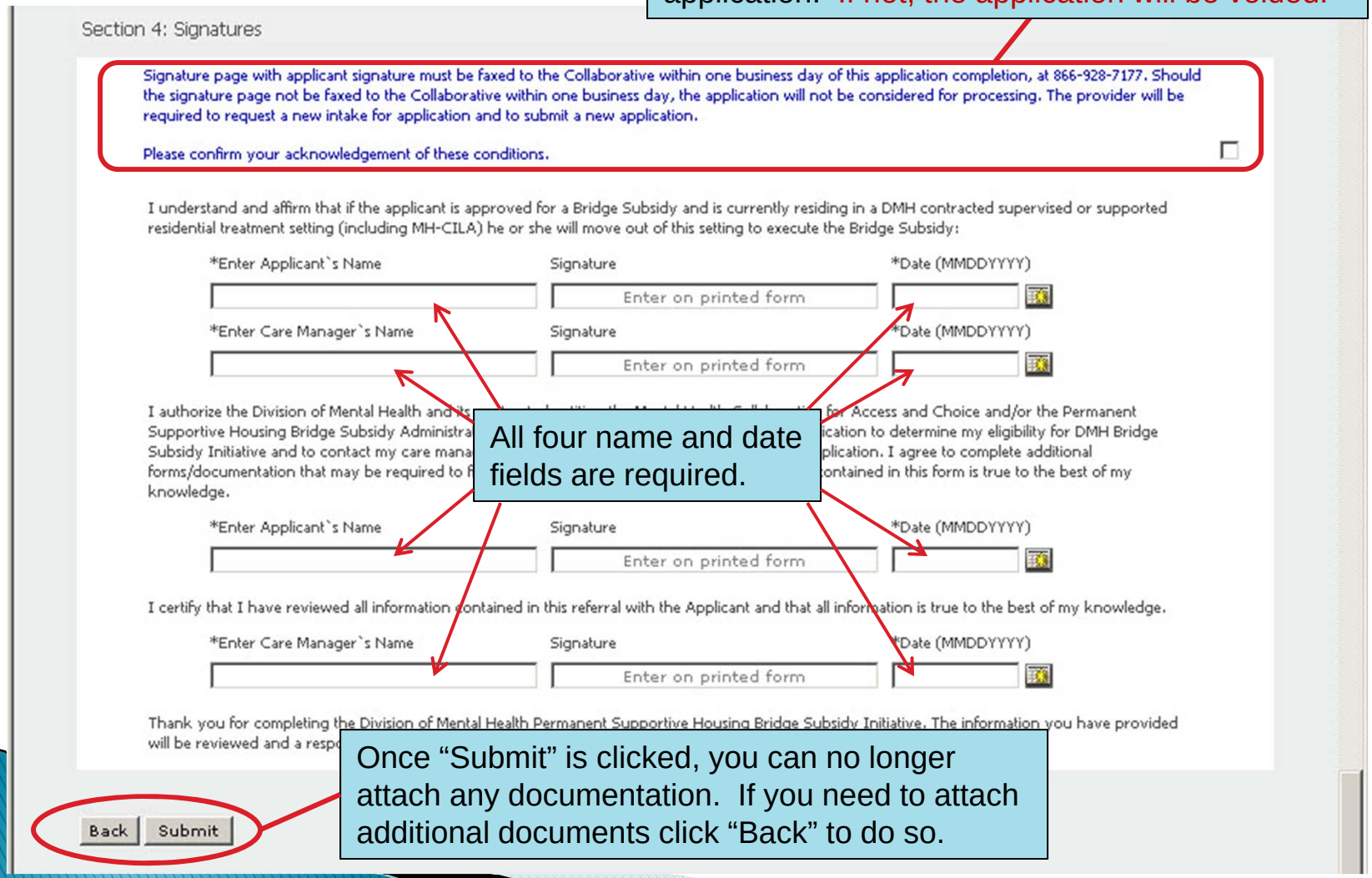
All required supporting documents for this application, including the Mental Health Assessment, LOCUS Assessment, and Individual Treatment Plan, must either be attached as "secure clinical" documents to this application or faxed to the Collaborative (at 866-928-7177) within one business day of this application completion. Should the required documents not be faxed to the Collaborative within one business day, the application will not be considered for processing. The provider will be required to request a new intake for application and to submit a new application.

Attached	Faxed	
○	○	*A copy of the Mental Health Assessment within one year from its origination date. A one page addendum is required if there have been significant clinical changes during this time frame. The document should be titled Mental Health Assessment Addendum.
○	○	*A copy of the LOCUS assessment completed within the last sixty (60) days. A LOCUS dated later than sixty days will not be accepted.
○	○	*A copy of the Treatment Plan completed within six (6) months of the application.
○	○	*If "at risk of nursing home placement" is selected as the priority population for this application, A Copy of the Determination Letter for the Pre-Admission Screening/Mental Health (PAS/MH) must be submitted. The PAS/MH must have been completed within 60 days of the application.
○	○	*Completed application appendix document: Household Income Chart
○	○	*Documentation of income such as a pay stub or social security letter

It is required that you mark how each supporting document will be submitted.

Special Program Application Section 4

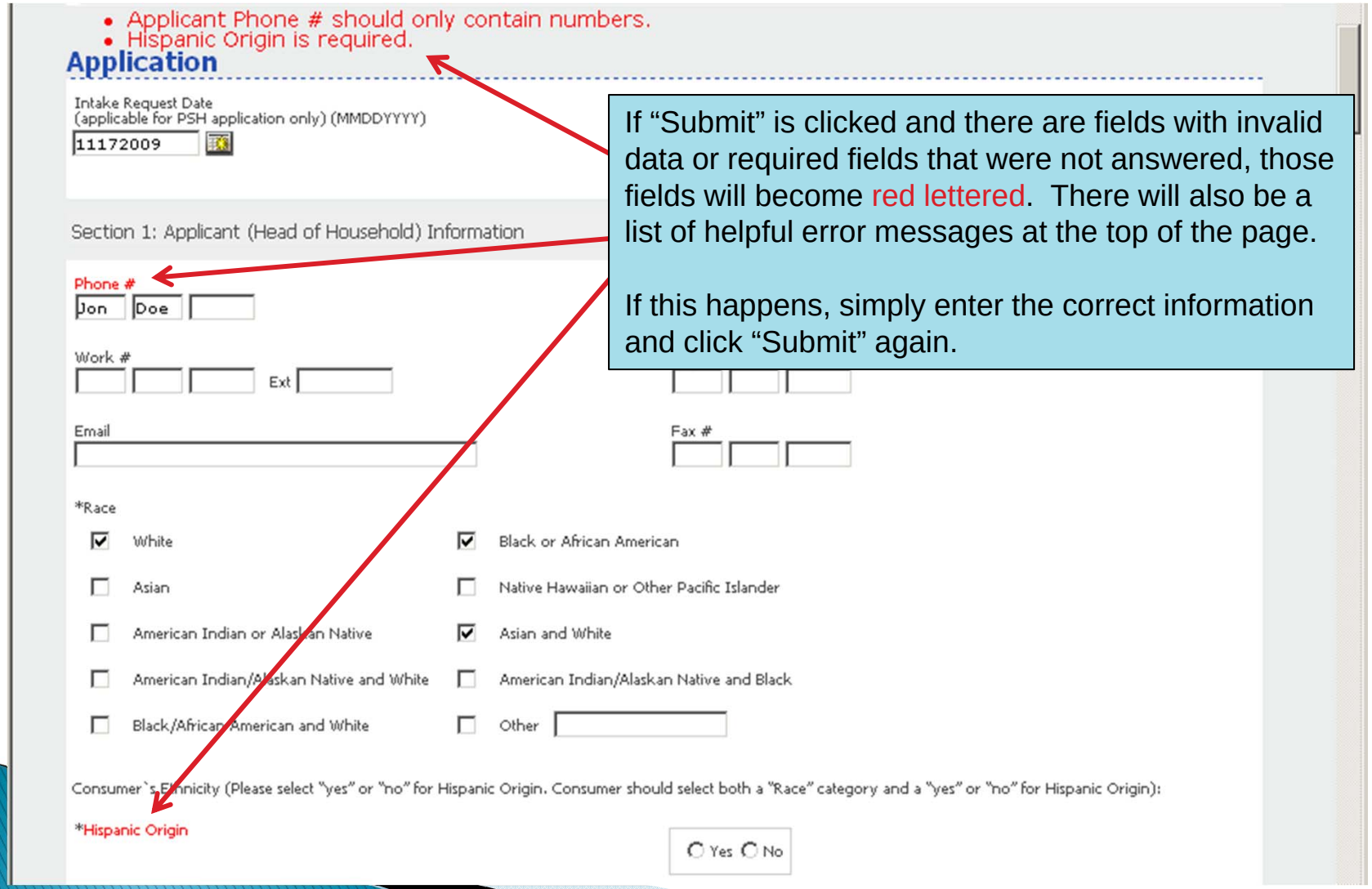
Signature page, with applicant signature, must be faxed within one business day of submitting the application. If not, the application will be voided.



All four name and date fields are required.

Once “Submit” is clicked, you can no longer attach any documentation. If you need to attach additional documents click “Back” to do so.

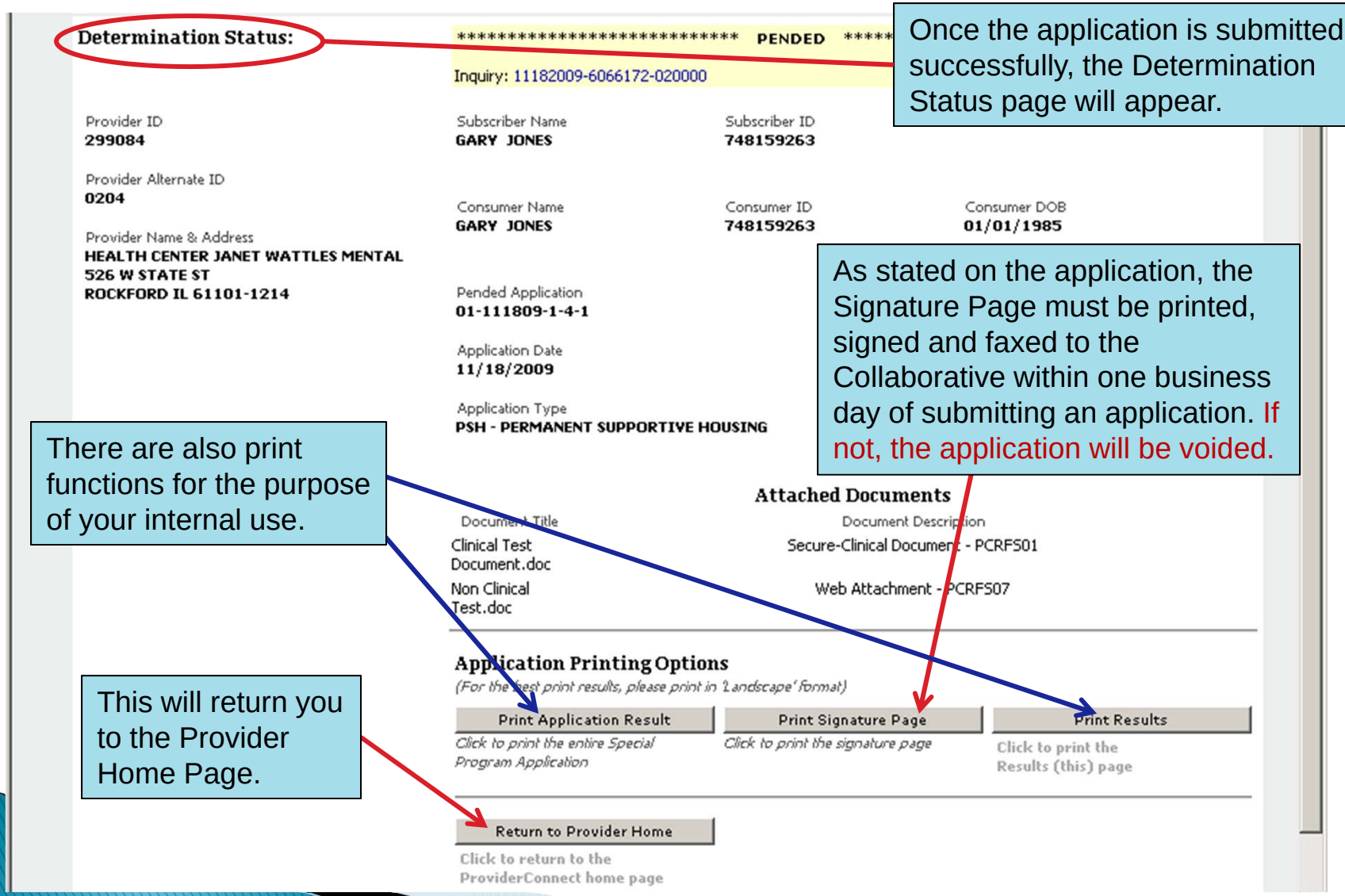
Special Program Application
Submission of Incomplete Information



If "Submit" is clicked and there are fields with invalid data or required fields that were not answered, those fields will become red lettered. There will also be a list of helpful error messages at the top of the page.

If this happens, simply enter the correct information and click "Submit" again.

Printing Options



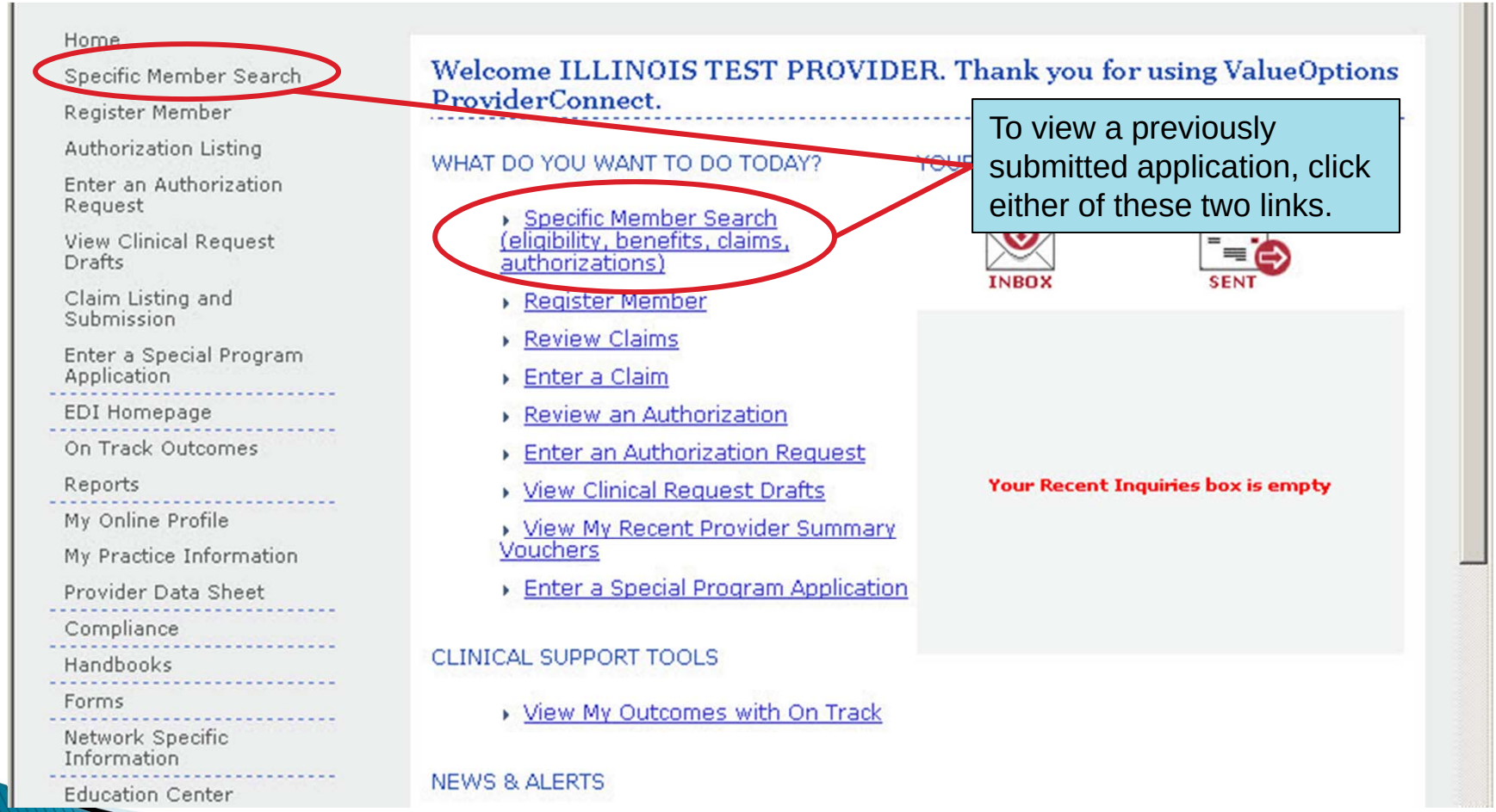
Once the application is submitted successfully, the Determination Status page will appear.

As stated on the application, the Signature Page must be printed, signed and faxed to the Collaborative within one business day of submitting an application. If not, the application will be voided.

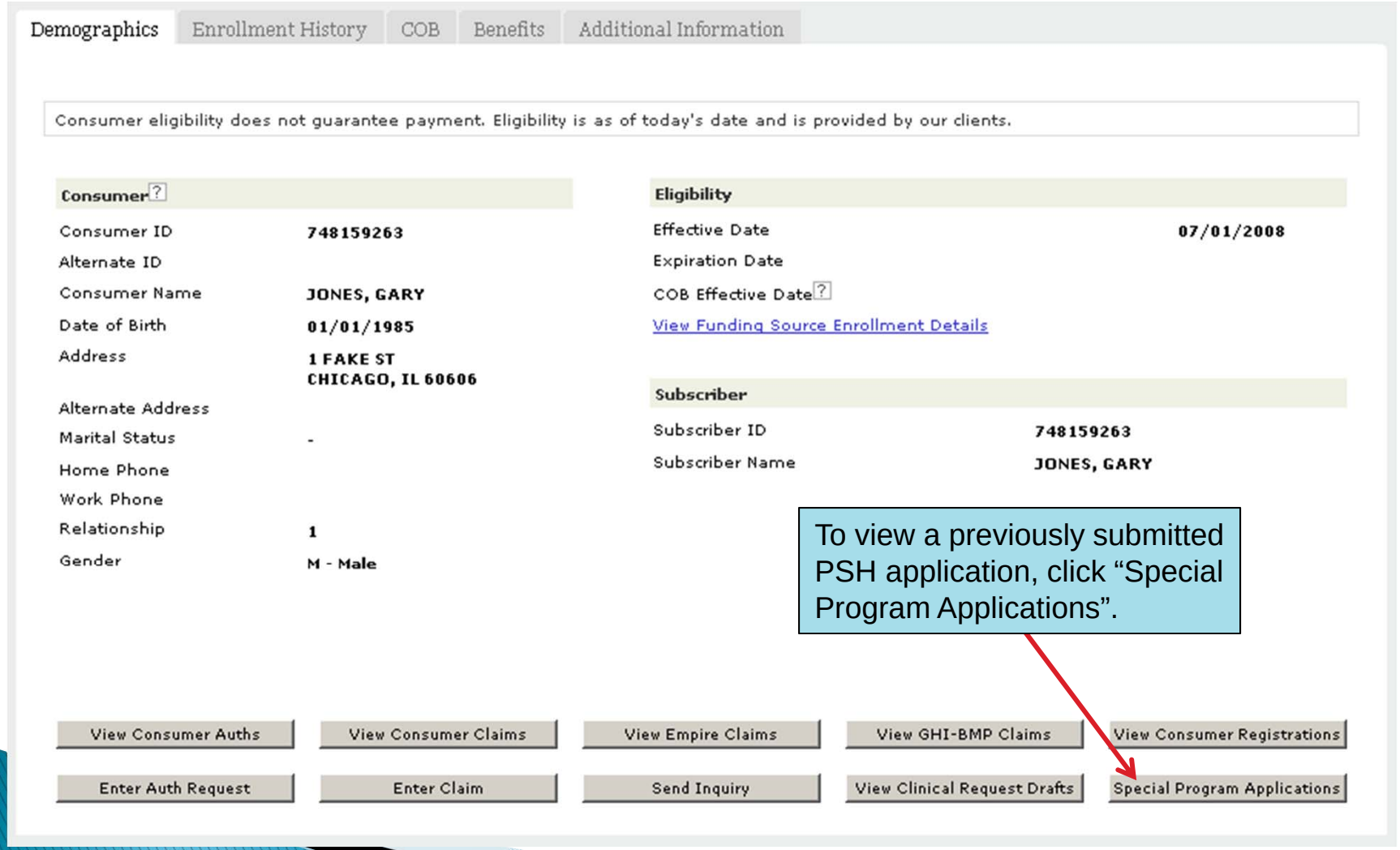
There are also print functions for the purpose of your internal use.

This will return you to the Provider Home Page.

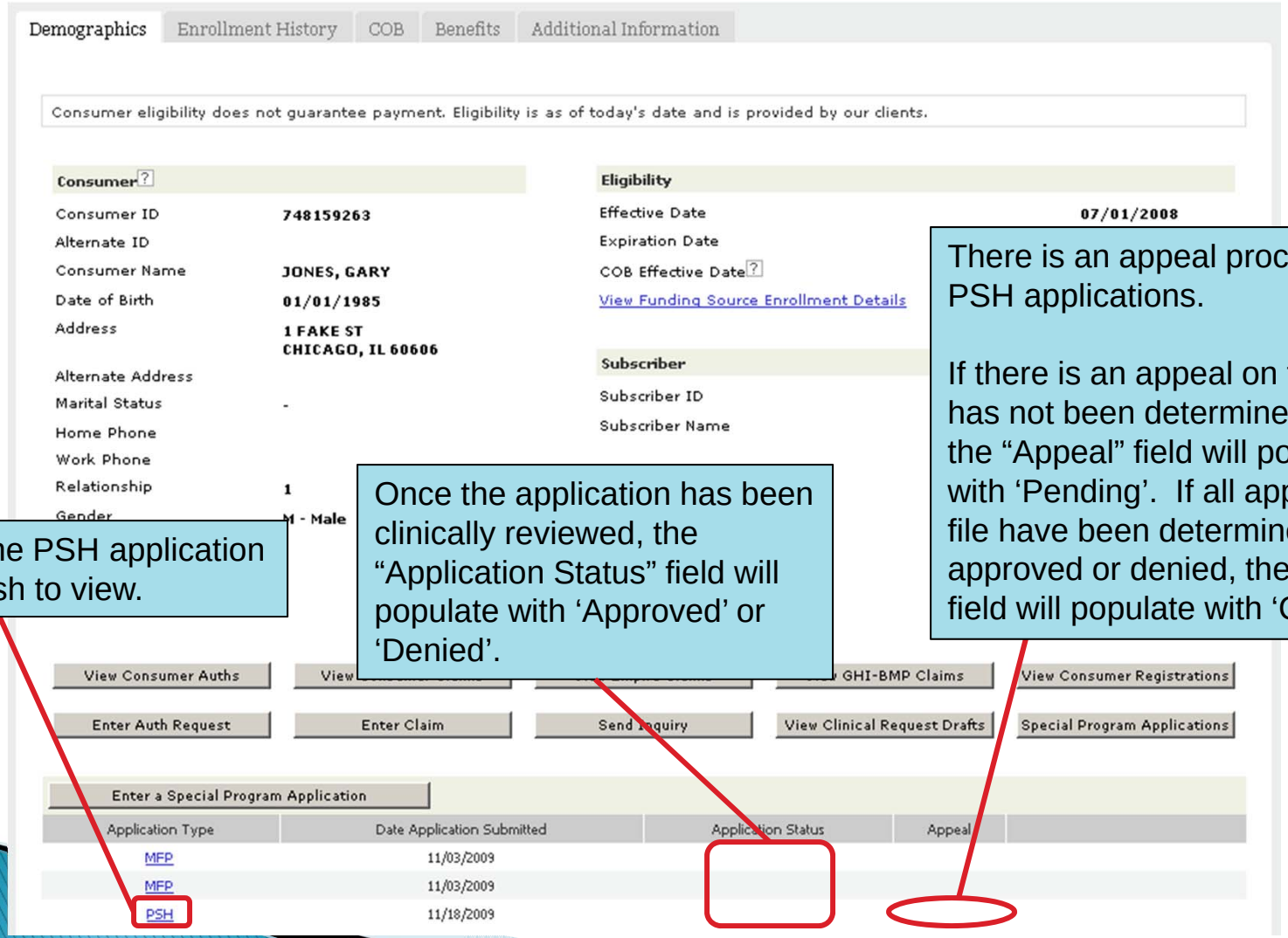
View a Submitted Application in ProviderConnect



View a Submitted Application in ProviderConnect (continued)



View a Submitted Application in ProviderConnect (continued)



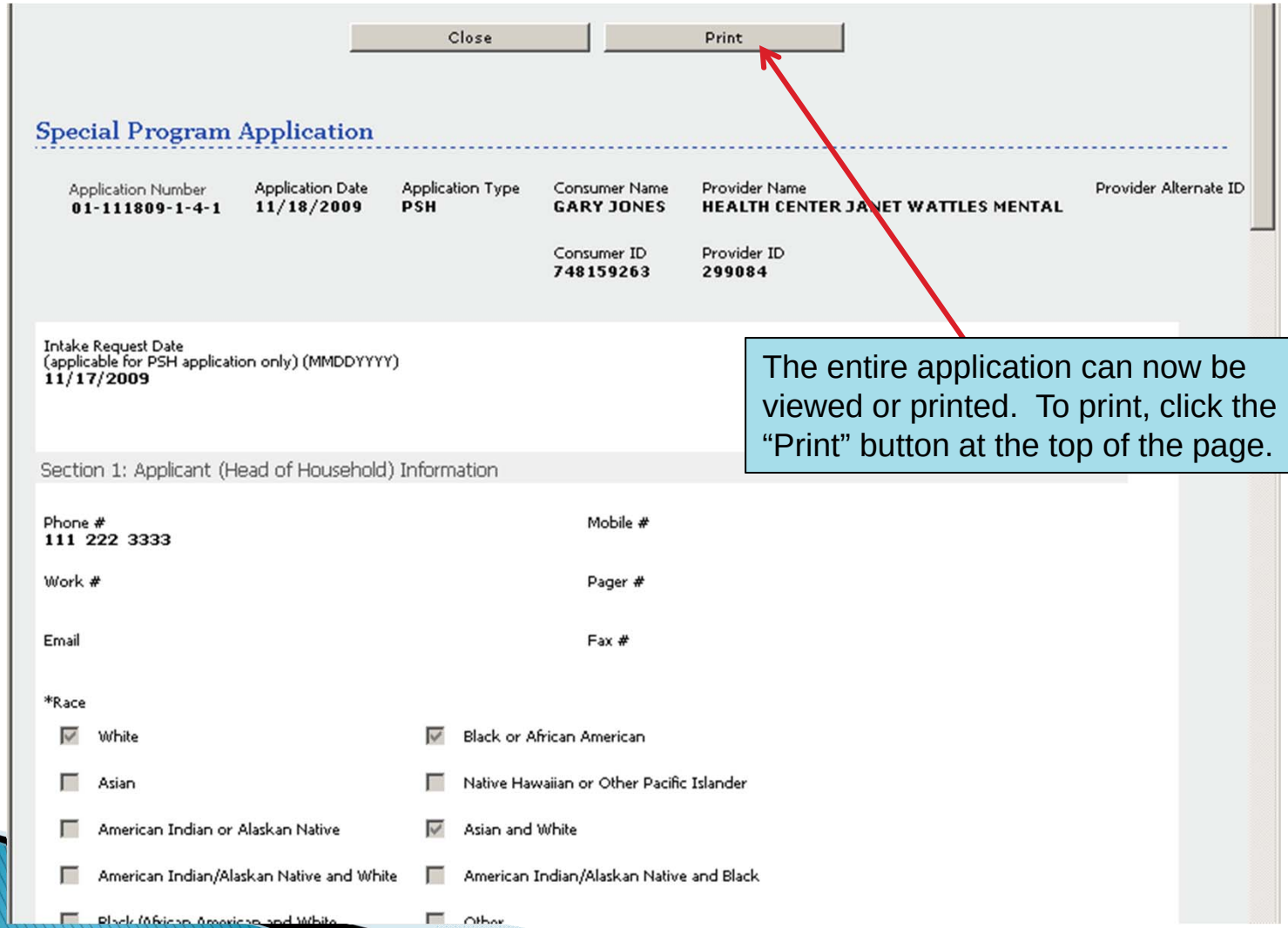
Click the PSH application you wish to view.

Once the application has been clinically reviewed, the "Application Status" field will populate with 'Approved' or 'Denied'.

There is an appeal process for PSH applications.

If there is an appeal on file that has not been determined, then the "Appeal" field will populate with 'Pending'. If all appeals on file have been determined, as approved or denied, the "Appeal" field will populate with 'Closed'.

View a Submitted Application in ProviderConnect (continued)



The entire application can now be viewed or printed. To print, click the "Print" button at the top of the page.

Technical Problems??

- EDI Help Desk (888) 247-9311
  7 AM To 5 PM CST (Mon – Fri)
  - Examples of Technical Problems:
    - Account disabled or forgot password
    - System “freezing” or crashing
    - System unavailable errors
- If questions regard the content of the application, you may contact Lindsay Huth at (312) 814-4822.