MIS Questions Submitted Through July 2008

Registration – General

Q: For Homeless consumers we were using our agency address – should we continue to use this?

A: The defaults in the batch registration guide should be used for all consumers that do not have an address. If you are entering the address on the Collaborative software then you would choose the Address Unknown field and the defaults will be filled in. Unknown should also be submitted by providers using their own software when a consumer's address is unknown. The MH residential Arrangement field will be used to determine if the consumer is homeless. The State Agency address should not be used as a default address.

Q. During the June MIS Services with the Collaborative training you handed out a document entitled Illinois Collaborative Registration field list. Could you please provide a key for the "Req" column?

A: Reg stands for required. The values in this column are Y meaning it is a required field, N meaning it is not required and C meaning it is conditional.

Example of conditional fields is the SSN, SSN Unknown Indicator and the No SSN indicator. These three fields are conditional and dependant on each other. One of these three fields is required to be entered and the other two are required to be blank.

Q. Please describe when the LOCUS information is required and for which consumers this would apply to?

A: The LOCUS fields are not required fields on the registration. However, the LOCUS information should be completed for consumers in ACT and CST.

Q: Please describe when the Guardian fields are required and for which consumers this would apply to?

A: Guardian fields are not a requirement on the registration. However, the Guardian information should be completed for ICG consumers.

Q: Please describe when the Evidence Based Practice fields is required and for which consumers this would apply to?

A: The fields related to Evidence-Based Practices (EBPs) were developed so that individuals receiving specific EBPs of Supported Employment, Integrated Dual

Diagnosis Treatment –IDDT and Medication Algorithms and can be easily identified. If services meeting the fidelity to these EBP models are being provided to an individual that you are registering, indicate Yes, if not, indicate No. Individuals receiving ACT services are authorized for treatment, thus those individuals are also being identified through the new MIS.

Q: For the Justice System Involvement Field, when would you use value 11-Adults?

A: 11 should be "Adult Parole".

Q: When will you provide the definition and list of "core" programs and "ABC" programs?

A:The Core Programs are:

131	Child/Adolescent Flex Funds
213	Consumer Centered Recovery Support
350	Psychiatric Leadership
572	Client Transitional Subsidies
573	Adolescent Transition to Adult Services
574	Psychiatric Medications
860	Crisis Residential
ABC	Medicaid and non Medicaid FFS

The Special Programs are:

121	MH Juvenile Justice
550	Comm Hospital Inpatient Psych Serv
575	PATH Grants
620	CILA
820	Supported Residential
821	Permanent Supported Housing
830	Supervised Residential
ICG	Individual Care Grants

Q: Under core programs, 572 is listed as Adolescent Transition to Adult Services. Previously this program code was used for Client Transitional Subsidy reporting. How are we to report CTS use for FY09?

A: 572 is Client Transitional Subsidies and 573 is Adolescent transition to Adult services. Please continue to report FY09 as you did for FY08. Please also see the

service matrix posted on the Illinois Mental Health Collaborative Website for procedure codes and modifiers that apply to these services.

Q: Since the expectation is to update client data at least once within every six month period, is there any way to flag an approaching end date? The process for registering a client is already front-heavy and fairly time-consuming (checking MEDI, establishing the RIN status, requesting a RIN if one is needed, verifying that an assigned RIN has actually been uploaded in the HFS system) before a client can even be entered into the system. Adding in the need to "touch" every client record already in the system over and over again makes it even more time intensive at a time when the billing process itself is becoming more involved and will take longer to complete.

A: There will be a report of consumers whose registrations will expire in the upcoming month.

Q: When updating a client record, does anything else need to be done besides extending the date? Are there other fields that will be required to be updated each time?

A: There will be specific fields that will require updating. The specific fields have not yet been determined.

Q: Will re-assessment of the fields requiring updating every 6 months be billable?

A: This is not a billable service.

Q: When a client is closed and returns for service, how is reopening a case handled?

A: Closing a registration will make the registration record not available for updating. If a consumer returns for treatment, a new registration will need to be completed and submitted for the consumer.

Q: I understand that all existing client records have been rolled into the provider connect site. These clients are currently authorized through 12/31/2008. My question is what happens when one of these clients MHA expires according to Rule 132. For example Joe Client expires on August 23rd 2008. To maintain compliance with Rule 132 we would conduct a reassessment and a new treatment plan. Would we then need to provide that information to the collaborative and would that constitute a re-authorization of services for another 6 months ?

A: All consumers that have been rolled into the Collaborative system have all core and special programs until 12/31/08. If a consumer is receiving a service that

requires an authorization (ACT, CST, ICG) then an authorization is also required. These consumers can be updated anytime from now until 12/31/08 by registering with the Collaborative. The registration start date that you enter into the registration will calculate the 6 months.

Example: You do the reassessment on Joe Client August 23rd than you can enter the registration using the start date of 8/23/08 and Joe Client would be update in the Collaborative system for 6 months from 8/23/08.

Q: Is there still going to be a more specific webcast training on client registration issues as alluded to during the recent trainings? When will that be occurring?

A: There were three face-to-face meetings held for providers who use 3rd party software to discuss batch registration the week of 7/7/08. There were 2 webcast meetings the week of 7/14/08 for providers using the Collaborative software.

Q: On Provider Connect, when we do a member search some of our clients have an expiration date of 12-31-08 and some say 06-30-08. Can you tell me why this is and how we can correct it?

A: The consumers with an expiration date of 12/31/08 are the consumers the Collaborative updated based on open registrations in ROCs as of 6/23/08. If a consumer in ROCs had more than one registration, only the most current registration was on the "eligibility" file to the Collaborative. If this registration was closed then the consumer would show a 6/30/08 expiration date. The Collaborative has received all registrations from ROCs however including the multiple registrations and this information has been stored in the data warehouse. The Collaborative is using this information to update all consumers who were on the ROCs eligibility file as of 6/23/08 with a closure date but have an open registration in the data warehouse. These consumers will be updated with all programs with an expiration date of 12/31/08. You will receive a report of these consumers as you did the consumers that were updated based on the 6/23/08 file.

As of this time, all consumers from the Collaborative data warehouse have been updated and reports have been sent to all providers who have a ProviderConnect submitter ID.

Q: Also, some of the client's addresses are not correct. Was that information checked with the MEDI system? One of the client addresses is not the current address we have or MEDI has.

A: The Address that is on file would be the address that was on the HFS eligibility file. If the consumer's address was not on the HFS file then the address would be what was on the registration in ROCs.

Q: Is it correct that the clients are showing eligible for all programs until 12/31/08, even if we don't have funding for them?

A: Yes, consumers were updated with all programs until 12/31/08. However, you should only submit billing/reporting for those services for which you are funding and certified. If a service is submitted and you are not contracted to perform that service then the claim will be rejected.

Q: We have found a client who should be open in ROCS/MH Collaborative but has an expiration date of 06/30/08 and no registration or funding for FY '09 until 12/31/08. This was found by accident, so is there a way we can run a report or find out who else this may have happened to before we submit billings that would be rejected?

A: A report of the consumers the Collaborative has updated with an expiration date of 12/31/08 was sent to providers who have a submitter ID in ProviderConnect. Some providers still do not have a submitter ID and the Collaborative has the reports for these providers and will distribute once the submitter ID is assigned. Additionally, not all consumers have been updated yet and additional reports will be distributed.

Q: In the June training it says "DHS/DMH will allow a 30 day retro registration". Am I confusing two different things? For example, if an assessment is dated July 15, and the Registration Start Date is July 15, do we have until August 15 to bill it and if we don't bill it by then, we lose the revenue for that transaction? What if the registration is delayed until Aug. 20, but we give it a Registration Start Date of July 15..will the claim be accepted?

A: Registration and billing are two separate processes but successful billing is dependant on registration. You have 30 days from the date the consumer initially receives a billable service to register that consumer with the Collaborative. The Registration Start Date is the date that the consumer is eligible for services. So would need to be the first date the consumer received a service or before. If the first billable date of service is July 15th then you will need to have the consumer registered before August 14th. A bill for a service with a date of service before the registration start date will be rejected.

This requirement has been suspended at this time and a communication will go out before the 30 day registration requirement is put into place.

Batch Registration Questions

Q: Is a carriage return at the end of each record and an EOF at the end of the file required for batch registration?

A: No, a carriage return and EOF is not needed.

Q: Are the fields case sensitive?

A: Yes, fields should be upper case.

Q: Should position 430 (on page 15 of the batch registration file specification) be for either the CGAS or the GAF, depending on whether the client is a child or adult? The field name just says "CGAS Score".

Q: I was looking over the new layout for Batch Registration and in position 430 – 431 it asks for the CGAS score, and not the GAF. Are you not asking for the GAF any longer?

A: Position 430 is for either the CGAS or GAF score. Field 429 (Functional Scale Used) will indicate if this is the CGAS or GAF score.

Q: Will there be a user-defined document control number in the registration return file?

A: When you submit a batch registration file you will receive an email with a submission number. You will receive several files back related to that submission. All the response files you will receive back will begin with the submission number.

The file with the submission number with an ‘R’ suffix will be all the registration records for that submission with an indicator on the file if the record was accepted or rejected.

There will be another file that will have all the accepted records and will detail what programs the consumer was updated for and the effective date and the end date of that registration. If the consumer was registered in multiple programs there will be a record for each program for which the consumer was registered. If the registration record indicated a special program and you are not contracted for that special program you will get an error code and description of why it was rejected for that special program. This file will have a suffix of ‘A’.

The last file will have the rejected registration records, error codes and descriptions of why the record was rejected. This file will have a suffix of 'E'. If the registration record was rejected due to multiple errors then there will be a record for each error which will have the error code and description.

Q: Regarding positions 1 - 25, What is the difference between "Submitter ID" and "Registering Provider ID"?

Q: Please confirm if the submitter ID and the Registering Provider ID in the first two fields of the format are the same number. If not, can you clarify what the difference is between these two fields?

A: The registering provider ID is your six digit provider ID that was assigned by the Collaborative. The submitter ID is the ID that you will use to access ProviderConnect and submit batch file. If there are multiple staff in your provider agency then each staff member would have a Submitter ID. The first 6 positions of all submitter IDs for your agency would be the same but a suffix is added to this to distinguish each staff member. The submitter ID that is on the batch registration file is the submitter ID where the reports from the batch process will be returned.

Q: Regarding position 281, what is "DFI-CFI Enrollment". How does one learn more about this to understand it if applies to a provider's clients?

A: Providers funded under the Donated Funds Initiative (DFI) or Contracted Funds Initiative (CFI) should be aware of this status as it is not a new field and was reported under the ROCS system.

Q: For the Satellite Code (pos. 77-78), what code do you want us to use for this field for our clients who live at our residential sites, since their residential site has a separate satellite code, but this code is tied to the site, not the client. That is, if that client comes to our main program and receives services here, they would fall under one satellite code, but if they are receiving services at the residential site, it would fall under a different satellite code. Since they will be receiving services under at least two separate satellite codes, which one would you like us to enter for that particular client?

A: The Satellite Code is a current field in ROCs and should be reported to the Collaborative as you are in ROCs.

Q: What value do we place in position 143 and/or 144, if the SS# and either 143 or 144 are blank-is this a Y or N, or some other single letter or number?

A: There are three fields related to Social Security Number. Position 134 through 142 is for the consumers SSN, position 143 is the Social Security Number Unknown Indicator and position 144 is the No social Security Number field. These fields are conditional and one is required to be entered and the other two need to be blank.

If the consumer's SSN is known then that should be entered starting in position 134 and positions 143 and 144 should be blank.

If the consumer's SSN is not known then position 143 should be Y and positions 134 – 142 and position 144 should be blank.

If the consumer's SSN does not have an SSN then position 144 should be Y and positions 134 – 142 and position 143 should be blank.

Q: For all special program fields which are not applicable, what value do we enter for the program begin and end effective dates-is it spaces, or is there some other value to indicate this is not applicable?

A: If you are not registering the consumer for that special program then you would leave the begin and end dates blank.

Q: For those consumers who are enrolled in special residential programs, what begin effective date should we be using for the consumer in positions 365-372? Will this be the actual date they entered our residential program (which could be from many years ago)? Or will it be the first date in the current 6 month window under which we will be operating? Do we have to put an end date of 6 months down the line if we are registering a new consumer? I know that the format says the end date is not required (N), however, in the face to face training we were told that all consumers enrolled in special programs would have to have end dates listed as 6 months from date of registration of that service, and that every 6 months we would have to update this information. So do we need a 6 month end date or don't we?

A: The begin date of the special program should be the date the consumer entered the program. This date should not change when you update the registration at the 6 month interval. DMH would like the start date to be as accurate as possible; however if you are unable to ascertain the specific day of the month that the consumer entered the program, you may use the first day of the month. It is expected that you would enter the actual month and year as determined from your record for each consumer registered. The end date of the special program should be the date the consumer left that special program. This end date will be used to terminate the consumer from that specific program. The collaborative system will

automatically set the 6 months for updating the registration based on the registration start date.

Q: Please clarify from where we are to be drawing the Residential level of care (position 381)? This appears to be tied to the LOCUS, but it is not in the section of the registration file related to LOCUS. Also, for those clients who are not in residential programs, do we use a space to fill this position?

Q: How is residential level of care determined (page 14, position 381) without any definitions of what the levels of intensity are?

A: This is spaces if the consumer is not being registered for a residential program. The criteria for determining the level of care had not been finalized yet. Until further notice please default this to 2 for consumers being registered in residential programs.

Q: For position 382, please confirm whether we will be allowed to continue to use DSMIV diagnoses, or whether we will have to use ICD-9 diagnoses as we were told in the face to face training. If must use ICD-9 codes, then why is this field present at all?

Q: Also on page 14, position 382, why is the option given for DSM-IV codes? It is our understanding that only ICD-9-CM codes are now valid.

A: When you bill for services for the consumer you will need to bill with ICD-9 codes. For the registration process you can use either DSM IV or ICD-9.

Q: For the diagnosis codes which are not being utilized, do we fill with spaces, or use V7109 as we were doing within the ROCS system?

A: Diagnosis codes should be blank if not reported.

Q: For all the fields related to CGAS, if this is not applicable to our consumers, do we use spaces for these fields, or is there some other value we should be putting in these positions in the layout?

A: There is a Functional Scale Used (position 429) which you would indicate C for CGAS and G for GAF. Then CGAS/GAF score (position 430).

Then there are functional Impairment assessments for children and adolescents that are required if you have done the CGAS. These are Self Care (position 432-433), Community (position 434-435), Social Relations (positions 436-437),

Family Relations (positions 438-439) and School (positions 440 – 441). If you indicated you are doing the GAF then these fields should be left blank.

Then there are functional Impairment assessments for adults that are required if you have done the GAF. These are Social Group/School (position 442- 443), Employment (position 444- 445), Financial (positions 446- 447), Community Living (positions 448- 449), Supportive Social (positions 450 – 451), Daily Living Activity (position 452- 453), Inappropriate or Dangerous Behavior (position 454 – 455) and Previous Functional Impairment (position 456 – 457). If you indicated you are doing the CGAS then these fields should be left blank.

Q: For position 576-577, what if the client does not have a guardian? What value would you place here? (In ROCS I believe there is an option for Self or own guardian or no guardian.) And if this is not a required field, how will you know whether any of the clients entered do or do not have guardians since no one would have to enter this information? OK, perhaps you answered part of this question under position 710-711 stating that "Note: Guardian fields will be spaces if no information has been reported."

A: If the consumer does not have a guardian then these fields should be blank.

Q: What type of file format will you need batch registrations saved as? Will it be .txt or .fle or some other format?

A: Batch registration files should be .txt files.

Q: Also, related to registration, is it true that the registration data for new clients opened after July 1st will need to be submitted to the Collaborative and not to DHS; and that the Collaborative is still designing some method of receiving such data from 3rd party software users which is similar to that currently in place for ROCS (i.e., it will not require 837P format)? When will this format layout be available, since 3rd party users need time to adjust their layouts and programming prior to July 1st (and it now is May 30th)? As an addendum to that question, the file list we received at the face-to-face training on June 10th does not seem to be sufficient in that it does not clarify specific file layout requirements per se, just lists the items to be included in the file. Will there be a formal file layout posted somewhere? Until such time as a batch case registration process/file layout has been created and provided to us providers, should we just start individually submitting new registrations in to the Collaborative's system directly effective July 1st? Also, if we do manually enter data in to your system for case registrations, then later send batch registrations electronically, will there be any conflict with our records sent/entered in these two different methods?

A: There were 3 face-to-face batch registration seminars the week of 07/07/08. The file layout for batch registration was reviewed in these seminars. The batch layout is also posted to the DHS website as well as the Illinois Mental Health Collaborative website.

MHS Cross Disabilities Database

Q: Where can we find information on the MH Cross Disabilities Database? Where is this information currently gathered and maintained? Why were providers not notified about this apparently important database?

Q: Please describe when the MH Cross Disabilities database fields is required and for which consumers this would apply to?

Q: The only information I can find on a cross-disability database is the PUNS database for DD services. Obviously this does not constitute the MH Cross-disability database referenced in the Provider Batch Registration File Specifications and therefore, is not collectable information for MH services. Is there another form that MH providers are not yet aware of? How are MH providers expected to enter this information without guidance?

Q: Please clarify for position 481-488 what date we should use if the consumer has not completed a cross disabilities database form (which none of them apparently have since no such form exists). If we have not entered this data in to ROCS (or modified our 3rd party software to include it), then what do we put there since we would not be able to use the date we entered the data in to ROCS? Do we use blanks, or do you want us to use a pseudo date?

A: The cross-disabilities database is mandated by legislation (Public Act 09-053). The legislation requires that certain key pieces of information be collected and maintained by the DHS. At the point that this legislation went into effect, most of the information required was already being collected by the DMH through ROCS. Four fields that were not currently being collected, but that were required by the legislation were: (1) services needed by the consumer (provider perspective), (2) services sought by the consumer (consumer perspective), (3) caregiver age (when appropriate) and (4) cross disabilities form completion date. The DMH worked with members of the Illinois Mental Health Planning and Advisory Council (MHPAC) to develop a list of services and a plan for collecting the data through

ROCS. The four fields were added to the ROCS software developed by the DHS several years ago.

These are required fields for all consumers.

Q: With regard to position 489-490, who is defined as the primary caregiver for our clients residing in our residential sites? That is, whose age do we use for this? Or does this only apply for those living in the community with family? What if they live alone? Who then is their primary caregiver?

A: In instances in which the primary caregiver is unknown, you may report unknown. If the consumer has no primary caregiver, you may report not applicable.