



# REGISTRATION GUIDE

**Version 1**  
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# 1 REGISTRATION OVERVIEW

The registration process is used to determine a member's eligibility and enroll them into available programs for claims reimbursement. The member registration data is vital to accurate reporting and decision making; it is important that information concerning the member is reported and updated every twelve (12) months.

To register a member, it is first necessary to obtain a Recipient Identification Number (RIN) and DHS Social Services (DHS SS) for the member. Only members with DHS SS on file with the Collaborative will be allowed to register. The process for obtaining a RIN and DHS SS is through the Illinois Department of Human Services E-RIN system. This information will be updated in the Collaborative system within five (5) business days.

In the Collaborative system, Programs are labeled as Funds.

## HFS ELIGIBILITY FILE

The Collaborative receives an eligibility file from Illinois Healthcare and Family Services (HFS) daily. This file updates the Collaborative system with a member's DHS SS and Screening, Assessment and Support Services (SASS) eligibility.

The funds assigned are as follows:

- STBO – DHS SS
- SASS – SASS
- MCD – Medicaid

## REGISTRATION FUNDS

The registration process has two categories of funds for which the member can be registered – Core Funds and Special Funds.

Core Funds are:

- 574 – Psychiatric Medications
- 860 – Crisis Residential
- ABC – Medicaid and non-Medicaid Fee for Service
- MCD- Medicaid
- WCC – Williams Class Members

Special Funds are:

- 121 – Juvenile Justice
- 575 – Path Grants
- 820 – Supported Residential
- 830 – Supervised Residential

## SELECTING FUNDS

The registration process requires selection of the Special Funds for which the member should be registered.

The member will be registered in all Core Funds and any other Special Funds selected for which the registering agency is contracted.

## MEMBERS IN SASS

If a member is SASS eligible, then the only program that can be registered is 121 (Mental Health Juvenile Justice). If the member is SASS eligible on the registration start date and the registration does not indicate enrollment into 121 then the registration will be rejected with a message explaining that the member has SASS.

If a member becomes SASS eligible during the one-year period for which a registration is already on file and the registration does not include 121 then the registration should be closed.

If a member becomes SASS eligible during the one-year period for which a registration is already on file and the registration does include 121 then the registration can remain open as long as the agency is providing 121 services to the member. Once the agency is no longer providing these services the registration should be closed.

Any claims submitted while the member is SASS eligible for 121 will be rejected.

## ELIGIBILITY STATUS

The eligibility status will be determined at the time of registration based on the DBHR eligibility definitions for all registrations.

- TADL – Target Adult
- TCHD – Target Child
- ELIG – Eligible
- INEL – Ineligible

If the eligibility status is INEL and this is a new registration for the member, they will not be eligible for any funds. The confirmation page will display the registration status of ineligible.

The screenshot shows a web interface for 'Consumer Registration Confirmation'. At the top, there are navigation links for 'Member', 'Message Center', and 'Forms'. The main heading is 'Consumer Registration Confirmation'. Below this, a yellow banner contains the text 'Status: Ineligible', which is highlighted with a red rectangular box. Underneath the banner is a form with two rows of input fields: 'Provider Name', 'Provider ID', 'Provider Address' in the first row, and 'Consumer Name', 'Consumer ID', 'Consumer Address' in the second row. Below the form is a table with three columns: 'Registration Start Date', 'Registration End Date', and an unlabeled column. The table contains one row with the following data: 'INELIGIBLE CONSUMER', '05/06/2026', and '05/06/2026'. Below the table, there is a 'Message:' section with the text 'The consumer is not eligible for DMH-funded Services.' and a blue 'Return' button at the bottom right.

	Registration Start Date	Registration End Date
INELIGIBLE CONSUMER	05/06/2026	05/06/2026

Message:  
The consumer is not eligible for DMH-funded Services.

[Return](#)

If the eligibility status is INEL and this is a re-registration for the member, all funds for the member will be terminated with a termination date of one day before the re-registration start date (if the determination of INEL was due to a keying error and the member should be eligible then you should re-register the member using the same start date)

For the ABC fund, Eligibility status will be based on the Diagnosis Code. The fund will be assigned effective on the registration start date through the end of the registration period. All other funds will be effective on the registration start date through the end of the registration period.

**DHS ELIGIBILITY FILE – WILLIAMS CLASS FUND ELIGIBILITY**

The Collaborative receives a file from DHS with Williams Class eligible members. These members are loaded into the Collaborative system with a Fund Code of EWCC. Members with active DHS SS (STBO) and EWCC can be registered in the Williams Class (WCC) fund.

The list below contains the valid IMD Home Codes for the Williams Members:

HOMECODE	NF_NAME	NF_ADR	NF_CITY	NF_ZIP	NF_CNTY
6007959	ALBANY CARE	901 MAPLE AVENUE	EVANSTON	60202	COOK
6000848	BELMONT NURSING HOME	1936 WEST BELMONT AVENUE	CHICAGO	60657	COOK
6002018	BRYN MAWR CARE	5547 NORTH KENMORE	CHICAGO	60640	COOK
6001598	CENTRAL PLAZA RESIDENTIAL H	321-27 NORTH CENTRAL	CHICAGO	60644	COOK
6001846	CLAYTON RESIDENTIAL HOME	2026 NORTH CLARK STREET	CHICAGO	60614	COOK
6001994	COLUMBUS MANOR RES CARE HOME	5107-21 WEST JACKSON BOULEVARD	CHICAGO	60644	COOK
6003776	GRASMERE PLACE	4621 NORTH SHERIDAN	CHICAGO	60640	COOK
6000202	GREENWOOD CARE	1406 CHICAGO AVENUE	EVANSTON	60201	COOK
6005623	LYDIA HEALTHCARE	13901 SOUTH LYDIA	ROBBINS	60472	COOK
6005755	MARGARET MANOR	1121 NORTH ORLEANS	CHICAGO	60610	COOK
6005763	MARGARET MANOR - NORTH BRANCH	940 WEST CULLOM AVENUE	CHICAGO	60613	COOK
6006290	MONROE PAV HLTH/TREATMENT CTR	1400 WEST MONROE STREET	CHICAGO	60607	COOK
6008734	RAINBOW BEACH CARE CENTER	7325 SOUTH EXCHANGE STREET	CHICAGO	60649	COOK
6008320	SACRED HEART HOME	1550 SOUTH ALBANY	CHICAGO	60623	COOK
6008643	SKOKIE MEADOWS NRSG CENTER #2	4600 WEST GOLF ROAD	SKOKIE	60076	COOK
6009385	THORNTON HEIGHTS TERRACE	160 WEST 10TH STREET	CHICAGO HEIGHTS	60411	COOK
6010045	WILSON CARE	4544 NORTH HAZEL STREET	CHICAGO	60640	COOK
6010060	WINCREST NURSING CENTER	6326 NORTH WINTHROP AVENUE	CHICAGO	60660	COOK
6001069	BOURBONNAIS TERRACE	133 MOHAWK DRIVE	BOURBONNAIS	60914	KANKAKEE
6004972	KANKAKEE TERRACE	100 BELLE AIRE	BOURBONNAIS	60914	KANKAKEE
6000038	ABBOTT HOUSE	405 CENTRAL AVENUE	HIGHLAND PARK	60035	LAKE
6000764	BAYSIDE TERRACE	1100 SOUTH LEWIS AVENUE	WAUKEGAN	60085	LAKE
6009807	LAKE PARK CENTER	919 WASHINGTON PARK	WAUKEGAN	60085	LAKE
6007363	DECATUR MANOR HEALTHCARE	1016 W. PERSHING RD.	DECATUR	62526	MACON
6007926	SHARON HEALTH CARE WOODS	3223 WEST RICHWOODS BOULEVARD	PEORIA	61604	PEORIA

## 2 AVAILITY® MEMBER REGISTRATION OVERVIEW

Availity® is an online system that gives providers an easy-to-use application for completing Member Registrations. This system will allow the user to access information 24 hours per day, seven days per week.

Providers will be able to use Availity® to:

- Obtain information on members' Eligibility and Benefit status
- Register Members
- Re-Register Members
- Close Member Registrations
- Update Member Address

### Pre-Steps to Using Availity®

Agencies must be enrolled with HFS before enrolling with the Collaborative

- Contact Carelon's National Networks team at 800-397-1630 to obtain a Provider ID number.
  - Inform the representative this is for the Illinois Mental Health Collaborative
- The Provider ID number is assigned by Carelon Behavioral Health.
- Each Provider with a Provider ID number will be able to obtain their first Availity® logon ID.
- Use the following link to create an Availity® ID. <https://essentials.availity.com/>

The screenshot shows the Availity website interface. At the top left, there is a blue banner with the text: "Need help with 2-Step Authentication? Visit our [2-Step Support and Information Hub](#) for resources and guidance." Below this is the Availity logo. The main content area is split into two columns. The left column features a "Sign In" form with fields for "User ID" (with the placeholder "Enter your user ID.") and "Password" (with the placeholder "Enter your password." and a toggle icon). A blue "Sign In" button is positioned below the fields. Underneath the button are two links: "Forgot your user ID?" and "Forgot your password?". A "Note" at the bottom of the form states: "Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy." The right column is titled "New to Availity?" and contains the text "Create a free account and discover all the benefits of using Availity." followed by a list of four benefits, each preceded by a red checkmark icon: "Free, real-time access to hundreds of payers", "Check eligibility, submit claims, collect patient payments and track ERAs", "Update your provider profiles", and "Manage quality-of-care paperwork". At the bottom of this column is a button labeled "Create a Free Account". The footer of the page reads "© 2026 Availity LLC. All rights reserved. [Privacy Policy](#)".

# Contact Info

## CONTACT INFORMATION FOR ASSISTANCE

### ❑ **Availity® Help Desk**

- Availity® questions regarding:
  - Getting signed on
  - Reporting degradation with system response time
  - Messages/errors that need clarification
  - General Navigation
- **Call - 1.800.AVAILITY (282.4548)**

### ❑ **Collaborative EDI Help Desk – Technical Questions Regarding:**

- Batch Registration
- ProviderConnect single sign-on issues including passwords
- **Call – 1 (888) 247-9311**
- Hours of operation are Monday-Friday 7am – 5pm (Central Time)

### ❑ **Other Registration Questions:**

- Email - [IllinoisPCI@Carelon.com](mailto:IllinoisPCI@Carelon.com)

### ❑ **DHS Specific Calls for Assistance:**

- For **e-RIN** – Call: 1 (800) 385-0872
- For **DHS** – Call: 1 (800) 843-6154

CONTINUE TO THE NEXT SECTION

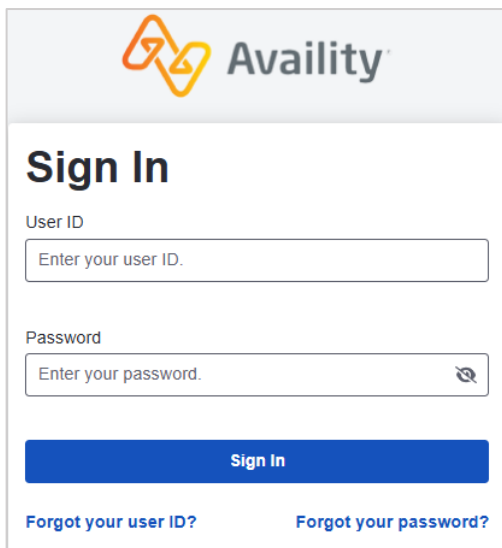
### 3 AVAILITY® SIGN IN

Availity® is a web-based application that can be accessed from the Illinois Mental Health Collaborative web site or the links below.

#### ACCESS AVAILITY®

To access the **Availity®** Provider Portal, [click here](#).

1. The Availity® Sign In Page will display
2. Enter your **User ID & Password**
3. Click **Sign In**



4. If you have the multifactor authentication application set up on your mobile device:
  - a. Click **Yes** to receive your secure login code.
5. If you do not have the mobile application on your phone:
  - a. Click **No** to have the secure code sent to the email address associated with this Availity® account.
  - b. If you require assistance, there is a message on the top of the Availity® sign in page for assistance with 2-Step Authentication.

**i Need help with 2-Step Authentication?**  
Visit our [2-Step Support and Information Hub](#) for resources and guidance.

6. After entering in your multifactor authentication code, you will be redirected to the Availity® **User Agreement** page. Read the **User Agreement**, then click **I agree** to access Availity®

CONTINUE TO THE NEXT SECTION

# 4 MEMBER INFORMATION

## Member Search

On the Provider Portal, begin by performing a **Member Search**: (All fields with an Asterisk (\*) are required to advance through the form)

1. Enter the **Member ID (RIN), First Name, Last Name, Date of Birth**,
2. The **“As of Date”** will auto-populate with the current date (you can change this date if applicable)
3. Then Select the **Search** Button

The screenshot shows the 'Provider Portal' interface. At the top, it displays the organization as 'Carelon Behavioral Health Test Organization' and a 'Provider' field. Below this, there are navigation tabs for 'Member', 'Message Center', and 'Forms'. The 'Member Search' section contains a form with the following fields: '\* Member ID', '\* First Name', '\* Last Name', '\* Date of Birth' (with a calendar icon), and '\* As of Date' (with a calendar icon). A 'Search' button is highlighted with a red box. Below the search fields, there is a 'Register a New Member' section with a 'Continue' button.

4. **Member Search** Results will be displayed
5. Select the **Member Details** Button to continue.

The screenshot shows the 'Member Search Results' page. It displays the same search form as the previous screenshot, but with a 'Search' button highlighted in blue. Below the search form, there is a 'Search Results' section. The results are displayed in a table-like format with the following fields: 'Member ID', 'Date of Birth', 'Health Plan' (ILLINOIS MH COLLABORATIVE FOR ACCESS AND CHOICE), 'Address', 'Effective Date' (05/01/2011), and 'Expiration Date'. A 'Member Details' button is highlighted with a red box.

6. The **Member Details** results will be displayed

**Member**   Message Center   Forms

Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

< [Consumer Search](#)

**Consumer**   Action

<b>Consumer ID</b> [Redacted]	<b>Alternate ID</b> -	<b>Consumer Name</b> [Redacted]
<b>Date of Birth</b> [Redacted]	<b>Address</b> [Redacted]	<b>Alternate Address</b> -
<b>Marital Status</b> -	<b>Home Phone</b> -	<b>Work Phone</b> 000-381-8173
<b>Relationship</b> 1 - Self	<b>Gender</b> M - Male	

▸ **Demographics**

▸ **Enrollment History**

▸ **Coordination of Benefits (COB)**

▸ **Additional Information**

▸ **Primary Care Provider**

▸ [Terms of use](#)

The **Member Details** page contains sections such as, Demographics, Enrollment History, Coordination of Benefits (COB), etc. Those fields are expandable.

CONTINUE TO THE NEXT SECTION

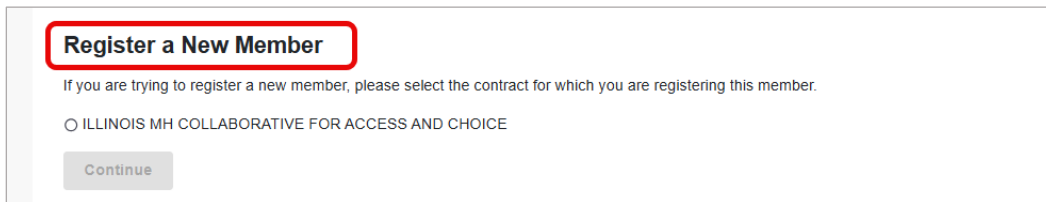
## 5 MEMBER REGISTRATION

The Registration process allows providers to manage enrollment of members with Funding Sources and ensure required information is provided to maintain the member's eligibility.

**Member Registration** will be used for the following:

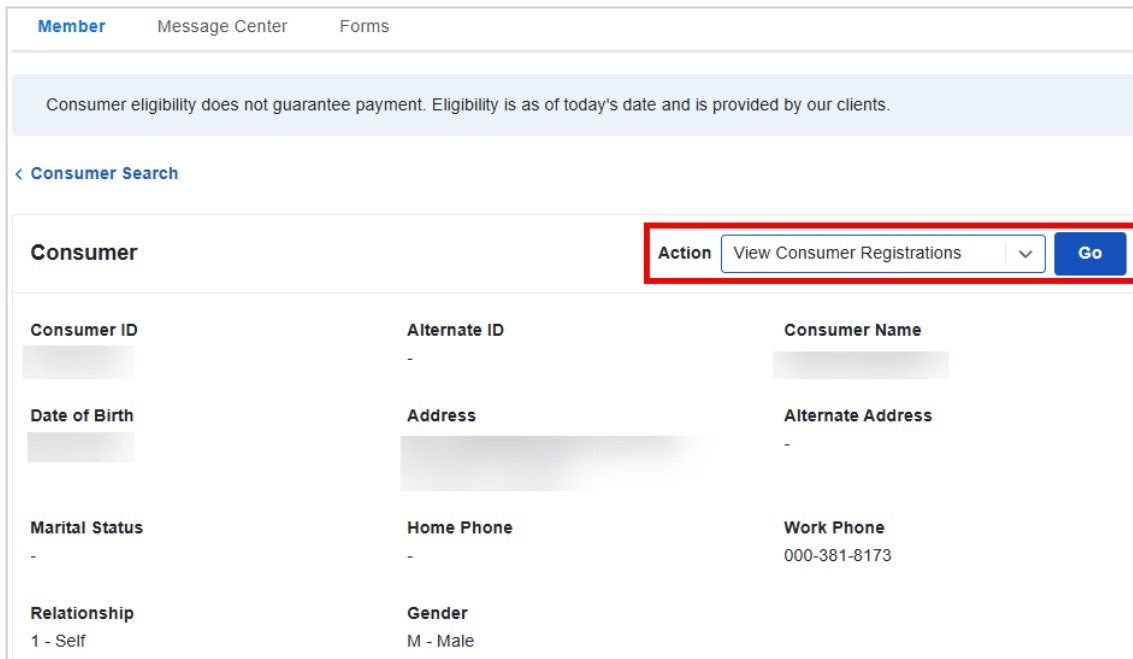
- Register a new member
- Register a new member and close at the same time (This would be used when a member came in for crisis services and did not continue in services)
- Register a member who had been previously closed

While it is possible to register a new member by using the **Register a New Member** section on the **Member Search** page, much of the personal information will not auto populate in the Demographics section of the Registration screen.



The screenshot shows a button labeled "Register a New Member" highlighted with a red box. Below the button is a text prompt: "If you are trying to register a new member, please select the contract for which you are registering this member." There is a radio button next to the text "ILLINOIS MH COLLABORATIVE FOR ACCESS AND CHOICE". At the bottom of the form is a "Continue" button.

The Collaborative recommends doing a **Member Search** then selecting the **drop-down menu** in the **Action** section to **View Consumer Registrations**. This will prepopulate existing consumer demographics on the Registration.



The screenshot shows the "Member Search" page. At the top, there are links for "Member", "Message Center", and "Forms". A blue banner contains the text: "Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients." Below this is a "Consumer Search" link. The main section is titled "Consumer" and contains a table of demographic information. To the right of the table is an "Action" menu with a dropdown menu set to "View Consumer Registrations" and a "Go" button. The table contains the following information:

Consumer ID	Alternate ID	Consumer Name
-	-	-
Date of Birth	Address	Alternate Address
-	-	-
Marital Status	Home Phone	Work Phone
-	-	000-381-8173
Relationship	Gender	
1 - Self	M - Male	

## REGISTER A MEMBER

On the Provider Portal, begin by performing a **Member Search**: (All fields with an Asterisk (\*) are required to advance through the form)

1. Enter the **Member ID (RIN), First Name, Last Name, Date of Birth,**
4. The **“As of Date”** will auto-populate with the current date. (you can change this date if applicable)
2. Then Select the **Search** Button

The screenshot shows the 'Provider Portal' interface. At the top, it displays the organization as 'Carelon Behavioral Health Test Organization' and a 'Provider' field. Below this, there are navigation tabs for 'Member', 'Message Center', and 'Forms'. The 'Member Search' section contains several required fields: Member ID, First Name, Last Name, Date of Birth, and As of Date. A 'Search' button is highlighted with a red box. Below the search fields, there is a 'Register a New Member' section with a 'Continue' button.

3. On the **Member Search** Landing Page,
  - a. Select the **drop-down menu** in the **Action** section to **View Consumer Registrations**.
  - b. Select **Go**

The screenshot shows the 'Member Search' landing page. At the top, there is a navigation bar with 'Member', 'Message Center', and 'Forms'. Below this, a message states: 'Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.' The 'Consumer Search' section is active, showing a table of consumer details. The 'Action' section is highlighted with a red box, containing a dropdown menu set to 'View Consumer Registrations' and a 'Go' button. The consumer details table includes fields for Consumer ID, Alternate ID, Consumer Name, Date of Birth, Address, Alternate Address, Marital Status, Home Phone, Work Phone, Relationship, and Gender.

Consumer ID	Alternate ID	Consumer Name
	-	
Date of Birth	Address	Alternate Address
		-
Marital Status	Home Phone	Work Phone
-	-	000-381-8173
Relationship	Gender	
1 - Self	M - Male	

- If no existing registrations are found for the agency, **“No Records Found”** message will display at the bottom of the screen.
- Click on **Add Registration**

The screenshot shows the 'Provider Portal' interface. At the top, it displays the organization name 'Carelon Behavioral Health Test Organization' and a 'Change Organization and Provider' link. Below this is a 'Provider' field and a 'ProviderConnect' button. A navigation bar includes 'Member', 'Message Center', and 'Forms'. A blue banner states: 'Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.' Underneath is a '< Consumer Details' link. The main section is titled 'Consumer Registrations' and features a red-bordered 'Add Registration' button. Below the button is a table with columns: 'Date Created', 'Edited By', 'Fund', 'Effective Date', 'Expiration Date', and 'Action'. A red-bordered box highlights the text 'NO RECORDS FOUND' centered at the bottom of the table.

### Start the Member Registration Process

All fields with an asterisk ( \* ) are required to advance through the form

- Complete the Consumer (Member) Registration information

The screenshot shows the 'Provider Portal' interface for the 'Consumer Registration' process. It includes the same organization and provider information as the previous screenshot. The navigation bar is the same. A blue banner contains a note: 'If you are experiencing IL Member Registration issues that the manual guide does not address, please send redacted screenshots with a detailed description of the issues to [IllinoisPCI@carelon.com](mailto:IllinoisPCI@carelon.com).' Below this is a note: 'All fields marked with an asterisk (\*) are required.' The main section is titled 'BASIC INFORMATION' and contains several input fields: '\* Registration Start Date' (with a calendar icon), '\* Recipient ID(RIN)', 'Client ID', '\* Agency FEIN', and '\* Medicaid Site ID'. A red-bordered box highlights the 'Add Registration' button in the top right corner of the form area.

DEMOGRAPHICS

* Last Name	* First Name	Middle Initial	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Date of Birth	* Mother's Maiden Name	* Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Unknown <input type="checkbox"/> No SSN			
* Gender			
<input type="text" value="M - MALE"/>			
* Address Line 1	Address Line 2		
<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> Address Unknown			
* City	* State	* ZIP Code	+4 Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* County	Township/Community Area	* Williams Class Consumer	
<input type="text" value="SELECT"/>	<input type="text" value="SELECT"/>	<input type="radio"/> Yes <input type="radio"/> No	
IMD Home Code			
<input type="text" value="SELECT"/>			

*Note: For Household Income, the value 99999 cannot be entered to denote Unknown income. All income values will be assessed to determine benefits.*

* Household Income	* Client Income	* Household Size
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Household Composition		
<input type="text" value="SELECT"/>		

* Education Level	
<input type="text" value="SELECT"/>	
* Military Status	* Marital Status
<input type="text" value="SELECT"/>	<input type="text" value="SELECT"/>
* Employment Status	* SSI-SSDI Eligibility
<input type="text" value="SELECT"/>	<input type="text" value="SELECT"/>
* DFI-CFI Enrollment	* Court/Forensic Treatment
<input type="text" value="SELECT"/>	<input type="text" value="SELECT"/>

* Race 1 SELECT	* Race 2 SELECT
* Race 3 SELECT	* Race 4 SELECT
* Race 5 SELECT	* Citizenship SELECT
* Hispanic Origin SELECT	* Language SELECT
* Interpreter Services Needed SELECT	* MH Residential Arrangement SELECT
* Justice System Involvement SELECT	
DBHR Special Projects SELECT	
* Consumer Third Party Payor <input type="radio"/> Yes <input type="radio"/> No	* MH Residential Indicator <input type="radio"/> Yes <input type="radio"/> No

Below are Field Descriptions for the **Demographics Information** on the Consumer (Member) Registration Screen. Pre-populated fields can be edited if necessary (*For example: The member's address changed*).

Key for **Required** column in Field Descriptions:

- Y – Field is required
- N – Field is not required
- C – Field is conditionally required
- O-- Field is optional

Field	Description	Required	Type
Registration Start Date	The begin date for the current registration.  This date cannot be backdated for more than 365 days.  This date cannot be a future Date	Y	"MM/DD/YYYY Y" text with Calendar date-picker
Recipient ID (RIN)	The member's 9-digit recipient identification number (RIN)  Pre-populates when registering using the Add Member Registration button	Y	Free form text
Client ID	A unique ID number assigned by the agency to the client	N	Free form text
Agency FEIN	The agency's 9-digit Federal Employer Identification Number (FEIN)	Y	Free form text

Field	Description	Required	Type
Medicaid Site ID	HFS assigned Medicaid site ID number where the client is registered  Non-Medicaid-enrolled agencies report 000 for this field.	Y	Free form text
Last Name	The member's legal last name  Pre-populates when registering using the Add Member Registration button	Y	Free form text
First Name	The member's legal first name  Pre-populates when registering using the Add Member Registration button	Y	Free form text
Middle Initial	Middle initial of the member  Pre-populates when registering using the Add Member Registration button	O	Free form text
Suffix	The name suffix if the member has one (Jr, Sr, III, etc.)	O	Free form text
Date of Birth	The date on which the member was born. Must be valid date and not future date  Pre-populates when registering using the Add Member Registration button	Y	"MM/DD/YYYY" text with Calendar button
Mother's Maiden Name	The legal maiden last name of the member's mother. UNKNOWN if this name was not determined	Y	Free form text
Social Security Number	The member's valid SSN  If SSN entered, cannot be 111111111, 222222222, 333333333, 444444444, up to 888888888, or 123456789, or 987654321  Pre-populates when registering using the Add Member Registration button	Y	Free form text
Unknown SSN	Used if member's SSN is unknown  If unknown SSN is selected, the SSN will default to 999999999 – member SSN is not known	C	Checkbox
No SSN	Used if member has no SSN  If unknown SSN radio button is selected, the SSN will default to 000000000 – member SSN is not known	C	Checkbox
Gender	Gender of the member.  F – Female M – Male	Y	Dropdown Box
Primary Address	The current street or box number of the member with the street name.  SmartyStreets will activate and only allow a valid address.	Y	Free form text or check box

Field	Description	Required	Type
	<p>Check Box for Address unknown – Will default to UNKNOWN</p> <p>Pre-populates when registering using the Add Member Registration button</p>		
Address Line 2	Pre-populates when registering using the Add Member Registration button	N	Free form text
City	<p>The current city of the member</p> <p>Check Box for Address unknown – Will default to UNKNOWN</p> <p>Pre-populates when registering using the Add Member Registration Button</p>	Y	Free form text
State	<p>The current State of the member</p> <p>Check Box for Address unknown – Will default to ZZ</p> <p>Pre-populates when registering using the Add Member Registration Button</p>	Y	Free form text
ZIP	<p>The current Postal zip code of the member</p> <p>Check box for Address unknown – Will default to 99999</p> <p>Pre-populates when registering using the Add Member Registration Button</p>	Y	Free form text
ZIP Suffix	<p>4-digit ZIP extension</p> <p>Pre-populates when registering using the Add Member Registration Button</p>	N	
Address Unknown	If populated, member address defaults to values identified in description of field	C	Check Box
County	The Illinois county code where the member currently lives	Y	Drop down box
Township/Community Area	The Community Area if the member resides in Chicago, or Township if the member resides outside the Chicago city limits as applicable, where the member currently lives	Y	Drop down box
Williams Class Indicator	<p>Indicates if the member is a Williams Class Member.</p> <p>Yes, member is a Williams Class Member No, member is not a Williams Class Member</p>	Y	Radio button
IMD Home Code	The facility the Member currently resides – must be valid IMD Home code	C	Drop down box

Field	Description	Required	Type
Household Income	The total monthly income of all family members in the member's household at the time of this registration. This should be entered as dollars only. Round to the nearest dollar. 99999 is no longer valid as unknown income.  Example: 151.21 would be entered as 151  Range: 00000 – 99998	Y	Free form text
Client Income	The total monthly income of the member at the time of this registration. This should be entered as dollars only. Round to the nearest dollar. 99999 is no longer valid as unknown income.  Example: 151.21 would be entered as 151  Range: 00000 – 99998	Y	Free form text
Household Size	The total number of family members in the household, including the member.  Range: 01 – 20	Y	Free form text
Household Composition	The member's household composition  10 -Lives alone 20 -Lives with one or more relatives 30 -Lives with non-related persons 99 -Unknown	Y	Drop down box
Education Level	The highest grade level completed by the member  00 - Never attended school 01 - 11 - Last primary/secondary grade completed 20 - Preschool/kindergarten 30 - High School diploma 31 - General Equivalency Diploma (GED) 32 - Special Education Certificate of Completion 40 - Post-secondary training 41 - One year college 42 - Two years college 43 - Three years college 50 - College Bachelor's degree 60 - Post Graduate college degree 99 - Unknown	Y	Drop down box
Military Status	The military status of the member  0 -Not a Veteran 1 -Veteran 2 -Currently on active duty 9 -Unknown	Y	Drop down box
Marital Status	Marital status of the member  1 -Never Married 2 -Married 3 -Widowed	Y	Drop down box

Field	Description	Required	Type
	4 -Divorced 5 -Separated C- Civil Union 9 -Unknown, declines to specify		
Employment Status	The current employment status of the member  10 -Employed 11 -Employed full time (unsubsidized) 12 -Employed part time (unsubsidized) 13 -Employed, subsidized/supported 14 -Attending vocational/day program 20 -Unemployed/layoff from job 30 -Not in the Labor Force 90 -Other 99 -Unknown	Y	Drop down box
SSI-SSDI Eligibility	The Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) eligibility status for the member  0 -Not Applicable 1 -Eligible, receiving payments 2 -Eligible, not receiving payments 3 -Eligibility determination pending 4 -Potentially eligible but has not applied or status unknown 5 -Determined to be ineligible 9 -Eligibility status unknown	Y	Drop down box
DFI-CFI Enrollment	The member's Donated Funds Initiative (DFI) or Contracted Funds Initiative (CFI) enrollment status  N -Not Applicable Y -Enrolled in DFI/CFI	Y	Drop down box
Court/Forensic Treatment	Status of forensic/court-ordered treatment plans at the time of registration  00 -Not applicable 01 -Department of Corrections client 02 -Unable to Stand Trial 03 -Unable to Stand Trial-ET (Extended Term) 04 -Unable to Stand Trial-G2 05 -Not Guilty by Reason of Insanity 06 -Civil court-ordered treatment 07 -Criminal court-ordered treatment 08 -Court-ordered evaluation/assessment only 99 -Forensic status unknown	Y	Drop down box
Race 1	Race of the member  10 - White 20 - Black/African American 30 - Asian 40 - American Indian/Alaskan Native 50 - Native Hawaiian or Other Pacific Islander 99 - Unknown	Y	Drop down box

Field	Description	Required	Type
Race 2	Race of the member 10 - White 20 - Black/African American 30 - Asian 40 - American Indian/Alaskan Native 50 - Native Hawaiian or Other Pacific Islander 98 – Nothing to report	Y	Drop down box
Race 3	Race of the member 10 - White 20 - Black/African American 30 - Asian 40 - American Indian/Alaskan Native 50 - Native Hawaiian or Other Pacific Islander 98 – Nothing to report	Y	Drop down box
Race 4	Race of the member 10 - White 20 - Black/African American 30 - Asian 40 - American Indian/Alaskan Native 50 - Native Hawaiian or Other Pacific Islander 98 – Nothing to report	Y	Drop down box
Citizenship	The citizenship status of the member Y -U.S. Citizen N -non-U.S. Citizen U -Unknown	Y	Drop down box
Race 5	Race of the member 10 - White 20 - Black/African American 30 - Asian 40 - American Indian/Alaskan Native 50 - Native Hawaiian or Other Pacific Islander 98 – Nothing to report	Y	Drop down box
Hispanic Origin	Hispanic origin of a person of Spanish culture or origin, regardless of race 00 - Not of Hispanic origin 11 - Mexican/Mexican American 12 - Puerto Rican 13 – Cuban 14 – Central American 18 – Other Hispanic 99 – Unknown, not classified	Y	Drop down box
Language	Primary language of the member 10 - English 20 - Spanish 30 - Other Western European 40 - Eastern European	Y	Drop down box

Field	Description	Required	Type
	41 - Bosnian 42 - Polish 43 - Russian 50 - Asian 51 - Arabic 52 - Chinese 53 - Indian 54 - Korean 55 - Vietnamese 60 - African 70 - American Sign Language 90 - Other 99 - Unknown		
Interpreter Services Needed	The type of interpreter services required by the member  0 - Services Not Needed 1 - American Sign Language 2 - Foreign Language 9 - Unknown	Y	Drop down box
MH Residential Arrangement	The member's primary residential situation while services are being provided  10 -Homeless 21 -Private residence - supervised 22 -Private residence - unsupervised 31 -Other residential setting - supervised 32 -Other residential setting - unsupervised 40 -State-Operated Facility 50 -Jail or correctional facility/institution 60 -Other institutional setting 70 - skilled/intermediate care nursing facility 80 - IMD 90 -Other 99 -Unknown	Y	Drop down box
Justice System Involvement	The member's criminal justice system involvement at the time of registration  00 - Not Applicable 01 - Arrested 02 - Charged with a Crime 03 - Incarcerated (jail) 04 - Incarcerated (prison) 05 - Juvenile Detention Center, 06 - Detained (Jail), 07 - Mental Health Court 08 - Other 09 - Unknown 10 - Adult Probation 11 - Adults	Y	Drop down box
DBHR Special Projects	TC - Transition Community Care and Supports, SM - SMHRF COMP SRVS - Registration Dates After 10/1/14, CD - Colbert Consent Decree	N	Drop down box

Field	Description	Required	Type
	CC – Certified Community Behavioral Health Clinic		
Member Third Party Payer	Member third party payer Yes or No	Y	Radio button
MH Residential Indicator	Designates whether the member is enrolled in the DHS funded MH CILA program. Yes or No	Y	Radio button

2. Select the appropriate **Special Program Enrollment** and **MH Closing (if closing)** information criteria
3. Then select **Continue**.

**SPECIAL PROGRAM ENROLLMENT**

\* Juvenile Justice  
 Yes  No

\* Path Grant  
 Yes  No

\* Consumer in Residential program funded by DBHR

\* Permanent Supported Housing  
 Yes  No

---

**MH CLOSING**

MH Closing Date:

MH Closing Disposition:

Below are Field Descriptions for the **Special Program Enrollment** and **MH Closing** information.

Key for **Required** column in Field Descriptions:

- Y – Field is required
- N – Field is not required
- C – Field is conditionally required
- O-- Field is optional

Field	Description	Required	Type
Juvenile Justice	Special Program Enrollment-Juvenile Justice Program Yes to enroll the member in the Juvenile Justice Program, No If the member is not being enrolled in this program.	Y	Radio button

Field	Description	Required	Type
Juvenile Justice Begin Date	Juvenile Justice Begin Date If Yes was selected then the begin date is required. The begin date is the initial enrollment date into the Juvenile Justice program	C	Free form text with Calendar button
Juvenile Justice End Date	Juvenile Justice End Date Enter the date the member was no longer receiving services under this program. This will terminate benefits for this member for this program.	N	Free form text with Calendar button
Path Grant	Special Program Enrollment PATH Grants  Yes to enroll the member in the PATH Grant Program. PATH Grant Begin Date will be required, No if the member is not being enrolled in this program	Y	Radio button
Path Grant Begin Date	PATH Grant Begin Date If Yes was selected then the begin date is required. The begin date is the initial enrollment date into the PATH Grant program.	C	Free form text with Calendar button
Path Grant End Date	PATH Grant End Date Enter the date the member was no longer receiving services under this program. This will terminate benefits for this member for this program.	N	Free form text with Calendar button
Consumer in the Residential Program Funded by DBHR	Members enrolled in Residential Programs  0-Not in Residential Program 3-Program 820 (Supported Residential) 4-Program 830 (Supervised Residential)	Y	Drop down box
Permanent Supported Housing	Indicates the member is in Permanent Supported Housing  Valid Values:  Yes – Member is enrolled No – Member is not enrolled	Y	Radio button
MH Closing Date	The date that the agency terminated its commitment to provide services to the member  The date entered will terminate the member for all programs on that date and make the registration no longer available for the re-registration process.  If a member needs services after they have been closed then the Add Member Registration process will be need to be used.	N	Free form text with Calendar button
MH Closing Disposition	If the MH Closing date is entered then this is required.  Select from the drop down list the reason the member is no longer receiving services.	C	Drop down box

Field	Description	Required	Type
	Valid Values: 01 - Deceased 02 - Completed treatment 03 - Refused treatment 04 - Transfer 05 - Moved 06 - Transfer to Long Term Care provider setting 07 - Transfer to State-Operated facility 08 - Incarcerated 09 - CHP Administrative Closing ( <i>Do Not Use: CHP program is no longer available</i> ) 10 - Refused Transition 11 - Crisis System - IND is MCD Eligible 90 - Other 99 - Unknown		
Functional Scale used at Closing	The functional scale used at the time of the closing process  If the MH Closing date is entered then this is required.  Valid Values: C - CGAS G - GAF  If the member is 18 or older on registration start date - 'G' must be entered  If the member is under 18 on the registration start date - 'C' must be entered	C	Drop down box
GAF/CGAS Score at Closing	Current functioning scale score as assessed at the time of the closing process  If the MH Closing date is entered then this is required.  Valid Values: CGAS: 001 - 100 GAF: 000 - 100	C	Free form text

**Note:** Required fields that have not been entered will result in an error message identifying which fields need to be populated. (shown below)

**BASIC INFORMATION**

<p><b>* Registration Start Date</b></p> <input style="width: 90%;" type="text" value="MM/DD/YYYY"/> <p><small>▲ Valid Registration Start Date is required.</small></p>	<p><b>* Recipient ID(RIN)</b></p> <input style="width: 90%;" type="text"/> <p><small>▲ Recipient ID(RIN) is required.</small></p>	<p>Client ID</p> <input style="width: 90%;" type="text"/>
<p><b>* Agency FEIN</b></p> <input style="width: 90%;" type="text"/> <p><small>▲ Agency FEIN is required.</small></p>	<p><b>* Medicaid Site ID</b></p> <input style="width: 90%;" type="text"/> <p><small>▲ Medicaid Site ID is required.</small></p>	

The error message shown on the following page will only be received if the registration contained a RIN that was not on file or edited after a member search:

**ⓘ** This RIN is not on file. Please verify RIN with DHS. If the RIN is correct, please request Social Service Package B from DHS before registering the consumer with the Collaborative. [Error Code: PCBM149]

**Organization:** Carelon Behavioral Health Test Organization [Change Organization and Provider](#)

**Provider:** [REDACTED] [ProviderConnect](#)

[Member](#) [Message Center](#) [Forms](#)

## Consumer Registration

*If you are experiencing IL Member Registration issues that the manual guide does not address, please send redacted screenshots with a detailed description of the issues to [IllinoisPCI@carelon.com](mailto:IllinoisPCI@carelon.com).*

All fields marked with an asterisk (\*) are required.

**BASIC INFORMATION**

* Registration Start Date	* Recipient ID(RIN)	Client ID
<input type="text" value="05/04/2026"/>	<input type="text" value="999999999"/>	<input type="text"/>

**Note:** If the RIN is not on file the user will not be allowed to register the member.

1. After clicking the **Continue** button, you will land on the **Selected Funds** page. The **Funding Sources(s) Available** section will display the selected pre-populated funding source(s) according to selected programs, contract status, and member eligibility criteria.

**CONTINUE TO THE NEXT PAGE**

### Consumer Registration

**CONSUMER SUMMARY**

Registration Start Date	Consumer Name	Date of Birth	Consumer ID
06/05/2026			

**SELECTED FUNDS**

Please confirm your selection of funding source for each type of service.

Funding Source(s)	Effective Date	Expiration Date
574 ILLINOIS-PSYCHIATRIC MEDICATION	06/04/2026 *CURRENT REGISTRATION FOUND	06/04/2027
ABC ILLINOIS MEDICAID NON-MEDICAID FFS	06/04/2026 *CURRENT REGISTRATION FOUND	06/04/2027
THIS SERVICE CANNOT BE REGISTERED FOR THE CONSUMER		
811 ILLINOIS - CS TRANSITIONAL LIVING CENTER	-	-
THIS SERVICE CANNOT BE REGISTERED FOR THE CONSUMER		
934		

Messages that could be displayed for the funding sources:

- Current Registration Found** – This fund was already registered for that registration date.
- This Service cannot be registered for this member** – The provider agency is not contracted for that fund.

### Funding Source Dates

Funding Source(s)	Effective Date	Expiration Date
574 ILLINOIS-PSYCHIATRIC MEDICATION	06/04/2026 *CURRENT REGISTRATION FOUND	06/04/2027
ABC ILLINOIS MEDICAID NON-MEDICAID FFS	06/04/2026 *CURRENT REGISTRATION FOUND	06/04/2027
THIS SERVICE CANNOT BE REGISTERED FOR THE CONSUMER		
811 ILLINOIS - CS TRANSITIONAL LIVING CENTER	-	-

### Diagnosis and First Presentation Assessment

1. Click **Continue** to proceed to the **Diagnosis and First Presentation Assessment** page.
2. Enter the details for Behavioral Diagnosis, Primary Medical Diagnosis, Social Elements Impacting Diagnosis, and First Presentation Assessment sections.

### DIAGNOSIS

Documentation of **primary behavioral condition** is required. Provisional working Condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.

#### Behavioral Diagnoses

##### Primary Behavioral Diagnosis

\* Diagnostic Category 1

##### Additional Behavioral Diagnosis

Diagnostic Category 2

#### Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

\* Diagnostic Category 1

Diagnostic Category 2

CONTINUE TO THE NEXT PAGE

## Social Elements Impacting Diagnosis

*None or Unknown cannot be selected with other options. Selecting either will clear all other selections and any other text details entered (when applicable).*

\* Check all that apply

- Educational problems
- Financial problems
- Homelessness
- Housing problems (Not Homelessness)
- Medical disabilities that impact diagnosis or must be accommodated for in treatment
- Occupational problems
- Problems related to interaction w/legal system/crime
- Problems related to the social environment
- Problems with access to health care services
- Problems with primary support group
- Other psychosocial and environmental problems
- Unknown
- None

## Functional Assessment

*Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.*

Assessment Measure

Assessment Score

Secondary Assessment Measure

Assessment Score

## FIRST PRESENTATION ASSESSMENT

*Please answer 'Yes' or 'No' to the following conditions.*

\* The primary diagnosis is reported in the registration and was obtained by a psychiatrist

Yes  No

\* The consumer does not have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma

Yes  No

\* The consumer has not had more than 16 weeks of antipsychotic medication treatment

Yes  No

Cancel Registration

Back

Continue

Key for **Required** column in Field Descriptions:

- Y – Field is required
- N – Field is not required
- C – Field is conditionally required
- O-- Field is optional

Below are Field Descriptions for the **Diagnosis and First Presentation Assessment Page** on the Member Registration screen.

Field	Description	Required	Type
Diagnostic Category 1	Primary behavioral diagnosis impacting treatment. Smart look up by diagnosis code and remaining fields will auto populate.  See updated ICD-10 code list for IL for acceptable diagnosis codes	Y	Free form Search and Dropdown
Behavioral Diagnosis Code 1	Will prepopulate based on smart look up selection	Y	Non-editable text
Behavioral Diagnosis 1 Description	Will prepopulate based on smart look up selection	Y	Non-editable text
Behavioral Diagnosis Diagnostic Category 2	Secondary behavioral diagnosis impacting treatment. Smart look up by diagnosis code and remaining fields will auto populate.  See updated ICD-10 code list for IL for acceptable diagnosis codes	N	Free form Search and Dropdown
Behavioral Diagnosis Code 2	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Description 2	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Diagnostic Category 3	Additional behavioral diagnosis impacting treatment. Smart look up by diagnosis code and remaining fields will auto populate.  See updated ICD-10 code list for IL for acceptable diagnosis codes	N	Free form Search and Dropdown
Behavioral Diagnosis Code 3	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Description 3	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Diagnostic Category 4	Additional behavioral diagnosis impacting treatment. Smart look up by diagnosis code and remaining fields will auto populate.  See updated ICD-10 code list for IL for acceptable diagnosis codes	N	Free form Search and Dropdown

Field	Description	Required	Type
Behavioral Diagnosis Code 4	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Description 4	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Diagnostic Category 5	Additional behavioral diagnosis impacting treatment. Smart look up by diagnosis code and remaining fields will auto populate.  See updated ICD-10 code list for IL for acceptable diagnosis codes	N	Free form Search and Dropdown
Behavioral Diagnosis Code 5	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Description 5	Will prepopulate based on smart look up selection	N	Non-editable text
Primary Medical Diagnostic Category 1	Primary Medical diagnosis impacting treatment. List of valid MED diagnostic categories  NONE or UNKNOWN are valid selections	Y	Dropdown
Primary Medical Diagnosis Code 1	Once Category is selected, this becomes a searchable list of valid MED diagnosis codes	C	Free form search and dropdown
Primary Medical Description 1	Prepopulated based on diagnosis code selected.	C	Non-editable text
Primary Medical Diagnostic Category 2	Additional Medical diagnosis impacting treatment.	N	Dropdown
Primary Medical Diagnosis 2	Once Category is selected, this becomes a searchable list of valid MED diagnosis codes	N	Free form search and dropdown
Primary Medical Diagnosis 2 Description	Prepopulated based on diagnosis code selected.	N	Non-editable text
Primary Medical Diagnostic Category 3	Additional Medical diagnosis impacting treatment.	N	Dropdown
Primary Medical Diagnosis Code 3	Once Category is selected, this becomes a searchable list of valid MED diagnosis codes	N	Free form search and dropdown
Primary Medical Diagnosis Description 3	Prepopulated based on diagnosis code selected.	N	Non-editable text

Field	Description	Required	Type												
Social Elements Impacting Diagnosis	<p>List of potential social elements that impact the member's diagnosis.</p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <li>• None,</li> <li>• Educational Problems, Financial Problems,</li> <li>• Medical disabilities that impact diagnosis or must be accommodated for in treatment,</li> <li>• Problems with access to health care services, Problems related to interaction w/ legal system/crime,</li> <li>• Problems with primary support group,</li> <li>• Housing problems (not homelessness),</li> <li>• Occupational problems,</li> <li>• Other psychosocial and environmental problems,</li> <li>• Problems related to the social environment,</li> <li>• Homelessness</li> <li>• Unknown</li> </ul>	Y	Checkboxes												
Functional Assessment Measure	<p>List of functional assessments including:</p> <table style="width: 100%; border: none;"> <tr> <td>CARS2</td> <td>OMFAQ</td> </tr> <tr> <td>CDC HRQOL</td> <td>SF12</td> </tr> <tr> <td>CGAS</td> <td>SF36</td> </tr> <tr> <td>FAST</td> <td>WHO</td> </tr> <tr> <td>GAF</td> <td>DAS</td> </tr> <tr> <td>OTHER</td> <td></td> </tr> </table>	CARS2	OMFAQ	CDC HRQOL	SF12	CGAS	SF36	FAST	WHO	GAF	DAS	OTHER		N	Dropdown
CARS2	OMFAQ														
CDC HRQOL	SF12														
CGAS	SF36														
FAST	WHO														
GAF	DAS														
OTHER															
Functional Assessment Score	Score for the selected functional assessment	N	Open Text												
Functional Assessment Secondary Assessment Measure	<p>List of functional assessments including:</p> <table style="width: 100%; border: none;"> <tr> <td>CARS2</td> <td>OMFAQ</td> </tr> <tr> <td>CDC HRQOL</td> <td>SF12</td> </tr> <tr> <td>CGAS</td> <td>SF36</td> </tr> <tr> <td>FAST</td> <td>WHO</td> </tr> <tr> <td>GAF</td> <td>DAS</td> </tr> <tr> <td>OTHER</td> <td></td> </tr> </table>	CARS2	OMFAQ	CDC HRQOL	SF12	CGAS	SF36	FAST	WHO	GAF	DAS	OTHER		N	Dropdown
CARS2	OMFAQ														
CDC HRQOL	SF12														
CGAS	SF36														
FAST	WHO														
GAF	DAS														
OTHER															
Functional Assessment Secondary Assessment Score	Score for the selected secondary assessment measure	N	Open Text												
The primary diagnosis is reported in the registration and was obtained by a psychiatrist	<p>If the primary diagnosis reported in the registration was obtained by a psychiatrist, select <b>Yes</b>.</p> <p>If the primary diagnosis reported in the registration was not obtained by a psychiatrist, select <b>No</b>.</p>	Y	Radio Button												
The Member does not have a history of autism,	The First Presentation Other Conditions indicates if the member has a history of autism, pervasive developmental disorder, mental retardation, or organic brain disease or trauma.	Y	Radio button												

Field	Description	Required	Type
pervasive developmental disorder, mental retardation or organic brain disease or trauma	<p>If the member <b>does not</b> have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma, select the <b>Yes</b> button.</p> <p>If the member <b>does</b> have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma, select the <b>No</b> button.</p>		
The member has not had more than 16 weeks of antipsychotic medication treatment	<p>The First Presentation Medication Treatment indicates if the member has had more than 16 weeks of antipsychotic medication treatment.</p> <p>If the member <b>has not</b> had more than 16 weeks of antipsychotic medication treatment, select the <b>Yes</b> button.</p> <p>If the member <b>has</b> had more than 16 weeks of antipsychotic medication treatment, select the <b>No</b> button.</p>	Y	Radio button

### History of Illness

1. Click **Continue** to proceed to the **History of Illness** screen.
2. Select the applicable **History of Illness** radio buttons.

CONTINUE TO THE NEXT PAGE

Diagnosis and First Presentation Assessment
History of Illness
MH Cross Disabilities
Guardian Information

### HISTORY OF ILLNESS

**\* Continuous Treatment**

Consumer does not meet treatment history criteria       Consumer meets treatment history criteria

**\* Continuous Residential**

Consumer does not meet treatment history criteria       Consumer meets treatment history criteria

**\* Multiple Residential**

Consumer does not meet treatment history criteria       Consumer meets treatment history criteria

**\* Outpatient**

Consumer does not meet treatment history criteria       Consumer meets treatment history criteria

**\* Previous Treatment**

Consumer does not meet treatment history criteria       Consumer meets treatment history criteria

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**\* Co-Occurring Disorder**      Evidence Based Practice IDDT

Yes     No       Yes     No

Evidence Based Practice - Supported Employment      Evidence Based Practice Medication Algorithm

Yes     No       Yes     No

Cancel Registration
Back
Continue

Below are Field Descriptions for the **History of Illness** on the Member Registration Screen.

Field	Description	Required	Type
History of Illness – Continuous Treatment	<p>Continuous treatment of six months or more in one or a combination of the following treatment modalities: inpatient treatment; day treatment; partial hospitalization</p> <p>Select the appropriate radio button</p> <p>client does not meet treatment history criteria (This will be stored as 00)</p> <p>client meets treatment history criteria (This will be stored as 01)</p>	Y	Radio button
History of Illness – Continuous Residential	<p>Six months continuous residence in a residential treatment program</p> <p>Select the appropriate radio button</p> <p>client does not meet treatment history criteria (This will be stored as 00)</p>	Y	Radio button

Field	Description	Required	Type
	client meets treatment history criteria (This will be stored as 01)		
History of Illness – Multiple Residential	<p>Two or more admissions to inpatient treatment, day treatment, partial hospitalization or residential treatment program within a 12-month period</p> <p>Select the appropriate radio button</p> <p>client does not meet treatment history criteria (This will be stored as 00)</p> <p>client meets treatment history criteria (This will be stored as 01)</p>	Y	Radio button
History of Illness – Outpatient	<p>History of using the following outpatient services over a one year period, whether continuously or intermittently: psychotropic medication: outreach and engagement services, including SASS and intensive community-based services</p> <p>Select the appropriate radio button</p> <p>client does not meet treatment history criteria (This will be stored as 00)</p> <p>client meets treatment history criteria (This will be stored as 01)</p>	Y	Radio button
History of Illness – Previous Treatment	<p>Previous treatment in an outpatient modality and a history of at least one mental health psychiatric hospitalization</p> <p>Select the appropriate radio button</p> <p>client does not meet treatment history criteria (This will be stored as 00)</p> <p>client meets treatment history criteria (This will be stored as 01)</p>	Y	Radio button
Co-Occurring Disorder	<p>Indicates if the member has been screened for co-occurring mental illness/ substance abuse disorders</p> <p>Select Yes if the member has been screened for co-occurring disorder</p> <p>Select No if the member has not been screened for co-occurring disorder</p>	Y	Radio button
Evidence Based Practice – IDDT	<p>Select Yes if evidence based practice was used</p> <p>Select No if evidence based practice was not used</p>	N	Radio button
Evidence Based Practice – Supported Employment	<p>Select Yes if evidence based practice was used.</p> <p>Select No if evidence based practice was not used</p>	N	Radio button

Field	Description	Required	Type
Evidence Based Practice – Medication Algorithm	Select Yes if evidence based practice was used. Select No if evidence based practice was not used	N	Radio button

### MH Cross Disabilities

1. Click **Continue** to proceed to the **MH Cross Disabilities** page.
2. Choose the appropriate **MH Cross Disabilities** in the drop-down box.

**MH CROSS DISABILITIES**

**\* Form Completion Date**

**\* Type of Service Needed 1**

**Type of Service Needed 2**

**Type of Service Needed 3**

**Type of Service Needed Other**

**\* Primary Care Giver Age**

**\* Type of Services Sought 1**

**Type of Services Sought 2**

**Type of Services Sought 3**

**Type of Services Sought Other**

**Cancel Registration**
Back **Continue**

Below are fields for the **MH Cross Disabilities** on the Member Registration Screen. All fields will be pre-populated on the re-registration.

Field	Description	Required	Type
Form Completion Date	The date on which the MH cross disabilities database information was completed Enter date or select date from the calendar option	Y	Free form text with Calendar button
Primary Care Giver Age	The age of the primary care giver Valid Values: 18-98 00 - Not Applicable 99 - Unknown	Y	Free form text
Type of Services Needed 1	The type of services needed by the client as determined by the assessment staff Select one of the Valid Values: 01 - Residential/Living Arrangements	Y	Drop down box

Field	Description	Required	Type
	02 - Vocational Rehabilitation 03 - Transportation 04 - Medical 05 - Substance Abuse Treatment 06 - MH Case Management 07 - Hospitalization 90 – Other 99 - Unknown		
Type of Services Needed 2	The type of services needed by the client as determined by the assessment staff.  If there are additional services needed as determined by the assessment staff select one of the valid values: 01 - Residential/Living Arrangements 02 - Vocational Rehabilitation 03 - Transportation 04 - Medical 05 - Substance Abuse Treatment 06 - MH Case Management 07 - Hospitalization 90 – Other 99 - Unknown	N	Drop down box
Type of Services Needed 3	The type of services needed by the client as determined by the assessment staff  Select one of the Valid Values: 01 – Residential/Living Arrangements 02 –Vocational Rehabilitation 03 –Transportation 04 – Medical 05 – Substance Abuse Treatment 06 – MH Case Management 07 – Hospitalization 90 – Other 99 – Unknown	N	Drop down box
Type of Services Needed Other	Describes the type of services when Other (90) is selected for Type of Services Needed  If 90 – Other was selected for the Type of Services needed 1, 2 or 3 then this is required.  Free form field that should describe the other service that is needed as determined by the assessment staff	C	Free form text
Type of Services Sought 1	The type of services sought by the member as determined by the member  Select one of the Valid Values: 01 - Residential/Living Arrangements 02 - Vocational Rehabilitation 03 - Transportation 04 - Medical 05 - Substance Abuse Treatment 06 - MH Case Management 07 - Hospitalization	Y	Drop down box

Field	Description	Required	Type
	90 – Other 99 - Unknown		
Type of Services Sought 2	The type of services sought by the member as determined by the member  If there are additional services sought by the member select one of the valid values: 01 - Residential/Living Arrangements 02 - Vocational Rehabilitation 03 - Transportation 04 - Medical 05 - Substance Abuse Treatment 06 - MH Case Management 07 - Hospitalization 90 – Other 99 - Unknown	N	Drop down box
Type of Services Sought 3	The type of services sought by the client as determined by the member  If there are additional services sought by the member select one of the valid values: 01 - Residential/Living Arrangements 02 - Vocational Rehabilitation 03 - Transportation 04 - Medical 05 - Substance Abuse Treatment 06 - MH Case Management 07 - Hospitalization 90 – Other 99 - Unknown	N	Drop down box
Type of Services Sought Other	Describes the type of services when Other (90) is selected for Type Services Sought  If 90 – Other was selected for the Type of Services sought 1, 2 or 3 then this is the required.  Free form field that should describe the other service that is sought as determined by the assessment staff	N	Free form text

### Guardian Information

1. Click **Continue** to proceed to the **Guardian Information** page.
2. Enter the applicable **Guardian Information**.

Diagnosis and First Presentation Assessment
History of Illness
MH Cross Disabilities
Guardian Information

### GUARDIAN INFORMATION

Adoption Indicator  
 Yes  No

Guardian Type ?

Last Name

First Name

Middle Initial

Address

City

State

ZIP Code

+4 Code

Appointment Date

Termination Date

---

Guardian Type ?

Last Name

First Name

Middle Initial

Address

City

State

ZIP Code

+4 Code

Appointment Date

Termination Date

Cancel Registration
Back
Continue

Below are Field Descriptions for the **Guardian Information** section of the Member Registration Screen. **Please Note:** If no fields on this screen are applicable to the current registration, you can bypass this tab by selecting **Continue**.

Field	Description	Required	Type
Adoption Indicator	Indicates if the member was adopted.  Yes or No	C (only if applicable)	Radio button
Guardian 1 Type	Describes the relationship of the guardian or responsible person to the member  02 – Parent of minor child 0- 17 05 – Plenary of Person, 07 – Self	C	Drop down box

Field	Description	Required	Type
Guardian 1 Last Name	The last name of the guardian or responsible person Required if Guardian 1 Type is 02, 05 or 07	C	Free form text
Guardian 1 First Name	The last name of the guardian or responsible person Required if Guardian 1 Type is 02, 05 or 07	C	Free form text
Guardian Middle Initial	Middle initial of the guardian or responsible person	N	Free form text
Guardian 1 Address	Street or box number of the guardian or responsible person Required if Guardian 1 Type is 02, 05 or 07	C	Free form text
Guardian 1 City	City of the guardian or responsible person Required if Guardian 2 Type 02, 05 or 07	C	Free form text
Guardian 1 State	Post Office abbreviation for State of the guardian or responsible Required if Guardian 1 Type is 02, 05 or 07	C	Free form text
Guardian 1 Zip Code	Postal zip code of the guardian or responsible person Required if Guardian 1 Type is 02, 05 or 07	C	Free from text
Guardian 1 Zip Suffix	The last four position of the zip code of the guardian or responsible person	N	Free form text
Guardian 1 Appointment Date	The date of the appointment as guardian by the court for Guardian Type 05	C	Free form text with Calendar button
Guardian 1 Termination Date	The date of the guardian terminated the relationship with the member	N	Free form text with Calendar button
Guardian 2 Type	Describes the relationship if the guardian to the client. Note: Guardian 2  02 -Parent of minor child 0 -17 05 -Plenary of Person 07 - Self	C	Free form text
Guardian 2 Last Name	The last name of the guardian or responsible person Required if Guardian 2 Type is 02, 05 or 07	C	Free form text
Guardian 2 First Name	The last name of the guardian or responsible person Required if Guardian 2 Type is 02, 05 or 07	C	Free form text
Guardian 2 Middle Initial	Middle initial of the guardian or responsible person	N	Free form text
Guardian 2 Address	Street or box number of the guardian or responsible person Required if Guardian 2 Type is 02, 05 or 07	C	Free form text

Field	Description	Required	Type
Guardian 2 City	City of the guardian or responsible person Required if Guardian 2 Type 02, 05 or 07	C	Free form text
Guardian 2 State	Post Office abbreviation for State of the guardian or responsible  Required if Guardian 2 Type is 02, 05 or 07	C	Free form text
Guardian 2 Zip Code	Postal zip code of the guardian or responsible  Required if Guardian 2 Type is 02, 05 or 07	C	Free form text
Guardian 2 Zip Suffix	The last four positions of the zip code of the guardian or responsible person	N	Free form text
Guardian 2 Appointment Date	The date of the appointment as guardian by the count for Guardian Type 05	C	Free form txt with Calendar button
Guardian 2 Termination Date	The date the guardian terminated the relationship with the member	N	Free form txt with Calendar button

3. Click **Continue** to proceed to the **Member Registration Confirmation** page.
4. The **Member Registration Confirmation** screen will display. (Status: Approved)

Member Message Center Forms

### Consumer Registration Confirmation

Status: Approved

Provider Name	Provider ID	Provider Address
Consumer Name	Consumer ID	Consumer Address UNKNOWN UNKNOWN, ZZ 99999

Funding Source	Description	Registration Start Date	Registration End Date
574	ILLINOIS-PSYCHIATRIC MEDICATION	06/05/2026	06/05/2027
ABC	ILLINOIS MEDICAID NON-MEDICAID FFS	06/05/2026	06/05/2027

**Message:**  
The consumer has been registered for the above funding source(s).

[Return](#)

5. Select **Return** button to go back to the member demographics page.

**CONTINUE TO THE NEXT SECTION**

## 6 MEMBER RE-REGISTRATION

Member Re-Registration will be used for the following:

- Re-register a member and update key fields to extend coverage every 12 months
- Re-register a member, update key fields and close at the same time (This would be used if the previous registration on file for the member was past the 12 months and at the time of the re-registering the member was no longer receiving services)
- Re-register a member, update key fields and end date a special program (This would be used when a special is being closed and the consumer needed to be re-registered for other funds)

1. Select “**View Consumer Registration**” from the Action drop down. The previous Member Registrations will appear. There is a member registration record for each fund for which the member was registered.

Member Message Center Forms

Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

< Consumer Search

**Consumer** Action View Consumer Registrations Go

<b>Consumer ID</b>	<b>Alternate ID</b>	<b>Consumer Name</b>
	-	
<b>Date of Birth</b>	<b>Address</b>	<b>Alternate Address</b>
		-
<b>Marital Status</b>	<b>Home Phone</b>	<b>Work Phone</b>
-	-	000-381-8173
<b>Relationship</b>	<b>Gender</b>	
1 - Self	M - Male	

Member Message Center Forms

Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

< Consumer Details

**Consumer Registrations** Add Registration

Consumer ID: Name:

Date Created	Edited By	Fund	Effective Date	Expiration Date	Action
06/06/2026		ABC	06/06/2026	06/06/2027	Re-Register Close Registration Address Change View
06/06/2026		574	06/06/2026	06/06/2027	Re-Register Close Registration Address Change View
05/14/2026		ABC	05/13/2026	05/13/2027	View
05/14/2026		574	05/13/2026	05/13/2027	View

2. Click on the applicable **Re-Register** button.

After clicking the **Re-Register** button, the **Member Registration** page will appear, requiring only selected fields to be re-entered.

**Note:** Certain pre-populated fields have been carried over from the original member registration and may be edited if necessary. All fields with asterisk that have not auto populated are required to be entered. Any fields that are pre-populated should be updated if the information has changed.

The Field Descriptions in the table below will **not** be auto-populated

Field Descriptions	
Registration Start Date	Education Level
IMD Home Code	Military Status
Client Home	Employment Status
Family Income	Court Forensic Treatment
Household Size	MH Residential Arrangement
Household Composition	Justice System Involvement

Field Descriptions
Special Program Enrollment – Juvenile Justice Program
Special Program Enrollment – PATH Grants
Consumer in Residential Program Funded by DBHR and Operated by Registering Provider
Permanent Supported Housing

The Section Descriptions in the table below will **not** be auto-populated.

Section Descriptions	
Primary Behavioral Diagnosis	Additional Medical Diagnosis
Additional Behavioral Diagnosis	Social Elements Impacting Diagnosis
Primary Medical Diagnosis	Functional Assessment

**Note:** Refer to **Section 5-Member Registration** for Field and Section Descriptions for Re-Registration. The process is the same.

CONTINUE TO THE NEXT SECTION

## 7 CLOSE MEMBER REGISTRATION

It is important that the member's status be updated when he/she is no longer enrolled in special programs or when the member is no longer being seen for services.

**Close Member Registration** will be used for the following:

- Close the member's registration
- End date a special program (this will end the selected special program only – The member will still be registered for all the other registered funds)
- End date a special program and close the registration -This will end date the special program on the end date specified and close the other registered funds on the closure date. If the special program(s) are being end dated on the same date as the registration is being closed then by entering the MH Closure Date the special programs will also be closed using that date.

There is a member registration record for each fund for which the member was registered. The screen shot below shows two registration records on file. Any one of these records can be selected to close the registration or end date a special program.

1. Click the **View Member Registration** button to display all associated registrations.
2. Click the **Close Registration** button.

The screenshot shows a web interface for "Consumer Registrations". At the top, there are fields for "Consumer ID", "Name", and "Date of Birth", along with an "Add Registration" button. Below this is a table with the following columns: "Date Created", "Edited By", "Fund", "Effective Date", "Expiration Date", and "Action". The table contains two rows of data. The "Action" column for each row contains three buttons: "Re-Register", "Close Registration", and "Address Change", followed by a "View" link. The "Close Registration" button in the second row is highlighted with a red rectangular box.

Date Created	Edited By	Fund	Effective Date	Expiration Date	Action			
05/19/2026		ABC	05/19/2026	05/19/2027	Re-Register	Close Registration	Address Change	View
05/19/2026		574	05/19/2026	05/19/2027	Re-Register	Close Registration	Address Change	View

A screen will appear displaying the data fields required for closing a member or end dating a special program.

If the **MH Closure Date** is entered, then all fields from the **MH Closing Section** to the bottom of the page are required. If only end dating a special program, then only enter the end date for that special program.

At least one **Special Program End Date** or the **MH Closure Date** must be entered.

3. Enter the required Fields.

CONTINUE TO THE NEXT PAGE

SPECIAL PROGRAM ENROLLMENT

\* Juvenile Justice

Yes  No

\* Path Grant

Yes  No

\* Permanent Supported Housing

Yes  No

MH CLOSING

MH Closing Date

MM/DD/YYYY 

MH Closing Disposition

SELECT 

Functional Scale Used at Closing

G - GAF 

GAF/CGAS Score at Closing

*Note: For Household Income, the value 99999 cannot be entered to denote Unknown income. All income values will be assessed to determine benefits.*

Household Income

Client Income

Education Level

SELECT 

Employment Status

SELECT 

Justice System Involvement

SELECT 

Court/Forensic Treatment

SELECT 

MH Residential Arrangement

SELECT 

**CONTINUE TO THE NEXT PAGE**

## DIAGNOSIS

Documentation of **primary behavioral condition** is required. Provisional working Condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.

### Behavioral Diagnoses

#### Primary Behavioral Diagnosis

Diagnostic Category 1

#### Additional Behavioral Diagnosis

Diagnostic Category 2

### Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

Diagnostic Category 1

Diagnostic Category 2

### Social Elements Impacting Diagnosis

None or Unknown cannot be selected with other options. Selecting either will clear all other selections and any other text details entered (when applicable).

\* Check all that apply

- Educational problems
- Financial problems
- Homelessness
- Housing problems (Not Homelessness)
- Medical disabilities that impact diagnosis or must be accommodated for in treatment
- Occupational problems
- Problems related to interaction w/legal system/crime
- Problems related to the social environment
- Problems with access to health care services
- Problems with primary support group
- Other psychosocial and environmental problems
- Unknown
- None

### Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure

Assessment Score

Secondary Assessment Measure

Assessment Score

Back

Submit

Below are Field Descriptions for the **Close Registration** screen.

Field	Description	Required	Type
Juvenile Justice	Special Program Enrollment Juvenile Justice Program  This will be pre-populated from the previous registration.	Y	Radio button
Juvenile Justice Begin Date	Juvenile Justice Begin Date  This will be pre-populated from the previous registration.	C	Free form text with Calendar button
Juvenile Justice End Date	Juvenile Justice End Date  If this special program is being closed then enter the date the member was no longer receiving services under this program. This will terminate benefits for this member for this program	C	Free form text with Calendar button
Path Grant	Special Program Enrollment PATH Grants  This will be pre-populated from the previous registration	Y	Radio button
Path Grant Begin Date	PATH Grant Begin Date  This will be pre-populated from the previous registration	C	Free form text with Calendar button
Path Grant End Date	PATH Grant End Date  If this special program is being closed then enter the date the member was no longer receiving services under this program. This will terminate benefits for this member for this program	C	Free form text with Calendar button
Permanent Supported Housing	Indicates the member is in Permanent Supported Housing at time of closing  Valid Values:  Yes – Member is in Permanent Supported Housing No - Member is not in Permanent Supported Housing	Y	Radio button
MH Closing Date	The date that the agency terminated its commitment to provide services to the member  This will terminate the member for all programs on the date entered and make the registration no longer available for the re-register process  If a member needs services after they have been closed then the Add Registration process will be need to be used	C	Free form text with Calendar button
MH Closing Disposition	The disposition of the member at the point he/she stops receiving services	C	Drop down box

Field	Description	Required	Type
	<p>If the MH Closing date is entered, then this is required</p> <p>Select from the drop down list the reason the member is no longer receiving services.</p> <p>Valid Values:  01 - Deceased  02 - Completed treatment  03 - Refused treatment  04 - Transfer  05 - Moved  06 - Transfer to Long Term Care provider setting  07 - Transfer to State-Operated facility  08 - Incarcerated  10 - Refused Transition  11 – Crisis System – IND is MCD Eligible  90 - Other  99 - Unknown</p>		
Functional Scale used at Closing	<p>The functional scale used.</p> <p>Valid Values:  <b>C</b> - CGAS  <b>G</b> - GAF</p> <p>C will be automatically selected when the member's age is under 18 on the registration start date</p> <p>G will be automatically selected when the member's age is 18 or older on the registration start date</p> <p>Cannot be changed.</p>	C	Drop down box
GAF/CGAS Score at Closing	<p>Current functioning scale score as assessed at the time of the closing process</p> <p>If Functional Scale used is C – CGAS then Valid Values:  <b>001 – 100</b></p> <p>If Functional Scale used is G – GAF then Valid Values:  <b>000 – 100</b></p> <p>If the MH Closing date is entered, then this is required</p>	C	Free form text
Household Income	<p>The total monthly income of all family members in the member's household at the time of this closing. This should be entered as dollars only. Round to nearest dollar. 99999 is no longer valid as unknown income.</p> <p>Example: 151.21 would be entered as 151</p>	C	Free form text

Field	Description	Required	Type
	Range: <b>00000 – 99998</b>		
Client Income	The total monthly income of the member at the time of this closing. This should be entered as dollars only. Round to nearest dollar.  Example: 151.21 would be entered as 151  Range: <b>00000 – 99998</b>	C	Free form text
Education Level	The highest grade level completed by the member at the time of the closing process  <b>00</b> - Never attended school <b>01 - 11</b> - Last primary/secondary grade completed <b>20</b> - Preschool/kindergarten <b>30</b> - High School diploma <b>31</b> - General Equivalency Diploma (GED) <b>32</b> - Special Education Certificate of Completion <b>40</b> - Post-secondary training <b>41</b> - One year college <b>42</b> - Two years college <b>43</b> - Three years college <b>50</b> - College Bachelor's degree <b>60</b> - Post Graduate college degree <b>99</b> – Unknown  If the MH Closing date is entered then this is required	C	Drop down box
Employment Status	The current employment status of the member at the time of the closing process  <b>10</b> -Employed <b>11</b> -Employed full time (unsubsidized) <b>12</b> -Employed part time (unsubsidized) <b>13</b> -Employed, subsidized/supported <b>14</b> -Attending vocational/day program <b>20</b> -Unemployed/layoff from job <b>30</b> -Not in the Labor Force <b>90</b> -Other <b>99</b> -Unknown  If the MH Closing date is entered then this is required	C	Drop down box
Justice System Involvement	The member's criminal justice system involvement at the time of the closing process  <b>00</b> - Not Applicable <b>01</b> - Arrested <b>02</b> - Charged with a Crime <b>03</b> - Incarcerated (jail) <b>04</b> - Incarcerated (prison) <b>05</b> - Juvenile Detention Center, <b>06</b> – Detained(Jail), <b>07</b> – Mental Health Court <b>08</b> – Other	C	Drop down box

Field	Description	Required	Type
	<p><b>09</b> – Unknown  <b>10</b> - Adult Probation  <b>11</b> - Adults</p> <p>If the MH Closing date is entered then this is required</p>		
Court/Forensic Treatment	<p>Status of forensic/court-ordered treatment plans at the time of the closing process</p> <p><b>00</b> –Not applicable  <b>01</b> –Department of Corrections client  <b>02</b> –Unable to Stand Trial  <b>03</b> –Unable to Stand Trial-ET (Extended Term)  <b>04</b> –Unable to Stand Trial-G2  <b>05</b> –Not Guilty by Reason of Insanity  <b>06</b> –Civil court-ordered treatment  <b>07</b> –Criminal court-ordered treatment  <b>08</b> –Court-ordered evaluation/assessment only  <b>99</b> –Forensic status unknown</p> <p>If the MH Closing date is entered then this is required</p>	C	Drop down box
MH Residential Arrangement	<p>The member's primary residential situation at the time of the closing process</p> <p><b>10</b> -Homeless  <b>21</b> -Private residence - supervised  <b>22</b> -Private residence - unsupervised  <b>31</b> -Other residential setting - supervised  <b>32</b> -Other residential setting - unsupervised  <b>40</b> -State-Operated Facility  <b>50</b> -Jail or correctional facility/institution  <b>60</b> -Other institutional setting  <b>70</b> - skilled/intermediate care nursing facility  <b>80</b> - IMD  <b>90</b> -Other  <b>99</b> –Unknown</p> <p>If the MH Closing date is entered then this is required</p>	C	Drop down box
Behavioral Diagnosis Diagnostic Category 1	<p>Primary behavioral diagnosis impacting treatment. Smart look up by diagnosis code and remaining fields will auto populate.</p> <p>See updated ICD-10 code list for IL for acceptable diagnosis codes</p>	Y	Free form Search and Dropdown
Behavioral Diagnosis Code 1	Will prepopulate based on smart look up selection	Y	Non-editable text
Behavioral Diagnosis 1 Description	Will prepopulate based on smart look up selection	Y	Non-editable text

Field	Description	Required	Type
Behavioral Diagnosis Diagnostic Category 2	Secondary behavioral diagnosis impacting treatment. Smart look up by diagnosis code and remaining fields will auto populate.  See updated ICD-10 code list for IL for acceptable diagnosis codes	N	Free form Search and Dropdown
Behavioral Diagnosis Code 2	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Description 2	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Diagnostic Category 3	Additional behavioral diagnosis impacting treatment. Smart look up by diagnosis code and remaining fields will auto populate.  See updated ICD-10 code list for IL for acceptable diagnosis codes	N	Free form Search and Dropdown
Behavioral Diagnosis Code 3	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Description 3	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Diagnostic Category 4	Additional behavioral diagnosis impacting treatment. Smart look up by diagnosis code and remaining fields will auto populate.  See updated ICD-10 code list for IL for acceptable diagnosis codes	N	Free form Search and Dropdown
Behavioral Diagnosis Code 4	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Description 4	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Diagnostic Category 5	Additional behavioral diagnosis impacting treatment. Smart look up by diagnosis code and remaining fields will auto populate.  See updated ICD-10 code list for IL for acceptable diagnosis codes	N	Free form Search and Dropdown
Behavioral Diagnosis Code 5	Will prepopulate based on smart look up selection	N	Non-editable text
Behavioral Diagnosis Description 5	Will prepopulate based on smart look up selection	N	Non-editable text
Primary Medical	Primary Medical diagnosis impacting treatment. List of valid MED diagnostic categories	Y	Dropdown

Field	Description	Required	Type
Diagnostic Category 1	NONE or UNKNOWN are valid selections		
Primary Medical Diagnosis Code 1	Once Category is selected, this becomes a searchable list of valid MED diagnosis codes	C	Free form search and dropdown
Primary Medical Diagnosis 1 Description	Prepopulated based on diagnosis code selected.	C	Non-editable text
Primary Medical Diagnostic Category 2	Additional Medical diagnosis impacting treatment.	N	Dropdown
Primary Medical Diagnosis 2	Once Category is selected, this becomes a searchable list of valid MED diagnosis codes	N	Free form search and dropdown
Primary Medical Diagnosis 2 Description	Prepopulated based on diagnosis code selected.	N	Non-editable text
Primary Medical Diagnostic Category 3	List of valid diagnostic categories	N	Dropdown
Primary Medical Diagnosis Code 3	List of valid diagnosis codes	N	Free form search and dropdown
Primary Medical Diagnosis Description 3	Valid description of diagnosis based on criteria entered into diagnostic category and diagnostic code fields	N	Non-editable text
Social Elements Impacting Diagnosis	<p>List of potential social elements that impact the member's diagnosis.</p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <li>• None,</li> <li>• Educational Problems, Financial Problems,</li> <li>• Medical disabilities that impact diagnosis or must be accommodated for in treatment,</li> <li>• Problems with access to health care services, Problems related to interaction w/ legal system/crime,</li> <li>• Problems with primary support group,</li> <li>• Housing problems (not homelessness),</li> <li>• Occupational problems,</li> <li>• Other psychosocial and environmental problems,</li> <li>• Problems related to the social environment,</li> <li>• Homelessness</li> </ul>	Y	Checkboxes

Field	Description	Required	Type
	<ul style="list-style-type: none"> <li>Unknown</li> </ul>		
Functional Assessment Measure	List of functional assessments including: CARS2                      OMFAQ CDC HRQOL                SF12 CGAS                        SF36 FAST                        WHO GAF                         DAS OTHER	N	Dropdown
Functional Assessment Score	Score for the selected functional assessment	N	Open Text
Functional Assessment Secondary Measure	List of functional assessments including: CARS2                      OMFAQ CDC HRQOL                SF12 CGAS                        SF36 FAST                        WHO GAF                         DAS OTHER	N	Dropdown
Functional Assessment Secondary Score	Score for the selected secondary assessment measure	N	Open Text

- Click **Submit**.
- The **Member Close Registration Confirmation** page will display indicating the registration status is **CLOSED**.

Member    Message Center    Forms

## Consumer Registration Confirmation

Status: **Closed**

Provider Name	Provider ID	Provider Address
Consumer Name	Consumer ID	Consumer Address

Funding Source	Description	Registration Start Date	Registration End Date
574	ILLINOIS-PSYCHIATRIC MEDICATION	06/06/2026	06/06/2026
ABC	ILLINOIS MEDICAID NON-MEDICAID FFS	06/06/2026	06/06/2026

**Message:**  
This registration has been closed.

Return

Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

< Consumer Details

**Consumer Registrations**

Consumer ID: [REDACTED] • Name: [REDACTED] • Date of Birth: [REDACTED]

Add Registration

Date Created	Edited By	Fund	Effective Date	Expiration Date	Action
06/06/2026	[REDACTED]	ABC	06/06/2026	06/06/2026	Closed <a href="#">View</a>
06/06/2026	[REDACTED]	574	06/06/2026	06/06/2026	Closed <a href="#">View</a>

CONTINUE TO THE NEXT SECTION

## 8 MEMBER REGISTRATION ADDRESS CHANGE

The **Member Registration Address Change** allows for the updating of the member's address without updating the registration.

**Note:** The registration and re-registration process will also update the member's address. The *Address Update* should only be used when the member's address only requires updated between registrations.

1. Click the **View Member Registration** button to display all associated registrations.
2. Click the **Address Change** button.

Member Message Center Forms

Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

< Consumer Details

**Consumer Registrations** Add Registration

Consumer ID: [redacted] • Name: [redacted] • Date of Birth: [redacted]

Date Created	Edited By	Fund	Effective Date	Expiration Date	Action			
05/14/2026	[redacted]	ABC	05/14/2026	05/14/2026	Re-Register	Close Registration	<b>Address Change</b>	View

A window will appear displaying the existing address fields which can now be modified and saved. This will update the address that is displayed on the Member Demographics page. The Member Address page will display the most current address on file with the Collaborative for the member.

3. Make the appropriate address updates and click **Submit**.

**Note:** Click **Submit** to save the changes and display the confirmation message. Select the **Back** button to display the previous screen; this will not update the address.

CONTINUE TO THE NEXT PAGE

### Consumer Registration - Address Change

*If you are experiencing IL Member Registration issues that the manual guide does not address, please send redacted screenshots with a detailed description of the issues to [IllinoisPCI@carelon.com](mailto:IllinoisPCI@carelon.com).*

All fields marked with an asterisk (\*) are required.

Recipient ID(RIN) [REDACTED] Client ID -

**DEMOGRAPHICS**

Last Name [REDACTED] First Name [REDACTED] Middle Initial -

Suffix - Date of Birth [REDACTED]

\* Address Line 1 [REDACTED] Address Line 2 [REDACTED]

Address Unknown

\* City [REDACTED] \* State [REDACTED] \* ZIP Code [REDACTED] +4 Code [REDACTED]

\* County [REDACTED] \* Township/Community Area [REDACTED]

[Back](#) [Submit](#)

A confirmation message will appear indicating the Member’s address has been updated.

**✔ Consumer's address has been updated.**

Organization: Carelon Behavioral Health Test Organization [Change Organization and Provide](#)

Provider: [REDACTED] [ProviderConnect](#)

[Member](#) [Message Center](#) [Forms](#)

### Consumer Registration - Address Update

*If you are experiencing IL Member Registration issues that the manual guide does not address, please send redacted screenshots with a detailed description of the issues to [IllinoisPCI@carelon.com](mailto:IllinoisPCI@carelon.com).*

- Once the confirmation of the address change appears click the **Back button** to return to the previous screen. The address has been changed.

**CONTINUE TO THE NEXT SECTION**

# 9 VIEW MEMBER REGISTRATION DETAILS

## To View Member Registration Details:

1. On the **Consumer Details** page, Click the **View** button to display a read-only look at the registration
2. Member Registration Details previously entered will be displayed.

< [Consumer Details](#)

### Consumer Registrations

Consumer ID: [REDACTED] • Name: [REDACTED] • Date of Birth: [REDACTED] [Add Registration](#)

Date Created	Edited By	Fund	Effective Date	Expiration Date	Action		
05/19/2026	[REDACTED]	ABC	05/19/2026	05/19/2027	<a href="#">Re-Register</a>	<a href="#">Close Registration</a>	<a href="#">Address Change</a> <a href="#">View</a>
05/19/2026	[REDACTED]	574	05/19/2026	05/19/2027	<a href="#">Re-Register</a>	<a href="#">Close Registration</a>	<a href="#">Address Change</a> <a href="#">View</a>

## Consumer Registration

### BASIC INFORMATION

Registration Start Date <b>05/19/2026</b>	Recipient ID (RIN) [REDACTED]	Client ID -
Agency FEIN [REDACTED]	Medicaid Site ID [REDACTED]	Eligibility Status <b>TADL</b>
First Presentation Indicator <b>NO</b>		

[CONTINUE TO THE NEXT PAGE](#)

**DEMOGRAPHICS**

Name [REDACTED]	Date of Birth [REDACTED]	Mother's Maiden Name [REDACTED]
Social Security Number <b>NO SSN</b>	Gender <b>MALE</b>	
Address Line 1 [REDACTED]	Address Line 2 -	City [REDACTED]
State [REDACTED]	ZIP Code +4 [REDACTED]	County [REDACTED]
Township/Community Area [REDACTED]	Williams Class Consumer <b>NO</b>	IMD Home Code -
Household Income <b>99</b>	Client Income <b>99</b>	Household Size <b>1</b>
Household Composition <b>99 - UNKNOWN</b>		
Education Level <b>99 - UNKNOWN</b>	Military Status <b>9 - UNKNOWN</b>	Marital Status <b>9 - UNKNOWN, DECLINES TO SPECIFY</b>
Employment Status <b>99 - UNKNOWN</b>	SSI-SSDI Eligibility <b>9 - ELIGIBILITY STATUS UNKNOWN</b>	DFI-CFI Enrollment <b>N - NOT APPLICABLE</b>
Court/Forensic Treatment <b>00 - NOT APPLICABLE</b>		
Race 1 <b>10 - WHITE</b>	Race 2 <b>98 - NOTHING TO REPORT</b>	Race 3 <b>98 - NOTHING TO REPORT</b>
Race 4 <b>98 - NOTHING TO REPORT</b>	Race 5 <b>98 - NOTHING TO REPORT</b>	
Citizenship <b>U.S. CITIZEN</b>	Hispanic Origin <b>99 - UNKNOWN, NOT CLASSIFIED</b>	Language <b>10 - ENGLISH</b>
Interpreter Services Needed <b>9 - UNKNOWN</b>	MH Residential Arrangement <b>99 - UNKNOWN</b>	Justice System Involvement <b>09 - UNKNOWN</b>
DBHR Special Projects -	Consumer Third Party Payor <b>NO</b>	MH Residential Indicator <b>NO</b>

**CONTINUE TO THE NEXT PAGE**

**SPECIAL PROGRAM ENROLLMENT**

Juvenile Justice	Begin Date	End Date
<b>NO</b>	-	-

Path Grant	Begin Date	End Date
<b>NO</b>	-	-

Consumer in Residential program funded by DBHR 3 - PROGRAM 820 (SUPPORTED RESIDENTIAL)	Begin Date	End Date
	06/09/2026	-

Residential Level Of Care	Permanent Supported Housing
<b>2 - MEDIUM INTENSITY</b>	<b>NO</b>

**MH CLOSING**

MH Closing Date	MH Closing Disposition
-	-

**BEHAVIORAL DIAGNOSIS****Primary Behavioral Diagnosis**

Diagnostic Category 1	Diagnosis Code 1	Description
SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS	F20.9	SCHIZOPHRENIA

**Additional Behavioral Diagnosis**

NO ADDITIONAL BEHAVIORAL DIAGNOSIS DETAILS AVAILABLE.

**MEDICAL DIAGNOSIS****Primary Medical Diagnosis**

Diagnostic Category 1	Diagnosis Code 1	Description
CONGENITAL DEFORMATIONS, MALFORMATIONS AND CHROMOSOMAL ABNORMALITIES	-	-

**Additional Medical Diagnosis**

NO ADDITIONAL MEDICAL DIAGNOSIS DETAILS AVAILABLE.

**CONTINUE TO THE NEXT PAGE**

**SOCIAL ELEMENTS IMPACTING DIAGNOSIS**

UNKNOWN

**FUNCTIONAL ASSESSMENT**

Assessment Measure	Assessment Score
-	-

**FIRST PRESENTATION ASSESSMENT**

The primary diagnosis is reported in the registration and was obtained by a psychiatrist  
NO

The consumer does not have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma  
NO

The consumer has not had more than 16 weeks of antipsychotic medication treatment  
NO

**HISTORY OF ILLNESS**

Continuous Treatment      CONSUMER MEETS TREATMENT HISTROY CRITERIA

Continuous Residential      CONSUMER MEETS TREATMENT HISTROY CRITERIA

Multiple Residential      CONSUMER MEETS TREATMENT HISTROY CRITERIA

Outpatient      CONSUMER MEETS TREATMENT HISTROY CRITERIA

Previous Treatment      CONSUMER MEETS TREATMENT HISTROY CRITERIA

Co-Occurring Disorder	Evidence Based Practice IDDT
NO	-

Evidence Based Practice - Supported Employment	Evidence Based Practice Medication Algorithm
-	-

**CONTINUE TO THE NEXT PAGE**

### MH CROSS DISABILITIES

Form Completion Date  
05/19/2026

Primary Care Giver Age  
55

Type of Service Needed 1  
99-UNKNOWN

Type of Service Sought 1  
99-UNKNOWN

Type of Service Needed 2  
-

Type of Service Sought 2  
-

Type of Service Needed 3  
-

Type of Service Sought 3  
-

Type of Service Needed Other  
-

Type of Service Sought Other  
-

### GUARDIAN INFORMATION

Adoption Indicator  
-

[Return](#)

3. Click the **Return** button to go back to the **Demographics** page for this member.

END OF THE DOCUMENT