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REQUEST FOR APPLICATIONS (RFA)

LAN 10 – Screening, Assessment and Support Services (SASS)

RFA Title: LAN 10 SASS Program Plan Proposals

Implementation Date: November 1, 2016

Application Due Date: 5:00 PM, Thursday, September 29, 2016

Deliver via email to: hfs.cbh@illinois.gov

Please mail a paper copy to:

Healthcare and Family Services
Attn: Children's Mental Health Unit, 3rd Floor
201 S. Grand Ave. East
Springfield, IL 62763

HFS Reference Number: 2017 – 23 – 015

SECTION 1 – DEFINITIONS

- 1.1 Accredited:** An entity becomes “accredited” via a process whereby an independent, not-for-profit national organization evaluates and verifies the compliance of the provider of social and mental health services for the purpose of strengthening and actively promoting the quality of such services.
- 1.2 Administrative Case Review (ACR):** A review conducted by a designated Administrator of DCFS pursuant to Title 89 IL Admin Code 316 and open to the participation of the parent.
- 1.3 All Kids:** All Kids is a combination of medical assistance programs administered by HFS for eligible children who need comprehensive, affordable health insurance, regardless of family income, immigration status or health condition, including All Kids Rebate. Additional information regarding the All Kids Program may be found at: www.allkids.com.
- 1.4 Certified Family Partnership Professional (CFPP):** An individual who is certified and in good standing as a Family Partnership Professional by the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc. (IAODAPCA).
- 1.5 Child:** Any of the following individuals: 1) an individual under the age of twenty-one (21) enrolled in one of the full benefit healthcare programs administered by HFS; 2) an individual under the age of eighteen (18) not enrolled in a full benefit healthcare program administered by HFS; or 3) a Medicaid eligible individual admitted before the age of twenty-one (21) to an inpatient psychiatric institution qualifying as inpatient psychiatric services for individuals under age twenty-one (21) pursuant to Federal Medicaid Regulations codified at 42 CFR 440.160 until the individual is discharged from the institution, or until the individual’s twenty-second (22nd) birthday, whichever occurs first.
- 1.6 Childhood Severity of Psychiatric Illness (CSPI):** A screening tool approved by the Department for use in the SASS program for children aged six (6) and older. The CSPI is a measure of psychiatric severity and is used as part of the assessment to recommend whether a child can be stabilized in the community or a higher level of care may be needed.
- 1.7 Childhood Severity of Psychiatric Illness – Early Childhood (CSPI-EC):** A screening tool approved by the Department for use in the SASS program for children from birth through age five (5). The CSPI-EC is an early childhood specific measure of psychiatric severity and is used as part of the assessment to recommend whether a child age zero (0) through age five (5) can be stabilized in the community or a higher level of care may be needed.
- 1.8 Community-Based Services:** Social services provided in the home, school, or other community-based location to a child with a serious emotional disturbance or mental illness and to the child’s family to reduce the risk of more restrictive treatment, such as psychiatric hospitalization.
- 1.9 Community Mental Health Provider (CMHP):** An agency certified by DHS or DCFS and enrolled with HFS to provide Medicaid community mental health services in accordance with Title 59 of the Illinois Administrative Code, Part 132 (“Rule 132”).

- 1.10** Comprehensive Community-Based Youth Services (CCBYS) Provider: An agency contracted by DHS to provide service and support to help children age 11-17 years who are at risk for involvement in the child welfare and/or juvenile justice system.
- 1.11** Confidential Information: Any material, data or information disclosed by either Party to the other that, pursuant to agreement of the parties or the State's grant of a proper request for confidentiality, is not generally known by or disclosed to the public or to Third Parties including, without limitation: (a) all materials, know-how, processes, trade secrets, manuals, confidential reports, services rendered by the State, financial, technical and operational information, and other matters relating to the operation of a Party's business; (b) all information and materials relating to Third Party Vendors of the State that have provided any part of State's information or communications infrastructure to the State; (c) software; and (d) any other information that the Parties agree should be kept confidential.
- 1.12** Contiguous Counties: Counties in neighboring states immediately adjacent to Illinois.
- 1.13** CRAFFT Screening Instrument (CRAFFT): A substance use/abuse health screening tool recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with children under the age of 21. The term CRAFFT is an acronym based upon the key components (Car, Relax, Alone, Forget, Friends, Trouble) of the six questions which constitute the instrument. Information regarding the CRAFFT can be found at: <http://www.ceasar-boston.org/CRAFFT/>.
- 1.14** Crisis And Referral Entry Service (CARES): The single point of entry to the SASS Program that provides phone crisis response and referral services for children with a mental health crisis requiring referral to the most appropriate program or resource. The Department has entered into a contract with a vendor to provide entry, access and referral to individuals seeking publicly funded behavioral health services.
- 1.15** Culturally Competent: The effort to understand and be responsive to the cultural differences of children, their families, and caregivers.
- 1.16** DCFS Intensive Placement Stabilization (IPS) program: A statewide network of DCFS-funded, community-based providers responsible for placement stabilization services to targeted children under DCFS custody or guardianship and in foster care.
- 1.17** DCFS Rule 300: DCFS Administrative Rule that establishes the purpose, definitions, procedures and other requirements for mandated reporters (Title 89 IL Admin Code 300).
- 1.18** DCFS Rule 431: DCFS Administrative Rule that establishes the confidentiality of personal information and provider's guideline on the application governing the maintenance and sharing of client information for child protection treatment and other service provided by DCFS (Title 89 IL Admin Code 431).
- 1.19** DCFS Youth in Care: A child for whom DCFS has temporary protective custody, custody, or guardianship via court order, or a child whose parent(s) signed an adoptive surrender or voluntary placement agreement with DCFS.

- 1.20 Department of Children and Family Services (DCFS): The Illinois Department of Children and Family Services. The statewide child welfare agency for Illinois.
- 1.21 Department of Healthcare and Family Services (HFS): The Illinois Department of Healthcare and Family Services. The single state Medicaid agency for Illinois.
- 1.22 Department of Human Services – Division of Mental Health (DHS-DMH): The Illinois Department of Human Services. The statewide mental health agency for Illinois.
- 1.23 Department: The Illinois Department of Healthcare and Family Services (HFS).
- 1.24 DHS Rule 50: DHS Administrative Rule that establishes that the Office of the Inspector General investigates all alleged abuse or neglect in state operated facilities and community agencies (Title 59 IL Admin Code 50).
- 1.25 DHS Rule 131: DHS Administrative Rule that establishes criteria for payment of certain mental health and related services that are provided to children enrolled in the SASS Program (Title 59 IL Admin Code 131).
- 1.26 DHS Rule 132: DHS Administrative Rule that establishes criteria for participation by providers in Medicaid community mental health services. Clients receive Medicaid community mental health services in accordance with the provisions of this Rule (Title 59 IL Admin Code 132).
- 1.27 Disaster Recovery Plan: The steps the SASS provider will take in the event of an outage or failure of HFS’ or the provider’s data or communications system or technical support system.
- 1.28 Division of Child Protection Program: The Division within DCFS that is outlined in the state's Child Abuse and Neglect Reporting Act: "The Department of Children and Family Services shall, upon receiving reports made under this Act, protect the best interest of the child, offer protective services in order to prevent any further harm to the child and to other children in the family, stabilize the home environment and preserve family life whenever possible.”
- 1.29 Eligibility: The time frame during which Recipients enrolled in medical assistance programs administered by HFS may seek services that may be publicly funded.
- 1.30 Engagement: The process of supporting the child and family to participate in services offered and to remain involved with services provided.
- 1.31 Evidence-based Practice: Applying the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. (U.S. Department of Health and Human Services: Agency for Healthcare Research and Quality).
- 1.32 Evidence Informed Practice: Practice that is guided by child development theory, practitioner wisdom, qualitative studies and findings from basic research and has written guidelines, a strong logic model, and a history of demonstrating positive results. Practices must be rated “Promising” or “Emerging” by at least one source that rates evidence-based programs.

- 1.33** Family Driven Care: Families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes choosing culturally and linguistically competent supports, services, and providers; setting goals; designing, implementing and evaluating programs; monitoring outcomes; and partnering in funding decisions. Refer to www.ffcmh.org/family-driven-definition.
- 1.34** Family Resource Developer (FRD): A parent or caregiver employed by SASS provider as part of the SASS crisis intervention team who has navigated multiple child serving systems on behalf of a child with emotional or behavioral problems as a consumer of the mental health system. The individual has demonstrated the ability to work collaboratively with families, children, agency staff and other providers in the community.
- 1.35** Gift: Any gratuity, discount, entertainment, hospitality, loan, forbearance, or other tangible or intangible item having monetary value, including but not limited to cash, food and drink and honoraria for speaking engagements related to or attributable to employment by the SASS agency or the official position of the employee, or officer of the agency. The only exception is the gift of food or refreshments not exceeding \$75 per person in value offered to the SASS employee on a single calendar day. Food or refreshments may be accepted, provided that the food or refreshments are consumed on the premises from which they are prepared or catered.
- 1.36** Guardian: The court-appointed guardian of the person under the Probate Act of 1975 [755 ILCS 5/1-1 et seq.], or a temporary custodian or guardian of a child appointed by an Illinois juvenile court or pursuant to the Juvenile Court Act of 1987 [705 ILCS 405/1-1 et seq.], or a legally appointed guardian or custodian or other party granted legal responsibility.
- 1.37** Health Insurance Portability and Accountability Act of 1996 (HIPAA): Federal Public Law 104-191 and the Federal Regulations codified at 45 CFR Parts 160, 162, and 164, including all amendments thereto.
- 1.38** HFS Medical Programs: The Division within HFS responsible for the administration and funding of medical services delivered under both state and federal programs such as All Kids and Medicaid.
- 1.39** HFS Rule 135: HFS Administrative Rule that establishes criteria for participation in and receipt of services through the ICG Program (Title 59 IL Admin Code 135), including any future recodifications of this Rule or any new rules adopted by HFS to govern the ICG Program.
- 1.40** HFS Social Services: The eligibility segment of the Illinois Recipient Database that is used to record the enrollment status of all SASS enrolled children.
- 1.41** Illinois Administrative Code: The complete text of all rules of all state agencies filed with and published by the Administrative Code Division. An unofficial copy of this may be found at <http://www.ilga.gov/commission/jcar/admincode/titles.html>.
- 1.42** Illinois Compiled Statutes (ILCS): Laws enacted by the Illinois Legislature. An unofficial version of the ILCS may be viewed at www.ilga.gov/legislation/ilcs/ilcs.asp.

- 1.43 Individual Care Grant (ICG) Program: A program administered by HFS that provides funding for intensive community-based services or residential placement for children who meet specific eligibility criteria as defined in Title 59 IL Admin Code 135, Section 135.20.
- 1.44 Individual Care Grant (ICG) Provider Handbook: A manual prepared with the information and guidance for providers who participate in the ICG Program containing specific policy, procedures, and billing instructions.
- 1.45 ICG Youth: A child enrolled in the ICG Program.
- 1.46 Licensed Practitioner of the Healing Art (LPHA): An individual who meets the definition for an LPHA as described in Title 59 IL Admin Code 132, Section 132.25.
- 1.47 Local Area Network (LAN): An identified geographical boundary within the state of Illinois.
- 1.48 Managed Care Entity: An entity that meets the definition of a Managed Care Organization, as defined in 42 CFR 438.2, or a Managed Care Community Network, as defined in Title 89 IL Admin. Code 143, and that has a contract with the Department.
- 1.49 Mandated Reporter: A person in one of the professions identified in Section 4 of the Abused and Neglected Child Reporting Act (325 ILCS 5/1 et seq). If a Mandated Reporter has reasonable cause to believe that a child known to him or her in his or her professional capacity may be abused or neglected, the Mandated Reporter shall immediately report or cause a report to be made to DCFS.
- 1.50 Medicaid: The authority granted to HFS pursuant to Title XIX of the Social Security Act (Chapter 42 of the United States Code) and administered by HFS pursuant to the Public Aid Code, 305 ILCS 5/1-1 et seq.
- 1.51 Medicaid Certification: The enrollment of a willing and qualified provider in HFS Medical Assistance Programs. Medicaid Certification for Community Mental Health Centers includes a provider site specific determination of enrollment and participation, including specification of which Categories of Service may be provided from which provider sites. Providers seeking to provide services and receive reimbursement under Title 59 IL Admin Code 132 must be Medicaid Certified.
- 1.52 Mental Health and Developmental Disabilities Code: An Illinois statute that establishes consumer rights to confidentiality and consent for the delivery of mental health services from mental health facilities and developmental disability facilities [405 ILCS 5].
- 1.53 Mental Health and Developmental Disabilities Confidentiality Act: An Illinois statute that protects the confidentiality of records and communications of recipients of mental health or developmental disability services [740 ILCS 110].
- 1.54 Mental Health Professional (MHP): An individual who meets the definition for a Mental Health Professional as described in Title 59 IL Admin Code 132, Section 132.25.
- 1.55 Psychiatric Lockout: Families presented to the State in crisis, following the acute psychiatric inpatient admission and treatment of youth, in which the parent/guardian is unwilling to accept the

youth home following the inpatient episode of treatment. Drop off at an Emergency Room or Emergency Department does not constitute a “psychiatric lockout.”

- 1.56** Qualified Mental Health Professional (QMHP): An individual who meets the definition for a Qualified Mental Health Professional as described in Title 59 IL Admin Code 132, Section 132.25.
- 1.57** Recipient: A person who receives benefits from the state and is assigned a Recipient Identification Number.
- 1.58** Recipient Identification Number (RIN): The unique nine-digit number assigned to each person who receives benefits from the state. The number is utilized by HFS to identify and pay medical bills to providers.
- 1.59** Screening, Assessment, and Support Services (SASS): A multi-department crisis intervention program designed to screen and assess children in psychiatric crisis and provide intensive community-based services in lieu of inpatient psychiatric hospitalization when possible. In the instance that children require inpatient psychiatric care, SASS provides transitional support back into the community.
- 1.60** Screening, Assessment, and Support Services (SASS) Provider Handbook: A manual prepared with the information and guidance for providers who participate in the SASS Program containing specific policy, procedures and billing instructions.
- 1.61** Service Area: The Local Area Network (LAN), portion of the LAN, and, if applicable, contiguous counties to the LAN or portion of a LAN, that the SASS provider is responsible for serving. Contiguous counties are identified in Attachment A.
- 1.62** State: The State of Illinois, as represented through HFS, DCFS, and DHS-DMH.
- 1.63** Systems of Care: A concept that provides an organizing framework, philosophy, and set of values for providing services and supports to children and families. A System of Care is a broad flexible array of effective services and supports for a defined multi-system involved population, which is organized into a coordinated network, integrates care planning and care management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and with youth at service delivery, management and policy levels, has supportive management and policy infrastructure, and is data-driven. (Pires, *Building Systems of Care: A Primer*, 2010).
- 1.64** Unusual Incident: An alleged, suspected or actual occurrence of an incident when there is reason to believe that the health and safety of an individual may be adversely affected and the individual may be placed at a reasonable risk of harm.
- 1.65** Unusual Issue: An occurrence or event beyond the SASS provider’s customary operations, routines or relationships experienced by or reported to the SASS provider by a caller or an employee or contracted staff member that may involve a child, an employee, contractor, damage to property, allegations of criminal activity, misconduct, and/or other occurrences affecting the provider’s operations.

SECTION 2 – PURPOSE

The Illinois Departments of Healthcare and Family Services (HFS), Children and Family Services (DCFS), and Human Services, Division of Mental Health (DHS/DMH) are issuing a Request for Application (RFA) to solicit proposed plans from certified Community Mental Health Providers (Title 59 IL Admin. Code 132) to become the Screening, Assessment, and Support Services (SASS) provider for Local Area Network (LAN) 10, covering Richland, Crawford, Lawrence, Edwards, and Wabash counties.

The Children’s Mental Health Act of 2003 required HFS to develop protocols for implementing the screening and assessment of children prior to any admission to an inpatient hospital for publicly funded psychiatric services. The SASS program was developed as a cooperative partnership between the three Departments in fiscal year 2005 in response to this requirement. The development of the tri-department SASS program created a single, statewide system to serve children experiencing a mental health crisis whose care will require public funding from one of the three agencies. This program features a single point of entry through CARES for all children entering the system and ensures that children receive crisis services in the most appropriate setting.

The current SASS program model is built upon the core values and principles of Systems of Care, which calls for an organized service system that emphasizes comprehensive, individualized, and culturally competent services provided in the least restrictive environment. The model calls for the full involvement of families in treatment and planning, interagency collaboration, a strengths-based approach, and care coordination at the community level to address children’s needs in all the domains of their interactions. Whenever possible, services should be based on, or informed by, research literature that supports their provision to children similar to those being served by the agency.

The provider(s) selected through this application process, and subsequently contracted by HFS to provide SASS services, will be responsible for providing:

- Rapid response pre-admission psychiatric hospitalization screenings;
- Crisis intervention and stabilization services;
- Support to children and families when a child is hospitalized;
- Support to children and families when a child is maintained in the community in lieu of hospitalization;
- Family engagement and treatment in the home and other community-based settings;
- Home-based family supports;
- Case management across the systems in which the child and family are involved;
- Case management and support to children and families enrolled in the Individual Care Grant (ICG) program;
- Family Resource Developer support;
- Transitional programming from children’s services to adult services;
- Psychiatric services, including medication management, as needed;
- Assistance in resolving the family crisis resulting from “psychiatric lockouts” and the potential impacts of custody relinquishment, consistent with PA 98-0808;
- Discharge planning during the child’s hospitalization to ensure immediate access to intensive community-based care; and,
- Post-crisis care coordination, helping children transition to non-crisis services and treatment.

The provider chosen to cover LAN 10 will be held responsible and accountable for the SASS program requirements as well as all ICG Coordination responsibilities for the geographic area covered under LAN 10, including coverage of those counties in Indiana contiguous to LAN 10 (see Attachment A).

SECTION 3 – ATTACHMENTS

ATTACHMENT A: Local Area Network (LAN) 10 Contiguous County Responsibilities

ATTACHMENT B: SASS Provider Handbook

ATTACHMENT C: Application Checklist

SECTION 4 – ELIGIBLE APPLICANTS

To be considered pursuant to this RFA, providers must be: (1) certified under DHS Rule 132 for Medicaid Community Mental Health Program Services; (2) actively enrolled with HFS Medical Programs; and, (3) accredited by the Joint Commission, the Commission on Accreditation of Rehabilitative Facilities, or the Council on Accreditation.

SECTION 5 – SERVICE REQUIREMENTS

1. General and Infrastructure.

- 1.1. The SASS provider shall adhere to the System of Care values and principles as well as the principles of Family Driven Care.
- 1.2. The SASS provider shall assure compliance with: DHS Rule 131; DHS Rule 132, including completing and maintaining all documentation of services as required; the SASS Provider Handbook; the ICG Provider Handbook; and, all applicable federal and state laws, rules, and regulations as well as all Department policies and handbooks governing the administration of any services provided.
- 1.3. The SASS provider shall own or lease office space within the state of Illinois from which the program will be staffed.
- 1.4. The SASS provider shall ensure the availability of the SASS program to children in the provider's Service Area, including those Illinois resident children presenting in crisis in a contiguous county to Illinois (see Attachment A), who require publicly funded services when experiencing a mental health crisis.
- 1.5. The SASS provider shall be available 365 days per year, 24 hours per day, and shall accept all referrals from CARES on a no-decline basis within 30 minutes.
- 1.6. The SASS provider shall establish a communications system to receive incoming referrals from CARES 24 hours a day for each day they are contracted to provide SASS services. The SASS provider shall provide CARES with a number for its Administrative or Executive Staff that will be answered 24 hours a day, seven days a week, every day of the year.
- 1.7. The SASS provider shall have the capacity to provide both the pre-psychiatric hospitalization screening and the full array of mental health services identified in DHS Rule 132, for all children and youth eligible in the SASS program in LAN 10.

- 1.8. As appropriate, the SASS provider shall include the parent, guardian or caregiver, case manager if the child is the legal responsibility of DCFS, and the child in all aspects of the child's crisis intervention and mental health treatment planning.
- 1.9. The SASS provider shall determine if the child or youth being served is currently receiving services from an existing service provider and seek to link the child or youth back to this provider for follow up services as appropriate.
- 1.10. The SASS provider shall have a mechanism for interpreting sign and other languages, as needed.
- 1.11. The SASS provider shall complete the data collection and entry requirements of the SASS program, requiring access to a computer with High Speed/Broadband Internet and email access for SASS Program Staff.
- 1.12. Disaster Recovery Plan: The SASS provider shall maintain a Disaster Recovery Plan and have it available for review and approval by the HFS, or its designee. The Disaster Recovery Plan shall detail the steps the SASS provider will take in the event of an outage or failure of the Department's or SASS provider's data, communications system(s), or technical support system(s), and the steps the SASS provider shall take to notify and continue to serve children in the event that SASS provider's place of business experiences a significant event (e.g., fire, flood, electrical systems, act of God) that forces the SASS provider to relocate on a temporary or permanent basis.
- 1.13. The SASS provider shall maintain a Quality Assurance/Quality Improvement Plan that demonstrates the ability to internally assess the operation's strengths and weaknesses, and implement required corrections, with the ability to track response to CARES and on-site reviews. The SASS provider shall assess barriers to engaging families in care that may be imposed by communities, certain agency practices, provider communication, or past experience by the families with mental health care, and shall integrate these issues and strategies for resolution into the SASS provider's plan.
- 1.14. The SASS provider shall, at the request of the Department, file with HFS annually a certified cost report. The certified cost report must be bound within the certified audit. The independent auditor shall provide an opinion expressing the accuracy of the Costs and Revenues schedules of the cost report.
- 1.15. The SASS Provider shall submit bills to HFS for reimbursement of services provided during a child's SASS eligibility period.
- 1.16. The SASS Provider shall submit bills directly to the Managed Care Entities contracted by HFS for any child enrolled in an HFS Managed Care Entity referred to the SASS Provider from CARES for crisis screening, regardless of the SASS Provider's enrollment status with the Managed Care Entity.

2. SASS Crisis Screening Event.

- 2.1. The SASS provider shall conduct a face-to-face assessment and screening for every child who has been referred by CARES within 90 minutes of receiving the referral from CARES. Whenever possible, the screening shall be conducted where the crisis is occurring.
- 2.2. The SASS crisis disposition shall be completed within four (4) hours after the CARES referral to the SASS provider.
- 2.3. The SASS screening and crisis assessment shall minimally include the following:
 - 2.3.1. The CSPI or CSPI-EC decision support instrument, as appropriate based upon the child's age;
 - 2.3.2. A mental status evaluation;
 - 2.3.3. An evaluation of the extent of the child's ability to function in his or her environment and daily life;
 - 2.3.4. An evaluation of the ability of the caregiver to maintain the child's safety in the home and community environment with added supports through SASS or other community support services;
 - 2.3.5. An assessment of the child's degree of risk of harm to self, others or property;
 - 2.3.6. A determination of the viability of less restrictive resources available in the community to meet the treatment needs of the child; and,
 - 2.3.7. An assessment of the child's degree of involvement with substance use or abuse utilizing the CRAFFT or similar substance use or abuse assessment instrument.
- 2.4. The SASS provider shall report the CSPI results within five (5) calendar days after completion of the screening event in the manner specified by the Department.
- 2.5. If community stabilization is not a clinically appropriate option, the SASS provider shall facilitate the child's admission to a psychiatric hospital. The SASS provider shall inform the child's parent(s), guardian, caregiver, or residential staff about all of the available service providers and pertinent policies needed to understand and allow the involved parties to select a hospital that is appropriate.
- 2.6. The SASS provider shall give families contact information that may be used any time during the day, evening, or night to contact the SASS provider in moments of crisis, in lieu of utilizing CARES.
- 2.7. For children who are the legal responsibility of DCFS, the SASS provider shall notify the child's case manager of the circumstance of the crisis call and its disposition within one (1) business day after the event.

- 2.8. Regardless of crisis disposition, the SASS provider must follow-up with the child's family within 48 hours after the completion of the SASS screening event to offer support and follow up services.

3. Intensive Outpatient Services and Engagement.

- 3.1. The SASS provider shall complete or arrange for the completion of a Mental Health Assessment (MHA) for SASS eligible children, consistent with DHS Rule 132. The Department may, with 30 days prior written notice, require the SASS provider to utilize a standardized MHA format, as defined by the Department, for all SASS eligible children for whom a MHA is completed.
- 3.2. The SASS provider shall deliver, or coordinate the delivery of, the necessary short-term intensive mental health services for community stabilization, either as an alternative to psychiatric hospitalization or following discharge from a psychiatric hospitalization, and link the child and family to mental health and allied services that can stabilize and maintain the child in his or her home, school and community over a longer term.
- 3.3. The SASS provider shall provide or arrange for intensive home and other community-based services, including individual therapy, family therapy, case management and other community supports when clinically appropriate and included in the child's treatment plan. Home and other community-based services are to be offered at locations and times convenient to and preferred by the family.

4. Psychiatric Resource and Pharmacological Services.

- 4.1. The SASS provider shall have a psychiatric resource available to provide consultation and medication management services, as medically necessary, in the following time frames:
 - 4.1.1. Within fourteen (14) calendar days after a child's discharge from an inpatient psychiatric hospital admission; or,
 - 4.1.2. For a child for whom intensive community-based mental health services were put in place in lieu of psychiatric hospitalization, within three (3) calendar days after the date of SASS screening event.
- 4.2. The SASS provider shall ensure that its psychiatric resources are aware that consent for any psychotropic medications must be obtained from DCFS for any child who is the legal responsibility of DCFS.
- 4.3. The SASS provider shall make its psychiatric resource available to all SASS eligible children who reside in its service area. The SASS provider cannot limit or restrict access to the psychiatric resource based upon a child's or family's unwillingness to participate in other services offered by the SASS provider.

5. Hospitalization Services.

- 5.1. If the child is admitted for inpatient psychiatric hospitalization, the SASS provider shall maintain written documentation of its participation in the admission, initial 72-hour staffing, subsequent staffing(s), discharge planning sessions, discharge staffing, and weekly contacts with

the child, parent, guardian, case manager, and hospital social worker (for all weeks when a hospital staffing does not occur).

- 5.2. The SASS provider shall coordinate the provision of mental health and other supportive services to the family during the course of a child's hospitalization for the purpose of preparing the family to support the child following discharge.
- 5.3. Prior to discharge, the SASS provider shall work with the psychiatric inpatient treatment team to ensure that specific and scheduled mental health services are in place to support the child and family immediately following discharge from the hospital. As necessary, these services shall include access to a psychiatric resource for the purpose of medication management.

6. Linkage, Referral, and Service Coordination.

- 6.1. The SASS provider shall have collaborative working relationships with all social service providers and hospitals located in the Service Area.
- 6.2. The SASS provider shall provide linkages and referrals to other providers, as appropriate, and as requested by the child, or the parent, guardian or caregiver. This includes linking children to long-term services prior to the exhaustion of the child's 90-day SASS eligibility period.
- 6.3. When the stability of a DCFS youth in care's placement is at risk, the SASS provider shall provide linkages and referrals to DCFS IPS providers via the DCFS case manager.
- 6.4. The SASS provider shall link children with traditional, transitional, child, young adult, or adult mental health services prior to the exhaustion of the child's 90-day SASS eligibility period.
- 6.5. For children enrolled in an HFS-contracted Managed Care Entity that has not contracted with the SASS provider to provide Mobile Crisis Response services, the SASS provider shall notify the Managed Care Entity of the crisis call and its disposition within one (1) business day after the event. The SASS provider shall work collaboratively with the Managed Care Entity to ensure the child and family is linked to ongoing follow-up services.

7. Additional Services.

- 7.1. HFS Social Services Eligibility Management. The SASS provider shall manage and maintain the SASS eligibility of enrolled children residing in its Service Area and shall seek extensions from CARES when clinically appropriate.
- 7.2. All Kids Application Agent Enrollment. The SASS provider shall enroll and maintain its status with HFS as an All Kids Application Agent. The SASS provider must provide assistance to families whose child is not covered by one of the full benefit medical assistance programs administered by HFS in the completion and submission of applications for medical benefits.
- 7.3. Consent. The SASS provider shall obtain consent from a child's parent, guardian, or caregiver prior to making a determination that community stabilization would not sufficiently support the child in crisis and that inpatient hospitalization would be clinically appropriate.

- 7.4. Collaboration with Community-Based Service Providers. The SASS provider shall assist the CCBYS provider, IPS provider, other community-based providers in a child's service area, and, if necessary, the DCFS Child Protection (DCP) staff, in service planning to help prevent the child from being abandoned while in the hospital.
- 7.5. Individual Care Grant. The SASS provider shall act as the ICG Coordination Agency for its contracted Service Area, complying with all program requirements, as detailed in the SASS provider contract and the ICG Handbook. Responsibilities under the ICG program include assisting families with preparing and submitting applications for the ICG program and providing case management to all enrolled ICG youth who reside in the Service Area.
- 7.6. Other SASS Responsibilities Related to DCFS. In addition to the requirements specified elsewhere in this Contract, the SASS provider shall:
 - 7.6.1. Participate in case staffings as requested by DCFS staff, including ACRs and court hearings. Additionally, SASS provider staff may be requested to provide written reports for any case staffing, including an ACR or court hearing.
 - 7.6.2. For DCFS youth in care age 9 and younger, the SASS provider shall fax the CSPI and Mental Health Status Examination completed during the SASS crisis screening to the DCFS Clinical Division at the fax number designated by DCFS. This requirement must be completed within 72 hours after the completion of the SASS crisis screening.
- 7.7. Transportation. The SASS provider shall facilitate transportation of a child to and from approved medical services, including inpatient hospitalization.

SECTION 6 – STAFFING AND TRAINING REQUIREMENTS

1. Staff.

- 1.1. Initial Screening Staff: As defined and specified in DHS Rule 132, a MHP under the supervision of a QMHP, who is immediately available for consultation through the screening event, may provide the initial face-to-face crisis screening.
- 1.2. The SASS Provider shall have a sufficient staff to consumer ratio to allow for the provision of intensive community based services.
- 1.3. The SASS provider shall have at least one certified trainer of the Childhood Severity of Psychiatric Illness (CSPI) available within its agency. The SASS provider shall ensure that all staff members responding to crisis calls are certified and annually re-certified in the CSPI prior to administering it.
- 1.4. Family Resource Developer (FRD). The SASS Provider shall make a FRD available to all families served in SASS. The FRD shall be a parent, guardian, or caregiver who has navigated one or more child serving systems on behalf of a child or adolescent with emotional or behavioral problems. The FRD shall assist families or other caregivers in achieving the best possible outcomes for their child. This may include assisting families and/or caregivers with community resources, attending meetings with family/caregivers and ensuring family and/or caregiver involvement in all aspects of services. The SASS Provider shall have the capacity to

ensure that the FRD-to-family ratio shall be sufficient to allow for FRD involvement with all SASS families served in the program. The SASS provider shall establish a plan and timetable for ensuring that all FRDs achieve the certification of Certified Family Partnership Professional (CFPP). FRDs that qualify as a Mental Health Professional (MHP), as defined in DHS Rule 132, are not required to obtain the CFPP certification.

2. **Training Requirements.** The SASS Provider must submit a detailed training plan with timeline as an Appendix to their application. The training plan shall include timelines for completing training requirements and plans for the retraining of all staff on an annual basis.
 - 2.1. The SASS Provider shall provide and document training to new and current staff. Topics should include, but are not limited to: (1) SASS Provider Handbook and contract requirements; (2) System of Care and Family Driven Care principles, including the FRD role; (3) cultural competence; (4) ethics; (5) crisis intervention; (6) case management; (7) Abused and Neglected Child Reporting Act (325 ILCS 5) and Title 89 IL Admin Code 300; (8) Mental Health and Developmental Disabilities Code [405 ILCS 5]; (9) Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110]; (10) Health Insurance Portability and Accountability Act (HIPAA); (11) DCFS Rule 431: Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services; (12) child development; (13) psychotropic medication; (14) individual, family, and group therapy treatment strategies and techniques; (15) identification of symptoms of trauma; (16) evidence informed practice; (17) communication skills; and, (18) SASS-related data systems.
 - 2.2. Training Costs. The SASS Provider shall identify training resources sufficient to address the needs of all staff listed in the proposed personnel matrix. The training resources shall be identified and may include in-house, State Department Personnel, or other staff resources. All training costs are the responsibility of the SASS Provider.
3. **Required Meetings.** The SASS provider shall attend all regional and other required meetings when notified more than fourteen (14) days in advance by the Department.

SECTION 7 – FISCAL

No funds are obligated directly to providers who have entered into a contract with HFS for the provision of SASS services. The SASS provider will receive the current fee-for-service rates listed in the Community Mental Health Service Definitions and Reimbursement Guide. Rates are subject to change at any time. The SASS provider shall have a mechanism in place to facilitate the direct submission of bills to HFS for reimbursement of approved services provided to children and youth during a SASS eligibility period. The SASS provider is responsible for determining and verifying a child's eligibility prior to the provision of services.

SECTION 8 – IMMEDIATE REPORTING REQUIREMENTS

In addition to the documentation required for services delivered under DHS Rule 132, the SASS Provider shall comply with the following immediate reporting requirements:

- **Notification to DCFS case manager.** The SASS provider will immediately notify a child's DCFS case manager of any significant events, changes in family circumstances, or unusual incidents involving the child or family members. Examples of such events and incidents would include the following: incidents of suspected abuse or neglect which have been or are to be reported to the Child Abuse Hotline; police involvement/ intervention with the family; major health problems or

death in the immediate family; emotional, mental or physical deterioration; change in household composition; change in residence; suspected drug or alcohol abuse; any circumstance or incident which poses a threat to the safety and well-being of any involved children, or would pose such a threat if the children were in the current custody of the parent; other significant information or changes in family circumstances.

- **Mandated Reporter.** The SASS provider and its staff are Mandated Reporters of child abuse or neglect. Failure to comply with the Abused and Neglected Child Reporting Act (325 ILCS 5) is a Class A misdemeanor and may result in license suspension or revocation (for those individuals holding professional licenses). See Title 89 IL Admin Code 300 for more information. The acquisition of privileged information from parents, caregivers or children regarding abuse or neglect does not excuse the failure to report.
- **DHS Rule 50 Reporting.** The SASS provider shall report to the DHS Office of Inspector General any suspected instances of abuse or neglect witnessed or reported during the standard operations of the CARES line, consistent with Title 59 IL Admin Code 50.
- **Medical Assistance or Child Support Enforcement Program Fraud and Abuse.** The SASS provider shall report to the HFS Office of Inspector General (HFS OIG) any suspected financial fraud and abuse in the Medical Assistance Program or Child Support Enforcement Program, or suspected misconduct of HFS employees, as soon as the provider learns of the suspected fraud, abuse, or misconduct. The provider shall not conduct any investigation of the suspected fraud and abuse or misconduct without being specifically directed to do so by the HFS OIG. The provider shall cooperate with the investigations of suspected fraud and abuse or HFS employee misconduct.

SECTION 9 – MONITORING

1. **Compliance.** The SASS provider shall comply with all program requirements and timelines outlined in this application, the SASS provider contract with HFS, the SASS Provider Handbook, and the ICG Provider Handbook. The SASS provider shall comply with any and all changes or additions to the SASS program, including ICG Coordinator responsibilities, after written notification of those changes or additions by HFS, in conjunction with DHS/DMH and DCFS.
2. **Data and Reporting:** The SASS provider shall provide requested data and reports on clients served through the SASS and ICG programs, in the manner defined by the Department, for the purposes of client, contract, program and system monitoring and evaluation.
3. **Monitoring:** The SASS Provider shall comply with all DHS, DCFS and HFS off-site and on-site program monitoring visits, reviews, and follow up activity.

SECTION 10 – APPLICATION CONTENT AND REQUIREMENTS

Providers interested in applying to be the contracted SASS provider and ICG Coordination Agency for LAN 10 must submit a written proposal that addresses how the provider plans to meet the responsibilities of the SASS program as detailed in this RFA, with a particular focus on those service requirements detailed in Section 5. The proposal should be no more than 15 pages in length (not inclusive of any Attachments), double-spaced, with a minimum standard font size of 12. The proposal should minimally address the applicant's:

1. Current or prior experience providing crisis services to children and youth;
2. Plan for establishing a physical site in the Service Area from which services will be delivered, addressing how the applicant will ensure its ability to respond to a crisis anywhere in LAN 10 within 90 minutes of receiving a referral from the CARES line.
3. Capacity to staff the SASS program 24 hours per day, 7 days per week and begin receiving all calls on a no-decline basis from the CARES line on November 1, 2016, including:

- a. Ensuring crisis response staff are certified in the Childhood Severity of Psychiatric Illness (CSPI); and,
 - b. The level of practitioner (MHP, QMHP, LPHA) the CMHC intends to staff the SASS program, both initially and over the long-term.
4. Capacity to provide follow-up services after a crisis screening event, particularly addressing the organization's ability to offer home-based supports to families;
 5. Vision and plan for utilizing the role of the Family Resource Developer (FRD) and the plan to ensure the FRD meets the CFPP requirements established in DHS Rule 132;
 6. Plan for ongoing community engagement and outreach, particularly to key stakeholder groups such as law enforcement, schools, and hospitals;
 7. Plan for internally assessing, on an ongoing basis, the organization's strengths and weaknesses related to the SASS program and monitoring the quality of care delivered to SASS clients;
 8. Current financial soundness and plans or strategies for ensuring long-term viability as a community mental health service provider in LAN 10;
 9. Commitment from the organization that all crisis services shall be provided independently and financially sustained by the operational practices and billing activities associated with the program and not supplemented by local funds; and,
 10. Capacity to process bills for reimbursement directly to HFS for the services described in DHS Rule 132, including the applicant's current HFS billing rejection rates for other CMHC sites in operation.

In addition to the written proposal, applicants must submit the following attachments in order for their applications to be considered complete:

Attachment I – Organizational Chart

A copy of the applicant's current organizational chart, including how the SASS team fits into the overall organizational structure.

Attachment II – Proposed Staffing Matrix

The staffing matrix should demonstrate staff to consumer ratios for the SASS crisis screening event and follow-up services during the SASS eligibility period.

Attachment III – Psychiatric Resource Capacity

Applicants with current psychiatric resource capacity must submit a copy of their agreements with the established psychiatric resource(s), including the name of the psychiatric resource to be utilized, as well as the resource's specific functions, hours, and location(s) of availability. If the applicant does not have current psychiatric resource capacity, this Attachment III should describe the applicant's plan for establishing such capacity by November 1, 2016.

Attachment IV – Medicaid Certification Letter

A copy of the applicant's current Medicaid Community Mental Health Provider certification letter from DHS or DCFS.

Attachment V – Accreditation Letter

A copy of the applicant's current accreditation letter, consistent with Section 4 of this RFA.

Attachment VI – Statement on Legal Relationship with Hospital

If the applicant has a legal relationship with a hospital, a description of the relationship must be submitted as Attachment VI. The description must document: (1) a demonstrated ability to separate

hospital functions from community functions; (2) how the CMHC's governance structure is separate from the hospital; (3) a distinct line between the SASS screening functions and the hospital part of the applicant's structure; and, (4) how a conflict of interest will not occur between the community mental health part and the hospital part of the entity. If the applicant does not have a legal relationship with a hospital, they still must submit Attachment VI, indicating that the agency does not have such a legal relationship.

Attachment VII – Training Plan

Applicants shall supply a detailed training plan, consistent with Section 6 of this RFA, including timelines for completing the training requirements with new staff upon hire and retraining all staff on an annual basis.

Attachment VIII – Certified Cost Report and Consolidated Fiscal Report

The applicant must supply a copy of its most recent certified cost report and a completed consolidated fiscal report (CFR) with their application. The certified cost report must be bound within a certified audit that provides an opinion expressing the accuracy of the Costs and Revenues schedules of the cost report.

Attachment IX – Current Agency Balance Sheet

A copy of the applicant's current agency balance sheet, showing current expenditures and revenue streams.

Attachment X – Letter of Support

Applicants must provide at least one Letter of Support from individuals, groups, or organizations within the local community served by LAN 10. If the applicant chooses to submit multiple Letters of Support, one letter must be from another social service provider in the service area or the local Community Mental Health ("708") Board. Applicants will not receive additional points for the submitting multiple letters. Letters of Support should be submitted directly to HFS, via email or mail, as detailed on page one of this RFA and shall not be included as part of the Application Packet submitted by the applicant. References cannot be from the Illinois Departments of Children and Family Services (DCFS), Human Services (DHS), or Healthcare and Family Services (HFS).

SECTION 11 – RFA EVALUATION AND SELECTION PROCESS

Submitted applications will be reviewed for completeness utilizing the Application Checklist provided as Attachment C. Incomplete applications will not be evaluated as part of the selection process. One representative from each of the Funding Departments (HFS, DHS/DMH, and DCFS) will evaluate complete applications utilizing a standardized scoring sheet developed prior to the submission of applications. Attachments VIII and IX will be evaluated separately by an HFS representative. Following the RFA evaluation process, HFS shall notify the selected agency of its intent to contract for SASS services, and instructions on the contracting process shall be made available at this time. All applicants will be notified of the State Departments' final decision by the close of business on Friday, October 7, 2016. The successful candidate will be required to enter into an agreement with the Department within 45 days of the publication of this RFA.