

Overview and Timeframes

COLLABORATIVE AUTHORIZING STAFF

Licensed Illinois mental health professionals, acting in their role as Clinical Care Managers for the Collaborative, will review and approve authorizations that will be based on the original provider request for services. Clinical Care Managers who request additional information from providers in order to make an authorization determination shall meet the Illinois Rule 132 credentialing requirements of a Licensed Practitioner of the Healing Arts.

RESPONSE TIME FOR AUTHORIZATION REQUESTS

DHS/DMH requires the Collaborative to respond to requests for authorizations within:

- one (1) business day of receipt of a complete initial authorization request excluding holidays and weekends
- three (3) business days for a complete reauthorization request excluding holidays and weekends

SUBMISSION METHOD FOR AUTHORIZATION REQUESTS:

A provider may submit an authorization request using any of the following three methods:

- Online at: www.IllinoisMentalHealthCollaborative.com
This process can be used if:
 1. You have an electronic version of the authorization documents you are submitting, and
 2. You have a user ID and Logon to the Provider Connect system.
- By secure fax to: 1-866-928-7177
- Telephone: 1-866-359-7953 To speak with a Clinical Care Manager to verbally review the authorization request information

PROCESS FOR REVIEWS

Authorization is required for all ACT or CST services. This includes new requests and continuing service requests. The authorization time frames and documentation requirements for requests to authorize services are based on the consumer's current authorization status.

- ❖ A complete request includes:
 - Authorization Request Form (completed in full including LOCUS or Ohio Scale scores)
 - Treatment Plan
 - Crisis Plan (adult or youth/family)