ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

Provider Orientation to Williams Class Reporting

Registration
Assertive Community Treatment (ACT)
Permanent Supportive Housing (PSH)
Transition Coordination
Comprehensive Service Planning

09-29-2014

Williams Class PSH & ACT Provider Orientation

Presenters

Patricia Palmer, Clinical Director

Sue Kapas, Clinical Services Manager

Patricia Hill, Clinical Support Specialist, Team Lead

Author

Patricia Hill, Clinical Support Specialist, Team Lead

Summary

This document will review the reporting that is required for Williams Class Members including registration, transition coordination/outcome tracking, comprehensive service planning documentation, the PSH application/PSH outcome tracking process and authorization for Assertive Community Treatment.

Williams Class
Assertive Community Treatment (ACT)
Authorization Process

Presenter

Sue Kapas, Clinical Services Manager

Summary

This section will step through the process of submitting a Williams Class Assertive Community Treatment (ACT) through the use of ProviderConnect

Overview

Assertive Community Treatment (ACT) is a very specialized model of treatment/service delivery in which a multi-disciplinary TEAM assumes ultimate accountability for a small, defined caseload of adults with serious mental illnesses (SMI) and becomes the single point of responsibility for that caseload. While encompassing a full range of case management (CM) activities, ACT is NOT just an intensive form of assertive case management; rather it is a unique treatment model in which the majority of mental health services are directly provided internally by the ACT program in the client's regular environment.

Eligible Population

- **Adults (age 18 or older) affected by a serious mental illness requiring assertive outreach and support in order to remain connected with necessary mental health and support services and to achieve stable community living.**

- **Priority is given to persons affected by schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder because these illnesses more often cause long-term psychiatric disability.**

- **Consumers with other major psychiatric disorders may be eligible when other services have not been effective in meeting their needs. Eligible persons will be affected by one of the following diagnosis:**
  - **Schizophrenia (295.xx)**
  - **Schizophreniform Disorder (295.4x)**
  - **Schizo-Affective Disorder (295.7)**
  - **Delusional Disorder (297.1)**
  - **Shared Psychotic Disorder (297.3)**
  - **Brief Psychotic Disorder (298.8)**
  - **Psychotic Disorder NOS (298.9)**
  - **Bipolar Disorder (296.xx; 296.4x; 296.5x; 296.7; 296.8; 296.89; 296.9)**

- **Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder.** ***Exceptions to these criteria may be submitted for authorization consideration but will require additional clinical documentation and justification from the provider.***

The Process

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 methods:

1. **Submit Online at:**
   www.IllinoisMentalHealthCollaborative.com/providers.htm

2. **Submit via secure fax to:**
   (866) 928-7177

Requirements

Initial Authorization Request

- **To request an authorization for a consumer who is not currently receiving ACT, the treating provider will submit a complete request for authorization of ACT packet that includes:**
  - **The ACT Authorization Request Form that includes LOCUS information for adults**
  - **An initial treatment plan with ACT listed as a service**
  - **The consumer's initial crisis plan**
  - **A Mental Health Assessment (MHA)**

- **Once the initial ACT request is submitted, the documents will be reviewed for adherence to the clinical criteria based on the service definitions, Rule 132, and the authorization treatment guidelines. If the clinical criteria are met for services the Collaborative will enter an initial authorization for 90 days of services, if only a MHA is submitted at the time of the initial request. If a treatment plan is submitted the Clinician may enter a authorization for twelve months.**

- **A LOCUS assessment needs to be completed as part of the authorization request.**

- **Before the initial authorization expires, the ACT team is to submit a reauthorization request if the consumer continues to need ACT services. This request can be submitted within 14 calendar days of the initial authorization expiration date.**

Requirements

Reauthorization Request

- **To request a reauthorization for a consumer who is currently receiving ACT, the treating provider will submit a complete request for authorization of ACT packet that includes:**
  - **The ACT Authorization Request Form that includes LOCUS information for adults.**
  - **An updated ACT treatment plan**
  - **The consumer's crisis plan**
- **Once the request for reauthorization of ACT services is submitted, the documents will be reviewed for adherence to clinical criteria based on the service definitions, Rule 132, and the authorization treatment guidelines. If the clinical criteria are met for services, the Collaborative will enter an authorization for either a 9 month authorization or a twelve month authorization**
- **Before the reauthorization expires, the ACT team is to submit a reauthorization request if the consumer continues to need ACT services. This request can be submitted within 14 calendar days of the current authorization expiration date.**

Requirements

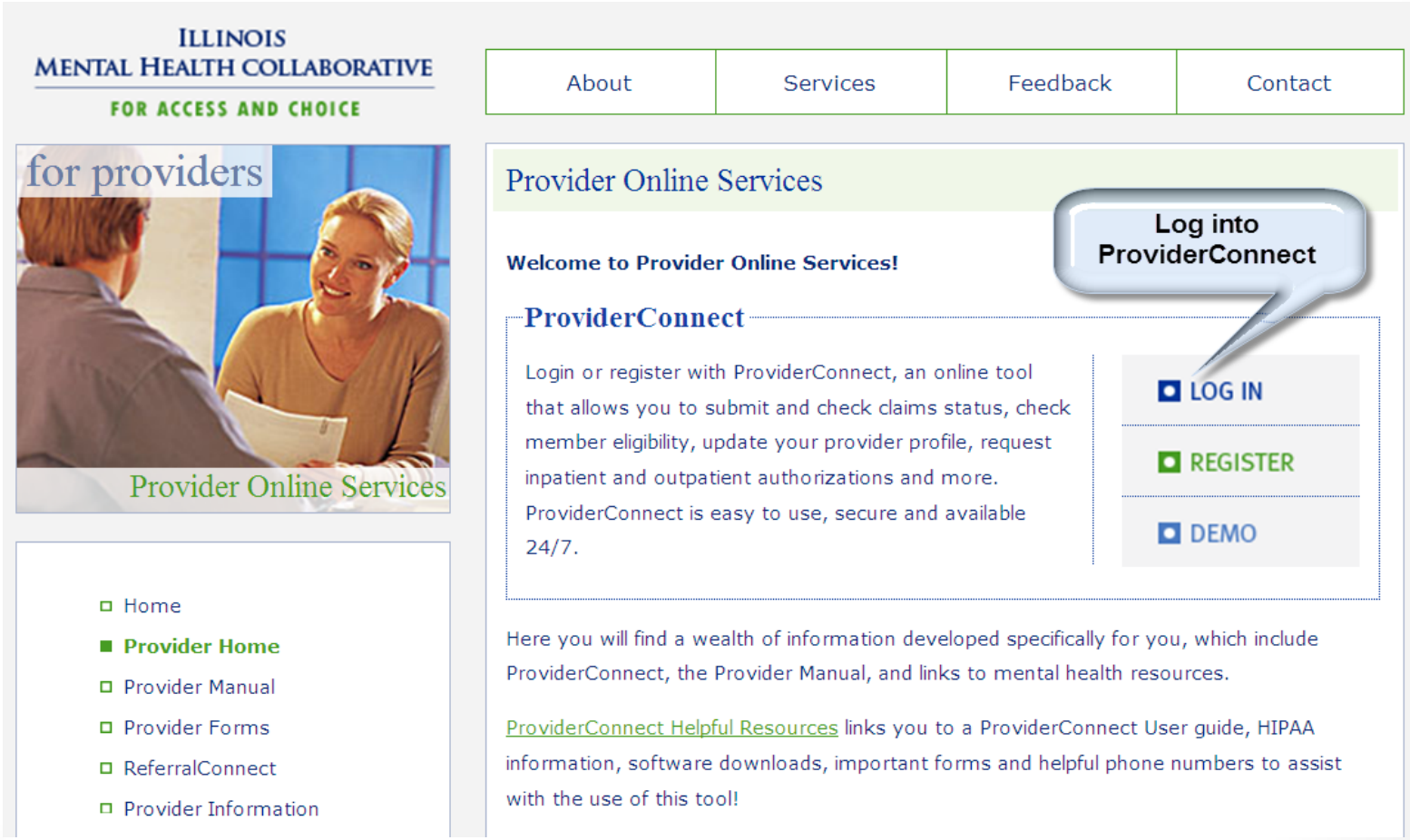
Discontinuation of ACT Services

Providers must notify the Collaborative when a consumer is discontinuing ACT services by:

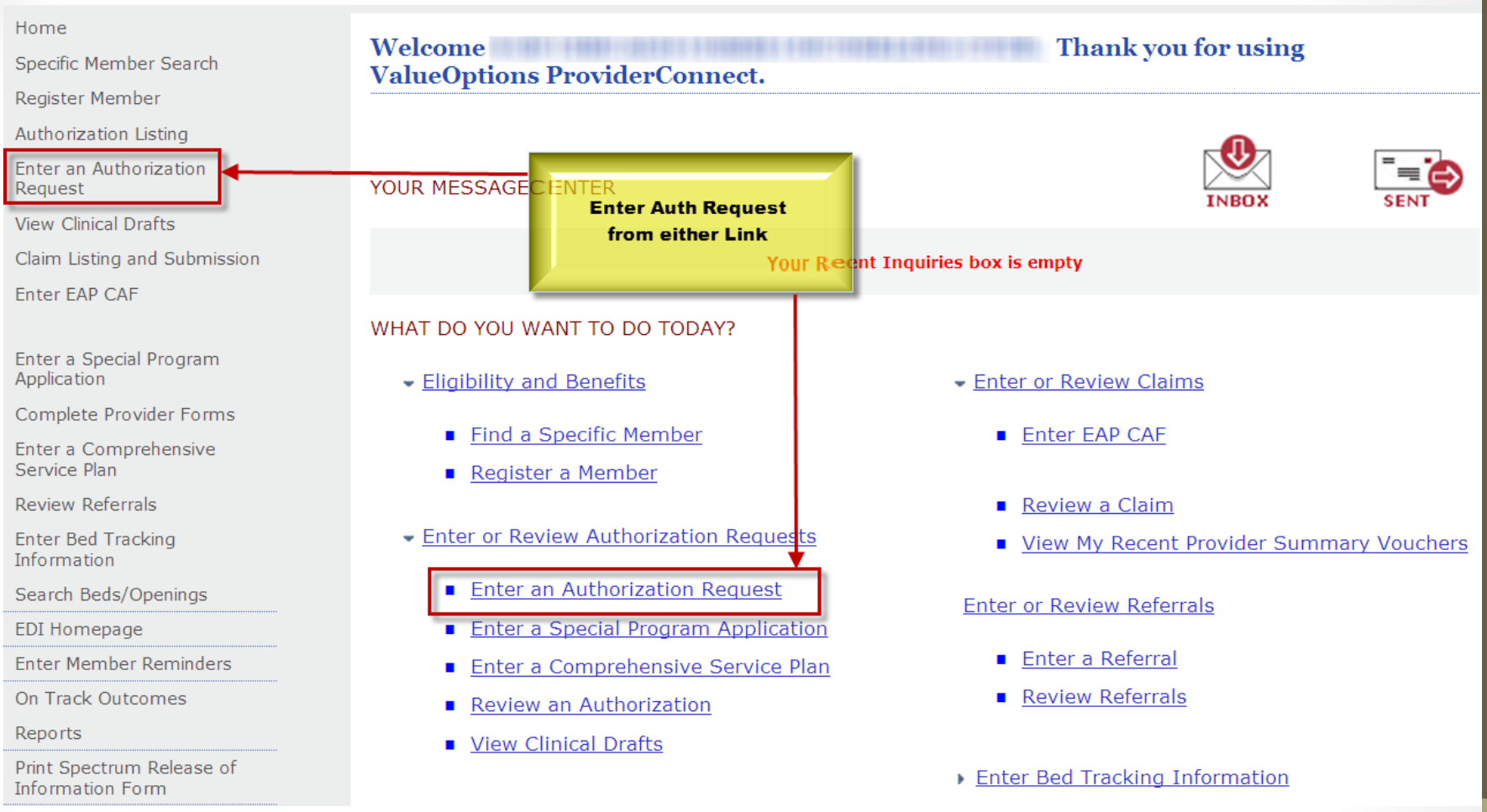
- **Completing a "Notification of Discontinuance of ACT Services" form and faxing it to the Collaborative (866) 928-7177**
- **Submitting Online at: www.illinoismentalhealthcollaborative.com/providers.htm**

Getting Started

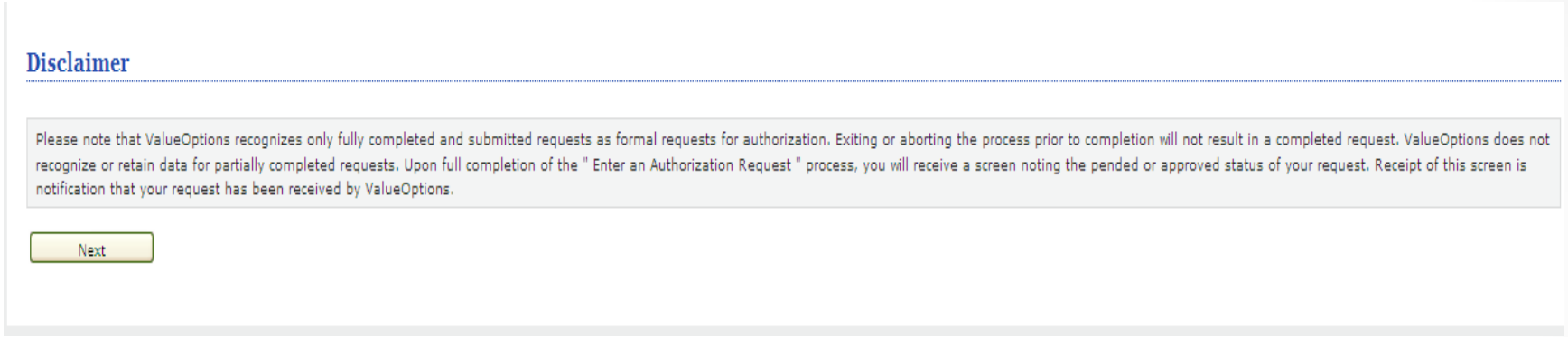
Access ProviderConnect via
www.illinoismentalhealthcollaborative.com/providers.htm



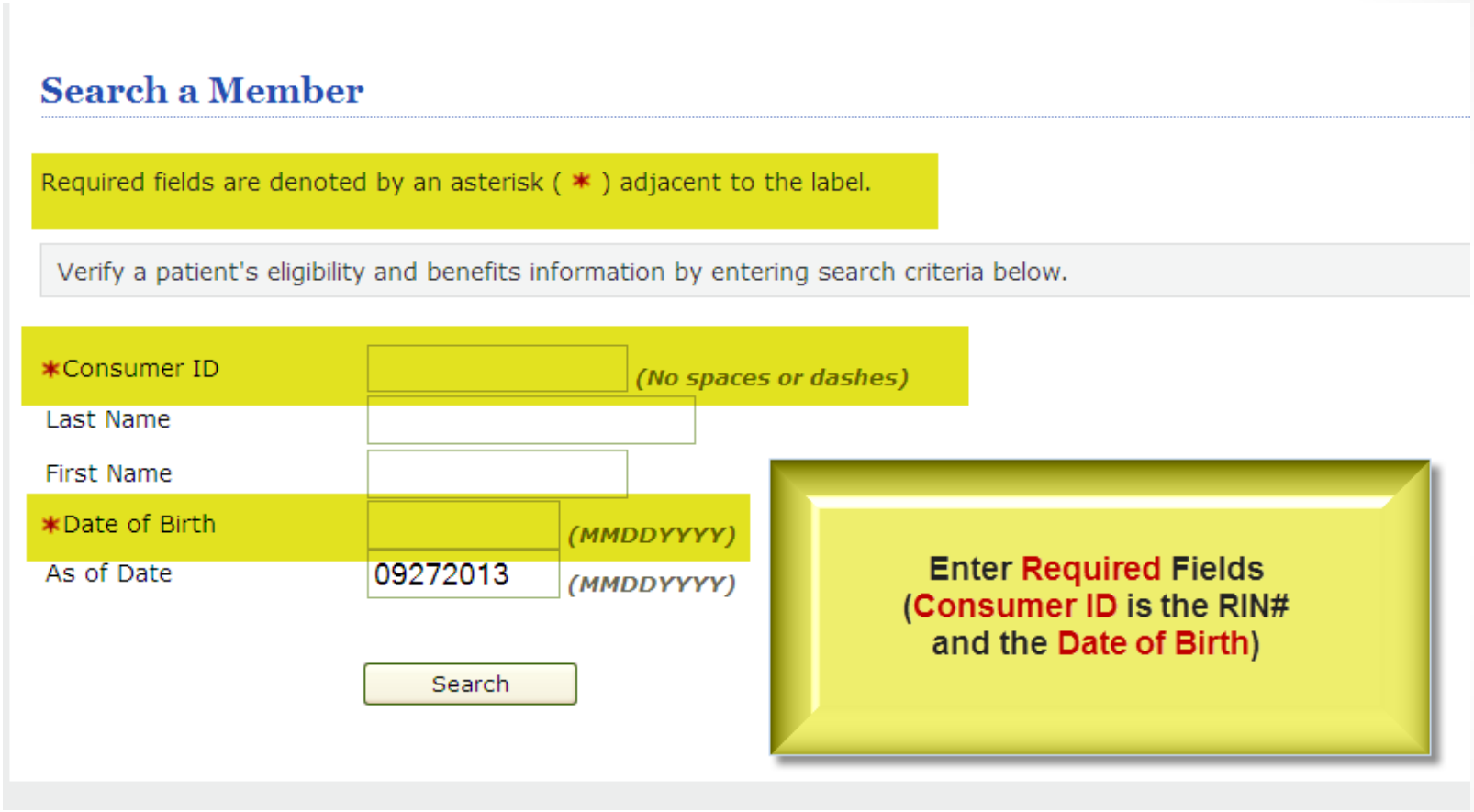
Authorization Request



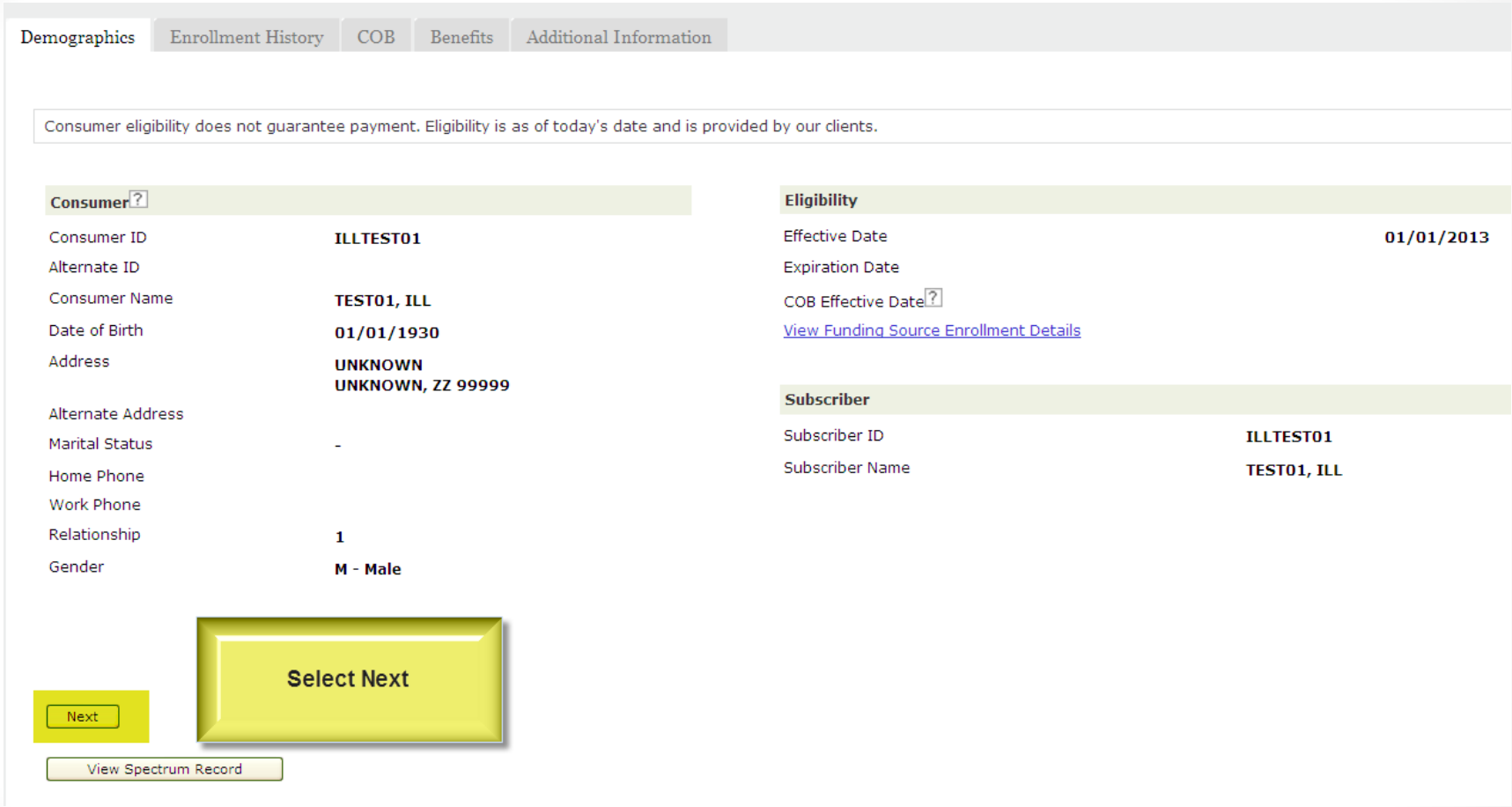
Disclaimer


Disclaimer
Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. ValueOptions does not recognize or retain data for partially completed requests. Upon full completion of the " Enter an Authorization Request " process, you will receive a screen noting the pended or approved status of your request. Receipt of this screen is notification that your request has been received by ValueOptions.
Next

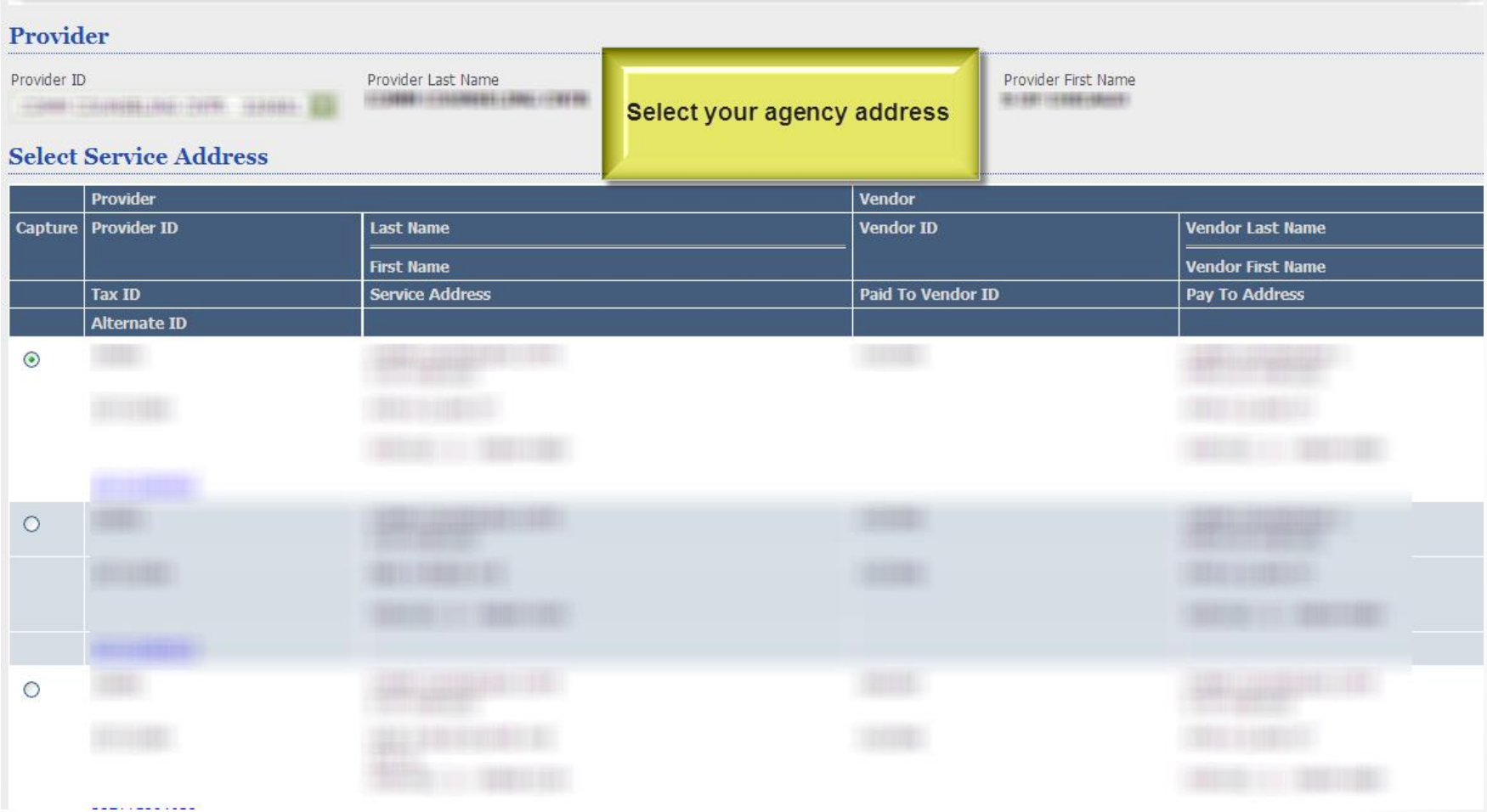
Search A Member



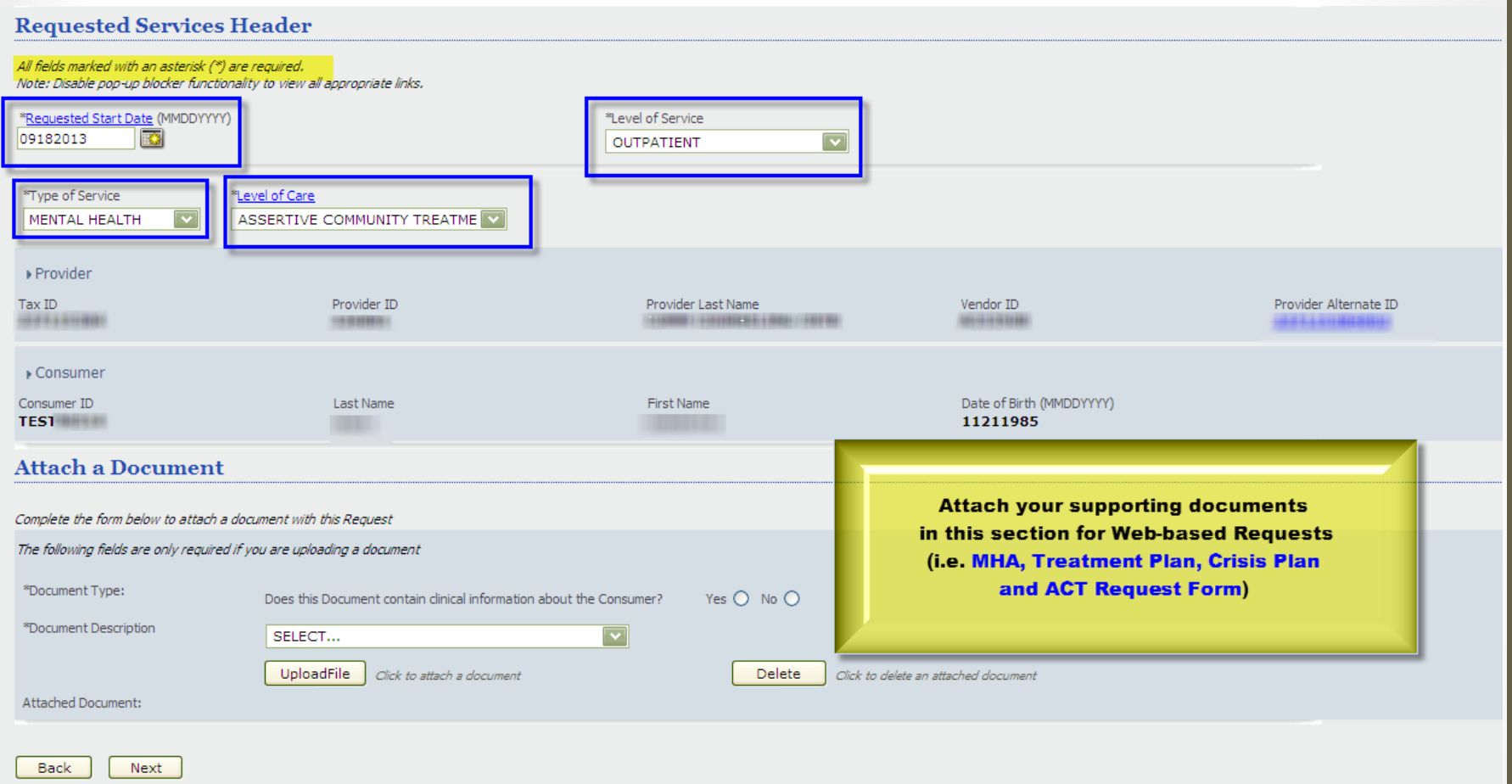
Member Demographics



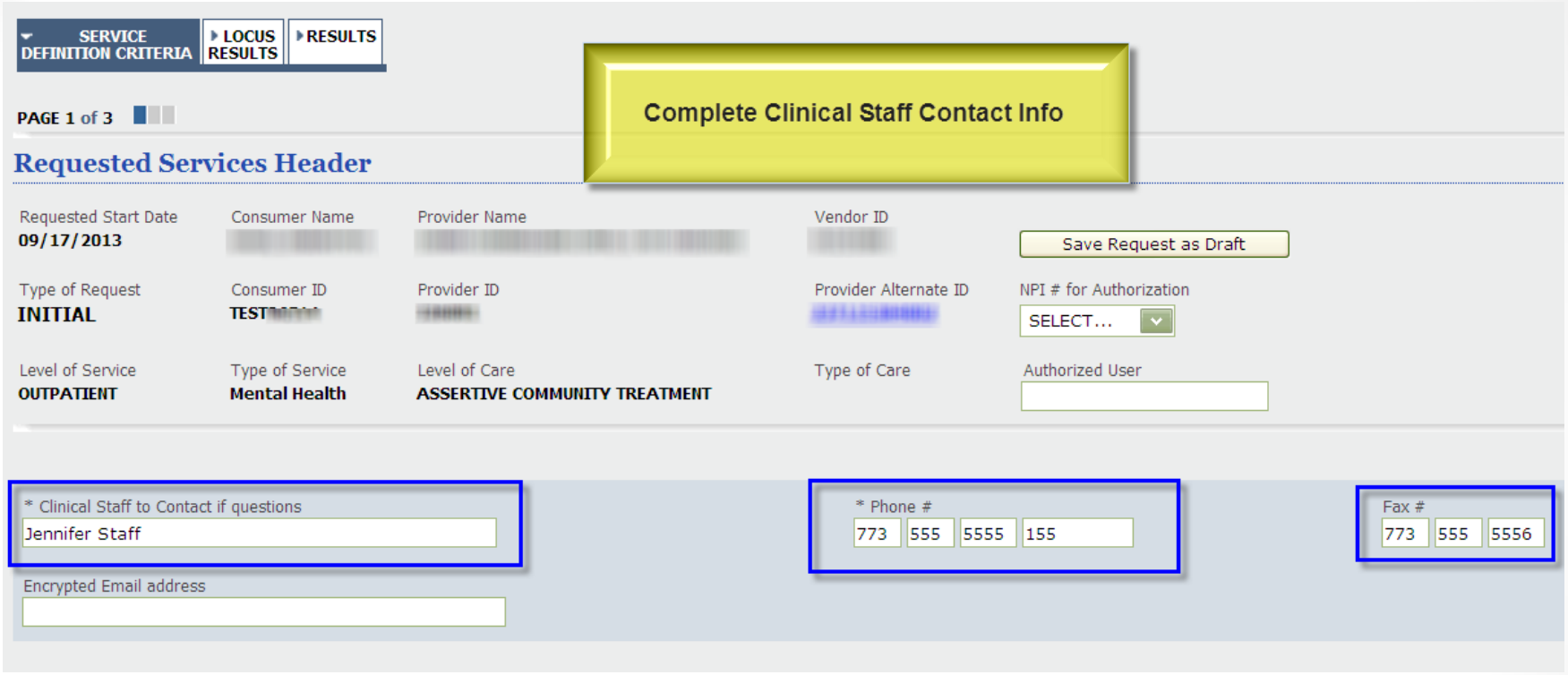
Request Services



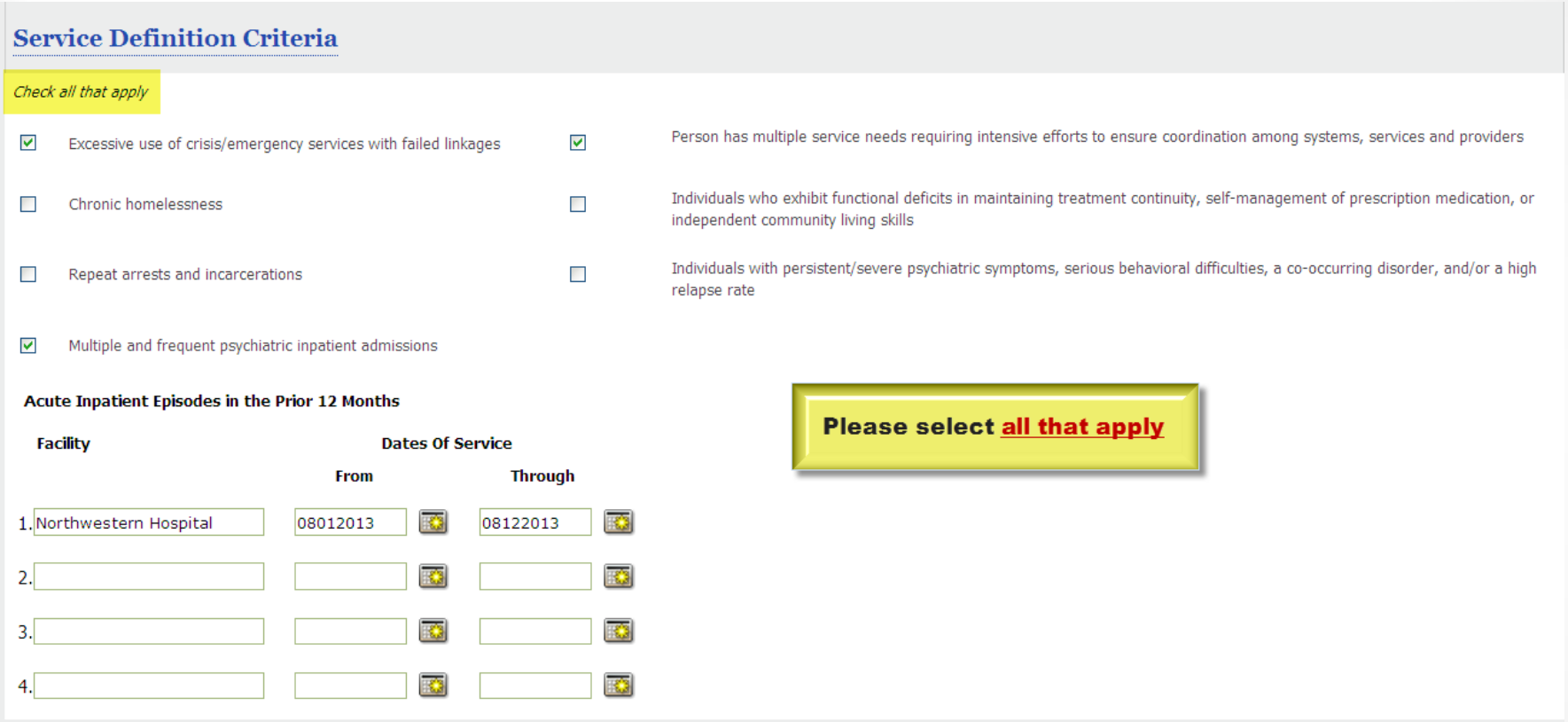
Request Services



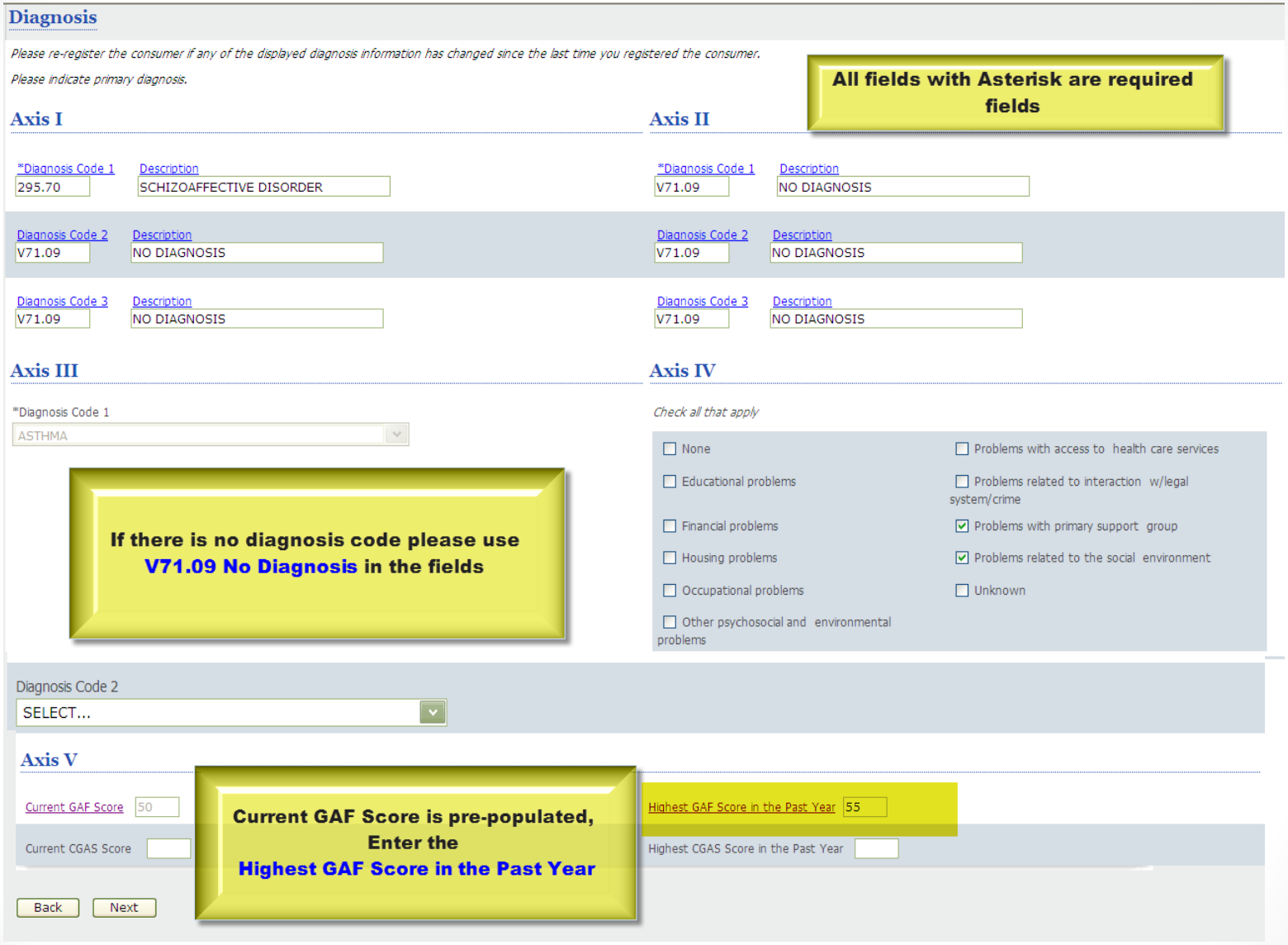
Requested Services Header



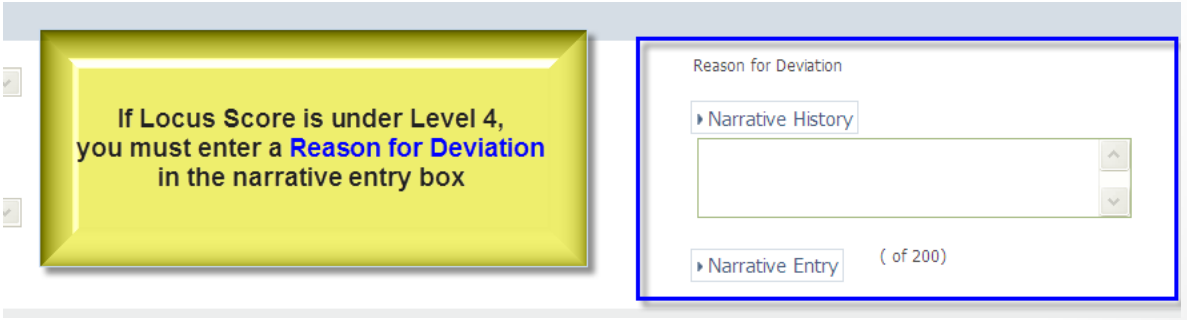
Request Services



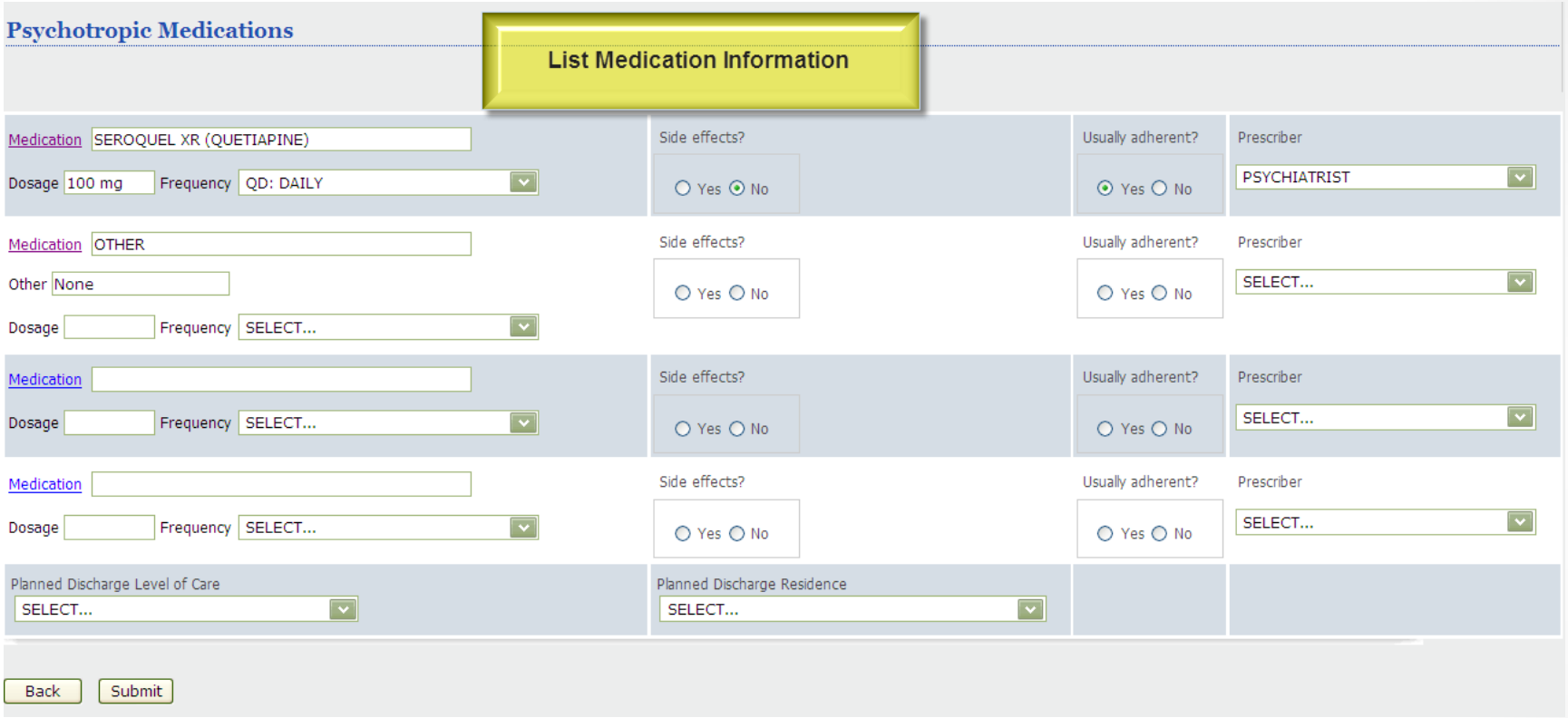
Request Services



Request Services



Request Services



Determination Status

Q & A

QUESTIONS ???

Williams Class
Permanent Supportive Housing (PSH)
Electronic Application Process

Presenter

Patricia Hill, Clinical Support Specialist, Team Lead

Summary

How to submit an electronic application for Williams Class Permanent Supportive Housing (PSH) through the use of ProviderConnect

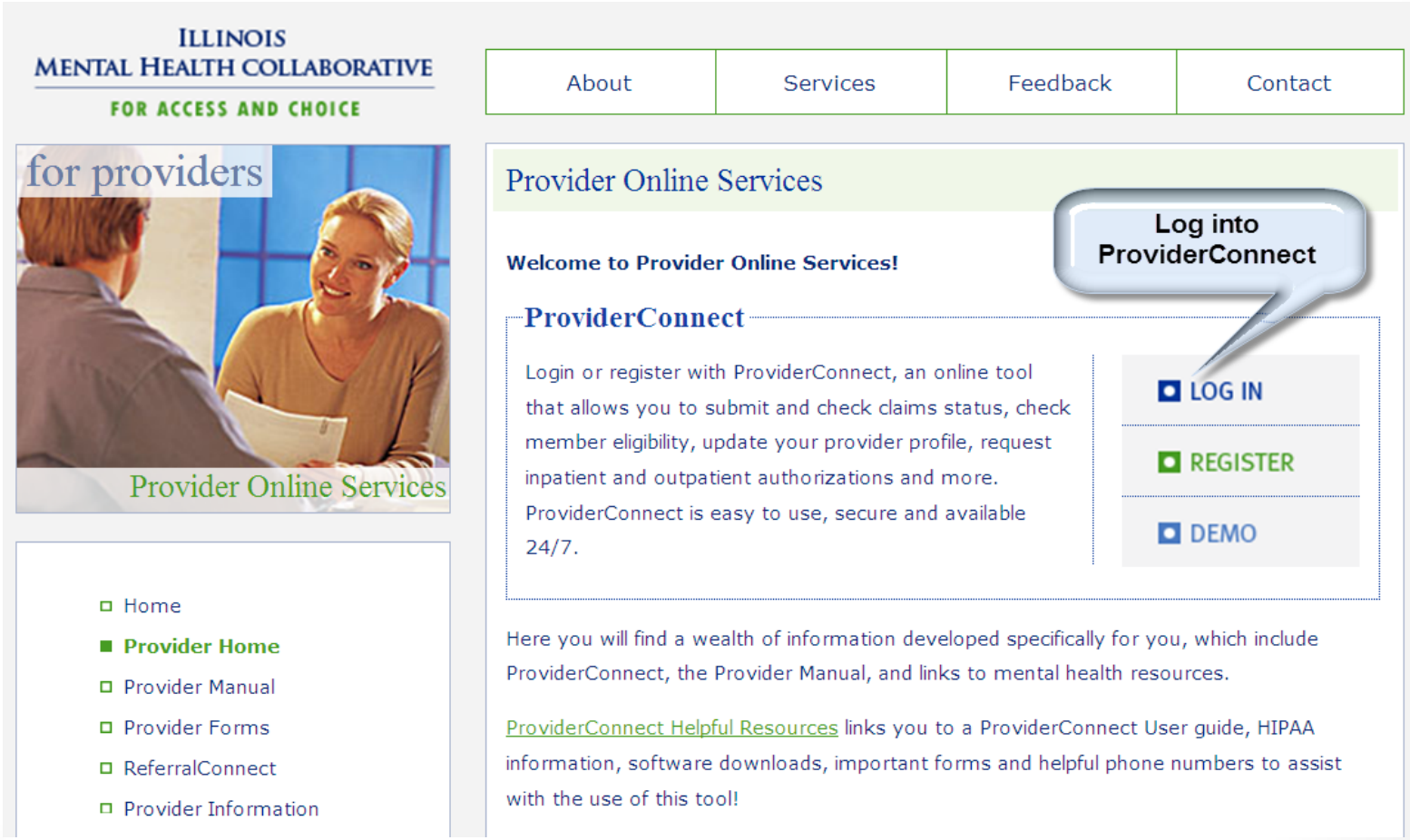
Preparation

Before submitting a Williams Class PSH Electronic Application:

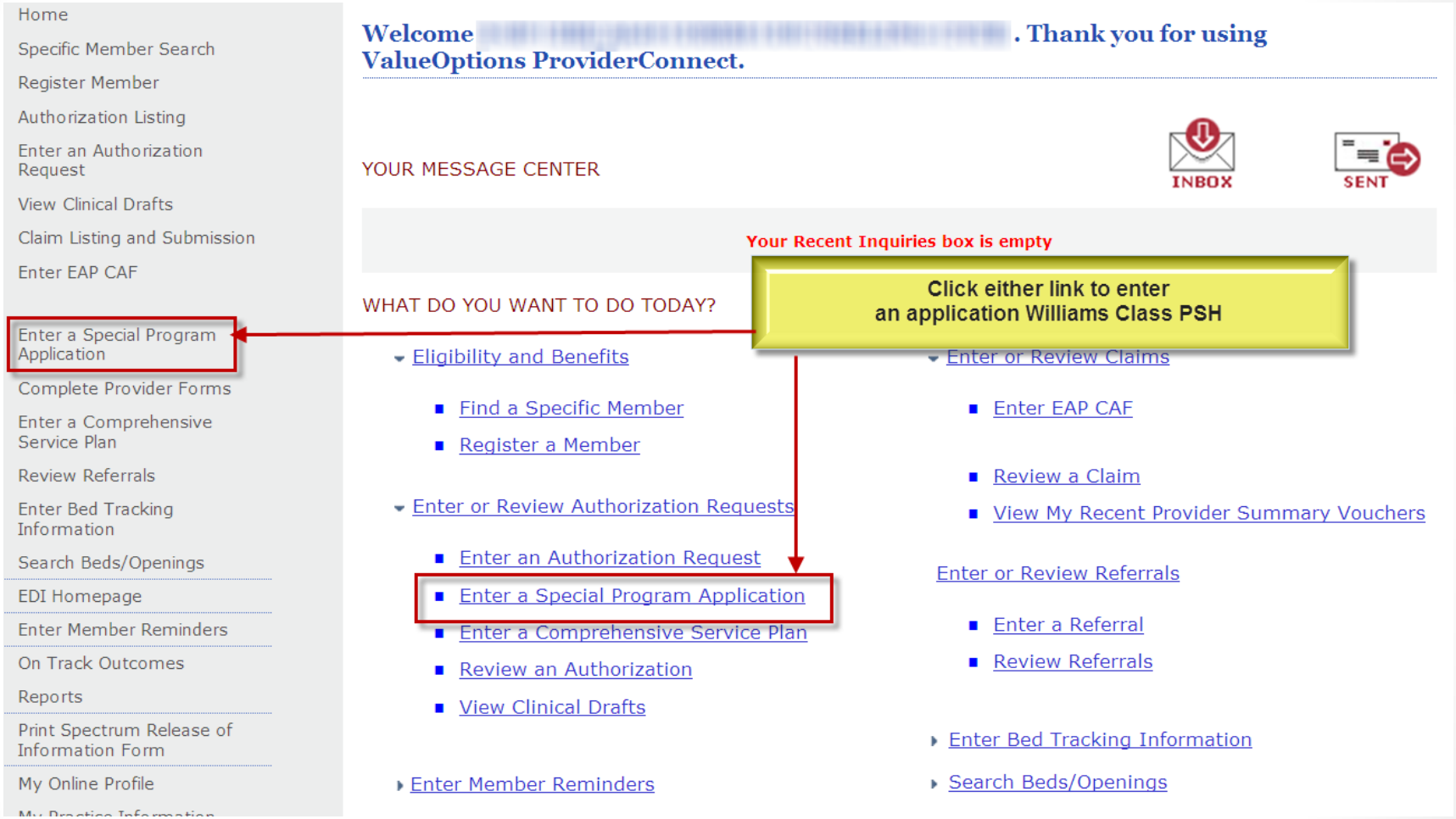
- **Only DMH Designated Transition Coordinators will be allowed to submit Williams Class PSH applications**
- **Class Members must be registered with the Collaborative thru ProviderConnect**
- **Make sure that you select "Williams Class Member" when registering the Class Member (*This is located in the Demographics section of the Consumer Registration*)**

Getting Started

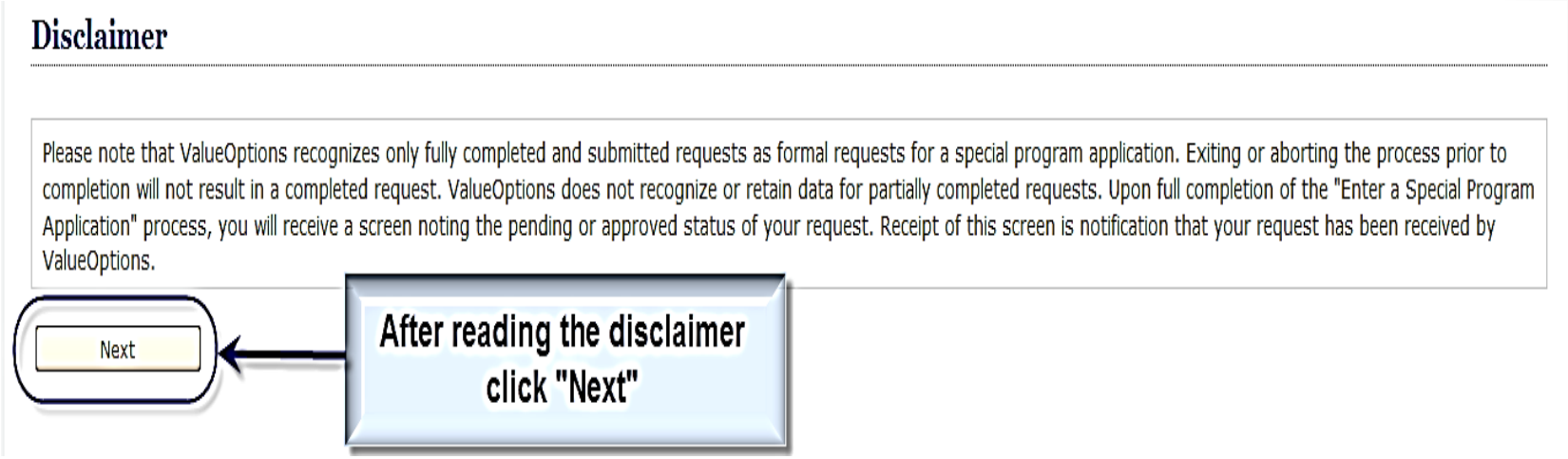
Access ProviderConnect via
www.illinoismentalhealthcollaborative.com/providers.htm



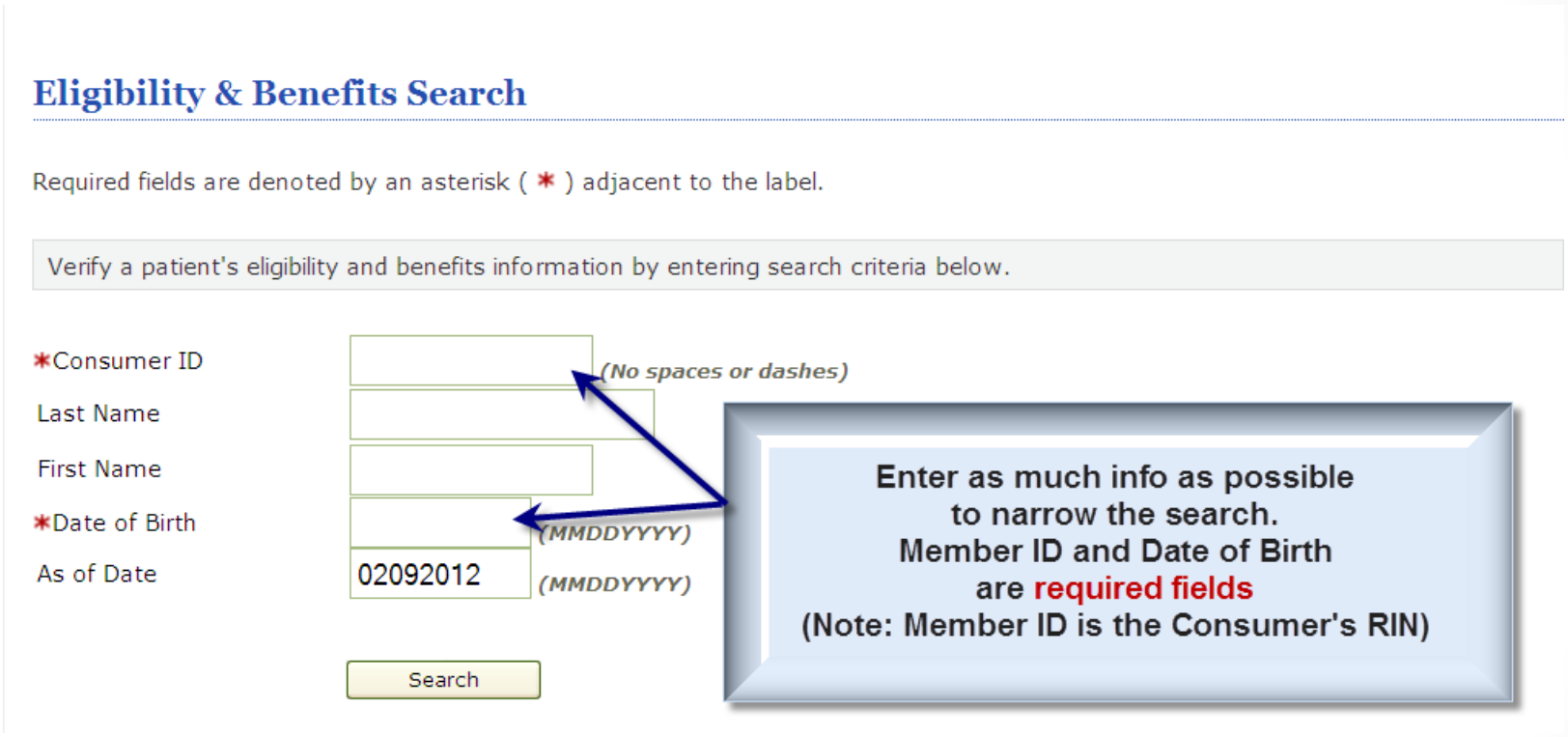
Home Page


Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of Information Form
My Online Profile
Welcome . Thank you for using ValueOptions ProviderConnect.
YOUR MESSAGE CENTER
INBOX
SENT
Your Recent Inquiries box is empty
Click either link to enter an application Williams Class PSH
WHAT DO YOU WANT TO DO TODAY?
Eligibility and Benefits
Find a Specific Member
Register a Member
Enter or Review Authorization Requests
Enter an Authorization Request
Enter a Special Program Application
Enter a Comprehensive Service Plan
Review an Authorization
View Clinical Drafts
Enter Member Reminders
Enter or Review Claims
Enter EAP CAF
Review a Claim
View My Recent Provider Summary Vouchers
Enter or Review Referrals
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings

Disclaimer Page

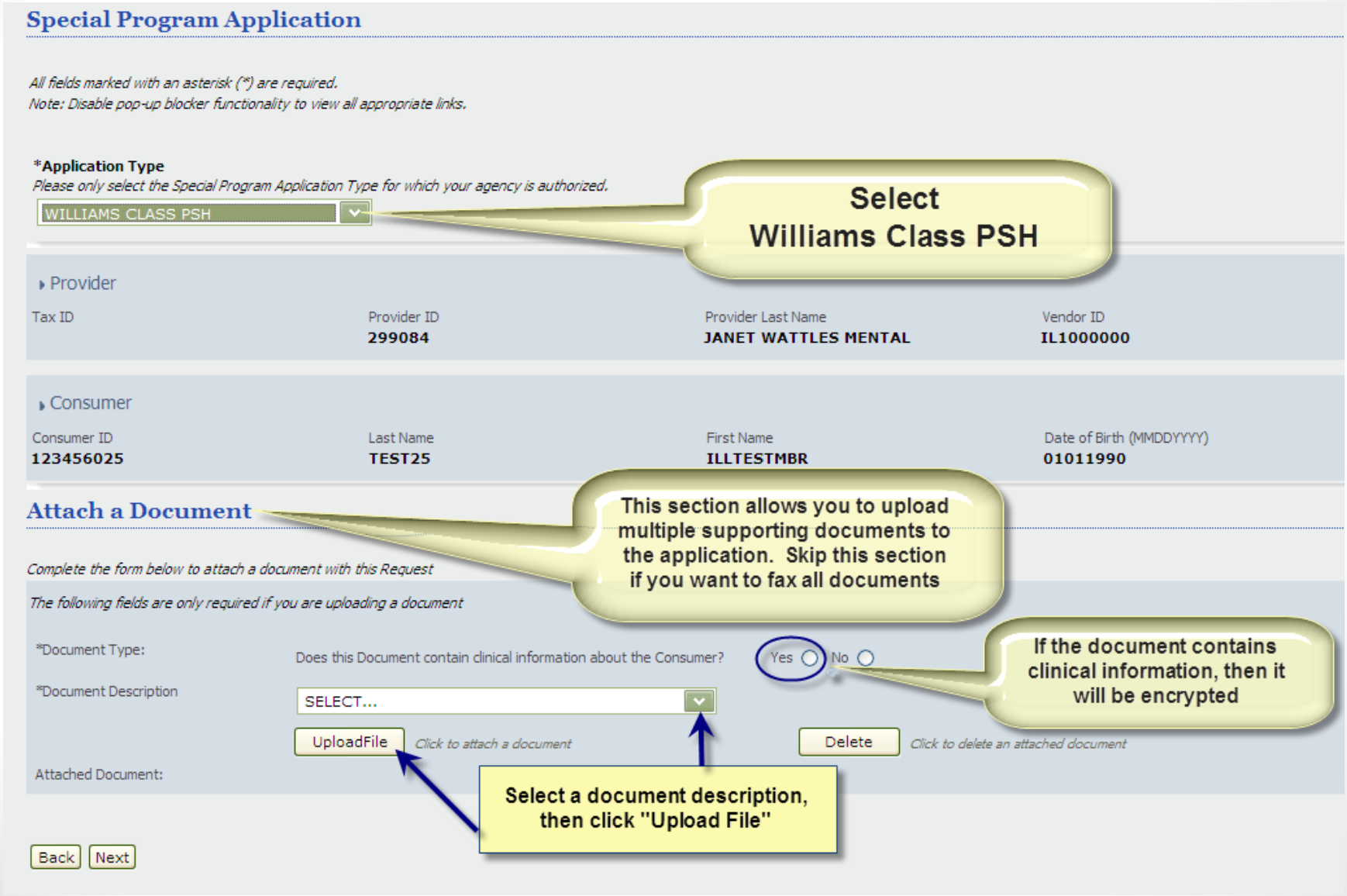


Member Search

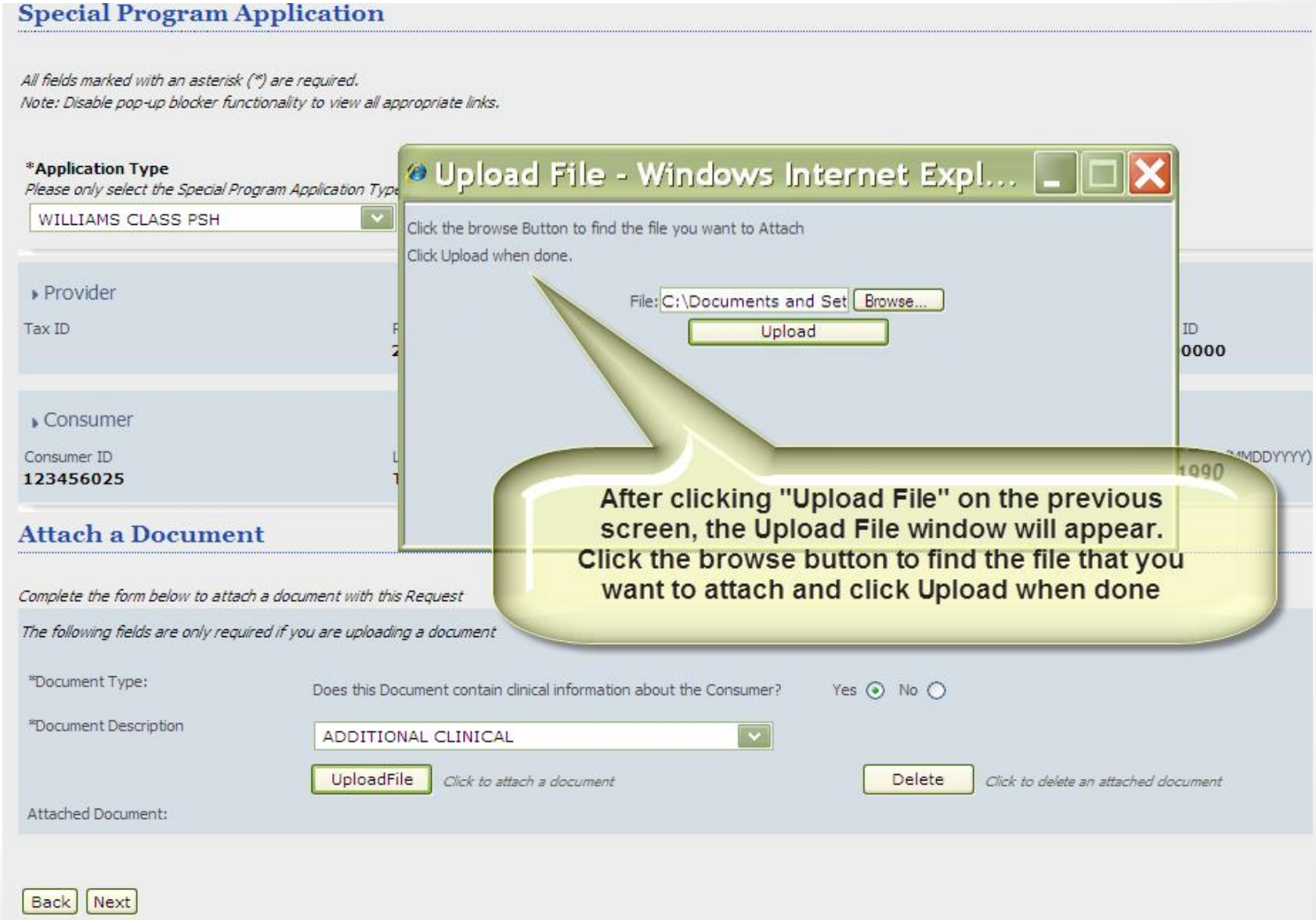


Demographics Verification

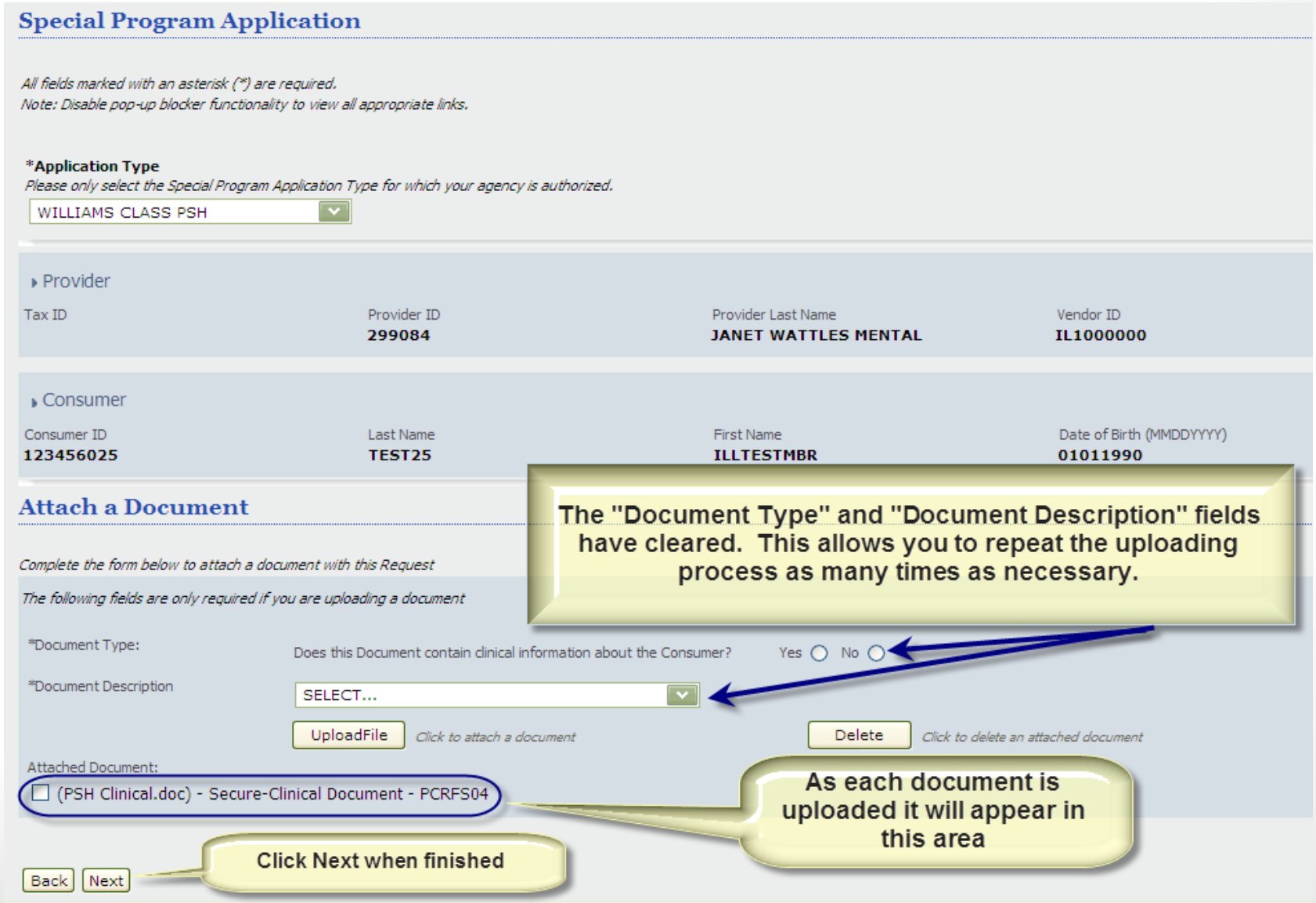
Application Landing Page



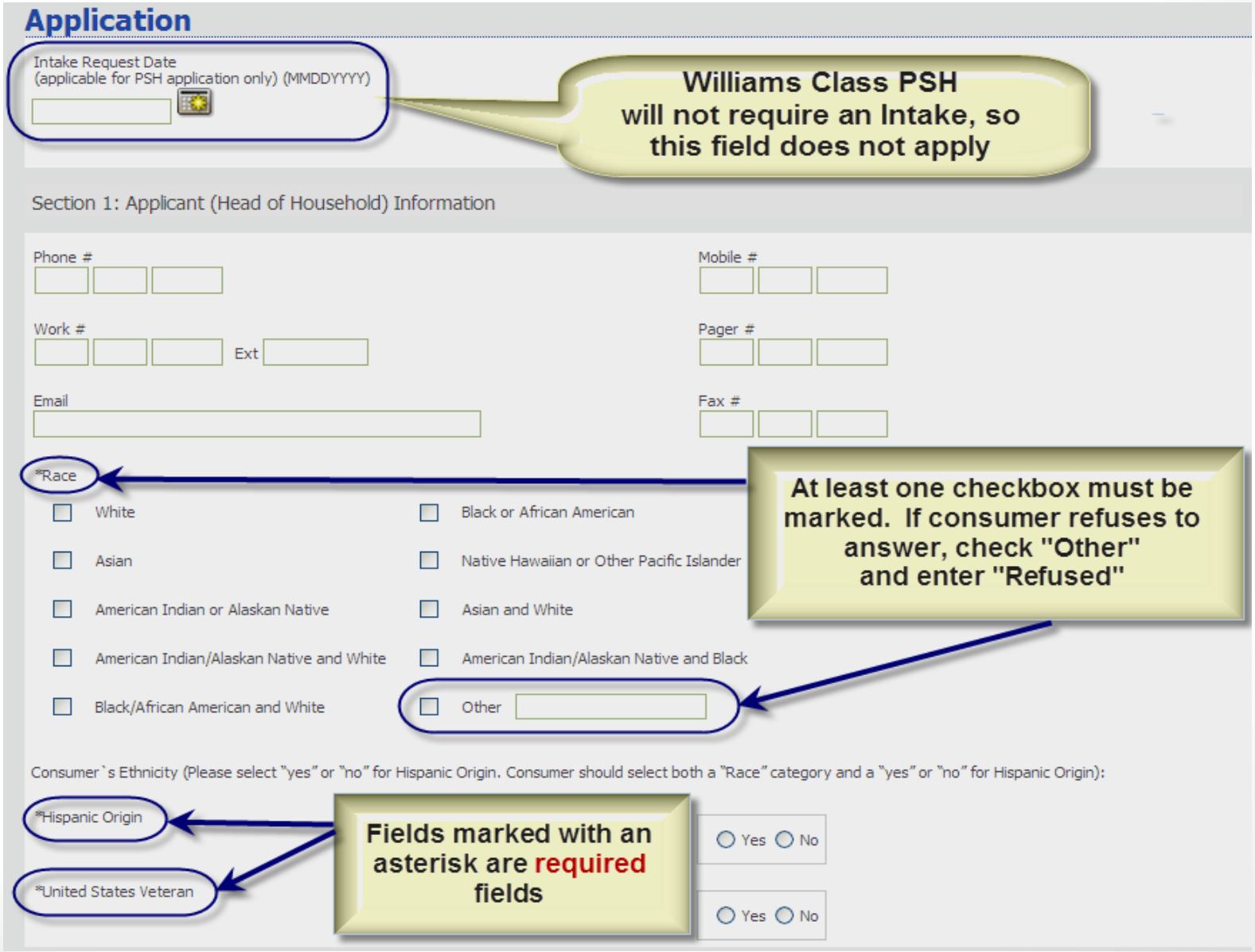
Attaching Documents



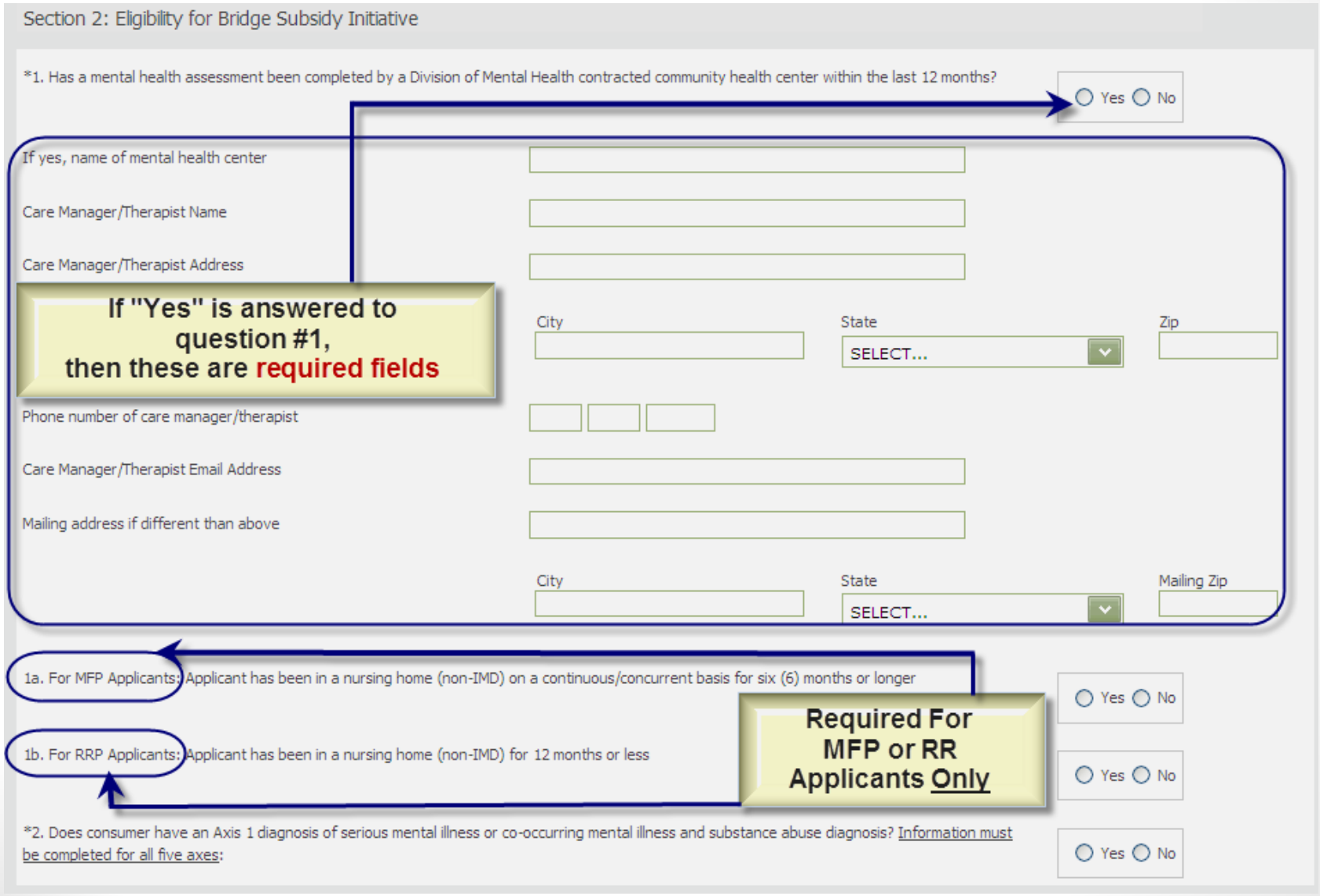
Application Landing Page
(after uploading a document)



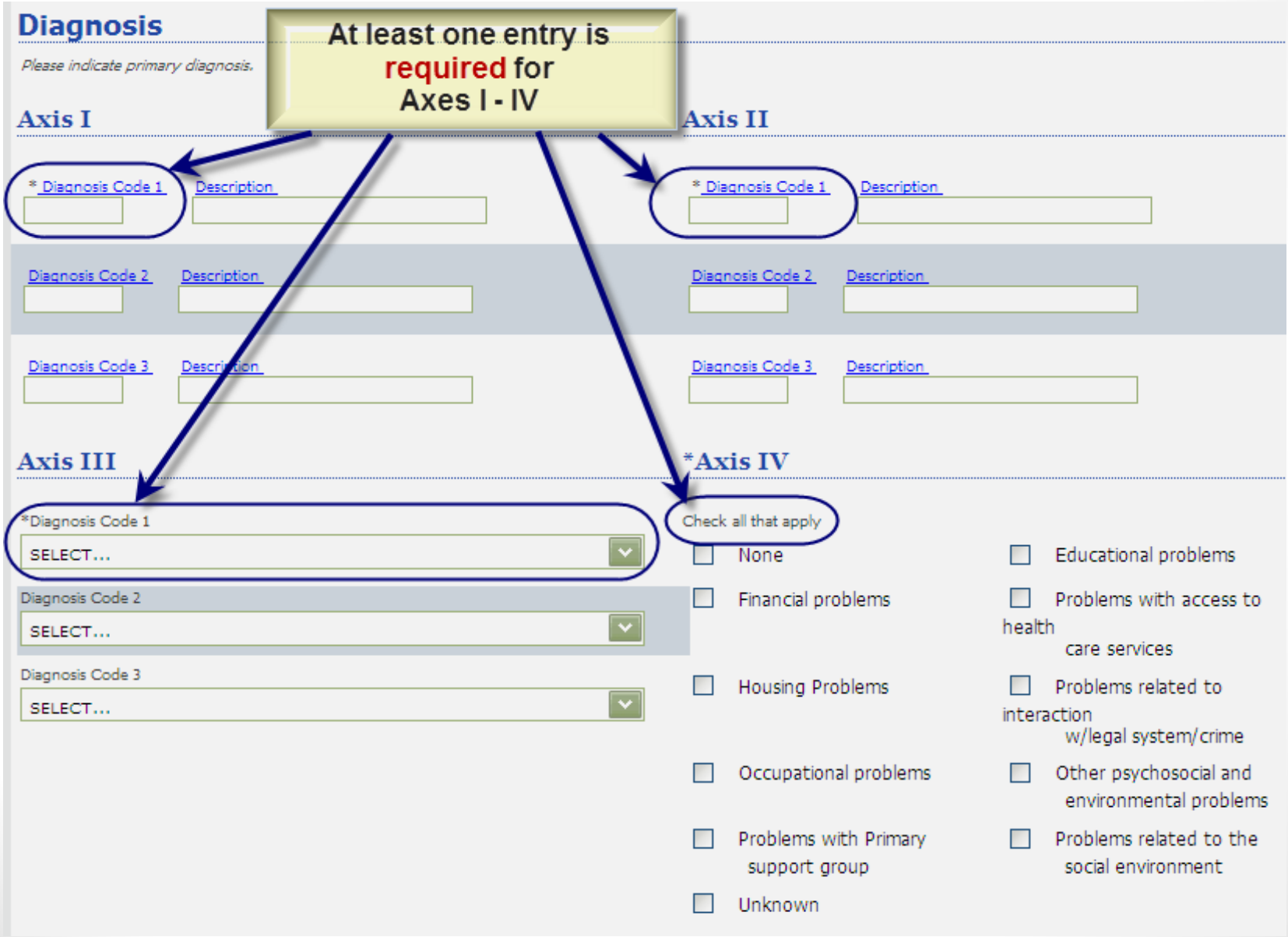
Special Program Application
(Section 1)



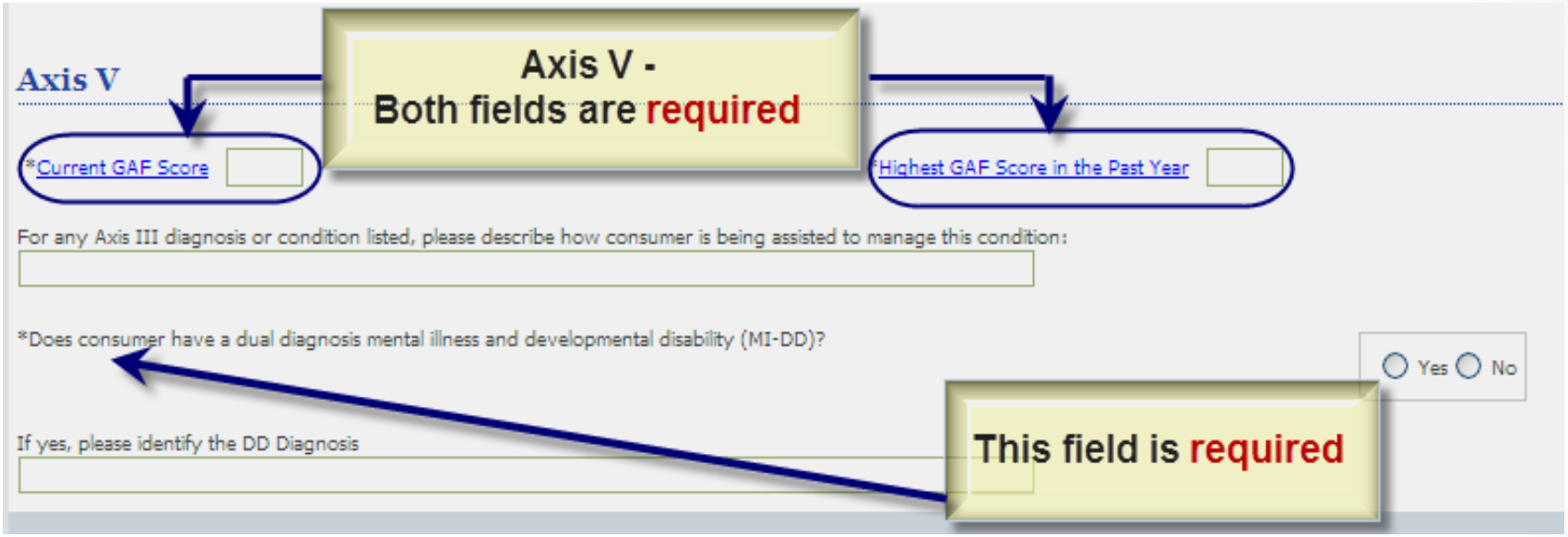
Special Program Application
(Section 2)



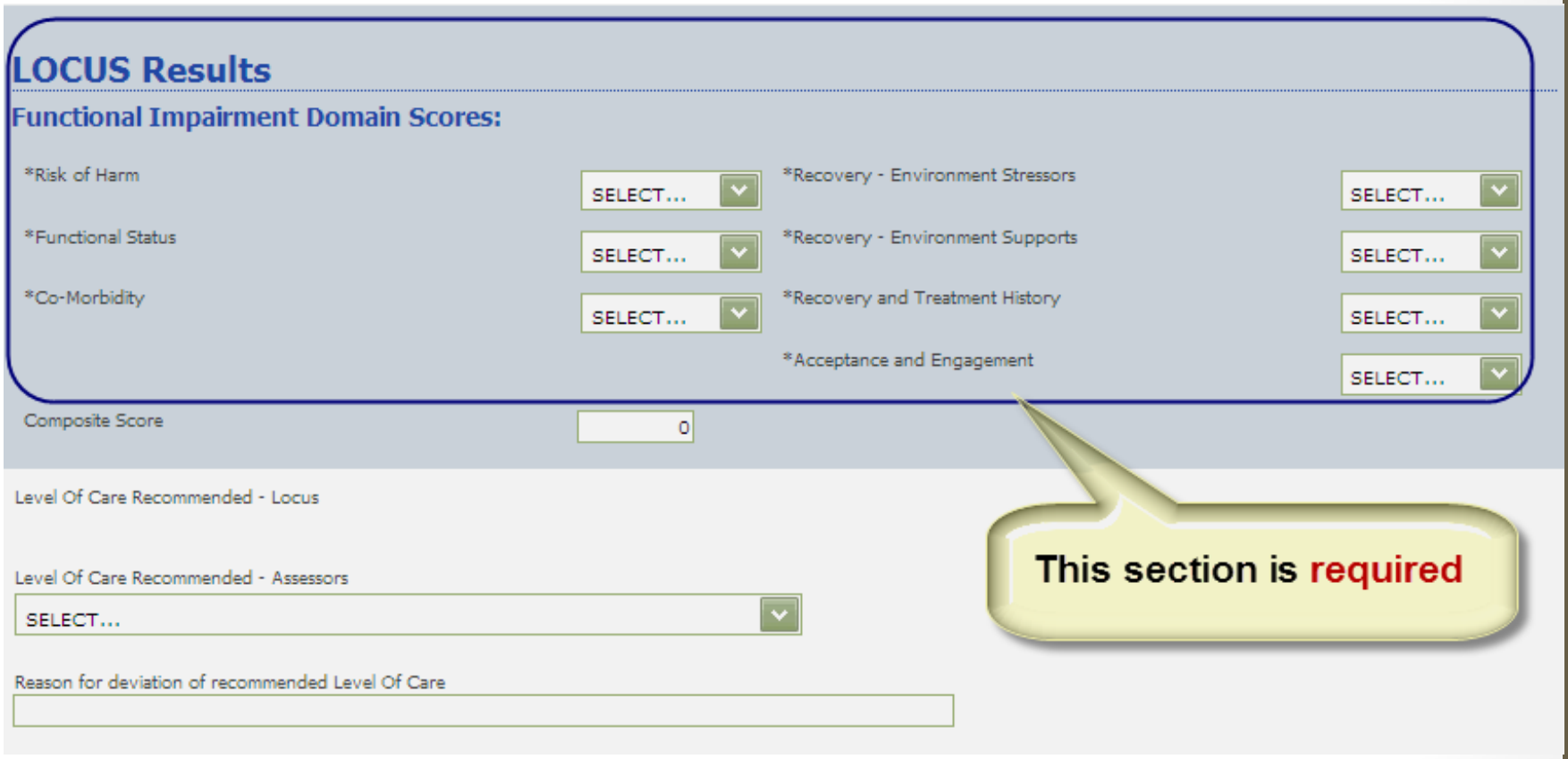
Special Program Application
(Section 2-Continued)



Special Program Application
(Section 2-Continued)



Special Program Application
(Section 2-Continued)



Special Program Application
(Section 2-Continued)

*3. Please indicate which of the following categories best apply to the consumer. At least one must be checked for the application to be considered eligible for the DMH Bridge Subsidy Initiative.

☐ Resident of a Long Term Care Facility (nursing facility)

Name of Facility

Location of Facility (City/State) SELECT...

☐ At risk of placement in a Long Term Care Facility.
To qualify for this priority population category, you must also answer "yes" to the following question:

Has the applicant had a recent (within 60 days) Pre-Admission Screening/Mental Health and been either determined to be appropriate for Long Term Care admission on a time limited basis or at risk of Long Term Care admission due to the lack of community resources/residential alternatives? ◯ Yes ◯ No

☐ Extended long-term (more than 6 months) patient in a State Psychiatric Hospital

Name of Hospital

Location of Hospital (City/State) SELECT...

☐ An aging out adolescent or young adult in the Individual Care Grant (ICG) program

ICG Location (City/State) SELECT...

If you are in an ICG program, in how many months will you age out?

☐ An aging out ward of Department of Child and Family Services guardianship

DCFS Location (City/State) SELECT...

If you are in an DCFS program, in how many months will you age out?

☐ Resident of a DMH contracted supervised or supported (including MH-CILA) residential treatment setting

Name of Provider Operating the Program:

DMH Location (City/State) SELECT...

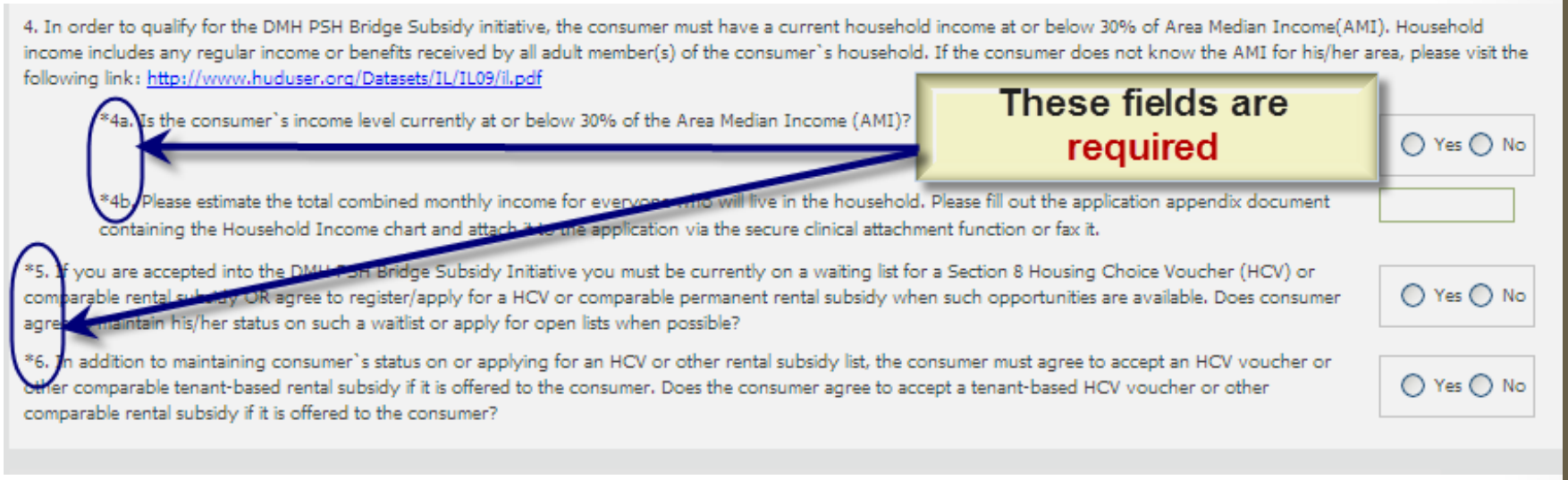
☐ Currently experiencing chronic homelessness as defined by DMH. To qualify for this priority population category, consumer must also answer "yes" to the following two questions:

1. Has consumer been continuously homeless for a year or more OR have had a least four (4) distinct episodes of homelessness in the past three (3) years? ◯ Yes ◯ No

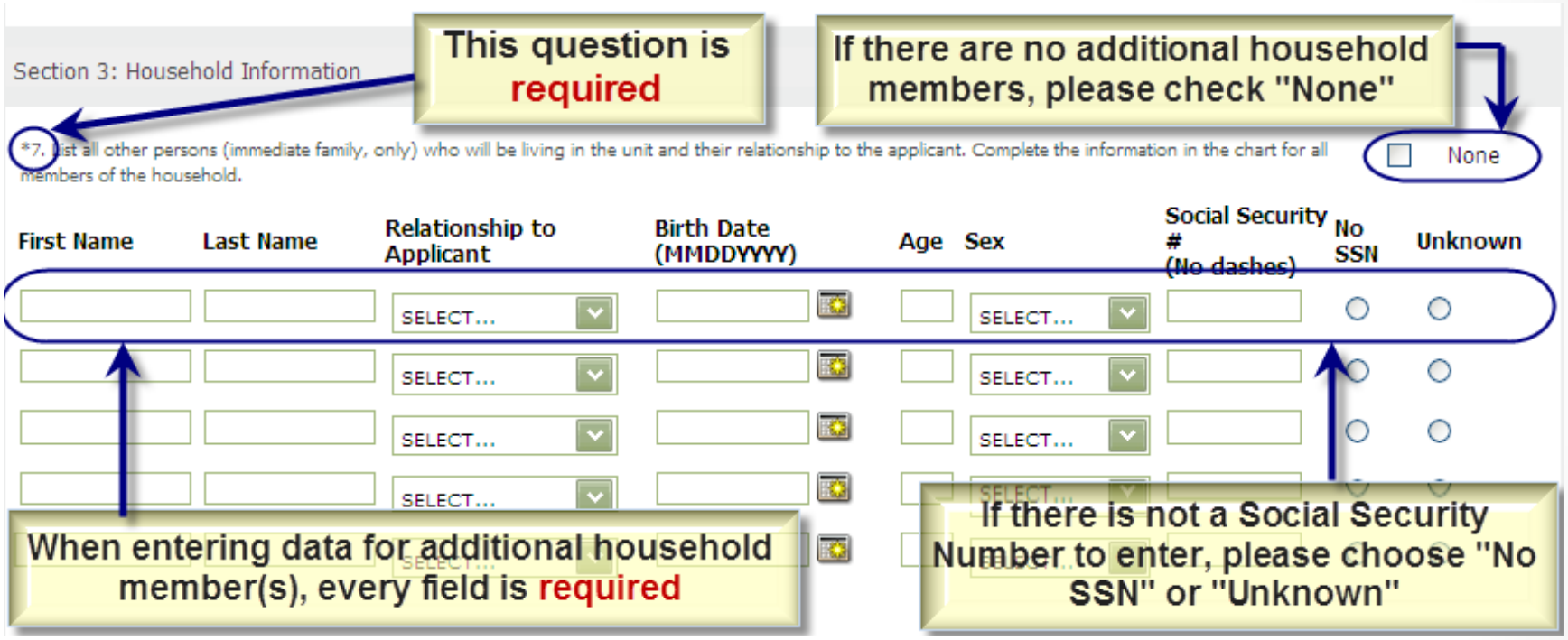
2. Is consumer currently residing in a place not meant for human habitation (e.g., living on the street), a safe haven, or in an emergency shelter? (In rural communities that utilize hotel/motel vouchers in lieu of emergency shelter, individuals making use of such vouchers may check "yes" to this item only if the hotel/motel stay is time limited and funded by a third party.) ◯ Yes ◯ No

Check this box for Williams Class PSH

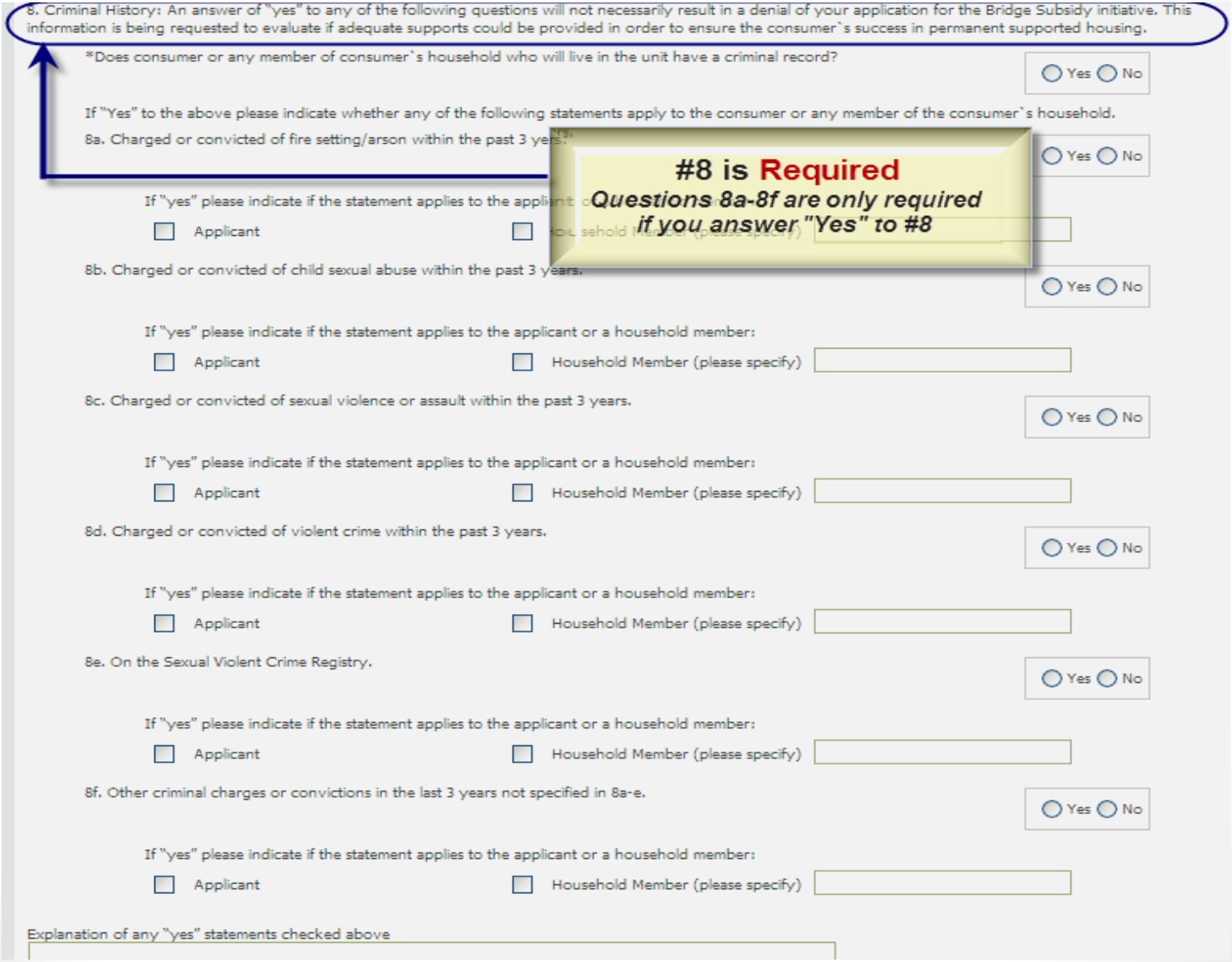
Special Program Application
(Section 2-Continued)



Special Program Application
(Section 3)

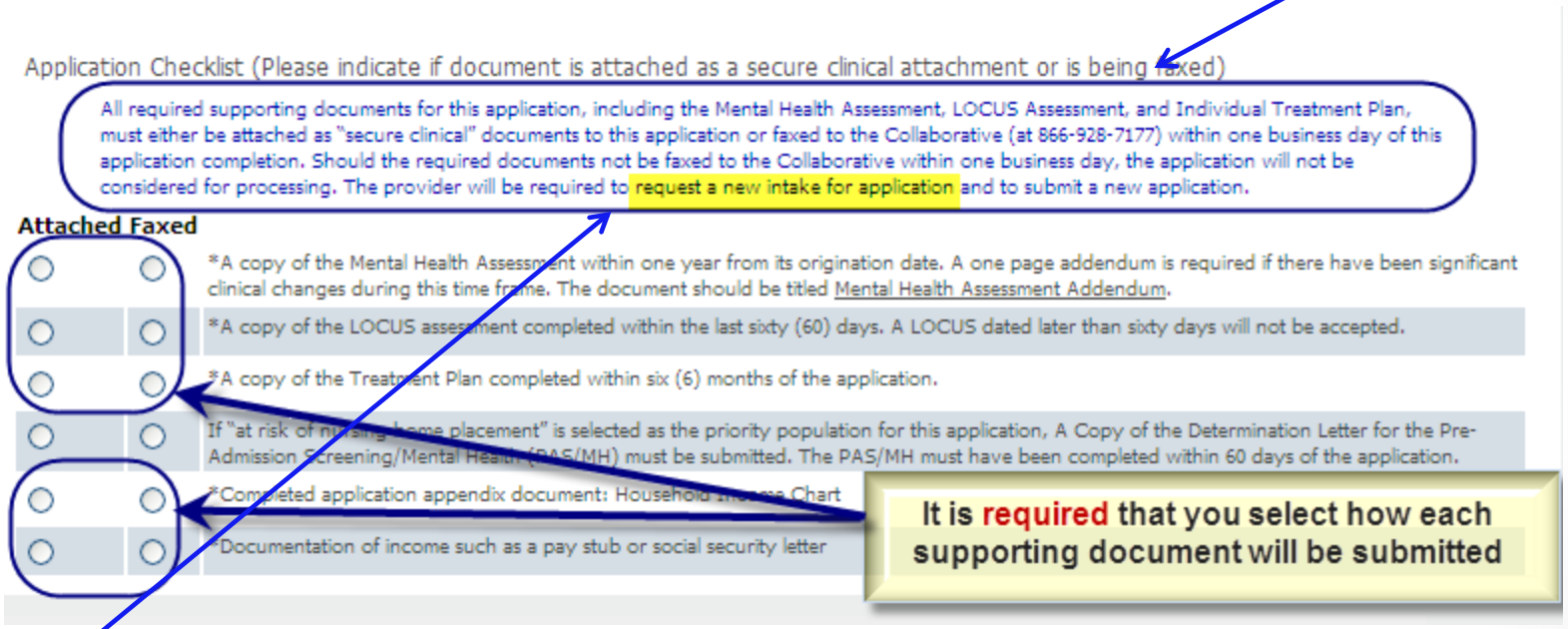


Special Program Application
(Section 3-Continued)



Special Program Application
(Section 3-Continued)

If you choose to fax supporting documents, they must be faxed within one business day of submitting the application. The application will not be complete until all documents are submitted

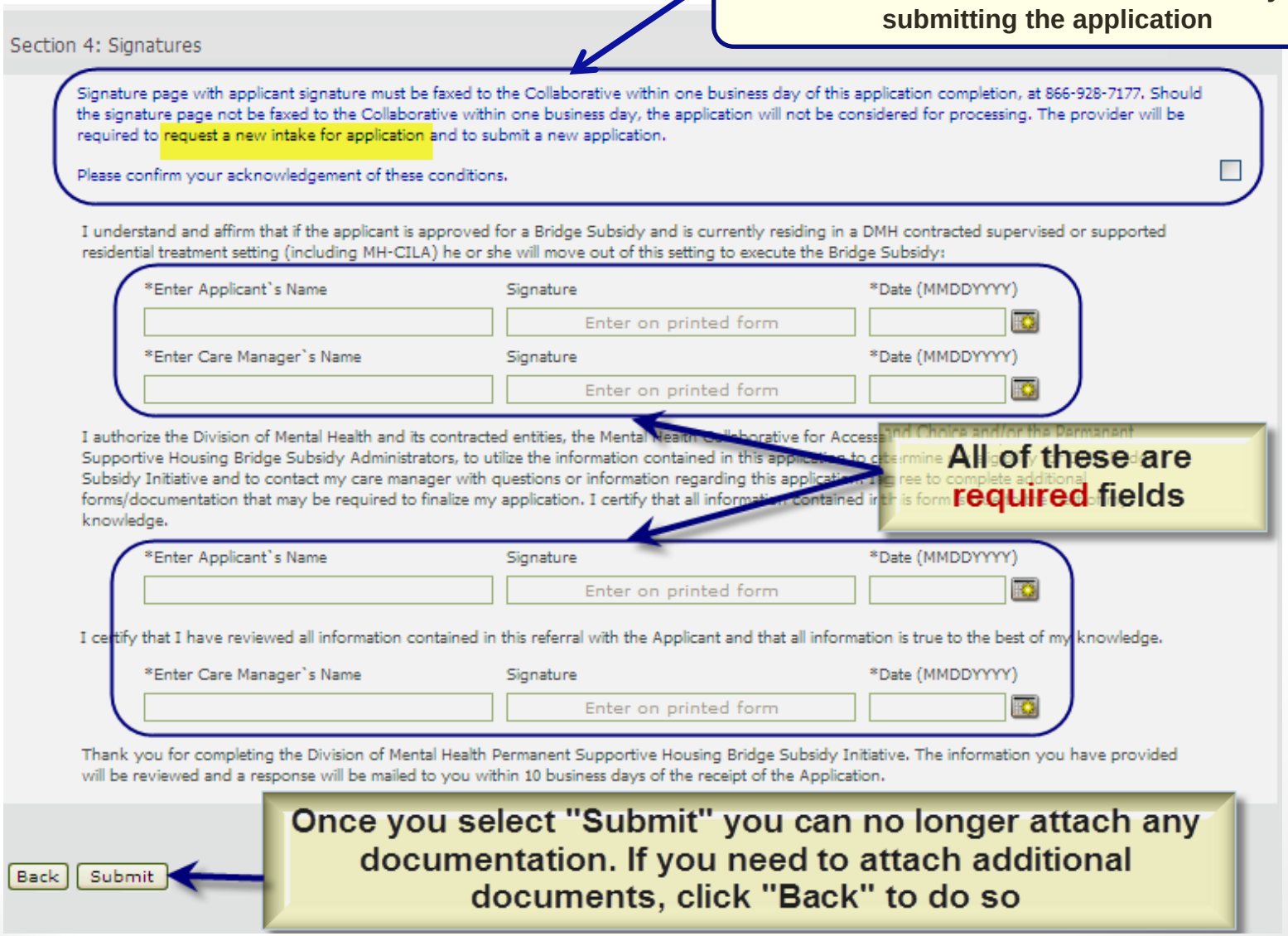


It is required that you select how each supporting document will be submitted

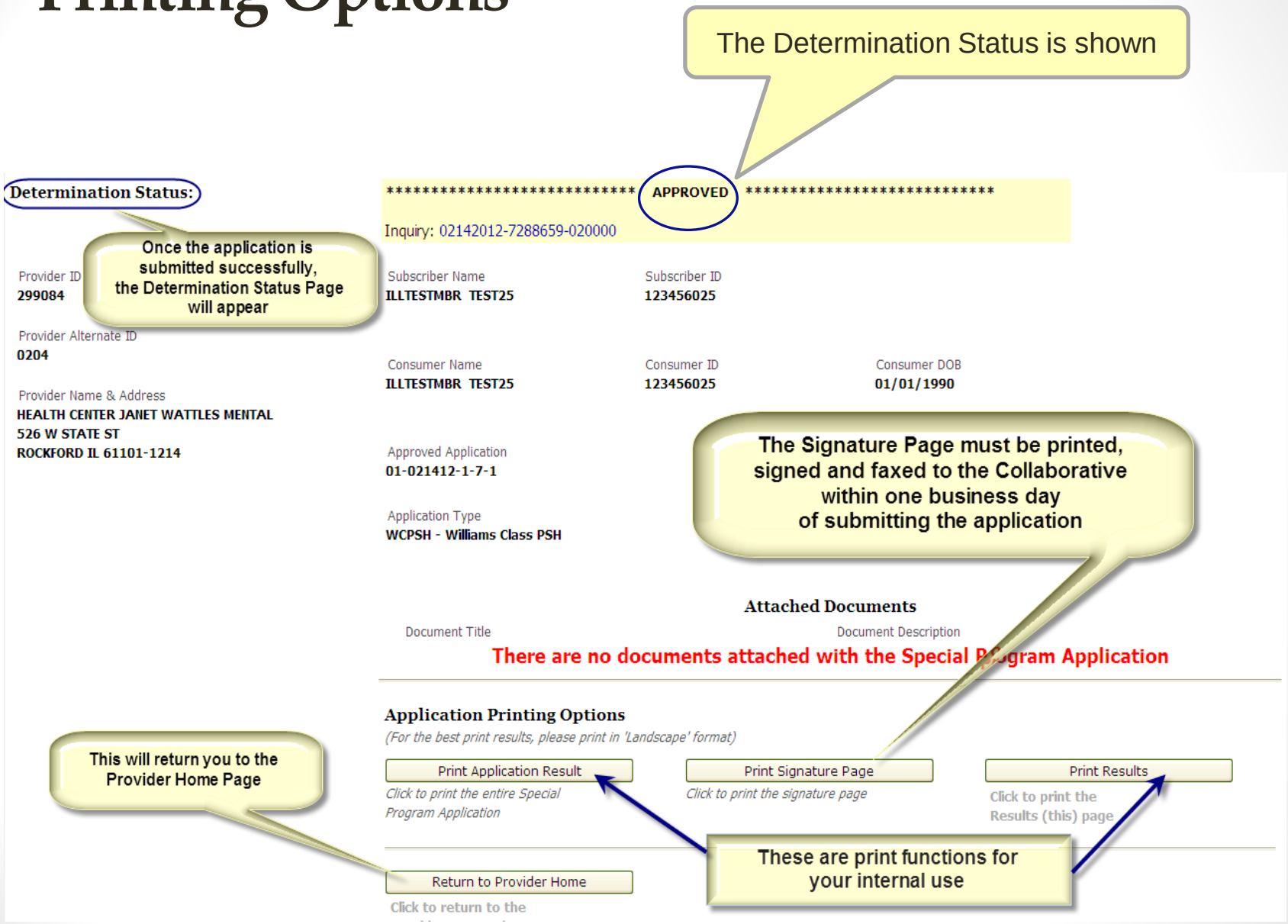
Intakes do not apply to Williams Class PSH

Special Program Application
(Section 4)

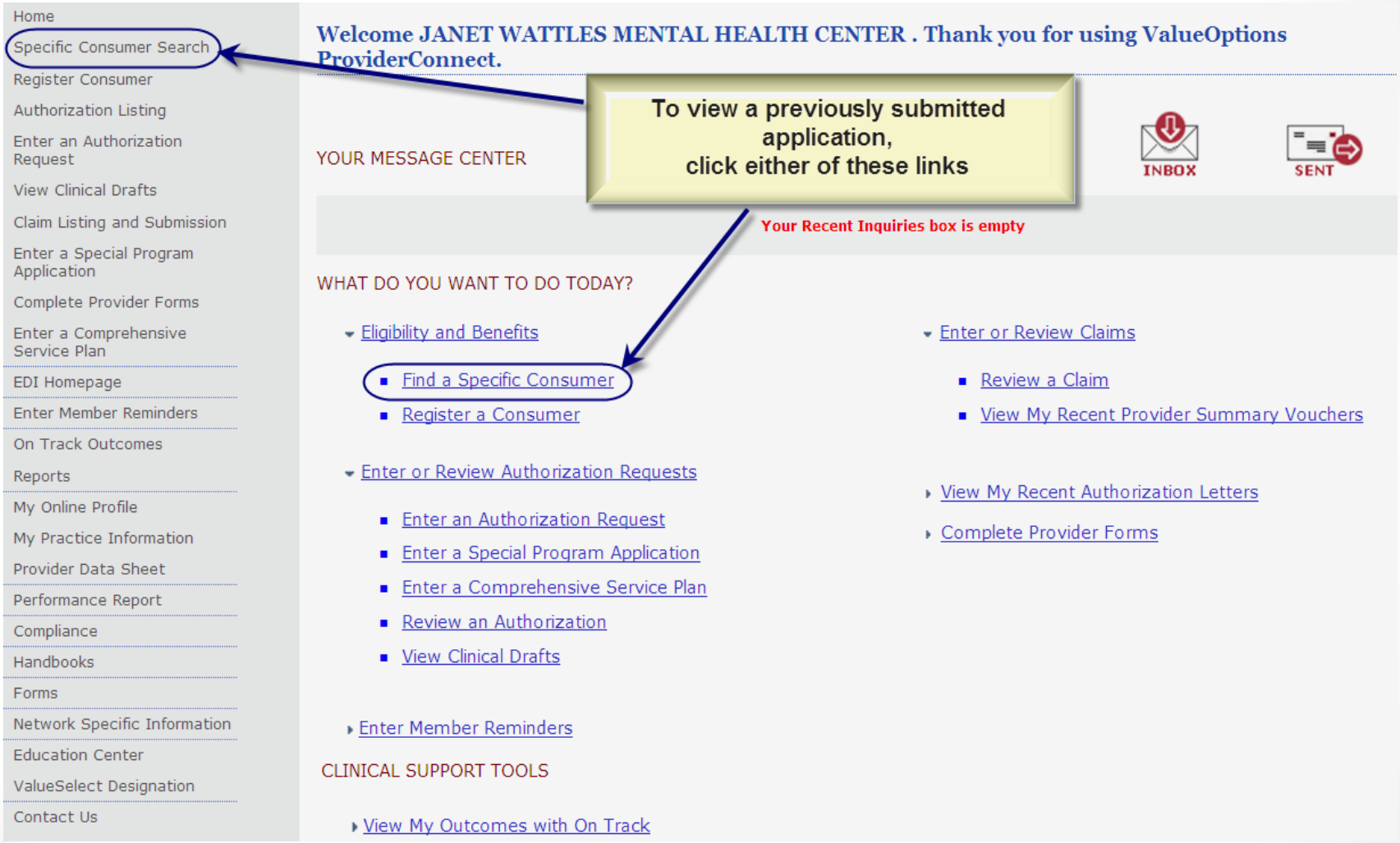
Signature Page with applicant signature must be faxed within one business day of submitting the application



Printing Options

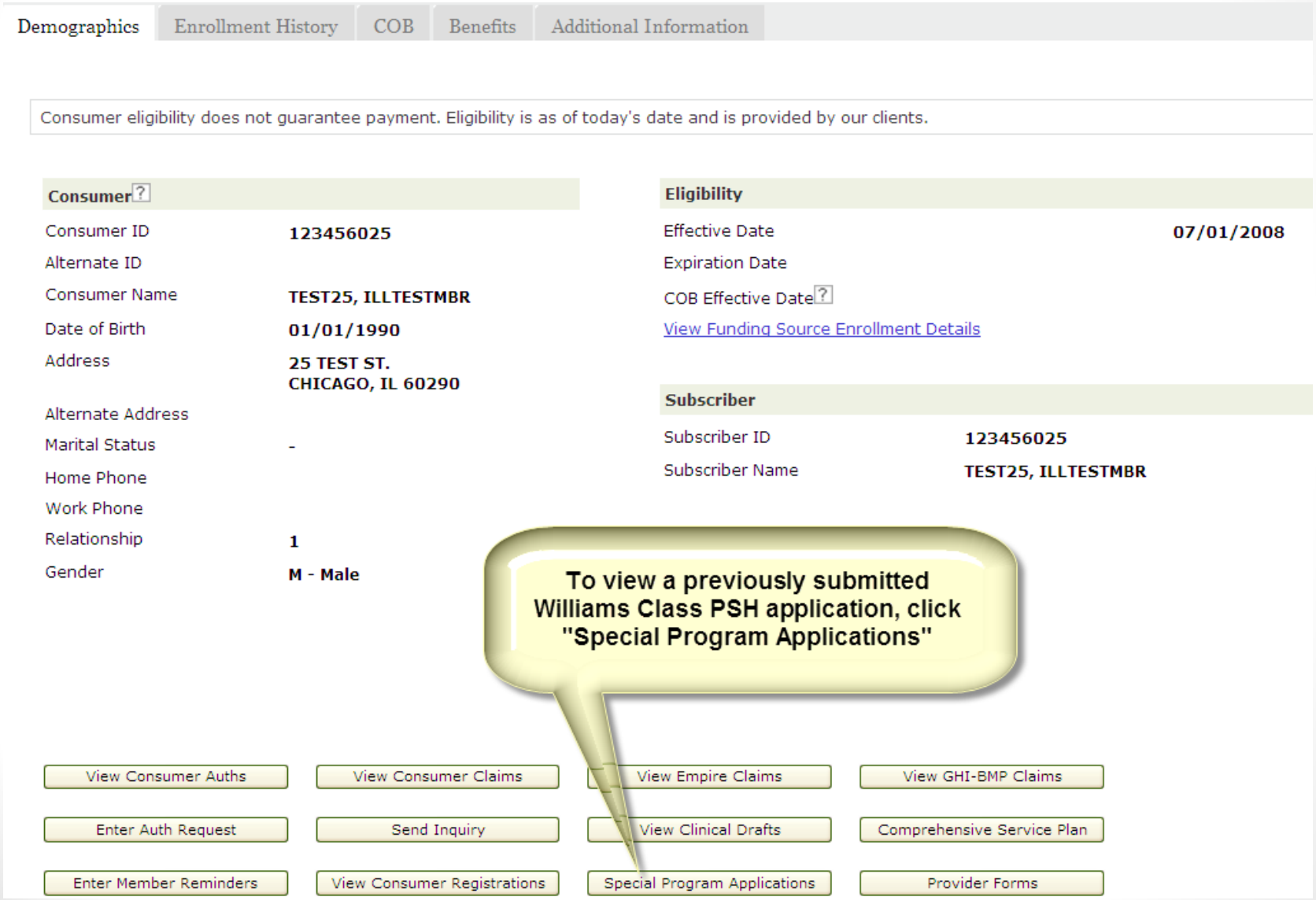


View a Submitted Application

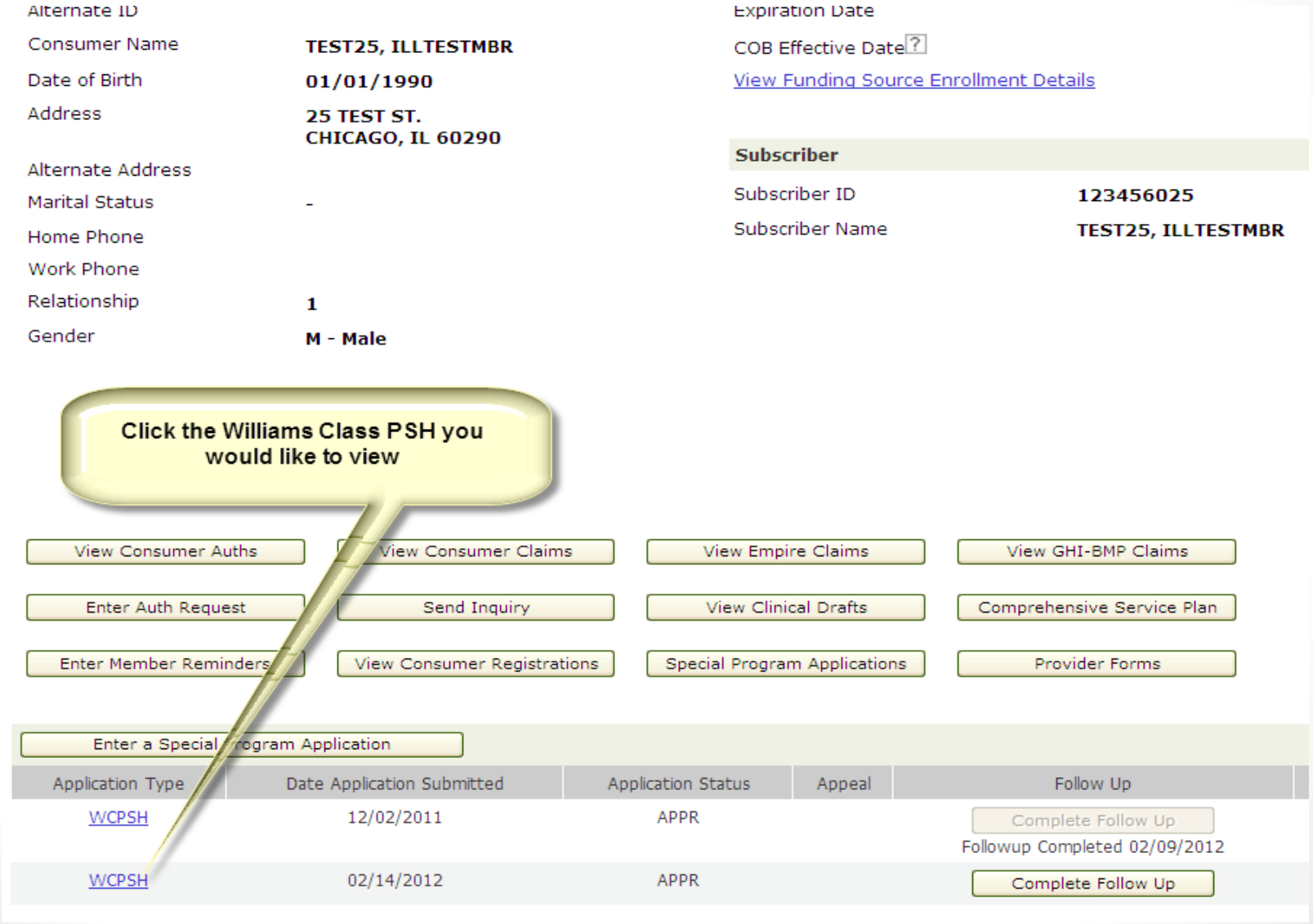


Member Search

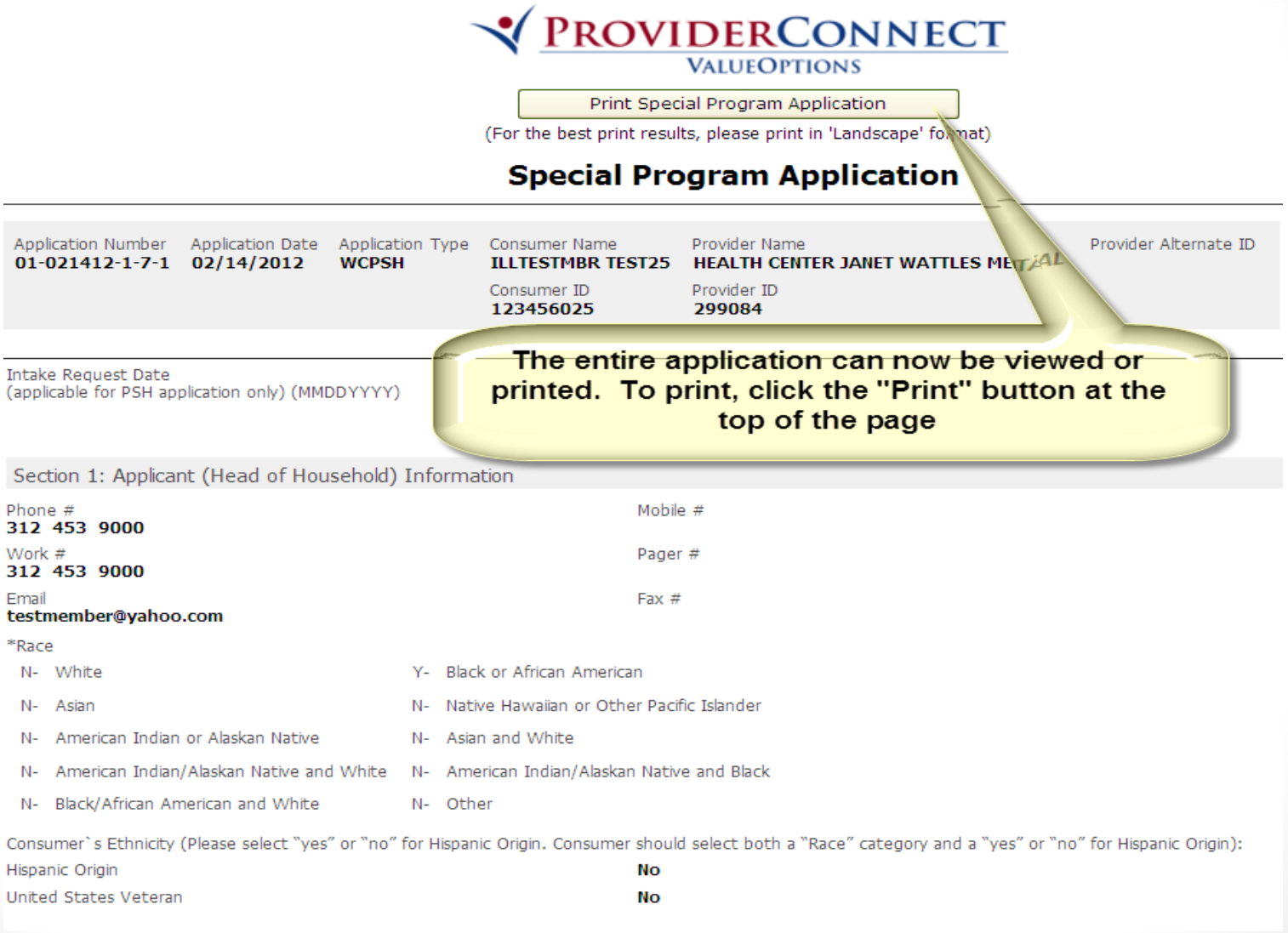
View a Submitted Application
(Continued)



View a Submitted Application
(Continued)



View a Submitted Application
(Continued)



Q & A

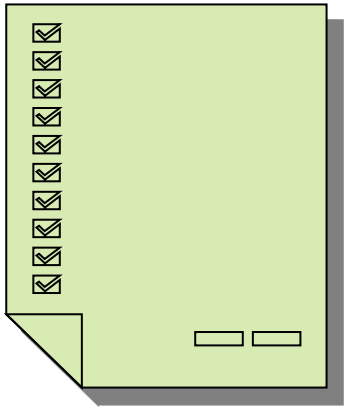
Williams Class PSH Outcomes Tracking Follow-up Form

Presenter

Patricia Hill, Clinical Support Specialist-Team Lead

Summary

This section will step through the Williams Class PSH Outcomes Tracking Follow-up Form through the use of ProviderConnect

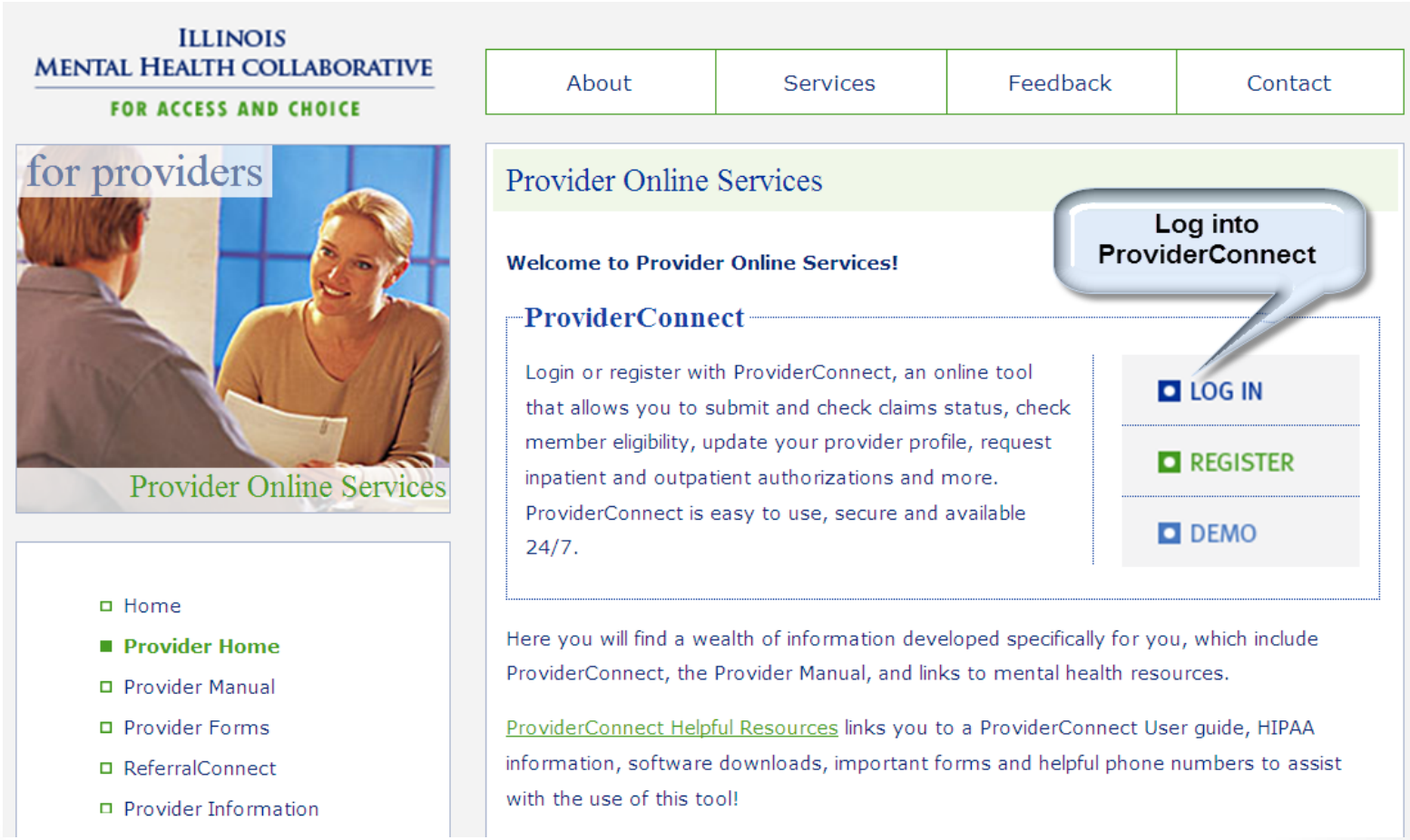


Process

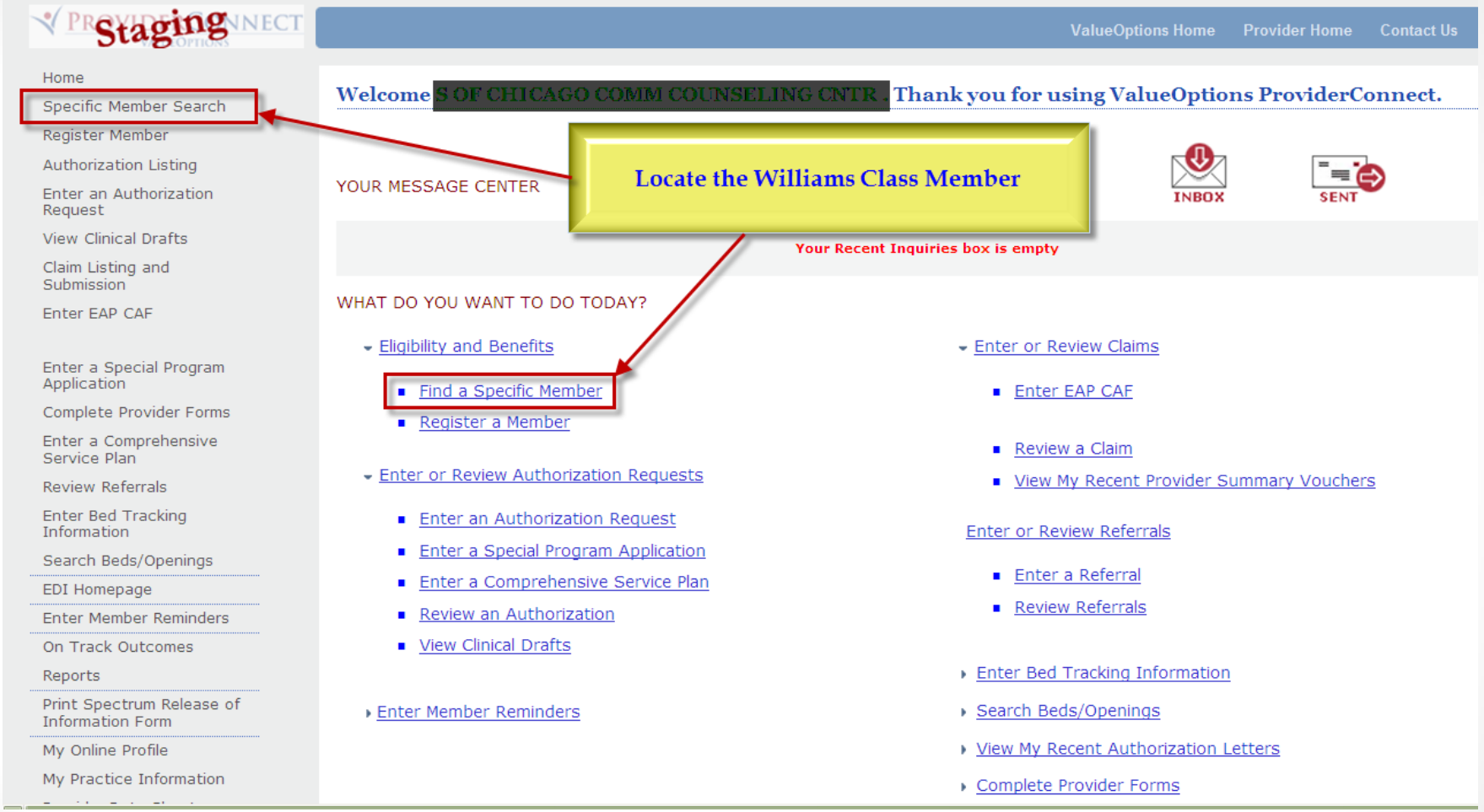
- The PSH Outcome Tracking Follow-up Form is a ONE TIME form submitted to update the consumer's housing information after placement.
- Providers have the option to save the PSH Outcome Tracking Follow-up Form as a Draft.
- Draft versions of the PSH Outcome Tracking Follow-Up Form will be shown on the "Special Program Applications List" on the Member Demographics screen.
- PSH Outcome Tracking Follow-Up Form drafts will be accessed by selecting the existing "Complete Follow-up" button on the Member Demographics screen.
- Once saved as a draft, the Draft Expiration Date will be displayed on the Member Demographics screen. This date will reflect 60 days from the current date.
- Once you return to a previously saved draft, the Draft Status and Draft Expiration Date will be displayed on the Follow-Up screen.
- The user may update previously saved Follow-Up Form Drafts as many times as needed. Note: the expiration date will not change.

Getting Started

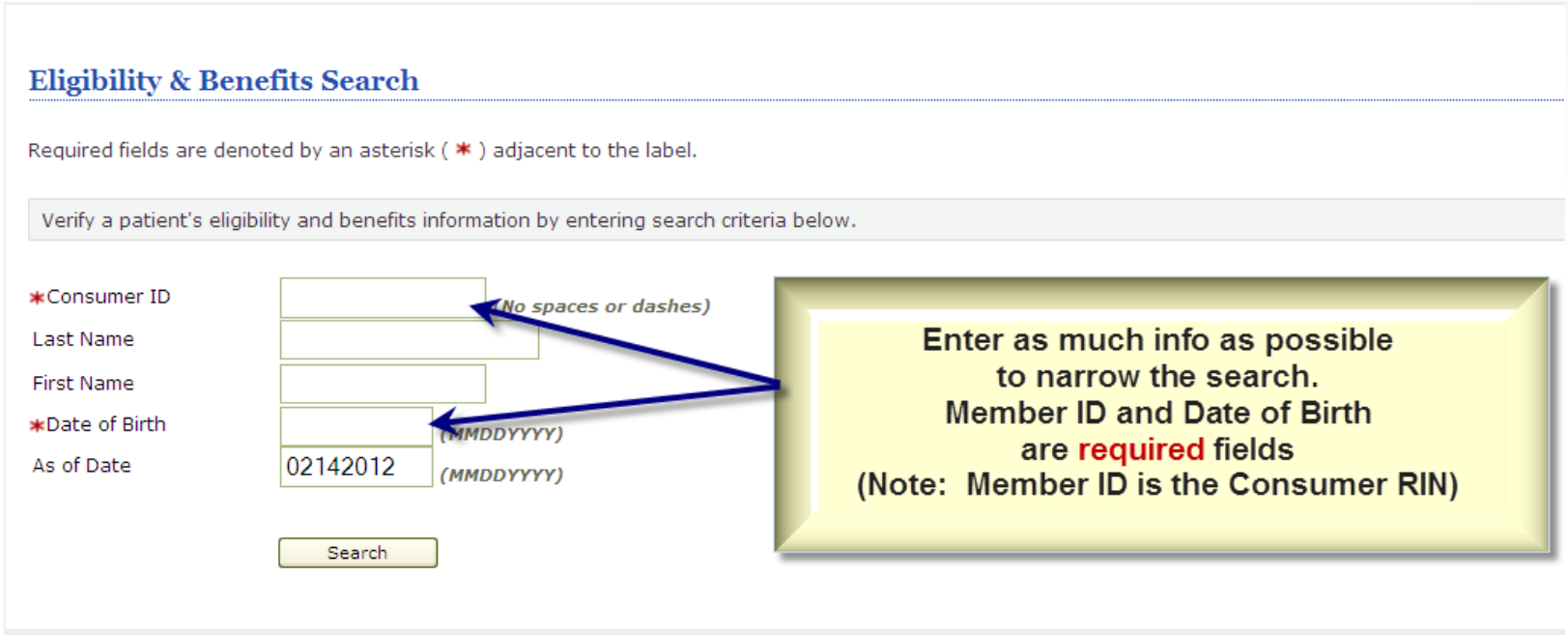
Access ProviderConnect via
www.illinoismentalhealthcollaborative.com/providers.htm



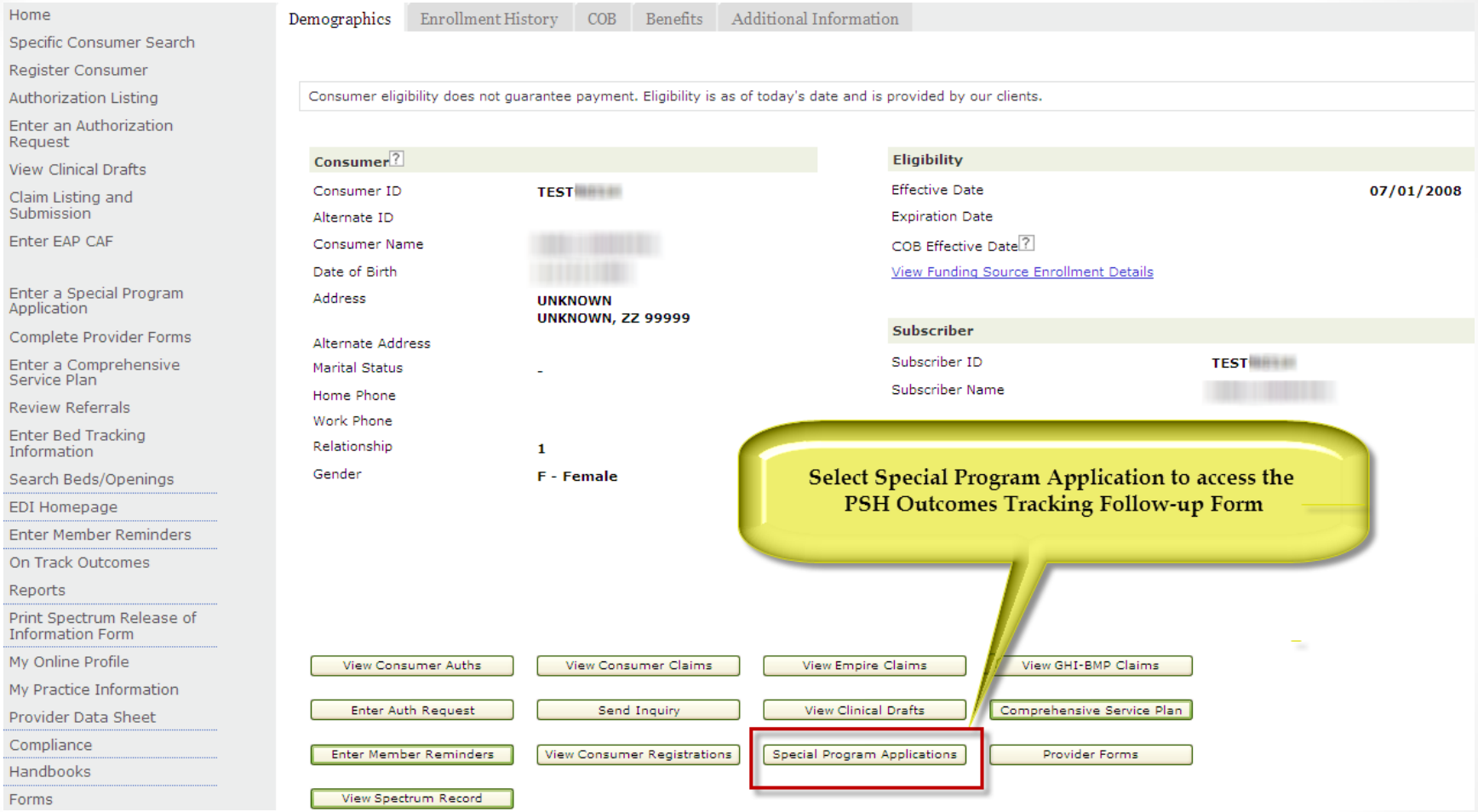
Home Page


Staging
ValueOptions Home
Provider Home
Contact Us
Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Welcome S OF CHICAGO COMM COUNSELING CNTR . Thank you for using ValueOptions ProviderConnect.
YOUR MESSAGE CENTER
Locate the Williams Class Member
INBOX
SENT
Your Recent Inquiries box is empty
WHAT DO YOU WANT TO DO TODAY?
Eligibility and Benefits
Find a Specific Member
Register a Member
Enter or Review Authorization Requests
Enter an Authorization Request
Enter a Special Program Application
Enter a Comprehensive Service Plan
Review an Authorization
View Clinical Drafts
Enter Member Reminders
Enter or Review Claims
Enter EAP CAF
Review a Claim
View My Recent Provider Summary Vouchers
Enter or Review Referrals
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings
View My Recent Authorization Letters
Complete Provider Forms

Member Search

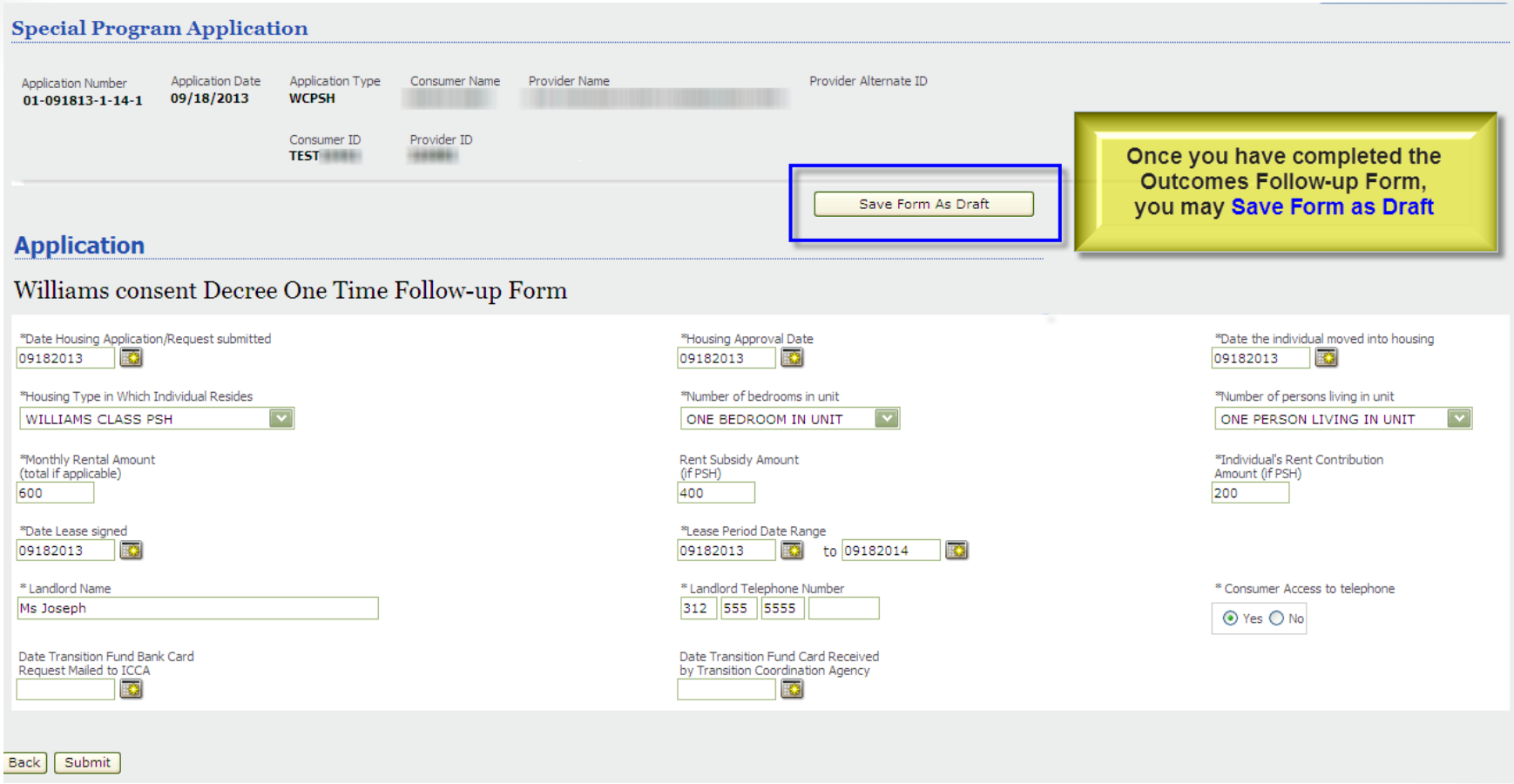


Member Demographics



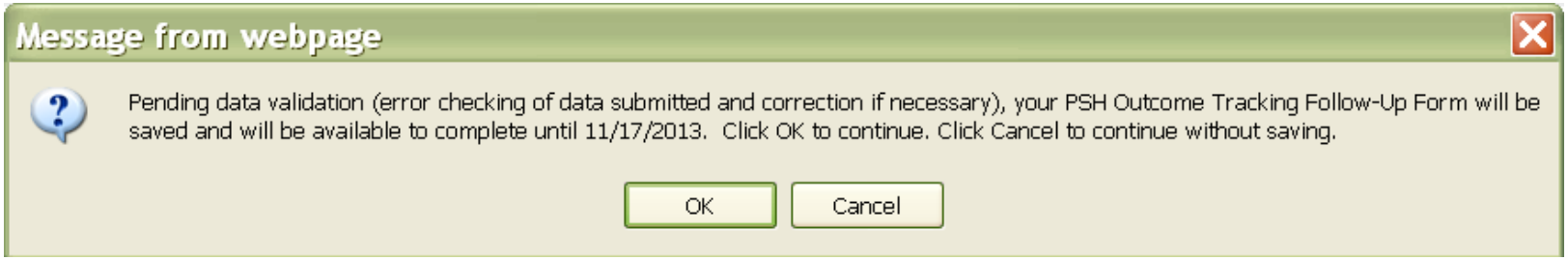
Member Demographics

PSH Outcomes Follow-Up Form

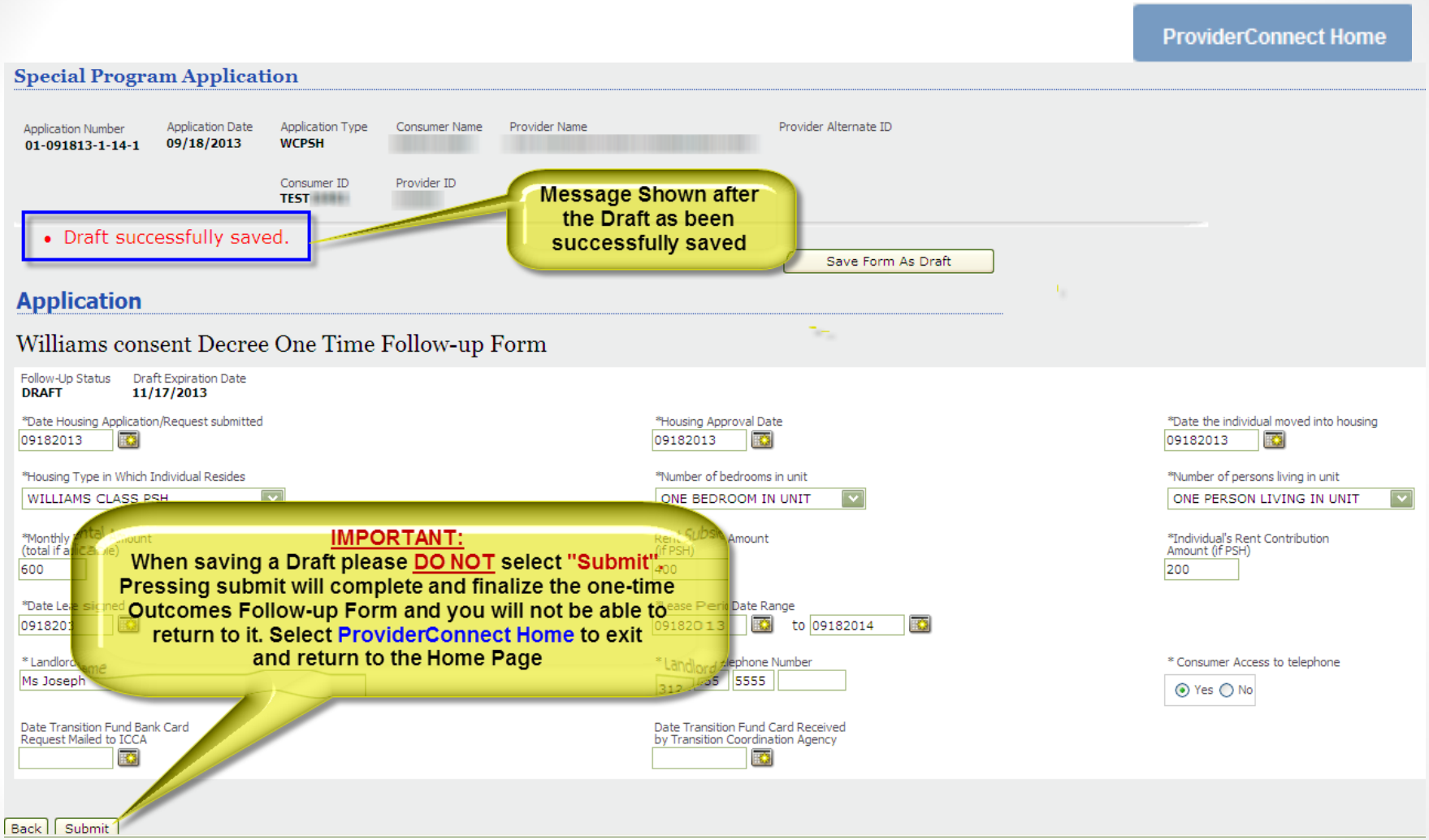


Saving as a Draft

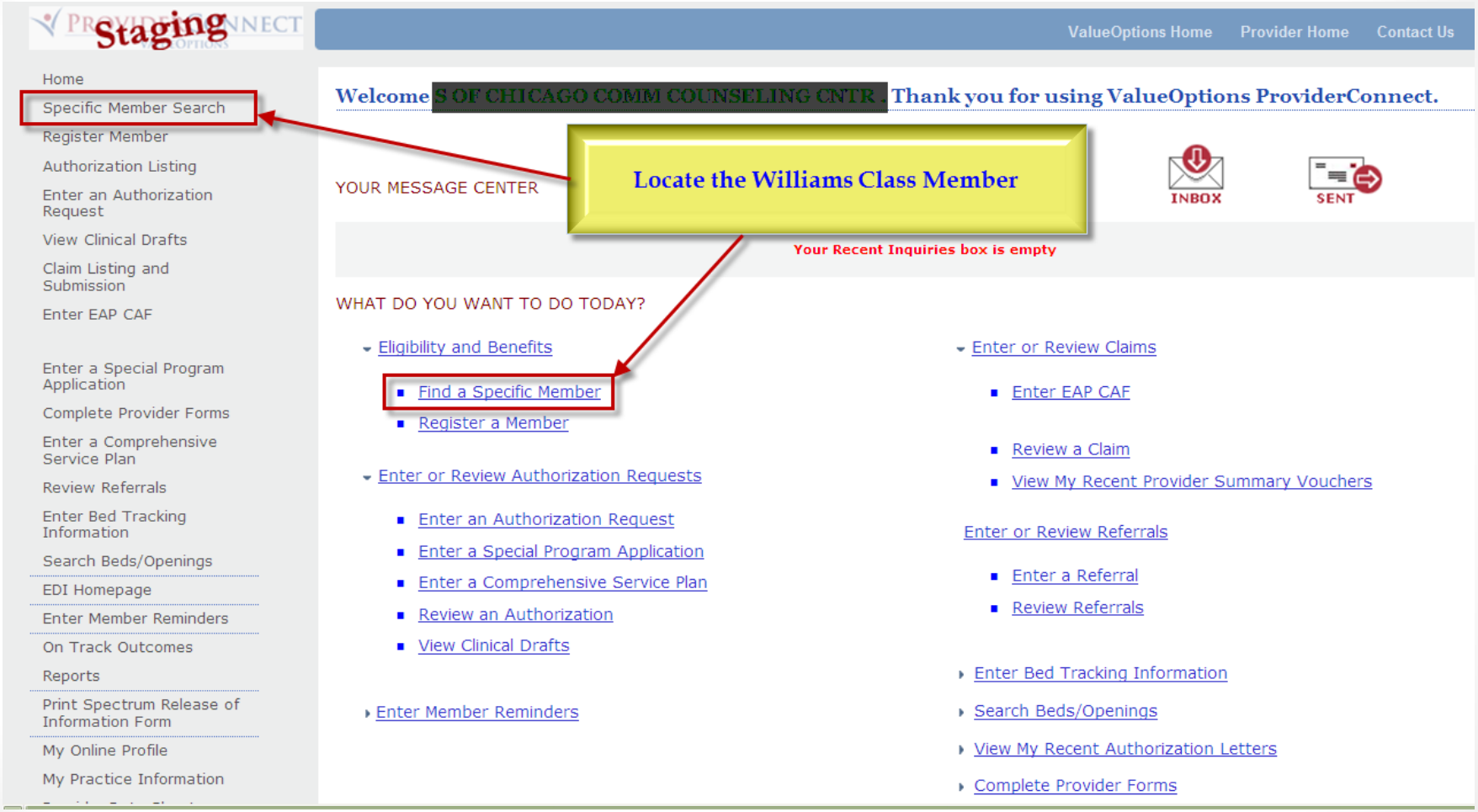
- You will receive a system generated message when you save a draft. The message will contain the **Draft Expiration Date**.
- Drafts will expire **60 Days** from the date the draft was originally saved.



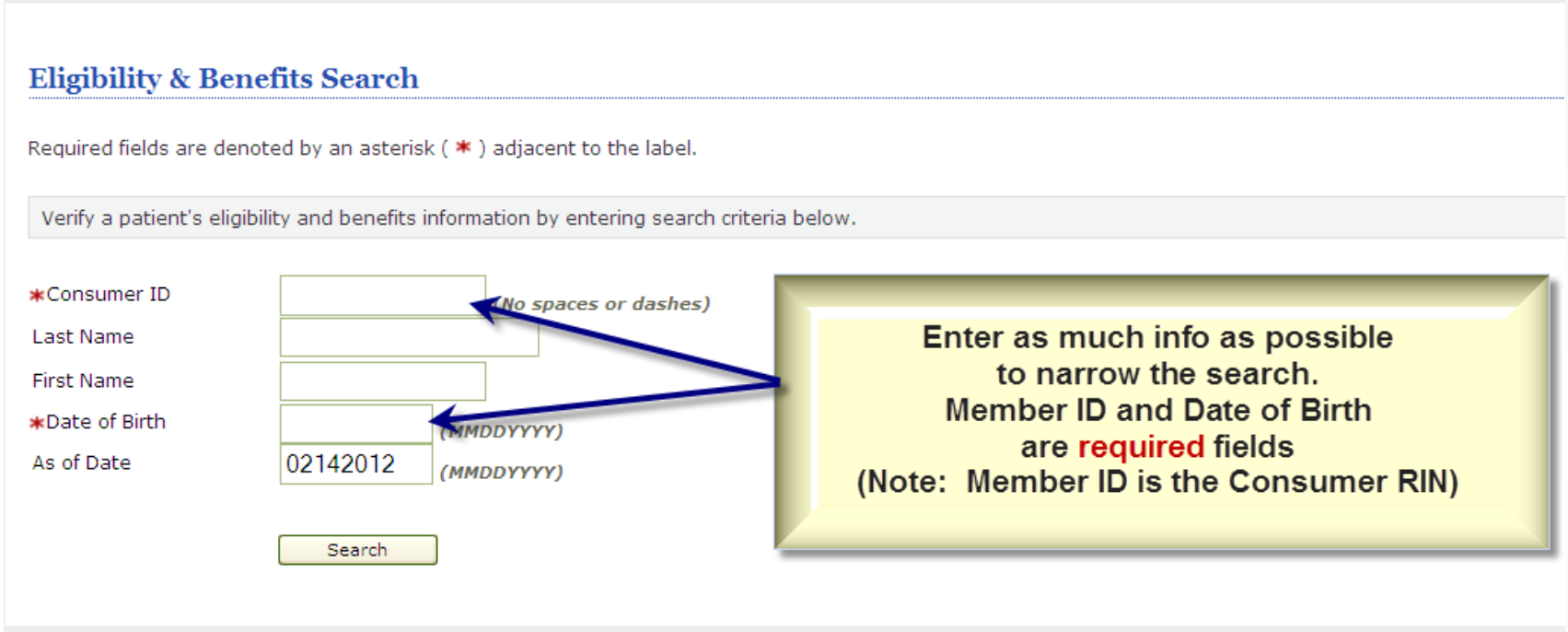
Saving as a Draft



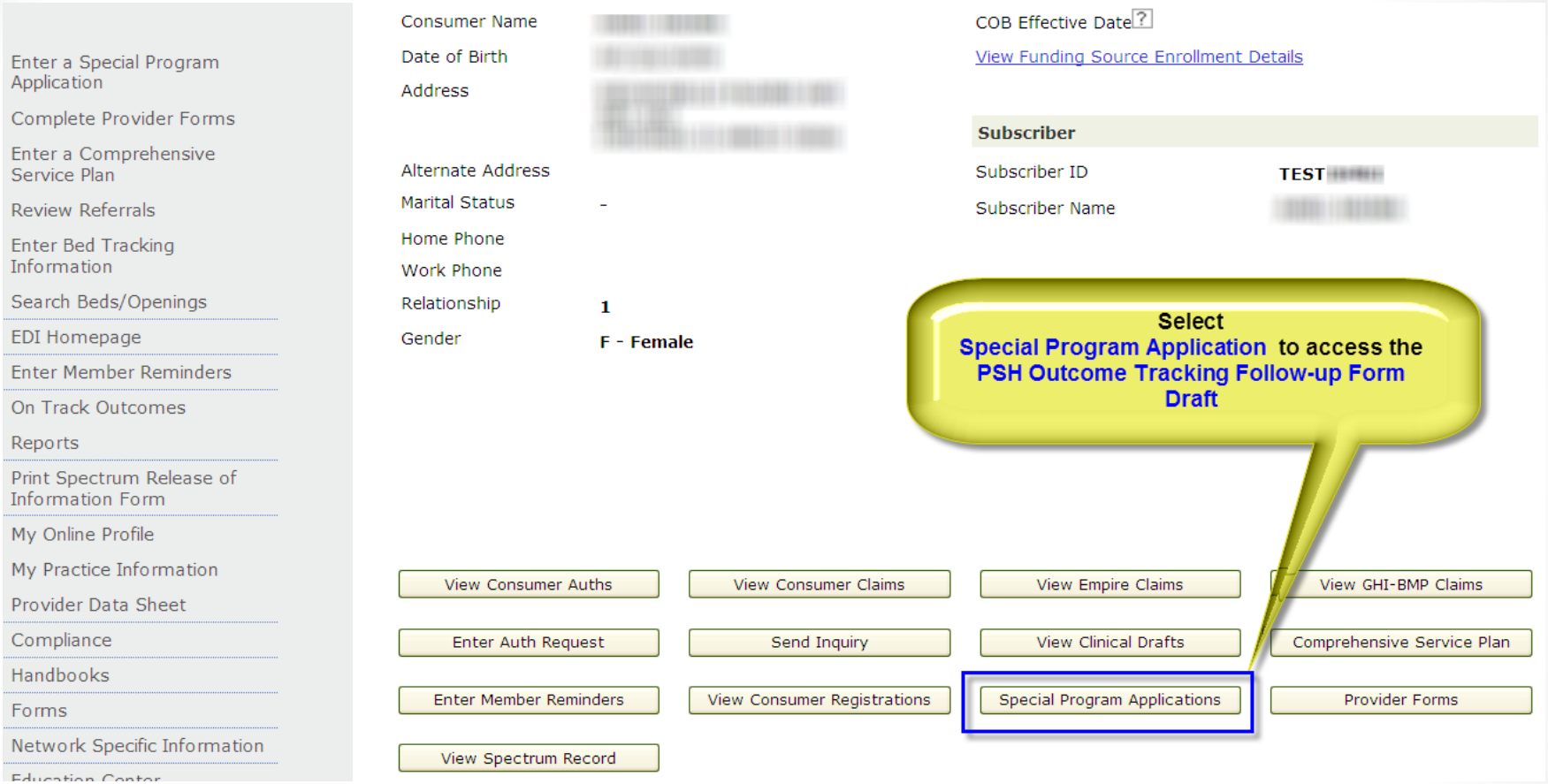
Home Page


Staging
ValueOptions Home
Provider Home
Contact Us
Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Welcome S OF CHICAGO COMM COUNSELING CNTR . Thank you for using ValueOptions ProviderConnect.
YOUR MESSAGE CENTER
Locate the Williams Class Member
INBOX
SENT
Your Recent Inquiries box is empty
WHAT DO YOU WANT TO DO TODAY?
Eligibility and Benefits
Find a Specific Member
Register a Member
Enter or Review Authorization Requests
Enter an Authorization Request
Enter a Special Program Application
Enter a Comprehensive Service Plan
Review an Authorization
View Clinical Drafts
Enter Member Reminders
Enter or Review Claims
Enter EAP CAF
Review a Claim
View My Recent Provider Summary Vouchers
Enter or Review Referrals
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings
View My Recent Authorization Letters
Complete Provider Forms

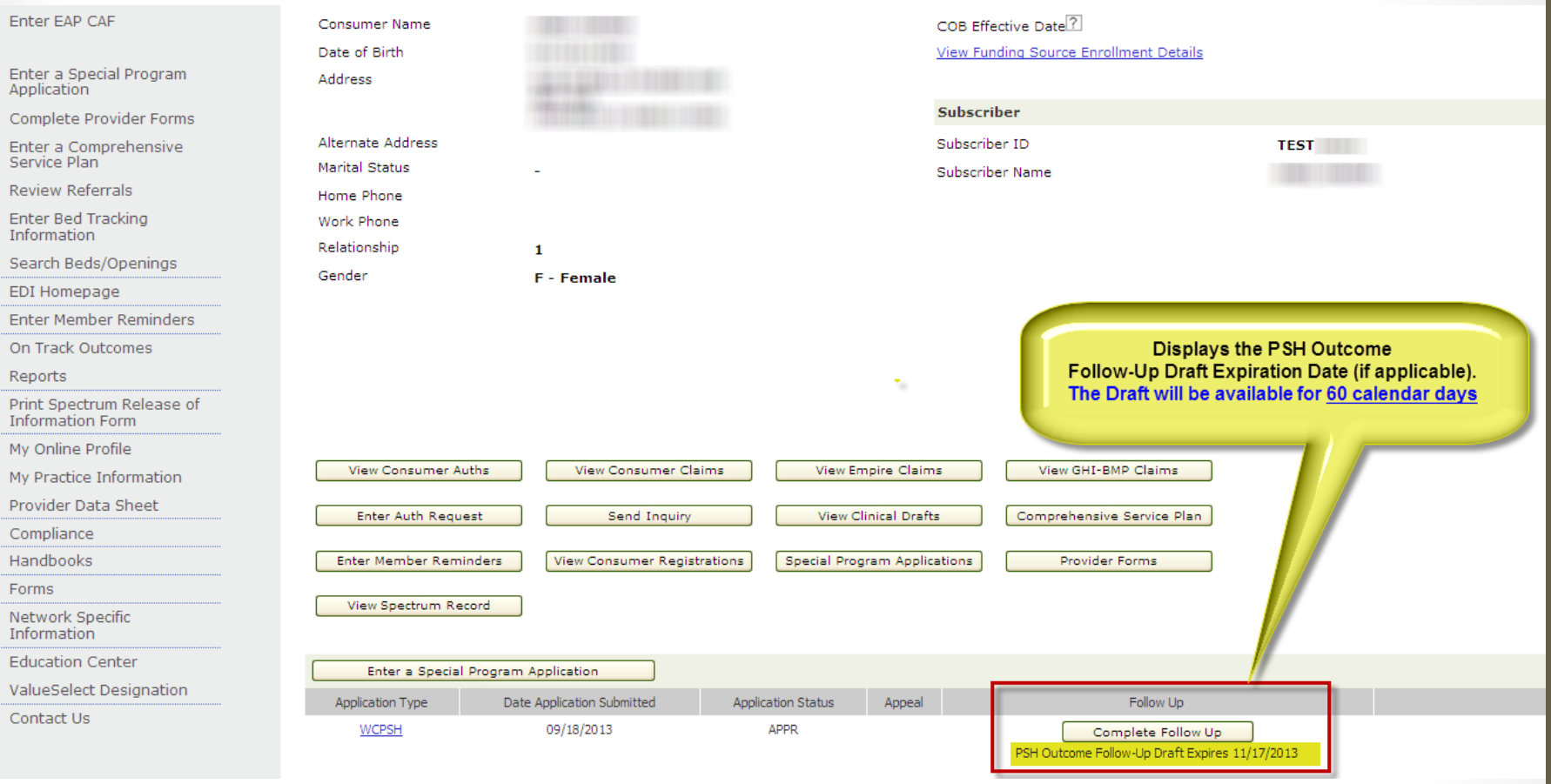
Member Search



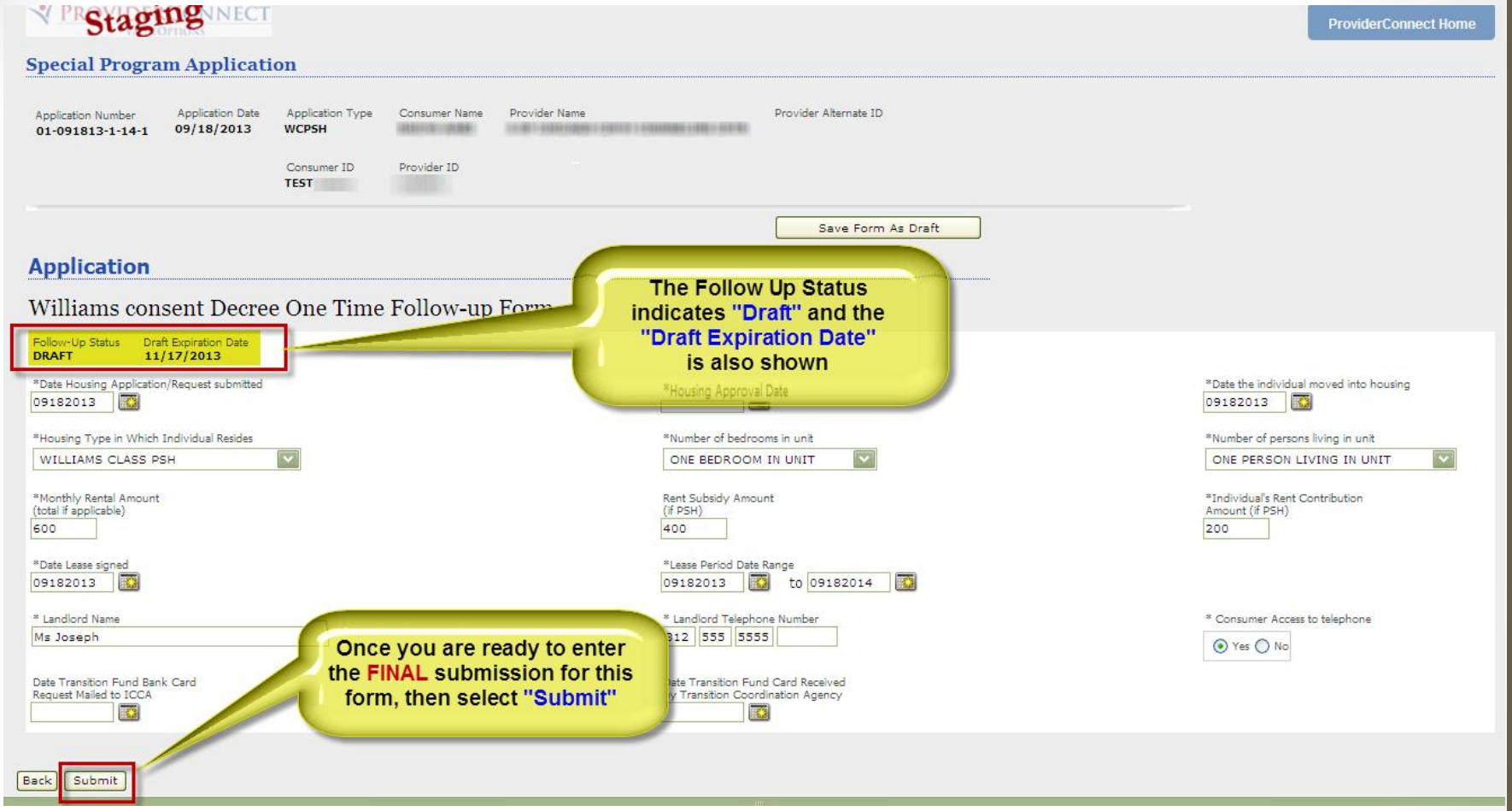
Member Demographics



Special Program Applications List



PSH Outcomes Follow-Up Form



Q & A

QUESTIONS ???

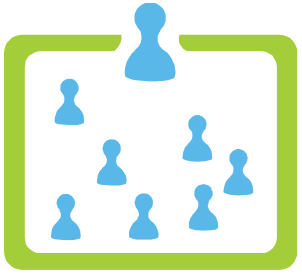
Williams Class
Transition Coordination Process

Presenter

Patricia Palmer, Clinical Director

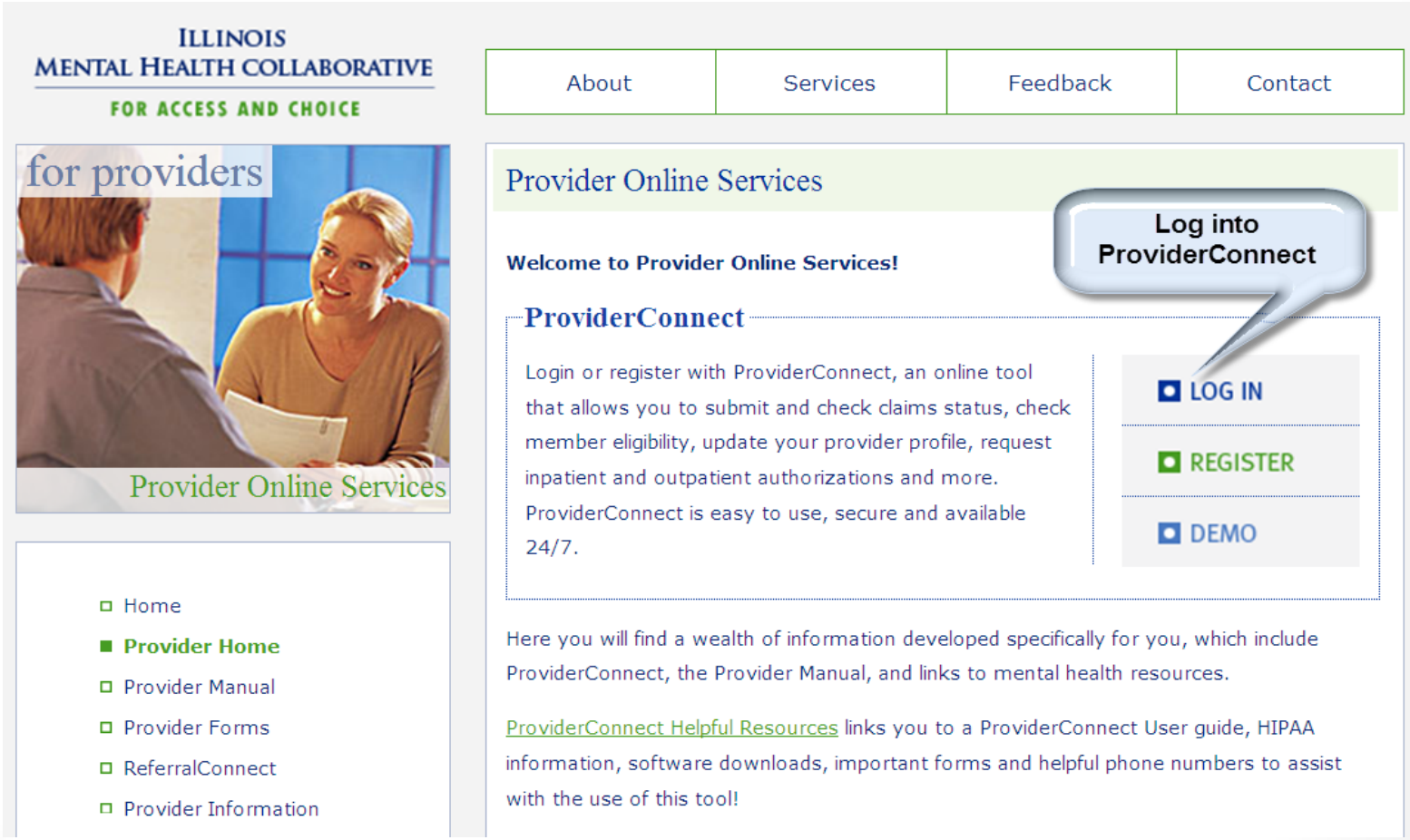
Summary

This section will step through the Williams Class Transition Coordination Process through the use of ProviderConnect



Getting Started

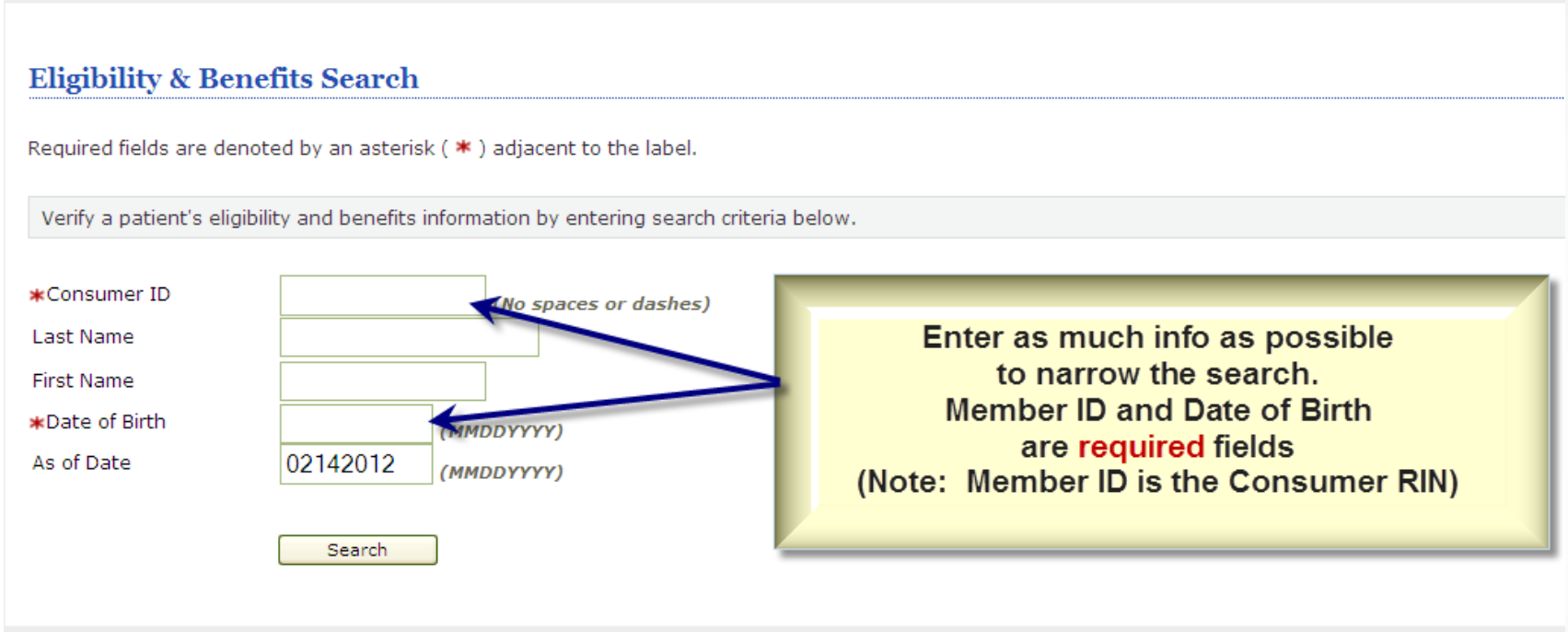
Access ProviderConnect via
www.illinoismentalhealthcollaborative.com/providers.htm



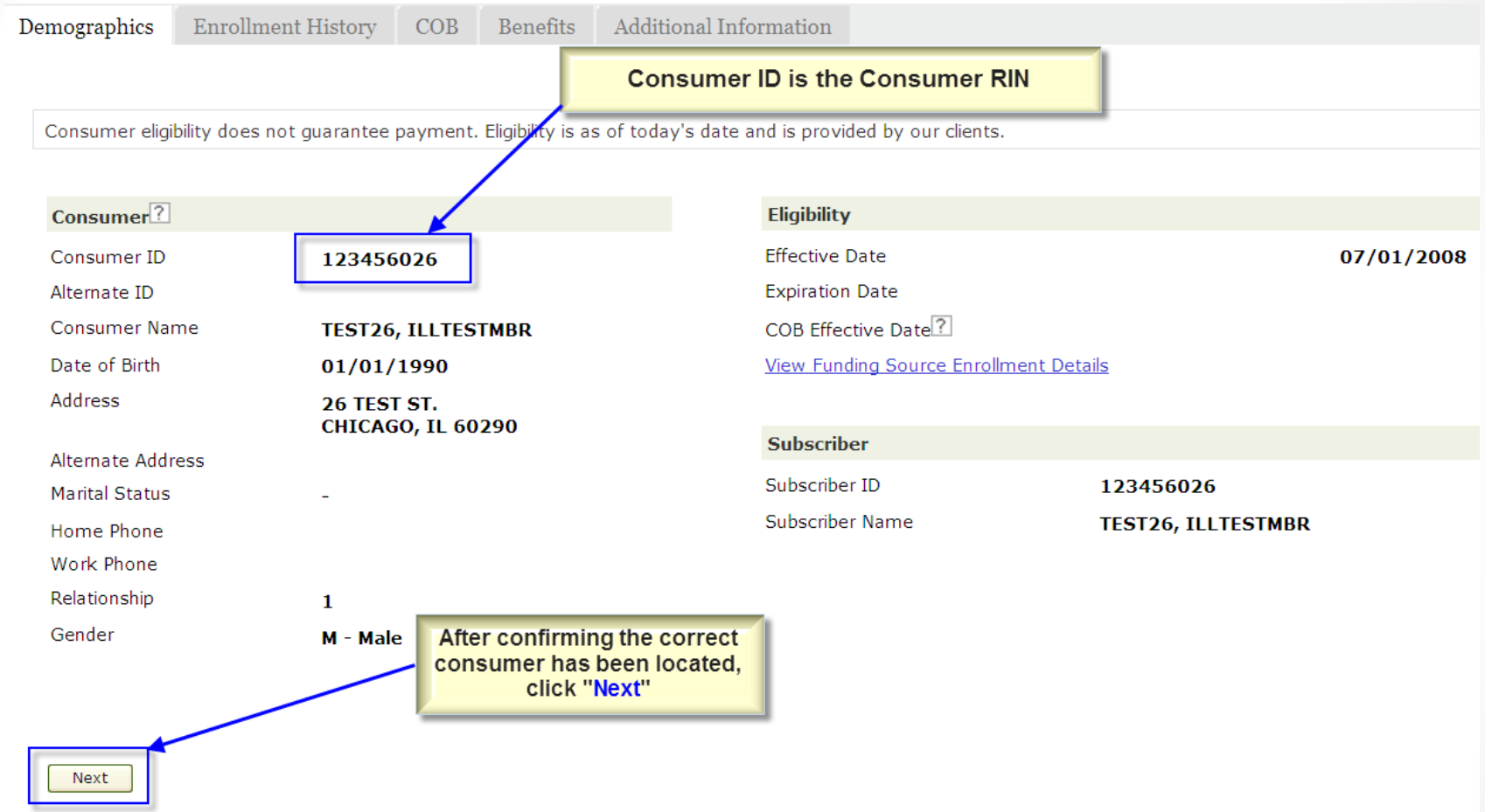
Home Page

Home
Specific Consumer Search
Register Consumer
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Welcome S OF CHICAGO COMM COUNSELING CNTR . Thank you for using ValueOptions ProviderConnect.
YOUR MESSAGE CENTER
Click either link to enter Transition Coordination Form
INBOX
SENT
WHAT DO YOU WANT TO DO TODAY?
Eligibility and Benefits
Find a Specific Consumer
Register a Consumer
Enter or Review Authorization Requests
Enter an Authorization Request
Enter a Special Program Application
Enter a Comprehensive Service Plan
Review an Authorization
View Clinical Drafts
Enter Member Reminders
Enter or Review Claims
Enter EAP CAF
Review a Claim
View My Recent Provider Summary Vouchers
Enter or Review Referrals
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings
View My Recent Authorization Letters
Complete Provider Forms
Williams Transition Outcome Tracking Information

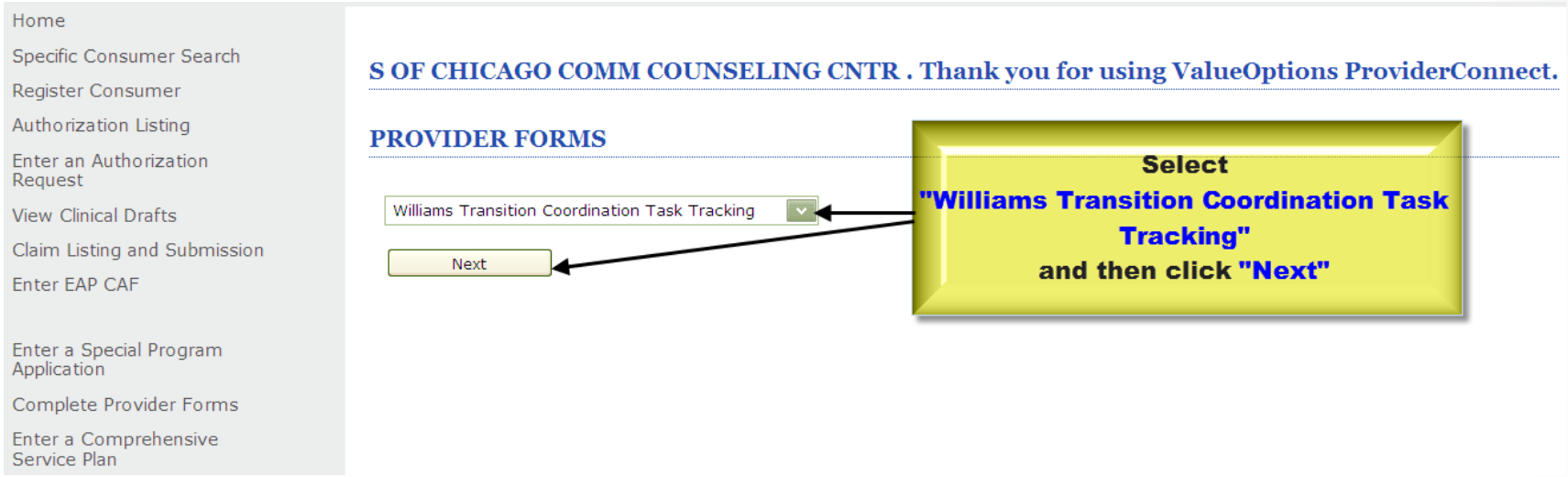
Member Search



Demographics Verification



Williams Class Transition Coordination Form
Landing Page



Williams Class Transition Coordination Form
Pre-Transition Planning and Functions

Complete Provider Forms

Consumer Name: **ILLTST MEMBER01**
Consumer ID: **ILLTST101**

All fields with an asterisk are required fields and must be completed

Williams Transition Coordination Task Tracking

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

Pre-Transition Planning and Functions

This section tracks the coordination of other transition plans.

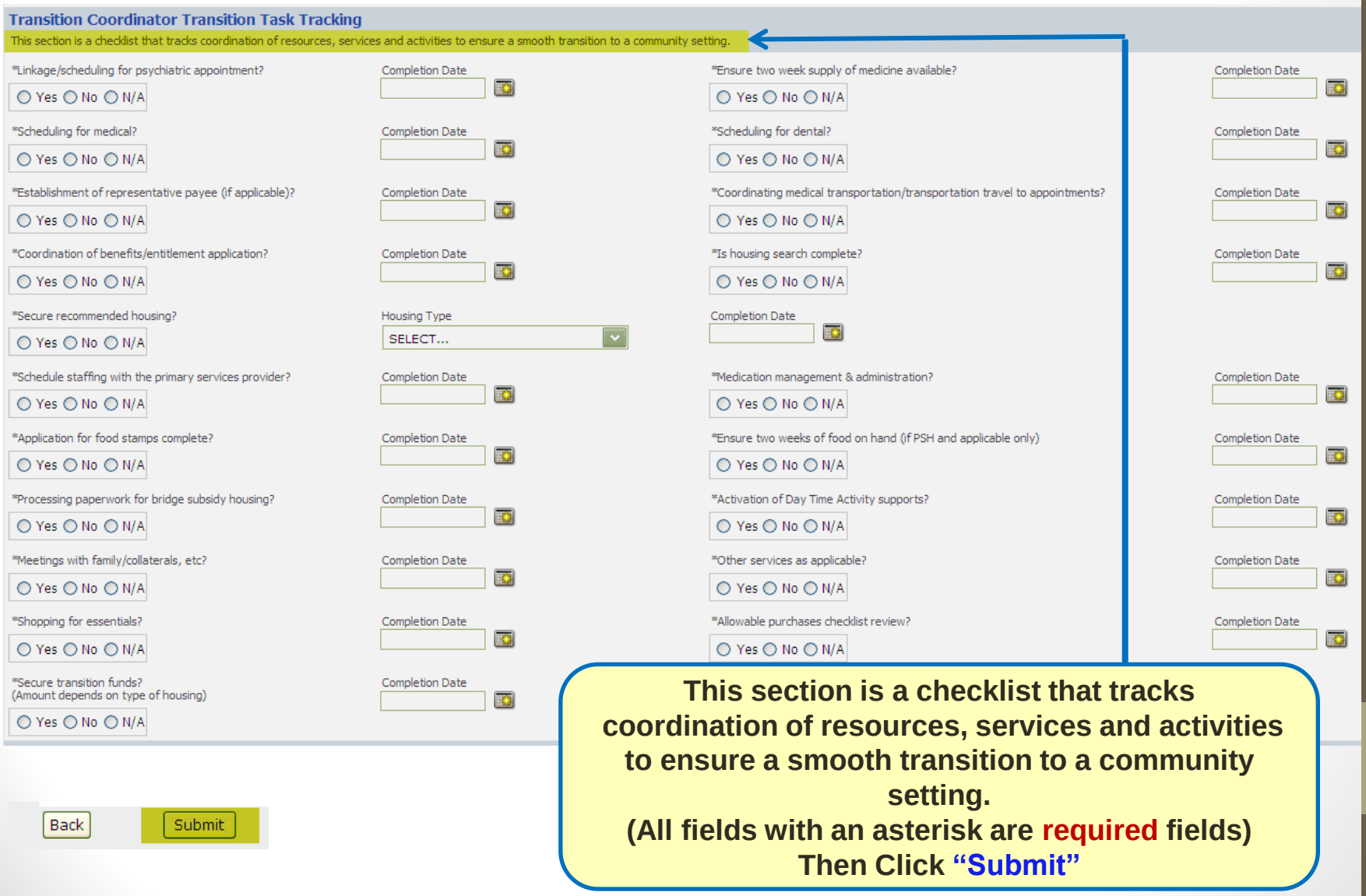
*Risk Assessment & Mitigation Plan - High-level plan elements to be tracked completed?
(•) Yes ( ) No
Completion Date: 03032013

*24-hour Backup Plan Created?
(•) Yes ( ) No
Date Created: 03042013

*Quality of Life Survey Completed?
(•) Yes ( ) No
Date Created: 03052013

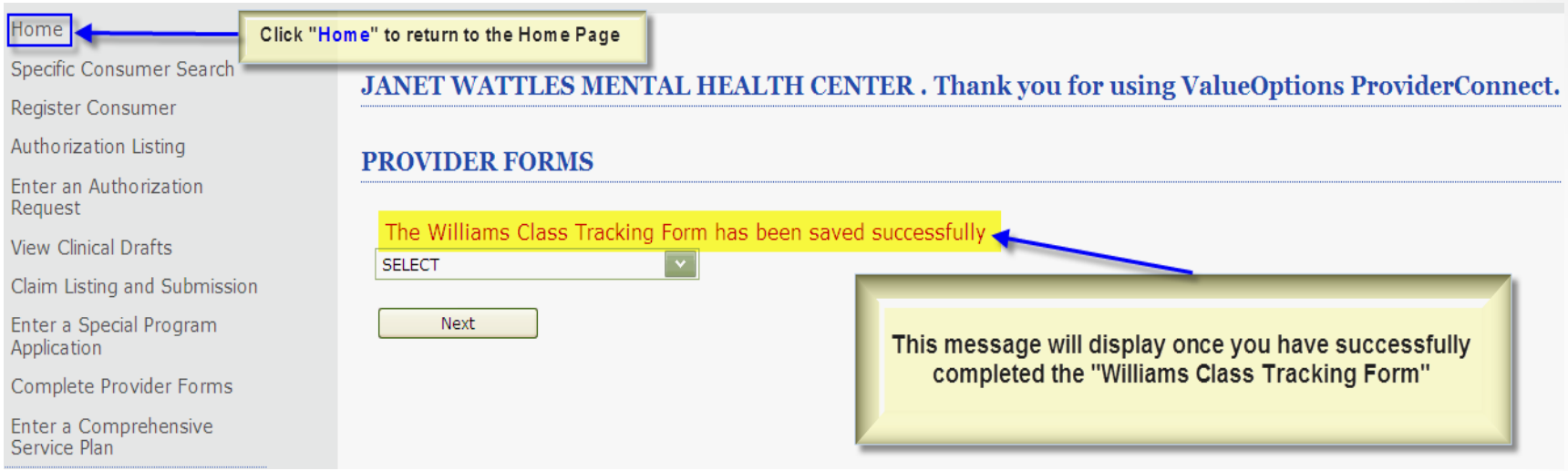
Williams Class Transition Coordination Form

Transition Task Tracking

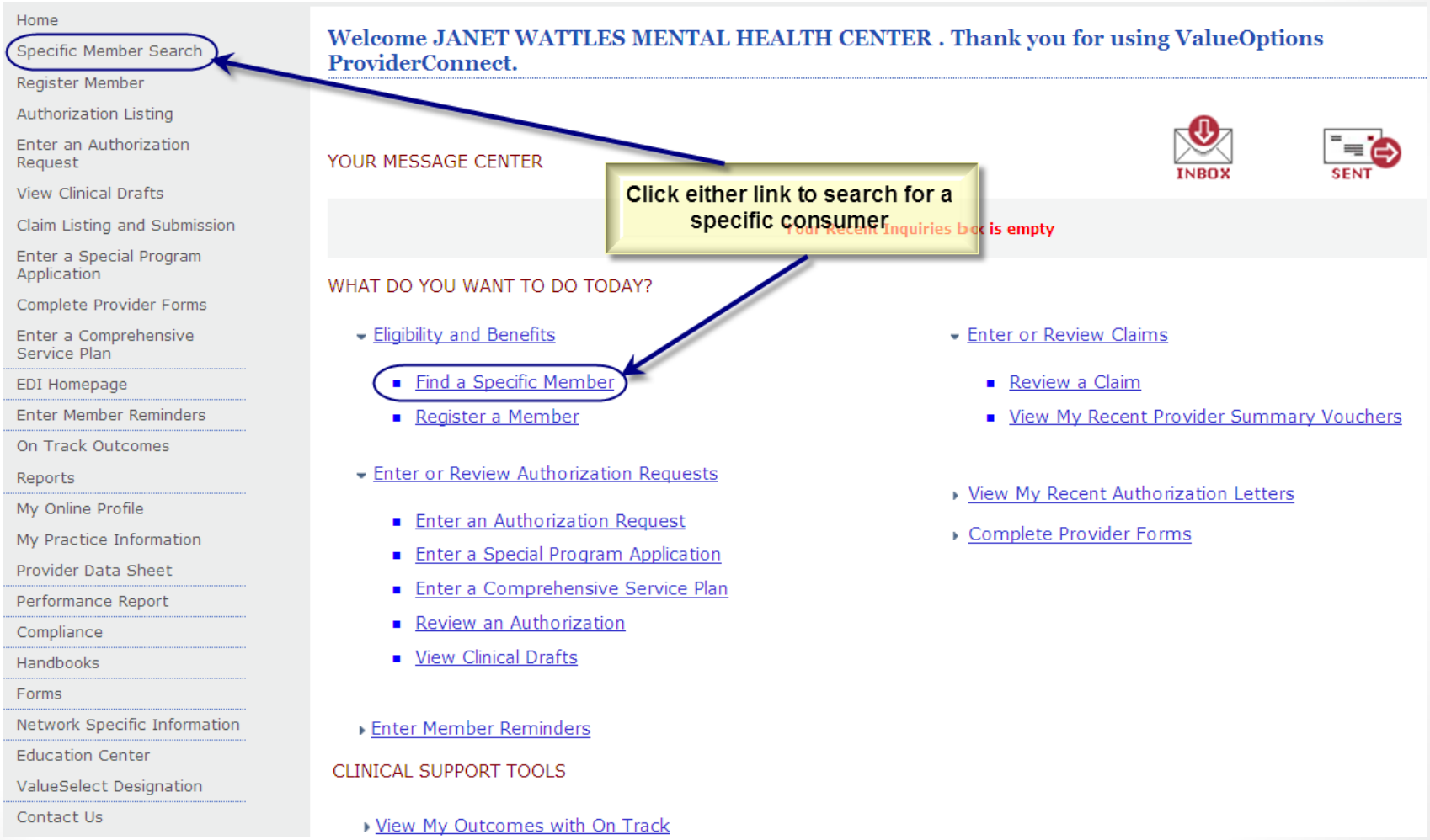


This section is a checklist that tracks coordination of resources, services and activities to ensure a smooth transition to a community setting.
(All fields with an asterisk are required fields)
Then Click "Submit"

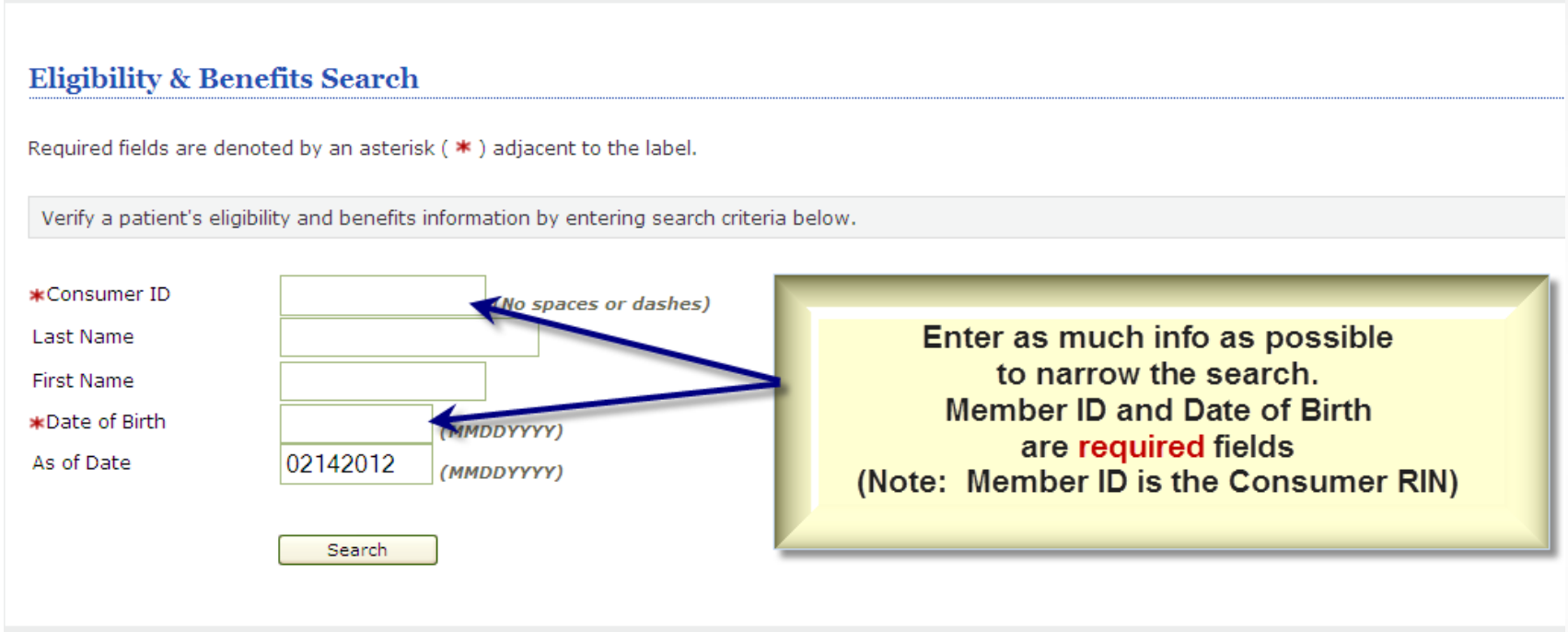
Williams Class Transition Coordination Form
Submission Landing Page



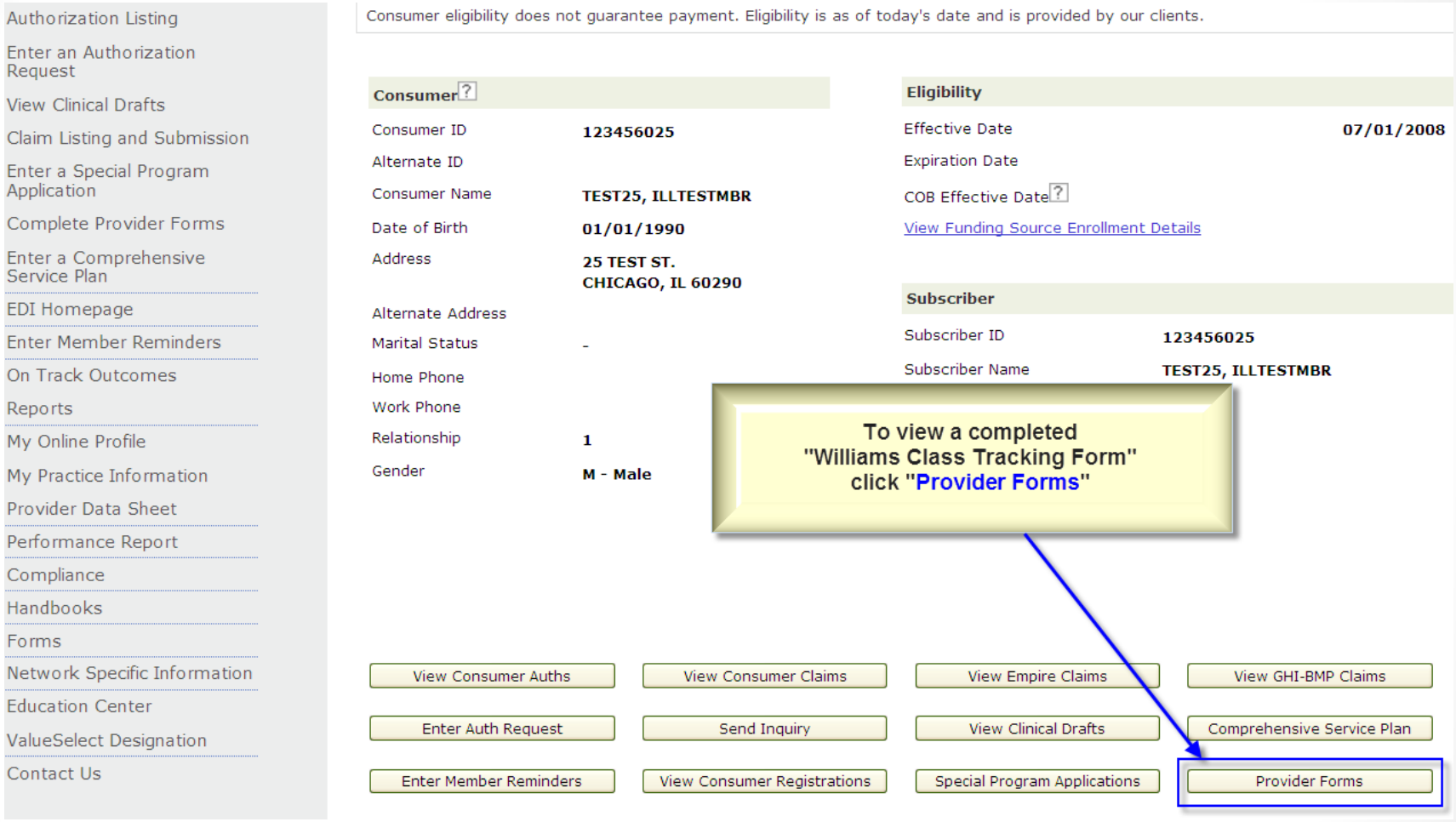
Home Page


Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
My Online Profile
My Practice Information
Provider Data Sheet
Performance Report
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us
Welcome JANET WATTLES MENTAL HEALTH CENTER . Thank you for using ValueOptions ProviderConnect.
YOUR MESSAGE CENTER
INBOX
SENT
Click either link to search for a specific consumer
Your Recent Inquiries box is empty
WHAT DO YOU WANT TO DO TODAY?
Eligibility and Benefits
Find a Specific Member
Register a Member
Enter or Review Authorization Requests
Enter an Authorization Request
Enter a Special Program Application
Enter a Comprehensive Service Plan
Review an Authorization
View Clinical Drafts
Enter Member Reminders
CLINICAL SUPPORT TOOLS
View My Outcomes with On Track
Enter or Review Claims
Review a Claim
View My Recent Provider Summary Vouchers
View My Recent Authorization Letters
Complete Provider Forms

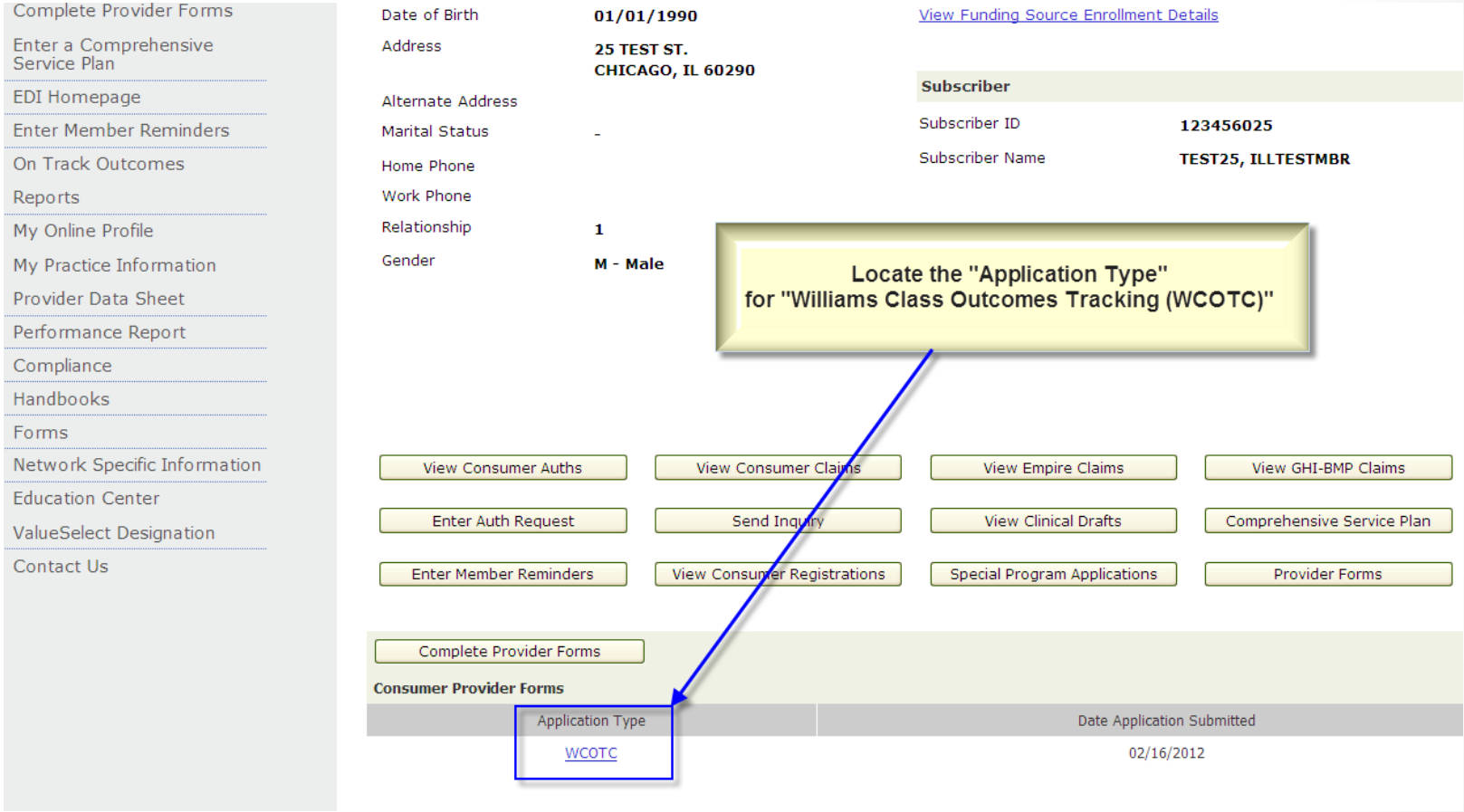
Member Search



Demographics Page



Demographics Page
(Submitted Provider Forms)



Williams Class Tracking Form

Complete Provider Forms

Consumer Name **ILLTST MEMBER01**

Consumer ID **ILLTST101**

Williams Class Tracking Form

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

◉ All Williams Tracking Forms ○ Pre-Transition and Transition Coordination Forms Only ○ Outcome Tracking Form Only

Note: Disable pop-up blocker functionality to view all appropriate links.

This page will display the "Williams Class Form" and then click "Next"

Pre-Transition Planning and Functions

This section tracks the coordination of other transition plans.

Risk Assessment & Mitigation Plan - High-level plan elements to be tracked completed? **YES**	Date Created **03032013**
24-hour Backup Plan Created? **YES**	Date Created **03042013**
Quality of Life Survey Completed? **YES**	Date Created **03052013**

Transition Coordinator Transition Task Tracking

This section is a checklist that tracks coordination of resources, services and activities to ensure a smooth transition to a community setting.

Linkage/scheduling for psychiatric appointment? **YES**	Completion Date **03052013**	Ensure two week supply of medicine available? **YES**	Completion Date **03122013**
Scheduling for medical? **YES**	Completion Date **03042013**	Scheduling for dental? **YES**	Completion Date **03292013**
Establishment of representative payee (if applicable)? **YES**	Completion Date **03072013**	Coordinating medical transportation/transportation travel to appointments? **YES**	Completion Date **03102013**

Q & A

QUESTIONS ???

Williams Class Transition Coordination Outcome Tracking Form

Presenter

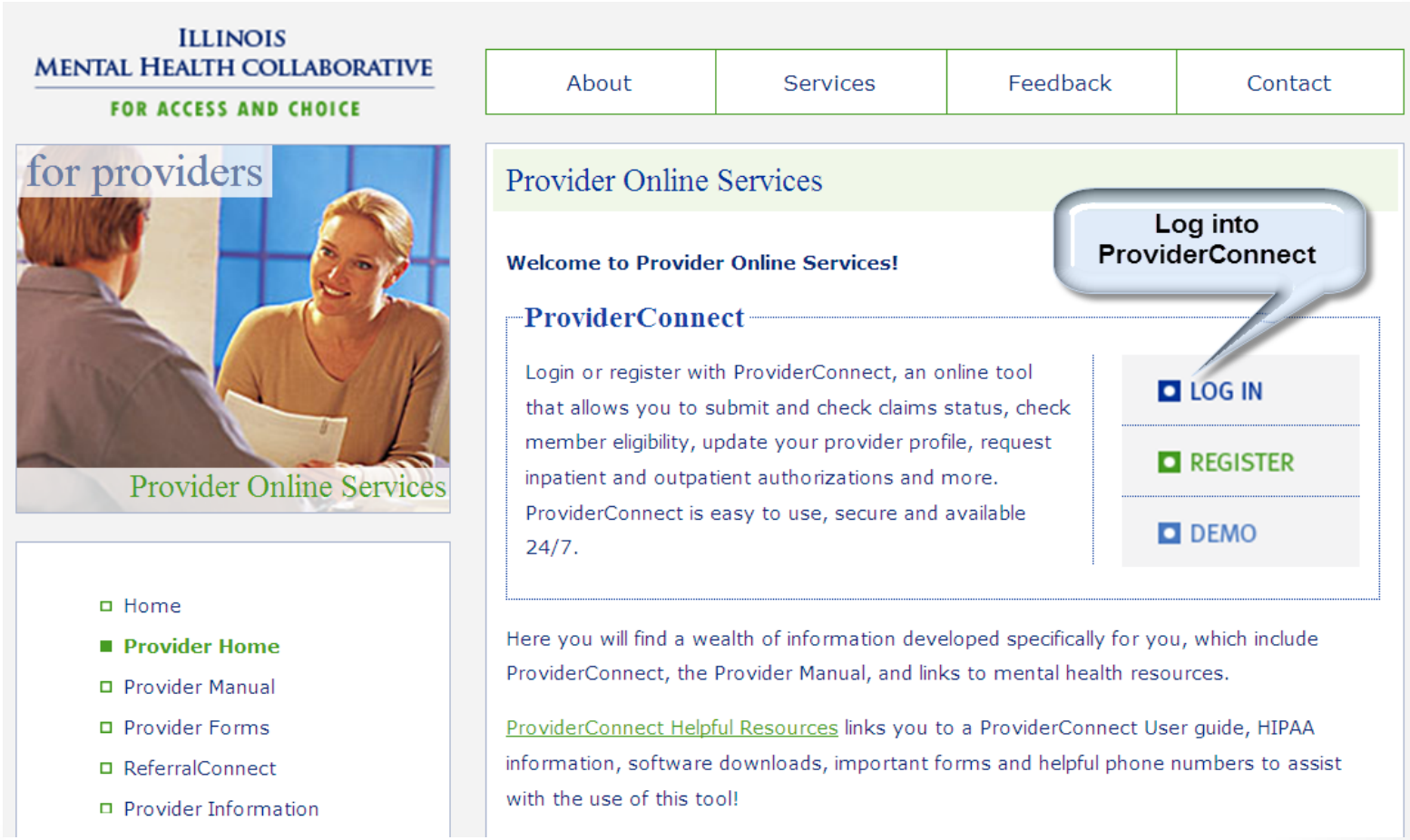
Patricia Hill, Clinical Support Specialist, Team Lead

Summary

This document will step through the process of submitting a Williams Class Transition Coordination Outcomes Tracking Form through the use of ProviderConnect

Getting Started

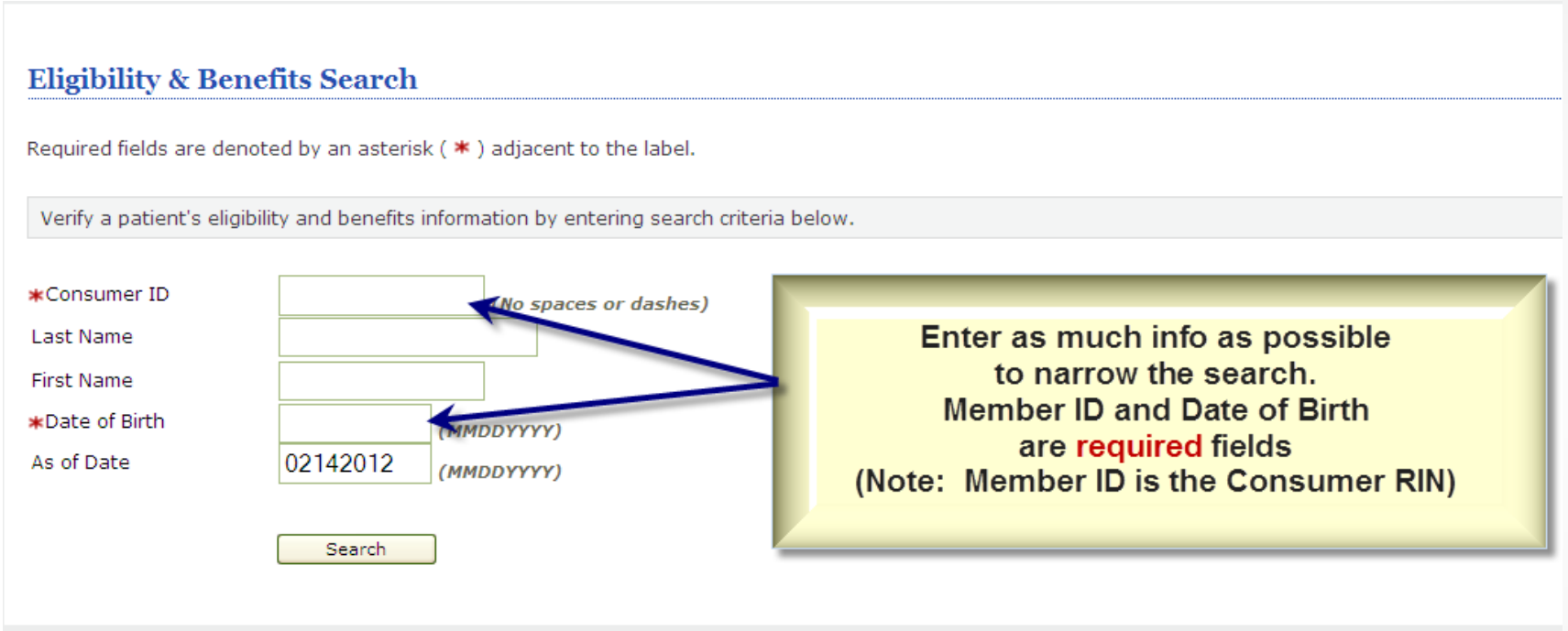
Access ProviderConnect via
www.illinoismentalhealthcollaborative.com/providers.htm



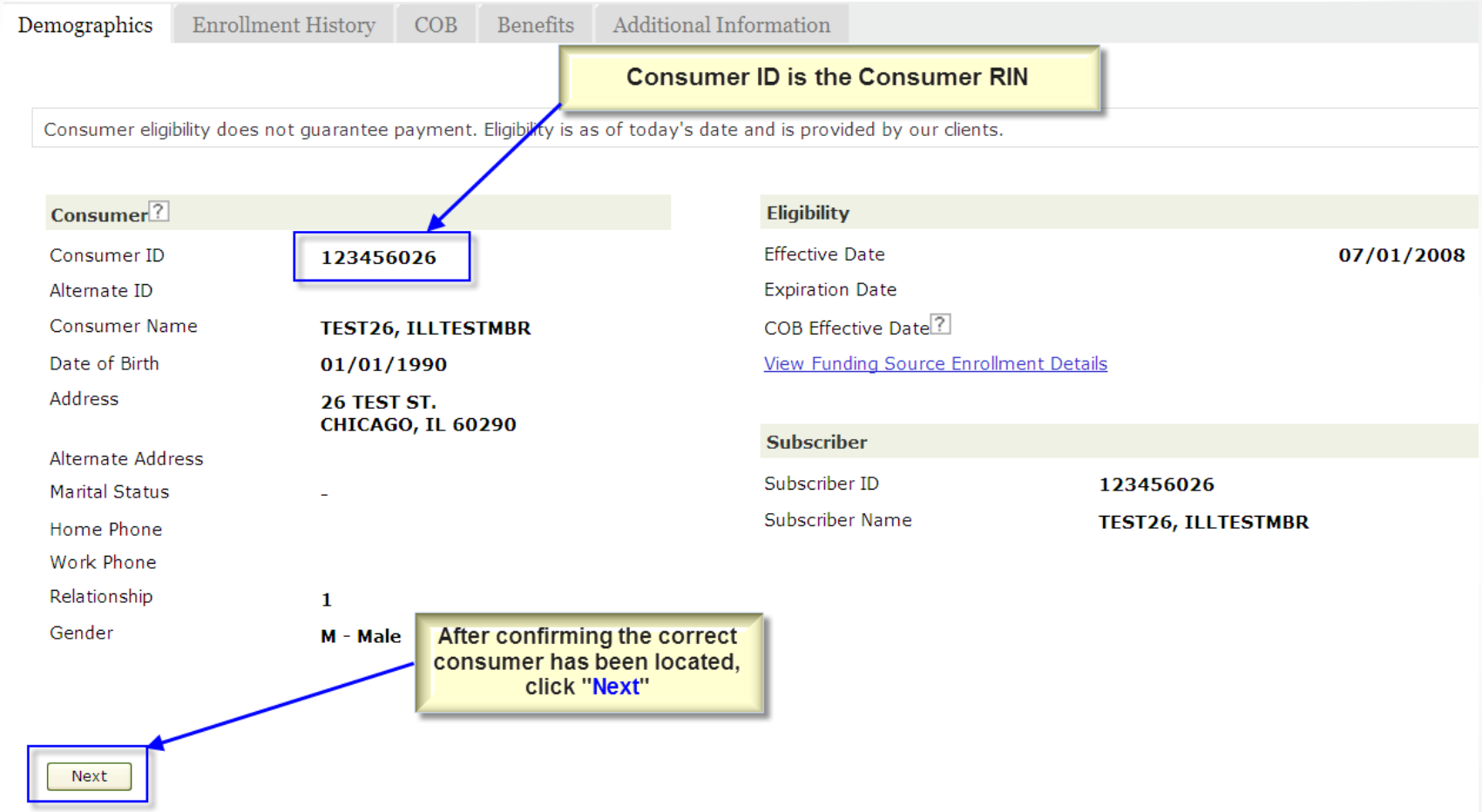
Home Page

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Welcome WILLIAMSON ROSECRANCE GRIFFIN . Thank you for using ValueOptions ProviderConnect.
YOUR MESSAGE CENTER
INBOX
SENT
Click link below to enter Outcomes Tracking Form
WHAT DO YOU WANT TO DO TODAY?
Eligibility and Benefits
Find a Specific Member
Register a Member
Enter or Review Authorization Requests
Enter an Authorization Request
Enter a Special Program Application
Enter a Comprehensive Service Plan
Review an Authorization
View Clinical Drafts
Enter Member Reminders
Enter EAP CAF
Review a Claim
View My Recent Provider Summary Vouchers
Enter or Review Referrals
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Openings
View My Recent Authorization Letters
Complete Provider Forms
Williams Transition Outcome Tracking Information

Member Search

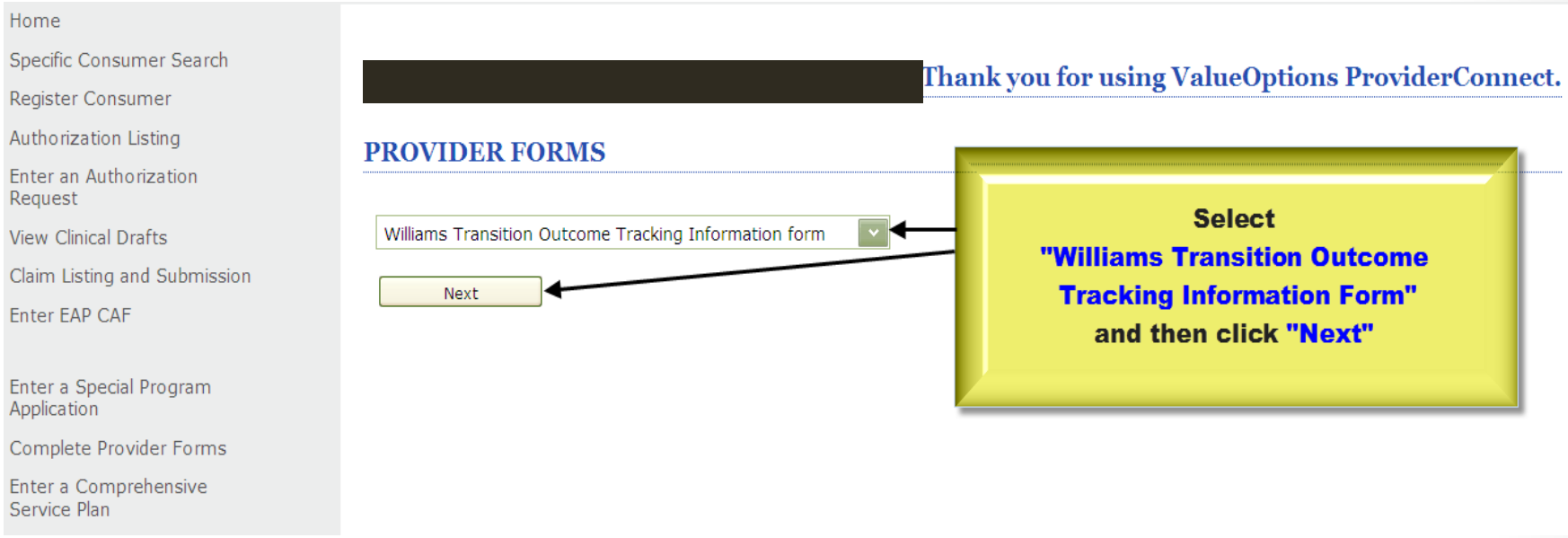


Demographics Verification

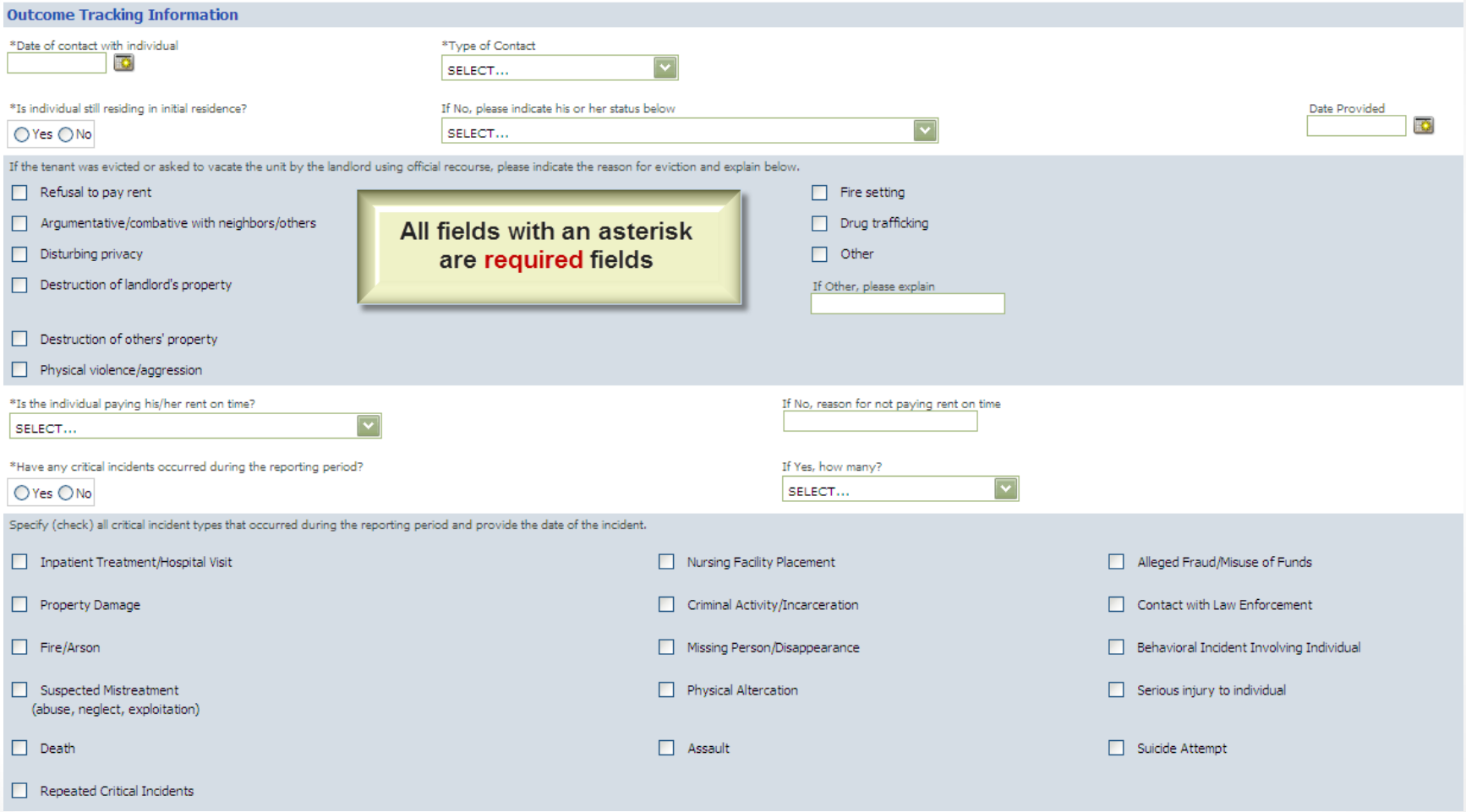


Williams Transition Outcome Tracking

Information Form Landing Page

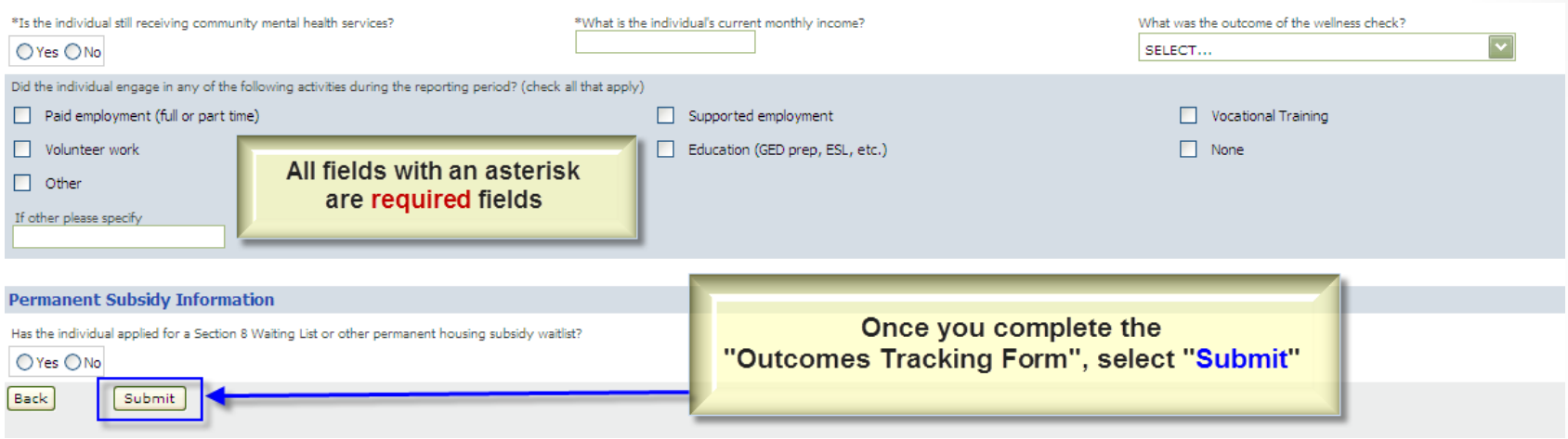


Williams Transition Outcome Tracking Form



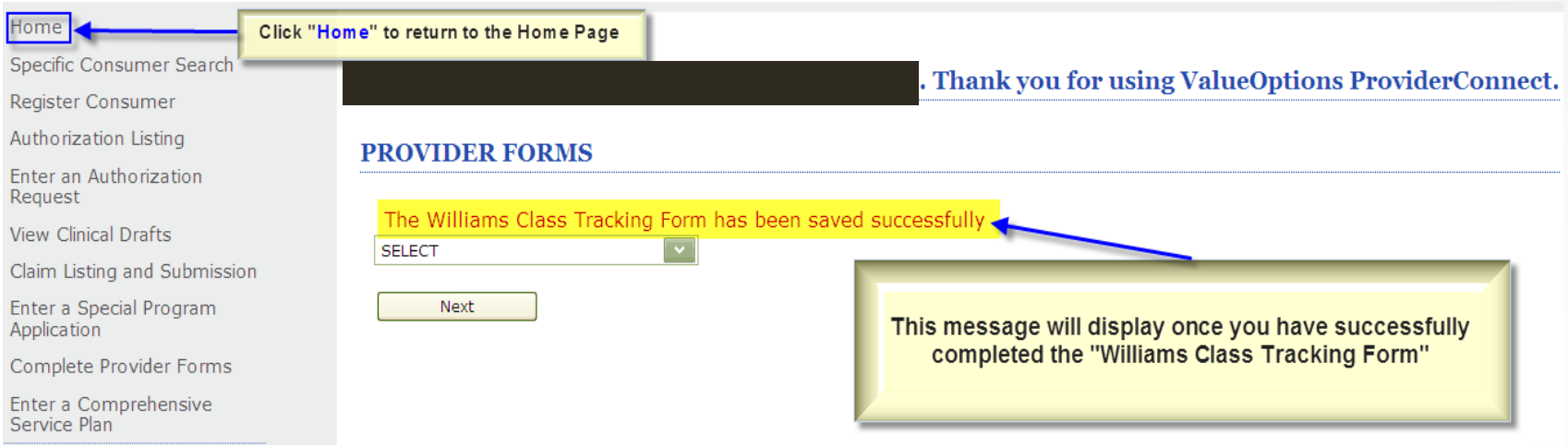
Williams Class Outcomes Tracking Form

Outcome Tracking Information (Continued)

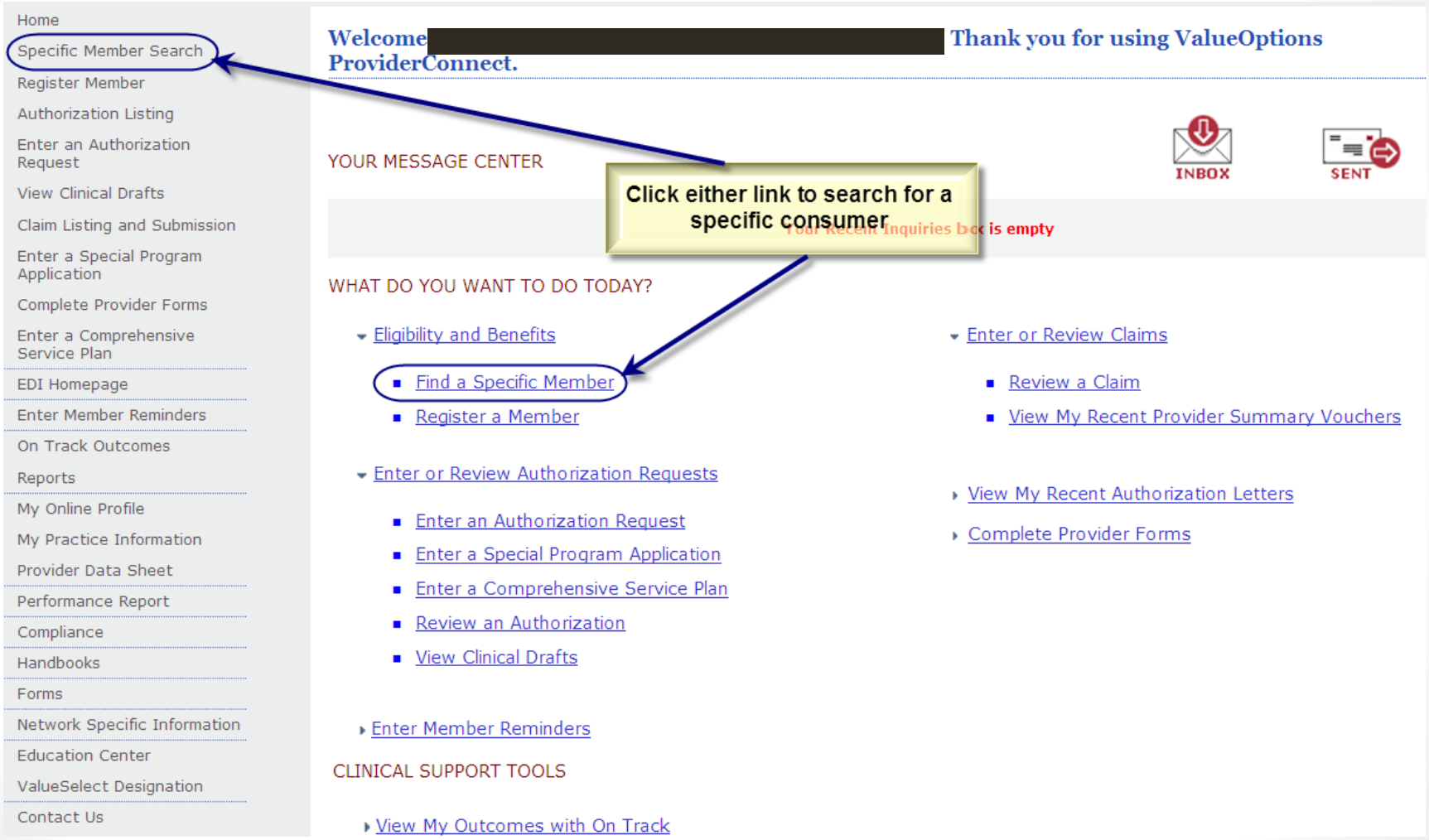


Williams Class Outcomes Tracking Form

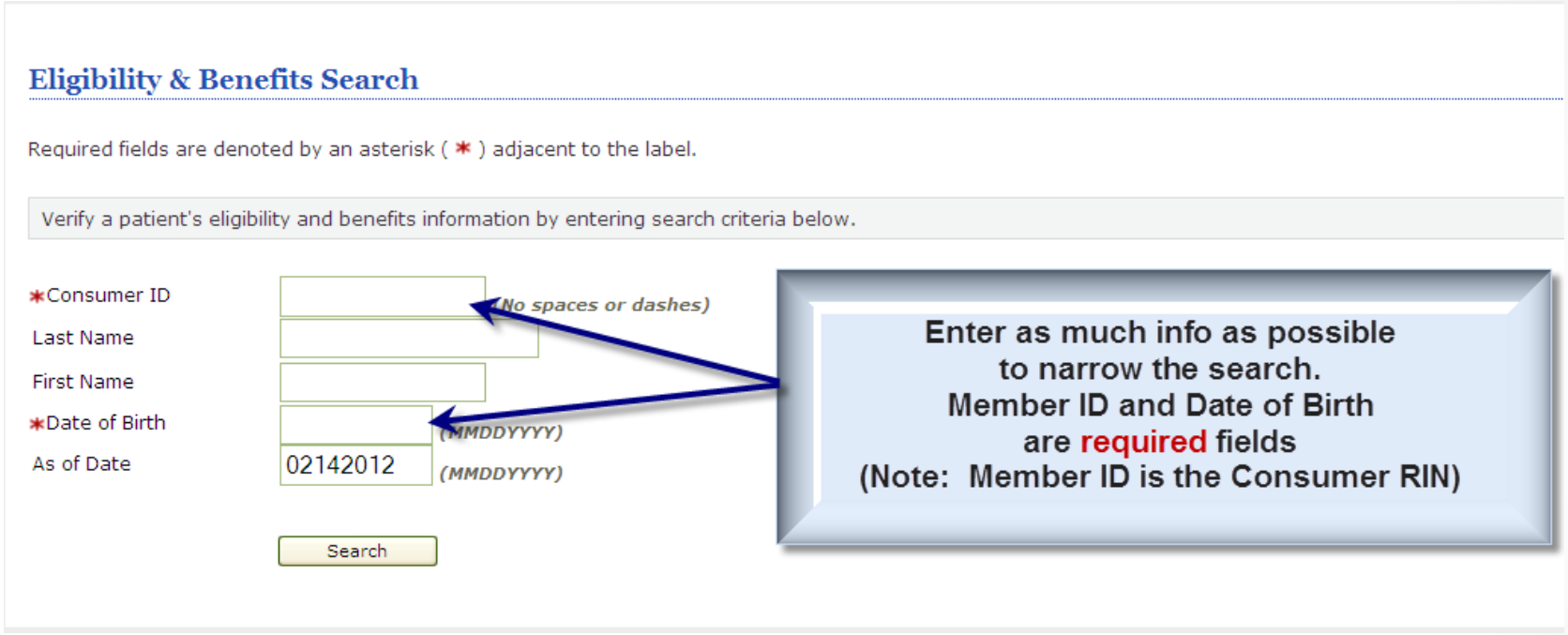
Submission Landing Page



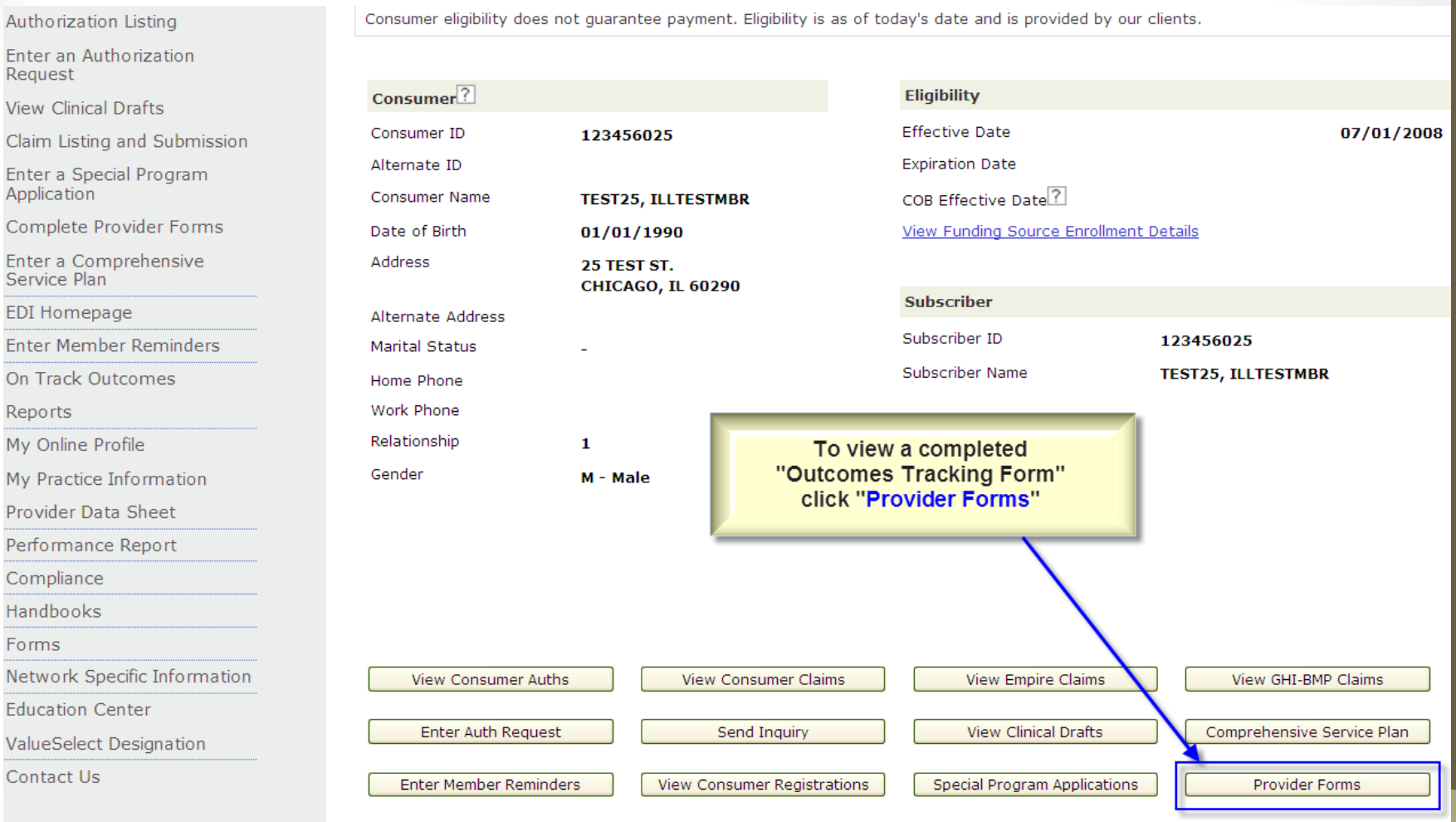
Home Page


Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
My Online Profile
My Practice Information
Provider Data Sheet
Performance Report
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us
Welcome [redacted] Thank you for using ValueOptions ProviderConnect.
YOUR MESSAGE CENTER
INBOX
SENT
Click either link to search for a specific consumer
Your Recent Inquiries box is empty
WHAT DO YOU WANT TO DO TODAY?
Eligibility and Benefits
Find a Specific Member
Register a Member
Enter or Review Authorization Requests
Enter an Authorization Request
Enter a Special Program Application
Enter a Comprehensive Service Plan
Review an Authorization
View Clinical Drafts
Enter Member Reminders
CLINICAL SUPPORT TOOLS
View My Outcomes with On Track
Enter or Review Claims
Review a Claim
View My Recent Provider Summary Vouchers
View My Recent Authorization Letters
Complete Provider Forms

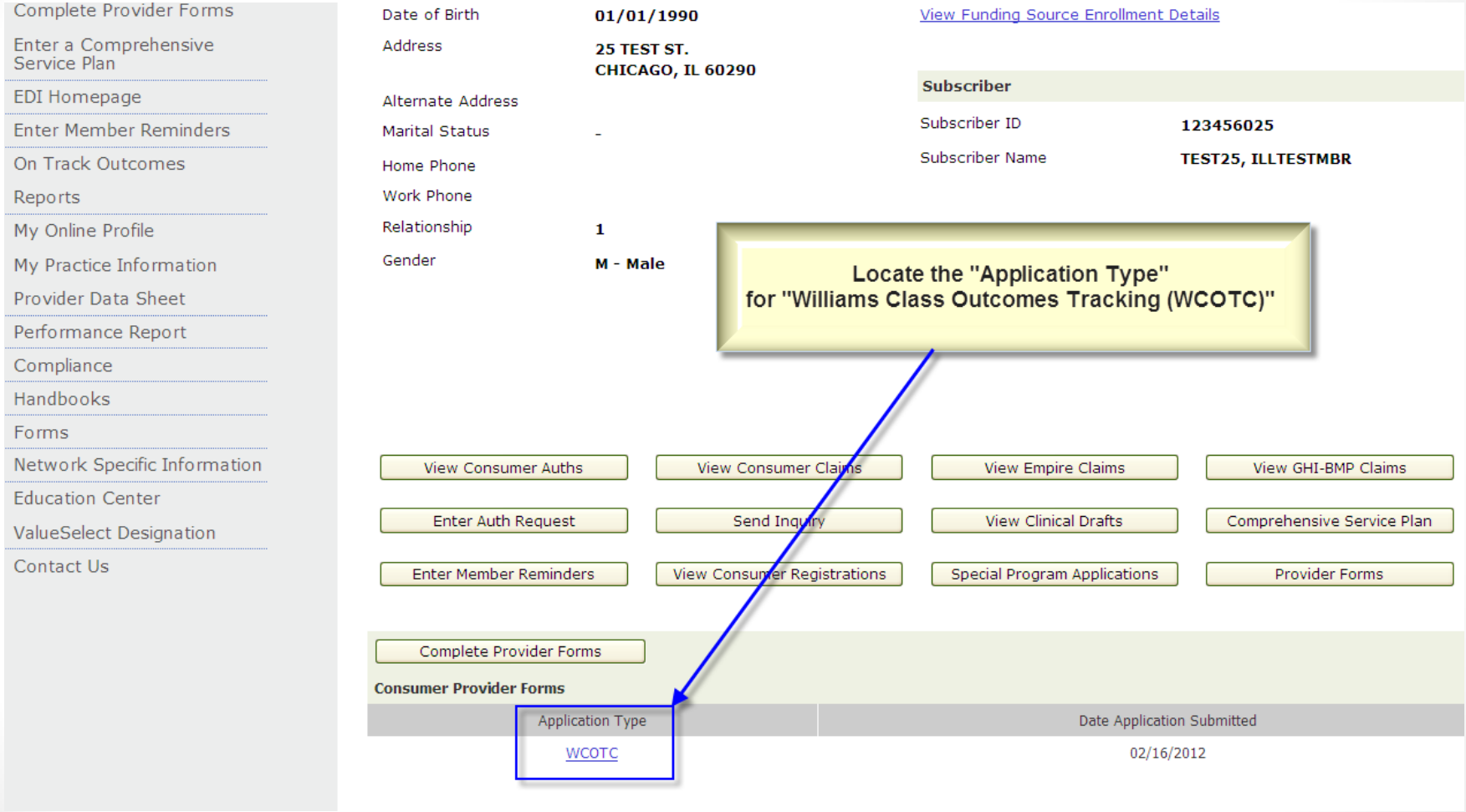
Search A Member



Demographics Page



Demographics Page
(Submitted Provider Forms)



Williams Class Tracking Form

Outcome Tracking Information

Complete Provider Forms

Consumer Name **ILLTST MEMBER01**

Consumer ID **ILLTST101**

Williams Class Tracking Form

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

(•) All Williams Tracking Forms ( ) Pre-Transition and Transition Coordination Forms Only ( ) Outcome Tracking Form Only

Note: Disable pop-up blocker functionality to view all appropriate links.

This portion of the form shows the "Transition Coordination Task Tracking" Info previously entered

Pre-Transition Planning and Functions

This section tracks the coordination of other transition plans.

Risk Assessment & Mitigation Plan - High-level plan elements to be tracked completed? **YES**	Date Created **03032013**
24-hour Backup Plan Created? **YES**	Date Created **03042013**
Quality of Life Survey Completed? **YES**	Date Created **03052013**

Transition Coordinator Transition Task Tracking

This section is a checklist that tracks coordination of resources, services and activities to ensure a smooth transition to a community setting.

Linkage/scheduling for psychiatric appointment? **YES**	Completion Date **03052013**	Ensure two week supply of medicine available? **YES**	Completion Date **03122013**
Scheduling for medical? **YES**	Completion Date **03042013**	Scheduling for dental? **YES**	Completion Date **03292013**
Establishment of representative payee (if applicable)? **YES**	Completion Date **03072013**	Coordinating medical transportation/transportation travel to appointments? **YES**	Completion Date **03102013**

Williams Class Tracking Form

Outcome Tracking Information (continued)

Outcome Tracking Information

Date of contact with individual
03042013

Type of Contact
TELEPHONE

Is individual still residing in initial residence?
YES

If No, please indicate his or her status below

Date Provided

If the tenant was evicted or asked to vacate the unit by the landlord using official recourse, please indicate the reason for eviction and explain below.

Refusal to pay rent **NO**
Argumentative/combative with neighbors/others **NO**
Disturbing privacy **NO**
Destruction of landlord's property **NO**
Destruction of others' property **NO**
Physical violence/aggression **NO**
Fire setting **NO**
Drug trafficking **NO**
Other **NO**

If Other, please explain

This section shows the "Outcome Tracking Information" entered

Is the individual paying his/her rent on time?
YES

If No, reason for not paying

ent on time

Have any critical incidents occurred during the reporting period?
NO

If Yes, how many?

Specify (check) all critical incident types that occurred during the reporting period and provide the date of the incident.

Inpatient Treatment/Hospital Visit **NO**
Property Damage **NO**
Fire/Arson **NO**
Suspected Mistreatment (abuse, neglect, exploitation) **NO**
Nursing Facility Placement **NO**
Criminal Activity/Incarceration **NO**
Missing Person/Disappearance **NO**
Physical Altercation **NO**
Alleged Fraud/Misuse of Funds **NO**
Contact with Law Enforcement **NO**
Behavioral Incident Involving Individual **NO**
Serious injury to individual **NO**

Williams Class Tracking Form

Outcome Tracking Information (continued)

Death **NO**

Assault **NO**

Suicide Attempt **NO**

Repeated Critical Incidents **NO**

Is the individual still receiving community mental health services?
YES

What is the individual's current monthly income?
650

What was the outcome of the wellness check?
WELLNESS CHECK COMPLETED

Did the individual engage in any of the following activities during the reporting period? (check all that apply)

Paid employment (full or part time) **NO**

Supported employment **NO**

Vocational Training **NO**

Volunteer work **YES**

Education (GED prep, ESL, etc.) **NO**

None **NO**

Other **NO**

If other please specify

This section shows the "Outcome Tracking Information" entered

Permanent Subsidy Information

Has the individual applied for a Section 8 Waiting List or other permanent housing subsidy waitlist?
YES

If Yes, please list which waitlists the individual is currently on

First Agency waiting list Name
CHA

Second Agency waiting list Name

Third Agency waiting list Name

Return

Click "Return"

Q & A

QUESTIONS ???

Williams Class PSH Comprehensive Service Plan

Presenter

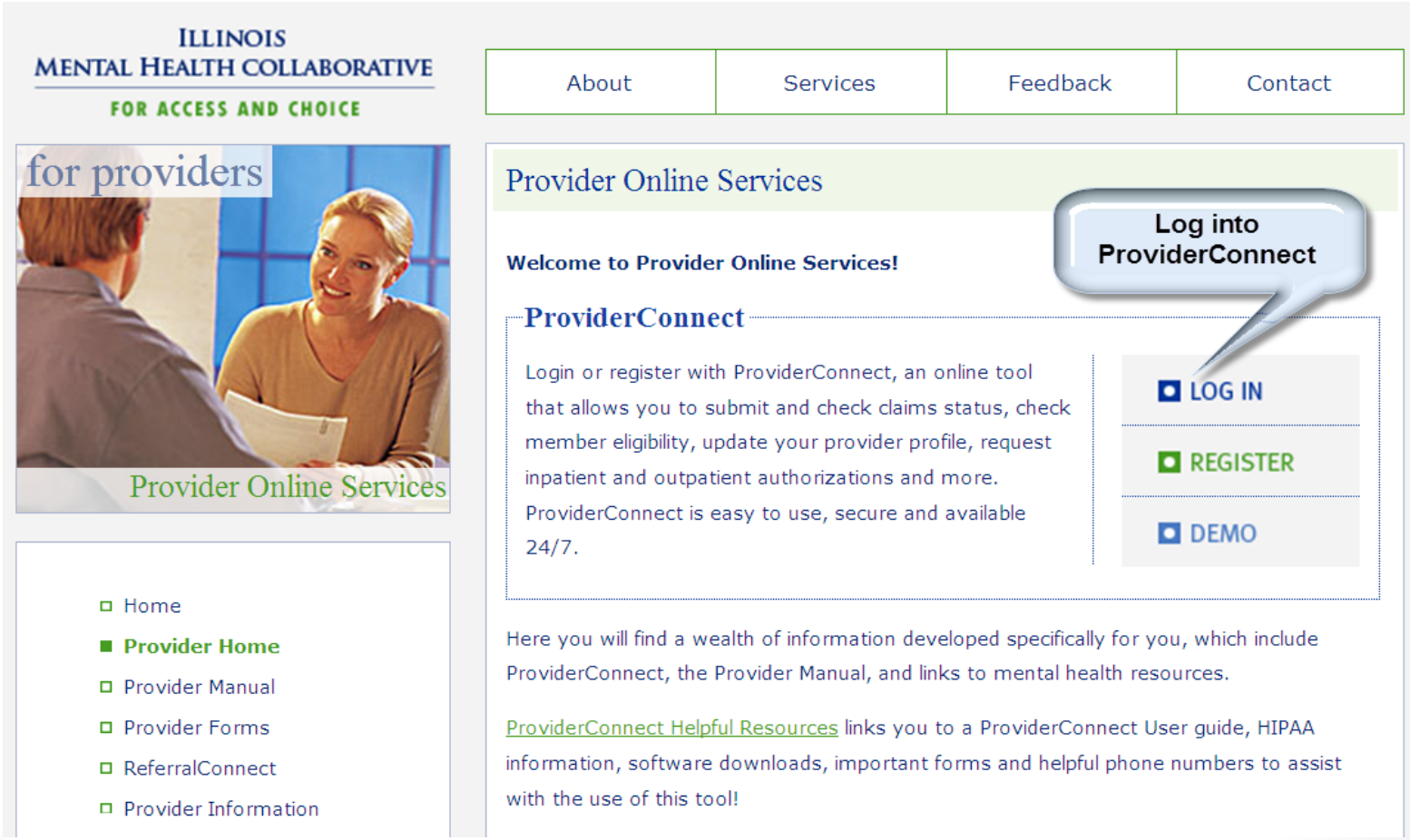
Patricia Palmer, Clinical Director

Summary

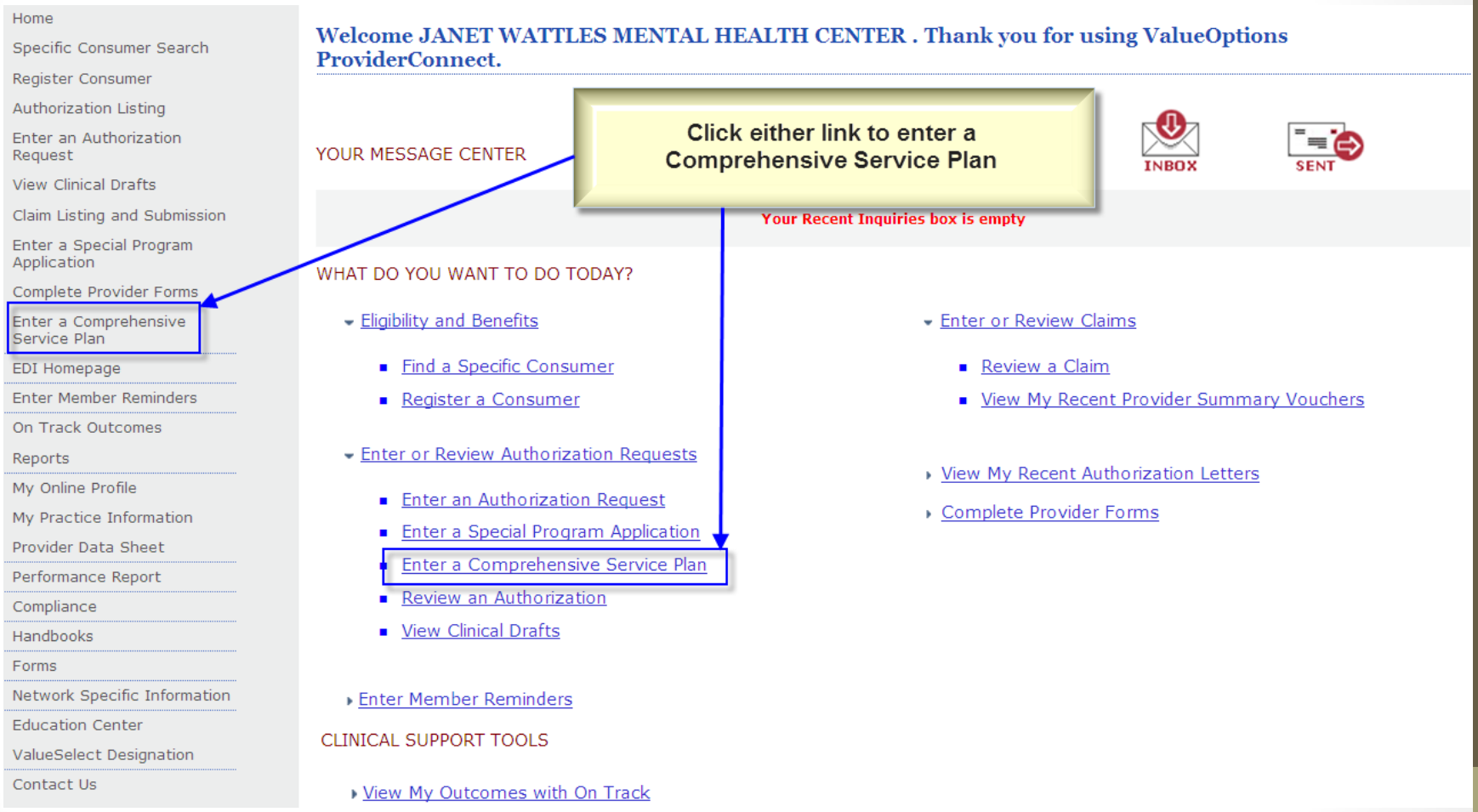
This document will step through the process of submitting a Williams Class PSH Comprehensive Service Plan through the use of ProviderConnect

Getting Started

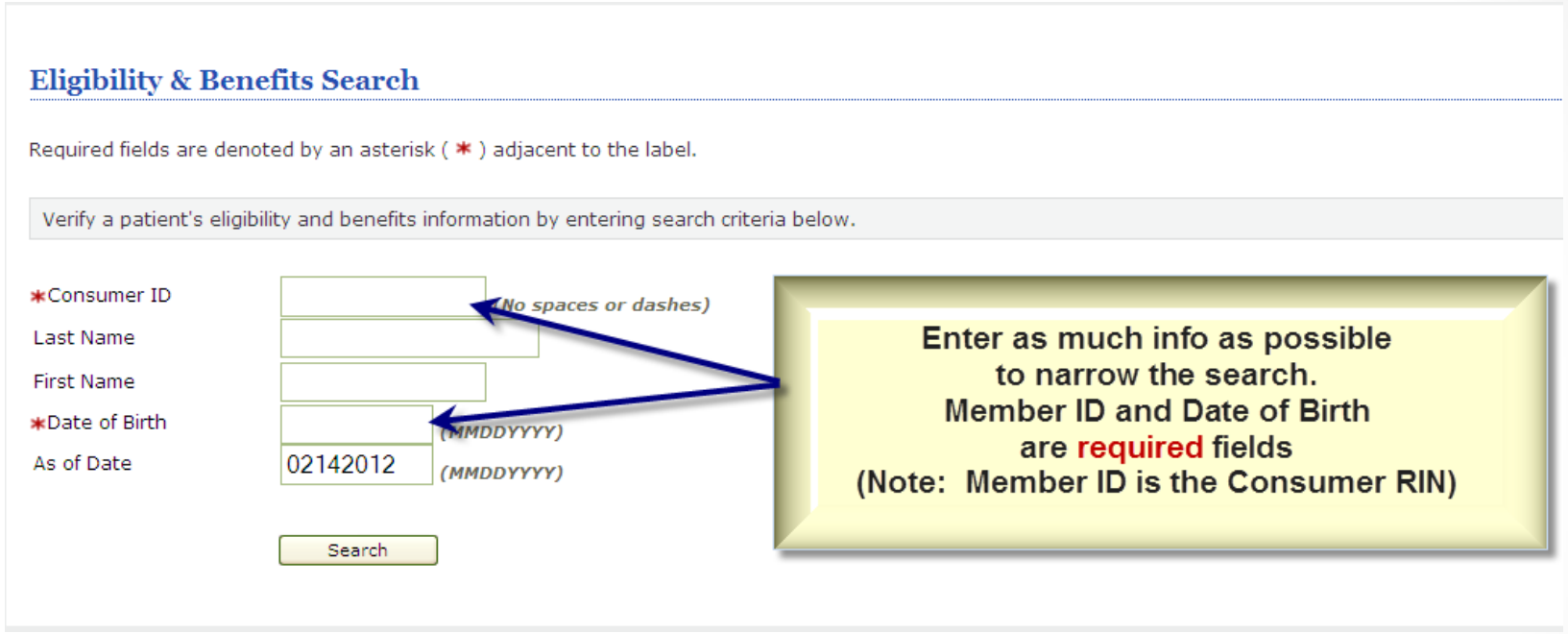
Access ProviderConnect via
www.illinoismentalhealthcollaborative.com/providers.htm



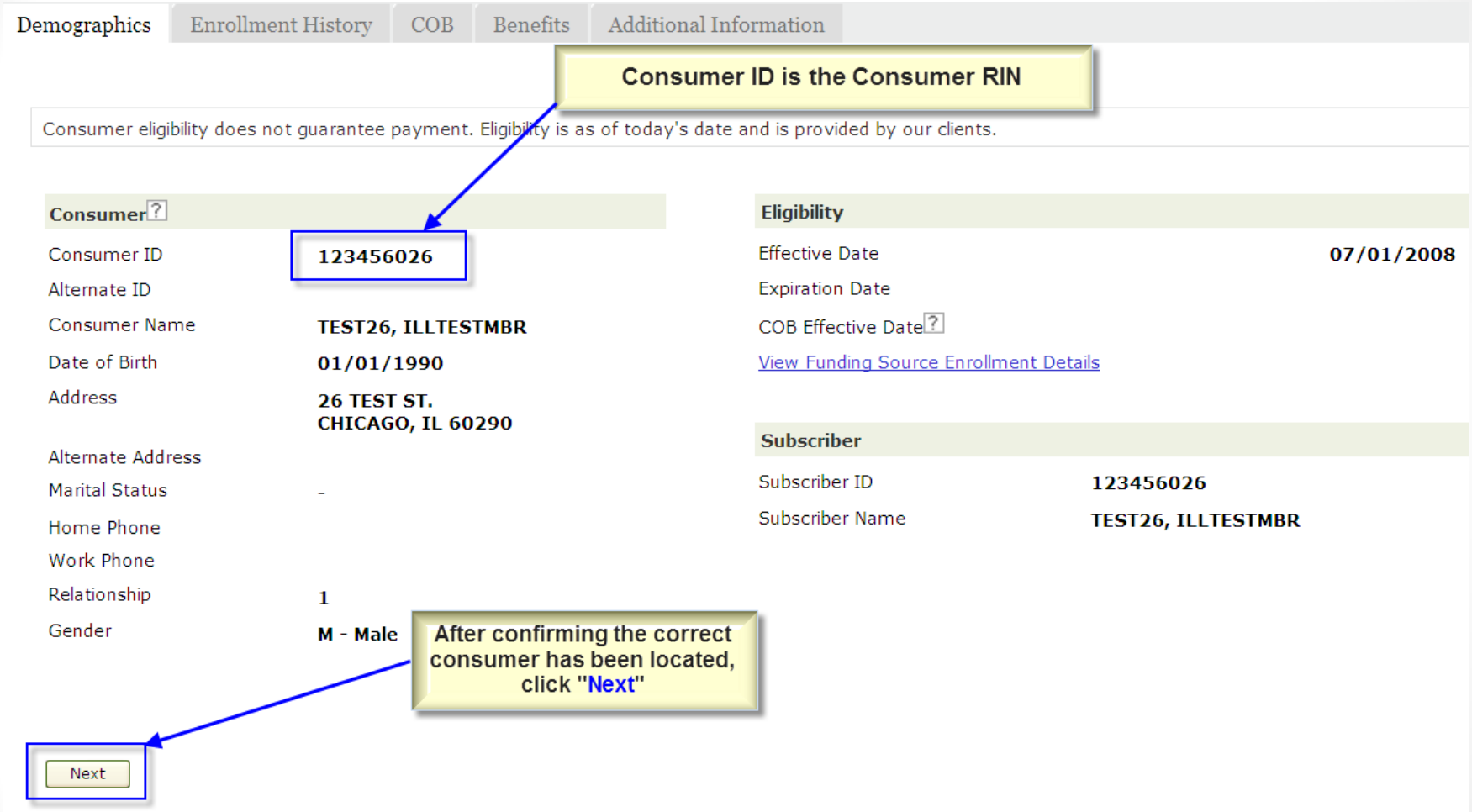
Home Page


Home
Specific Consumer Search
Register Consumer
Authorization Listing
Enter an Authorization Request
View Clinical Drafts
Claim Listing and Submission
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
My Online Profile
My Practice Information
Provider Data Sheet
Performance Report
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us
Welcome JANET WATTLES MENTAL HEALTH CENTER . Thank you for using ValueOptions ProviderConnect.
YOUR MESSAGE CENTER
Click either link to enter a Comprehensive Service Plan
INBOX
SENT
Your Recent Inquiries box is empty
WHAT DO YOU WANT TO DO TODAY?
Eligibility and Benefits
Find a Specific Consumer
Register a Consumer
Enter or Review Authorization Requests
Enter an Authorization Request
Enter a Special Program Application
Enter a Comprehensive Service Plan
Review an Authorization
View Clinical Drafts
Enter Member Reminders
CLINICAL SUPPORT TOOLS
View My Outcomes with On Track
Enter or Review Claims
Review a Claim
View My Recent Provider Summary Vouchers
View My Recent Authorization Letters
Complete Provider Forms

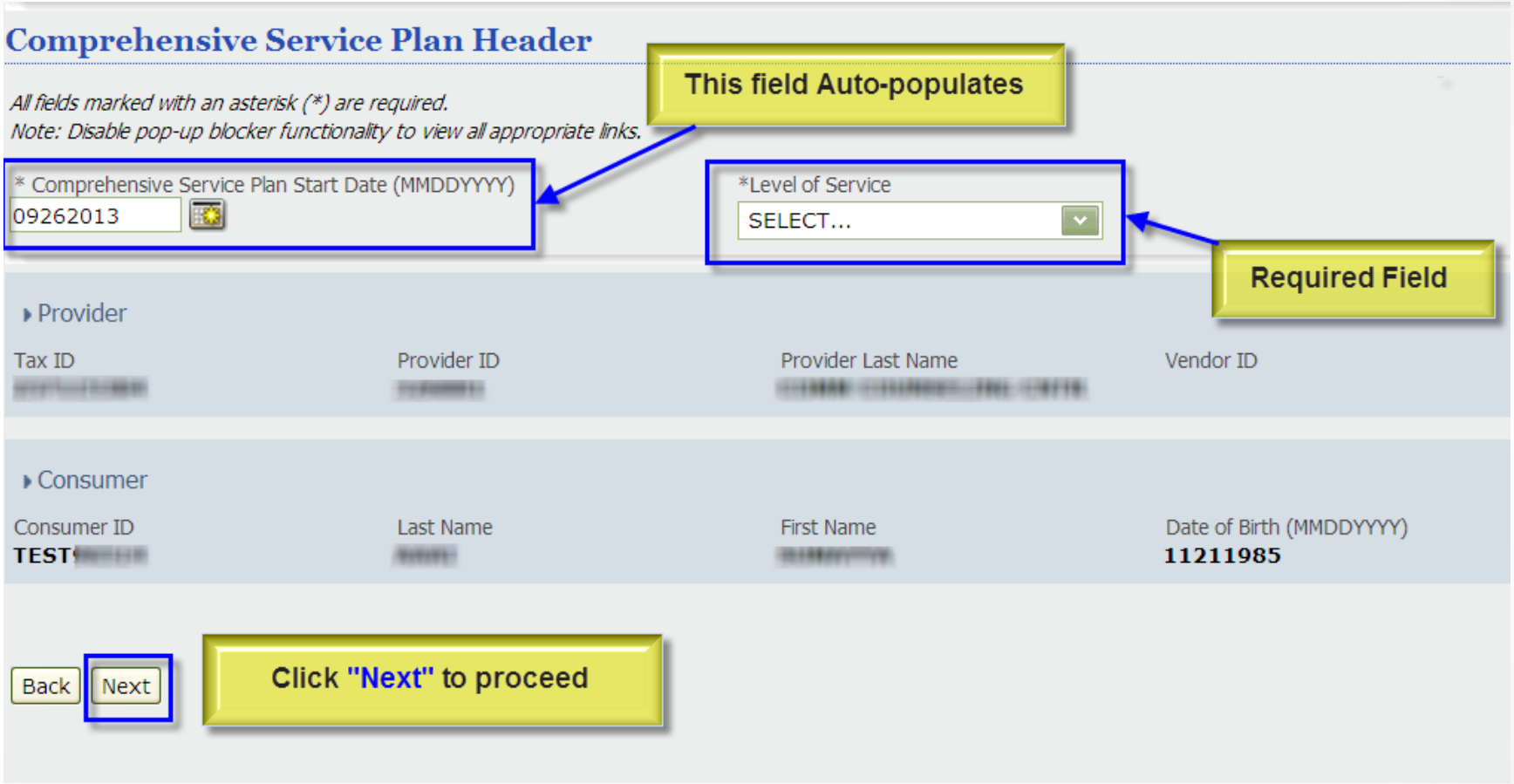
Member Search



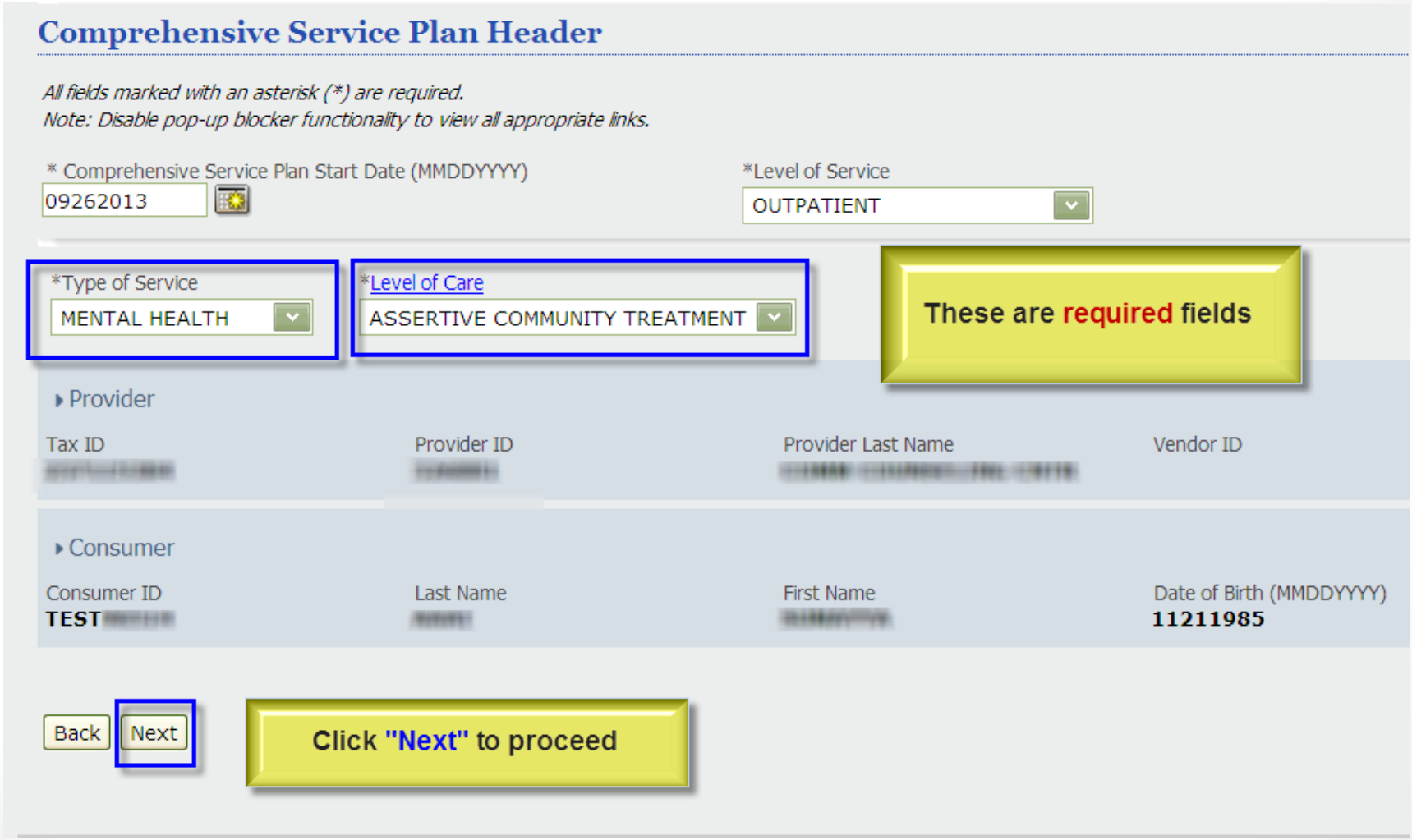
Demographics Verification



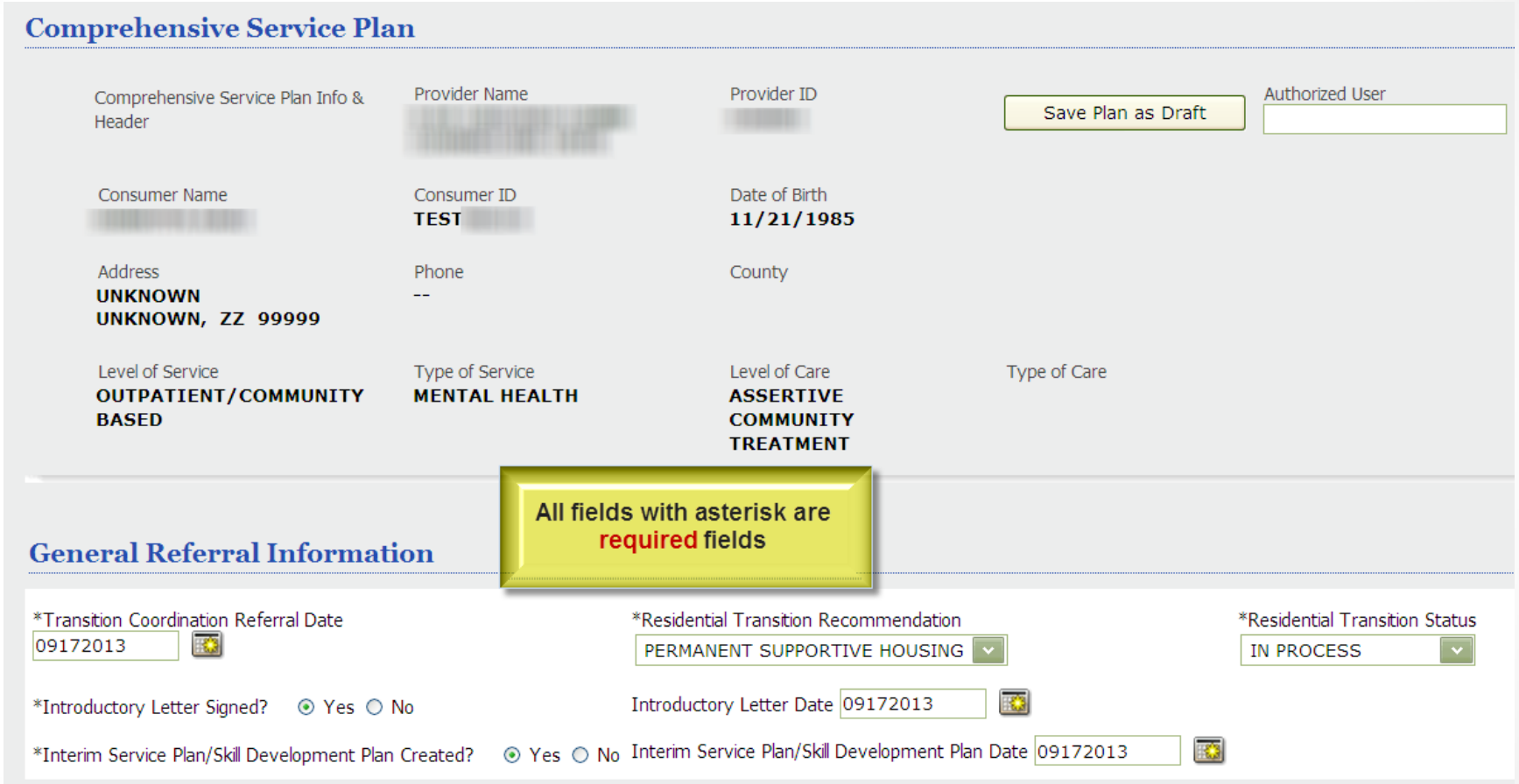
Comprehensive Service Plan
Landing Page



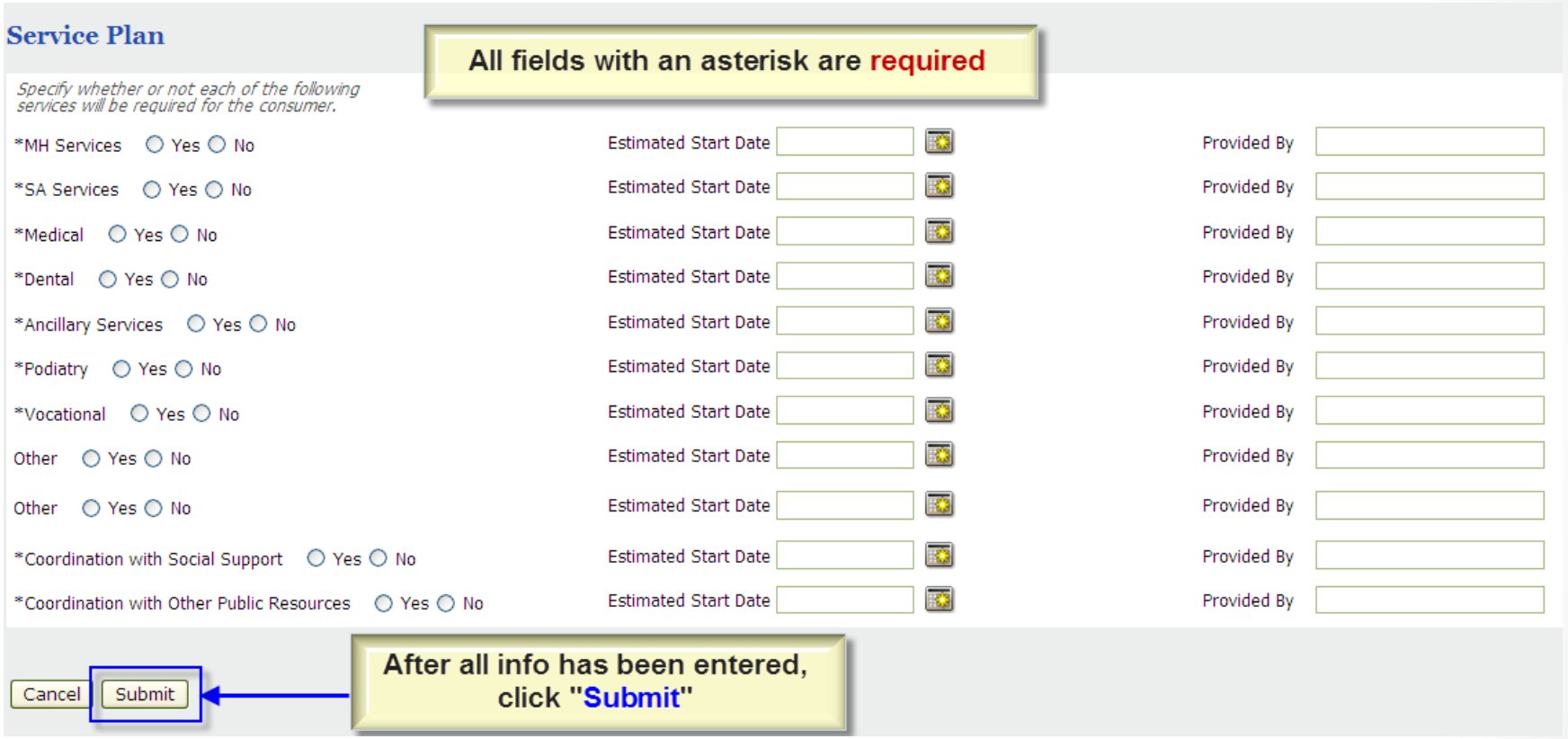
Comprehensive Service Plan
Landing Page (Continued)



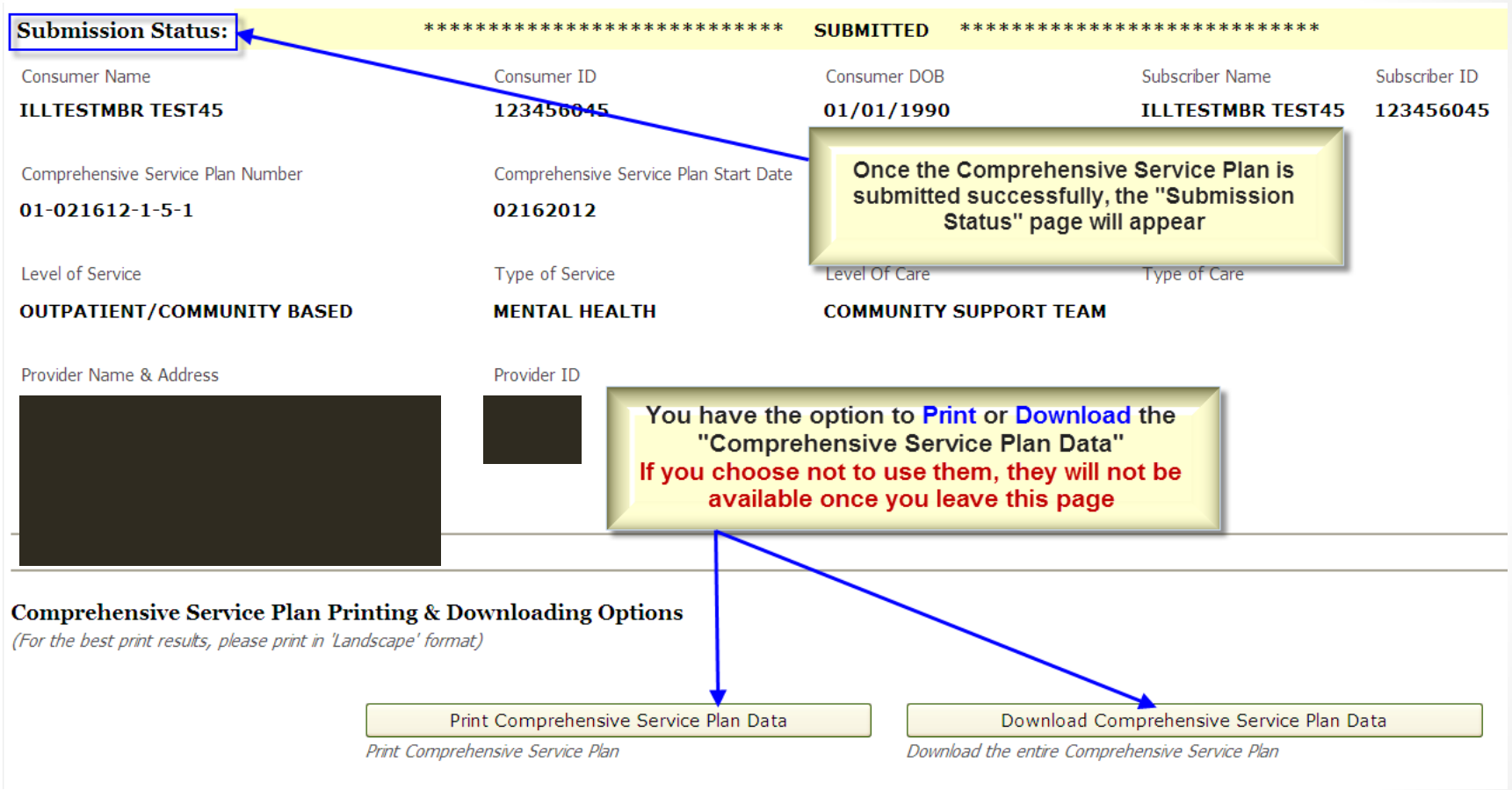
Comprehensive Service Plan
Section 1



Comprehensive Service Plan
Section 2

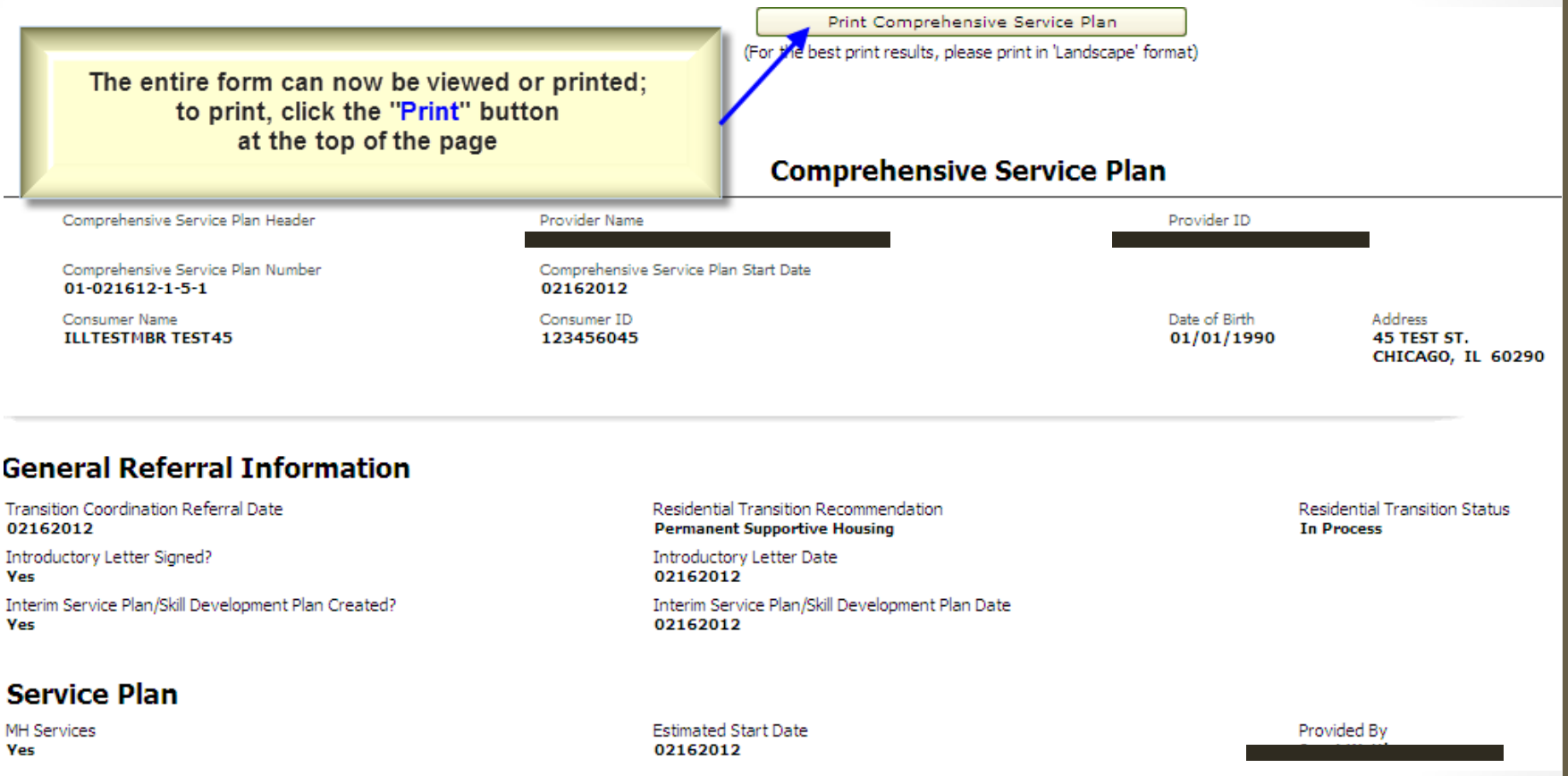


Comprehensive Service Plan
Printing Options



Comprehensive Service Plan
Print Screen

The entire form can now be viewed or printed; to print, click the "Print" button at the top of the page



Comprehensive Service Plan
Download Option

01-021612-1-5-1 **02162012**

Level of Service	Type of Service	Level Of Care	Type of Care
OUTPATIENT/COMMUNITY BASED	**MENTAL HEALTH**	**COMMUNITY SUPPORT TEAM**	

Provider Name & Address

Provider ID

[redacted]

The entire form can be downloaded; to download, click the "Download" button and select the format

Comprehensive Service Plan Printing & Downloading Options

(For the best print results, please print in 'Landscape' format)

Print Comprehensive Service Plan Data

Print Comprehensive Service Plan

Download Comprehensive Service Plan Data

Download the entire Comprehensive Service Plan

Download file in 'PDF' or 'XML' format.
Please select a file format.

PDF XML Continue

Q & A

Technical Issues

- **EDI Help Desk (888) 247-9311**
- **7AM to 5PM CST (Monday-Friday)**
  - **Examples of Technical Issues:**
    - **Account disabled**
    - **Forgot password**
    - **System "freezing" or "crashing"**
    - **System unavailable due to system errors**

- **If you have questions regarding the content or Williams Class PSH process, you may contact Raul Ivan Lopez, DMH Williams Class Statewide Housing Coordinator at (773) 794-4198**

Thanks for your participation