FSP Online/eQSuite® Continued Enrollment Submissions

Access FSP Web Portal - eQSuite®

» Go to eQHealth Website at http://il.eqhs.com and choose the Family Support Program tab on the menu bar

» Select LOG IN – PROVIDERS ONLY – Click on eQSuite® button

FSP Web Portal - Home Page

Quick Buttons

This is your "Home" screen that shows the following QUICK buttons:

- New Application
- Existing Application
- Resources/Forms
- My Profile

» Choose **Existing Applications** to access approved FSP applications.

» Click on **Approved Applications** to see the list of youth who have a Continued Enrollment (Renewal) date coming due.
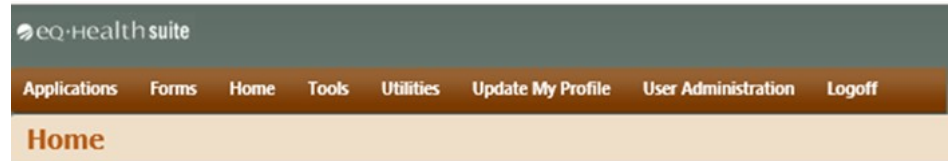
Continued Enrollment Electronic Review

» Select the youth you would like to begin a Continued Enrollment application and click on **Renew** to access and start the continued enrollment application.

Eligibility & Criteria

» When you hit "Renew" you will be taken directly to the **Eligibility & Criteria** page to start the application

» The system assigns a FSP Application ID and shows your SASS agency name on the top of the page

» Read over the Eligibility & Criteria and click the Next button on bottom

Eligibility & Criteria

Print

The FSP application will be considered complete once all of the documentation listed in the FSP Application Checklist is gathered and submitted to eQHealth for review. This includes a signature from the parent or guardian on Section 5, Request for Eligibility Determination, attesting that the parent or guardian has reviewed the entire application and consents to the submission of the application to HFS and its designee, eQHealth, for the purpose of determining eligibility for the FSP. Completed FSP applications may be submitted by the parent or guardian of the youth or, as requested by the parent or guardian, the youth's designated SASS agency. A list of SASS agencies can be found on the HFS SASS Provider webpage.

FSP applications may be submitted to eQHealth in any of the following ways:

1. Electronically through this website, or,
2. By faxing the application to (800) 418-4039 using the subject line "FSP Application for Review;" or,
3. By mailing the application to the following address:

Next

eQHealth Solutions, Inc.

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Continued Enrollment Electronic Review

Eligibility & Criteria
Application Checklist
Attach Documents
Guardian - Primary
Guardian - Other
Child Information - General
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Child Information - Education
Emergency Contact
FSP Coordinator
Behavioral Health - Treatment History
Behavioral Health - Home Treatment
Behavioral Health - Mental Health Services
Behavioral Health - Substance Use Services
Behavioral Health - Medication Regimen
Finances - Insurance
Finances - Properties
Finances - Resources
Finances - Other Resources
Finances - Family Income
Finances - Public Benefits
Finances - Guardian Income
Guardian Acknowledgement
Final Step

FSP Application Tabs – General Info

» As in the initial FSP Application, all of the tabs represent a page of the online application that need to be completed, before you submit.

  » When you are in a Continued Enrollment application, you must fill in applicable information and hit **Next**

  in order to save the information that you typed in and move to the next page.

» We recommend you complete each page as you work through the application before hitting **Next**

» If you can't complete the page, you can go back to it, but you need to enter in some information before hitting **Next**

Application Checklist

» Use the **Application Checklist** to ensure you submit all necessary information. A completed online application form means you have provided necessary information on all pages, attached the required documents, and have read the responsibilities with the Parent/Guardian and necessary initials/signatures.

Application Checklist

1. Completed FSP application form, including each of the following components:
   - ☐ General Information
   - ☐ Family Financial Information, including:
     - ◦ Copy of the parent or guardian's tax returns for the last calendar year, if filed.
     - ◦ Copy of the youth's tax returns for the last calendar year, if filed.

   - ☐ Youth's Behavioral Health Treatment History
     - ◦ This section must cover at least the last the last 6 months of behavioral health services the youth received.
     - ◦ Progress Notes

   - ☐ Acknowledgement of FSP Parent or Guardian Responsibilities
   - ☐ Request for Eligibility Determination, including:
     - ◦ Signatures from the parent or guardian verifying they have reviewed the application for accuracy and completion; and,
     - ◦ Signature from the youth's FSP Coordinator if the FSP Coordinator is submitting the application.

2. ☐ Copy of the youth's current Mental Health Assessment and Individual Treatment Plan, dated within 45 days of the submission of the FSP continued enrollment review packe
3. ☐ If a change in custody or guardianship occurred since the last FSP eligibility review: court order defining custody and/or non-parental guardianship.
4. ☐ For youth between the ages of 18 and 21: proof the youth is currently enrolled in an educational program at the elementary or high school level, as verified through one of the following types of documentation:

Attach Documents

Continued Enrollment Application

» This page lists the type of documents you need to upload, as part of the online application process

» See the highlighted documents that are needed as part of the continued enrollment application review

» If you do not have all your documents yet, you may continue with filling in the application by clicking **Next**

» *The school attestation is only needed when the youth is 18-21 years of age.*

Attach Documents

Uploaded?	Document Name	Signature Date		
	Tax Return - Child (if applicable)		Upload	
√	Tax Return - Guardian		Upload	View
	Court Order - Custody (if applicable)		Upload	
√	Progress Notes		Upload	View
	Attestation of School Enrollment and Attendance Form		Upload	
√	Current Individual Assessment and Treatment Plan or IM + CANS		Upload	View
√	Parent/Guardian Acknowledgment Form		Upload	View
√	Eligibility Determination Form		Upload	View
	Other Supporting Documents		Upload	

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Attach Documents

Continued Enrollment Application Documents

» 1. On top of screen hit the Upload attachment image(s) button

» 2. Then *Click the "file type" from the dropdown box and click Select. This will bring you to the files on your computer, choose your file.*

» 3. *After you select it and hit OK, you will see your file name appear on this screen*
(*not the right file? Click Remove*)

» 4. *Click the Upload button*

Continue steps 2 – 4 for each document that you would like to upload.

You will see a check mark indicating that the file has been successfully uploaded.

Attach Documents

Uploaded?	Document Name	Signature Date	
	Progress Notes(applies to renewal application only)		Upload
	Birth Certificate(applies to initial application only)		Upload

Print attachment coversheet(s)   Upload attachment images(s)

1.

Upload your images

Allowed file types: tif, tiff, pdf, jpg, jpeg, bmp

Large documents can take longer time to upload, please be patient.

Birth Certificate(applies to initial application only)

[   ] Select   2.

Birth Certificate(applies to initial application only)

● Birthcertificatemini.pdf   ‹ Remove

3.   Upload

4.

Guardian – Primary

» Please enter guardian name and relationship to child.

» 'Self' will be only be selected if the youth is their own, legal guardian

» Fill in all contact information

» Always click **Next** on the bottom of each page

» This saves the data on this page and allows you to move to next page.

» eQHealth is working on having this page auto-populated from information on the youth's initial FSP application.

Guardian - Primary

First Name: JOYCE   Last Name: REED

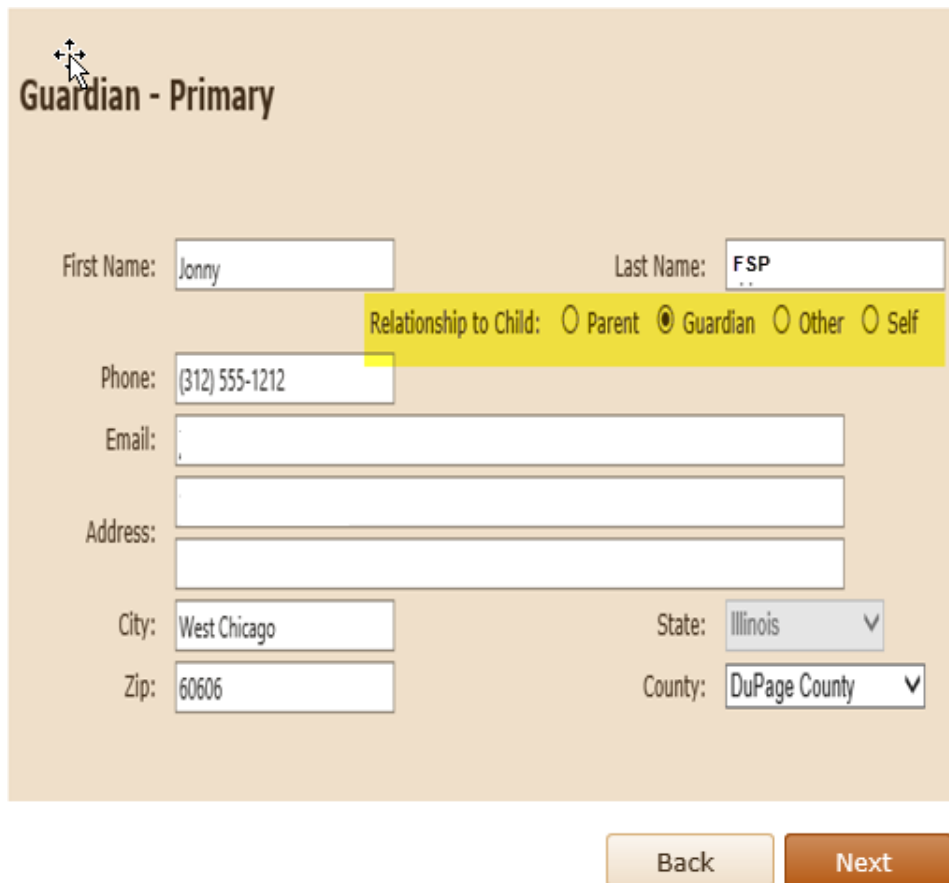Relationship to Child: ◉ Parent ○ Guardian ○ Other ○ Self

Phone: (773) 268-8993

Email: jreed@cox.net

Address: 5339 S SHIELDS AVE FL 1

City: CHICAGO   State: Illinois

Zip: 606096216   County: Oakland - Cook Central

Back   Next

Guardian – Other

» If you answer "**No**"
  » Click [Next]

» If you answer "**Yes**"
  » Please enter name and the relationship to child
  » Fill in contact information

» Always click [Next] on the bottom of each page
  » This SAVES the data on this page and allows you to move to next page

eQHealth is working to auto-populate this page from information in the youth's initial FSP application.

Child Information – General

» For a continued enrollment application, the youth should have a RIN that was assigned upon approval of the initial application if the youth did not have a RIN.

» Click "YES" and a box will appear to type in the RIN number.

» If you do not know the RIN, you can contact eQHealth and we will provide you with the youth's active RIN for the Family Support Program.

» Fill in all the boxes:
  » Name
  » SSN
  » Gender
  » Date of Birth
  » Phone
  » Address, City, Zip, County

Child Information - General

Do you know your child's RIN? ⦿ Yes ○ No

RIN: 181080367

First Name: DORRANIQU   Last Name: REED

                               Gender: ○ Male ⦿ Female

Date of Birth: 2/20/2006   Current Age: 15

Phone: (773) 268-8993

Address: 5339 S SHIELDS AVE FL 1

City: CHICAGO   State: Illinois

Zip: 606096216   County: No County Selected

[Back] [Next]

eQHealth is working to auto-populate this information in the youth's initial FSP application.

Child Information – Demographics

» Please select an answer for each of the following sections:
  » Race
  » Ethnicity
  » US Citizen
  » Primary language
  » Method of communication
  » Residential Arrangement

» Click [Next] on the bottom of each page
  » This saves the data on this page and allows you to move to next page

Child Information - Demographics

Race: ○ White ○ Black/African American ○ American Indian or Alaska Native ○ Hawaiian Native/Other Pacific Islander ⦿ Multi-Race ○ Hispanic ○ Asian ○ Other ○ Unknown

Ethnicity: ○ Hispanic ⦿ Non-Hispanic

Is child a US citizen? ⦿ Yes ○ No ○ Unknown

Primary Language: [English ▾]

Child's Method of Communication: ○ No interpreter services required ○ TDD/TYY ○ American Sign Language ⦿ Spoken Language ○ Other

Residential Arrangement: ○ Homeless ○ Independent Living ⦿ Lives with parent(s), relative(s), or guardian(s) ○ State operated facility (mental health/dev. disability) ○ Jail or correctional facility ○ Residential/Institutional Setting (residential treatment center, nursing home) ○ Foster Care ○ Other ○ Unknown

[Back] [Next]

eQHealth is working to auto-populate this page from information in the youth's initial FSP application.

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Child Information – Education

» Enter last grade completed, or mark if youth received a diploma or GED certificate

» Is the child currently attending school?

» Fill in the name of school name and complete address/location

» Include the Principal name and contact information

» If the youth is 18-21 years of age, upload the completed school attestation form

Emergency Contact

» <u>Emergency Contact Information</u>

   » Provide name, relationship to child, phone and address information

   » Click **Next**

FSP Coordinator

» This page will show the name of your agency and address information that is tied to your FSP Web portal account
» As the FSP Coordinator, please fill in your name, phone and email address
» Click [Next]

Behavioral Health – Treatment History

Please list the mental health and substance abuse services and supports the youth has received in the last 6 months. Please attach additional pages as needed.

Principle Mental Health DX (ICD 10 CM)

Description Search: [   ]   Search

Principle Mental Health DX (ICD 10 CM): [F070 - PERSONALITY CHANGE D/T KNOWN PHYSIO CONDITION ▾]

PERSONALITY CHANGE D/T KNOWN PHYSIO CONDITION

If the diagnosis code cannot be found above, please describe the primary diagnosis in your own words.

Has the child been admitted for a psychiatric hospitalization in the last 12 months? ◉ Yes ○ No
Has the child ever been admitted for a psychiatric hospitalization? ◉ Yes ○ No

Psychiatric Hospitalization:

⊕ Add new record   ⟳ Refresh

Hospital Name	Location (City, State)	Admit Date	Discharge Date	Reason for Hospitalization	
No records to display.					

On this page list the youth's *behavioral health treatment history*
- » Select or type in the Principle Mental Health Diagnosis
- » Indicate if the youth has ever been admitted for psychiatric hospitalization
- » Fill in hospital information, admit and discharge dates and reason
- » Click [Next]

Behavioral Health –Treatment History

Behavioral Health - Mental Health Services

Please list the mental health and substance abuse services and supports the youth has received in the last 6 months. Please attach additional pages as needed.

Has the child received outpatient mental health services / support in the last 12 months?   ● Yes ○ No

Has the child ever received outpatient mental health services / support?   ● Yes ○ No

Outpatient Mental Health Services/Supports:

⊕ Add new record   ↻ Refresh

	Service Name	Provider Name	Service Frequency	Service Begin Date	Service End Date	Service Ongoing	
Edit	Psychiatry	Dr. Joe Johnson	once a month	03/05/2021		✓	Delete
Edit	Individual Counseling	Robert Blue	2x week	10/25/2020		✓	Delete
Edit	Family Counseling	Cook County Community	1x/month	05/02/2021		✓	Delete

On this page list the mental health supports the youth has received in the **last six (6) months**

» Click Add new record

» Fill in the facility name and location

» Enter the admit and discharge dates and reason for admission

» Click [Next]

Behavioral Health – Substance Use Services

Behavioral Health - Substance Use Services

Please list the mental health and substance abuse services and supports the youth has received in the last 6 months. Please attach additional pages as needed.

Has the child received substance use services / support in the last 12 months?   ◉ Yes ○ No

Has the child ever received substance use services / support?   ◉ Yes ○ No

Outpatient Substance Use Services/Supports:

➕ Add new record   🔄 Refresh

	Service Name	Provider Name	Service Frequency	Service Begin Date	Service End Date	Service Ongoing	
Edit	Substance Abuse Assessment	Mark Graham	1x week	03/28/2021	05/03/2021	☐	Delete

Back   Next

On this page, please list the *substance use services and supports* the youth has received in the **last six (6) months**

» Click **Add new record** for each service or support
» List the type of service, Provider name, service frequency and begin/end date
» Click   Next

Behavioral Health – Medication Regimen

» **Click "Add new record" for each behavioral health medication**

» Fill in the medication name and the doctor/prescriber

» Enter in dosage, the date started, and date ended (leave end date blank if youth is still on medication)

» Hit <u>Update</u> on the left side of grid to save; or <u>Edit</u> to change information

Finances – Insurance

» Enter in any youth's insurance coverage information

» Include Medicaid/All Kids when applicable

» Fill in

» Insurance name

» Policy Number

» Premium Costs/Frequency

» Answer questions if applicable or leave blank

» Click **Next**

Finances – Properties

» <u>Click "Add new record" for each property</u>

» Fill in Owner Name, Address and Type of property
» Fill in the current value of property and amount owned
» Hit <u>Update</u> on the left side of grid to save; or <u>Edit</u> to change information

Finances – Resources

» This page shows a list of *finances or resources* that the parent, the guardian or the youth owns

» Check off all resources that apply to them

» Click [Next]

Finances - Resources

Does the parent/guardian or child own any of the following resources? Check all that apply.

☐ Business	☐ Life Estate
☐ Annuity	☐ Burial Plot(s)
☐ Inheritance	☐ Funeral/Burial Plan
☐ Mutual Funds	☑ IRA/401K
☑ Savings Account	☑ Checking Account
☐ Certificates Of Deposit	☐ Stocks, Bonds
☐ Mineral Oil Rights	☐ Money Market Account
☐ Trust Funds	☐ Nursing Home Account
☐ Promissory Note/Loan	☐ Deferred Comp
☐ Government Bonds	☐ Reverse Mortgage

[Back] [Next]

HealthSOLUTIONS

Finances – Other Resources

Click "Add new record" to list Other Resources

» Fill in owner name and the type of resource

» Include the current value and the name of the bank/institution

» Hit Insert on the left side of grid to save in the table

If there are no other resources, leave page blank and click Next

Finances – Family Income

Finances - Family Income

Child's Income

☑ No federal return filed on behalf of the child?

☐ Child's most recent federal tax return attached?

Child's Tax Return Year:	0	
Child's income for last calendar year:	0.00	Income Type: ○ AGI ○ Net
Child's anticipated income for current calendar year:	0.00	Income Type: ○ AGI ○ Net

Parent/Guardian's Income

☐ No federal return filed?

☑ Parent(s)/Guardian(s)'s most recent federal tax return(s) attached?

Guardian's Tax Return Year:	2018	
Guardian's income for last calendar year:	36,500.00	Income Type: ○ AGI ◉ Net
Guardian's income for current calendar year:	32,000.00	Income Type: ○ AGI ◉ Net

Back   Next

On this page, please complete information about *family income*

» Complete both the Child's and the Parent/Guardian's income sections

» Include most recent federal tax return information for last year and current calendar year

» Click **Next**

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Finances – Public Benefits

» <u>Click "Add new record" for each *Public Benefit*</u>

» Select the benefit type from drop down list; type in if "other"
» Fill in effective date, monthly benefit amount and the payee name
» Hit <u>Insert</u> on the left side of grid to save
» <u>Edit</u> to change information
» Click [Next]

Finances – Parent/Guardian Income

» <u>Click "Add new record" for each income source you need to record</u>
  Select Income Source from drop down and enter current monthly amount

» Fill in the Recipient Payee name and a description (if necessary)

» Click [Next]

Parent/Guardian Acknowledgement

Guardian Acknowledgement

Participation in the Family Support Program requires that the parent or guardian or the youth seeking services agree to meet the FSP parent or guardian responsibilities, which are outlined below

1. Review each parent or guardian responsibility carefully
2. Initial next to each requirement to indicate you have read and agree to meet the standards of parent or guardian participation, should the youth be determined eligible for participation in the FSP; and
3. Sign and date this Acknowledgement in the appropriate space provided below.

FSP Parent or Guardian Responsibilities

If the youth seeking services is found eligible to participate in FSP, I agree to:

INITIALS

JA

1. Actively participate in the youth's treatment.

INITIALS

JA

2. Be primarily responsible for any financial obligations associated with participation in the program. This may include being responsible for services not covered by the FSP (i.e. transportation, medical services).

INITIALS

JA

3. Be solely responsible for the coordination of educational services and funding, waiving HFS of all potential education responsibilities and financial liability.

» **Please read all 7 areas of acknowledgement with the Parent/Guardian**

» The parent or guardian must initial each one of the seven boxes

» Sign and Date – the parent/legal guardian name serves as electronic signature

» **HFS has extended the protocol of allowing the parent/guardian to give a verbal consent to the FSP Coordinator. The FSP Coordinator will need to document the date and time the parent/guardian's verbal consent was given and sign your name. You will upload a copy of this attestation.**

Final Step – Parent/Legal Guardian Attestation

Final Step

Parent/Guardian Attestation – By signing below, I confirm that:

- I have read all of the information in this application.
- To the best of my knowledge, all of the information in this application is correct.
- I understand that incomplete applications will not be reviewed for an eligibility determination.
- I understand that if my child is found eligible for the FSP, confidential information about my child will be shared with my assigned SASS provider for the purposes of providing or arranging for FSP services. The type of information that will be disclosed includes my child's name, demographic information, contact information, and my child's records submitted as part of this FSP application.

(Choose One)

☐ I have decided to complete this application WITHOUT the assistance of my FSP Coordinator. I am submitting this application and all required supporting docum designee, eQHealth Solutions, Inc., in order to make a determination of eligibility for the FSP. I understand that I may withdraw this application at any time b

☑ I have decided to complete this application with the assistance of my FSP Coordinator and all the following are true:
- My FSP Coordinator has gone over the eligibility criteria on page 2 with me;
- The level of financial support from public sources for the parent, guardian, or youth;
- The healthcare coverage for the youth;
- The parent or guardian's home address; and,
- The guardianship or legal custody of the youth.

SIGNATURE

Please type your First and Last Name		
Parent/Legal Guardian (Electronic Signature)	Date	

» Read/confirm attestation of Parent/Legal Guardian at the top of this page
Sign and Date - The parent/legal guardian name serves as an electronic signature.
PLEASE NOTE: A parent or guardian is not allowed to submit a continued application and must coordinate the submission of the continued enrollment with the FSP Coordinator.

» **HFS has extended the protocol of allowing the parent/guardian to give a verbal consent to the FSP Coordinator. The FSP Coordinator will need to document the date and time the parent/guardian's verbal consent was given and upload a copy of this attestation when submitting the continued enrollment application.**
IMPORTANT: MAKE SURE YOU CHECK THE BOX AND THE SIGNATURE BOX IS COMPLETED.

Final Step – FSP Coordinator Attestation

FSP Coordinator Attestation – this section must be completed if the parent/guardian decides to complete this application with the assistance of an FSP Coordinato

By signing below, I confirm that:

- I have gone over the eligibility criteria on page 2 with the parent/guardian.
- I have given the parent/guardian a chance to ask me questions about the FSP and the application process.
- I have informed the parent/guardian that he/she has the right to inspect and copy the information in this application.
- The parent/guardian has asked that I submit this application and all required supporting documentation on his/her behalf to Healthcare and Family Services and its designee, eQHealth, in order to make a determination of eligibility for the FSP.
- I have informed the parent/guardian about the process for withdrawing this application.

SIGNATURE

| Please type your First and Last Name | | |
| FSP Coordinator (Electronic Signature) | Date |

» FSP Coordinators will confirm that they assisted the Parent/Legal Guardian with the FSP application process, answered their questions and informed them of their rights regarding this application

» Sign and Date - The FSP Coordinator's name serves as an electronic signature

Final Step

»<u>After you "sign" as the FSP Coordinator, click</u> Submit Application

»If the system detects something that needs an answer; it will show errors
»Click on that specific page that error is on; fill in the information needed
»Go back to Final Step page and click Submit Application again

Existing Continued Enrollment Applications

In the Existing Applications for a continued enrollment application area you can:

» Check if eQHealth needs additional information for a continued enrollment you already submitted

» Continue to work on incomplete continued enrollment applications not yet submitted

Existing Applications - Additional Info Needed

The Submitted Applications Needing Additional Information appear first!

- » If eQHealth needs additional information for an application you already submitted, it will appear on the top of the Existing Applications page
- » Click <u>View</u> to see what documents you are missing for this application
- » Click <u>Additional Information</u> to upload the document(s) and submit to eQHealth online so we can continue with the review of your application

Incomplete Applications Not Yet Submitted

Incomplete Applications Not Yet Submitted					
Application #	Child's Name	Date Application Started	Last Accessed Date		
33651485	Mini Mouseling	07/12/2018	7/30/2018 4:17:37 PM	Resume	Delete
33651605	Child1 Family	07/20/2018	7/30/2018 4:15:41 PM	Resume	Delete
33651707		07/30/2018	7/30/2018 11:30:05 AM	Resume	Delete

» All incomplete applications will be located under this tab until you submit
  » Click Resume each time you want to work on an incomplete application
  » Click Delete only if you started a new application by mistake

Applications Submitted For Approval

Incomplete Applications Not Yet Submitted			
Applications Submitted For Approval			
Application #	Child's Name	Date Submitted	
No records to display.			

Once you submit the application, it will move under the Applications Submitted for Approval

Approved or Denied/Failed Applications

Applications Submitted For Approval	^
Approved Applications	^
Denied and Failed Applications	^
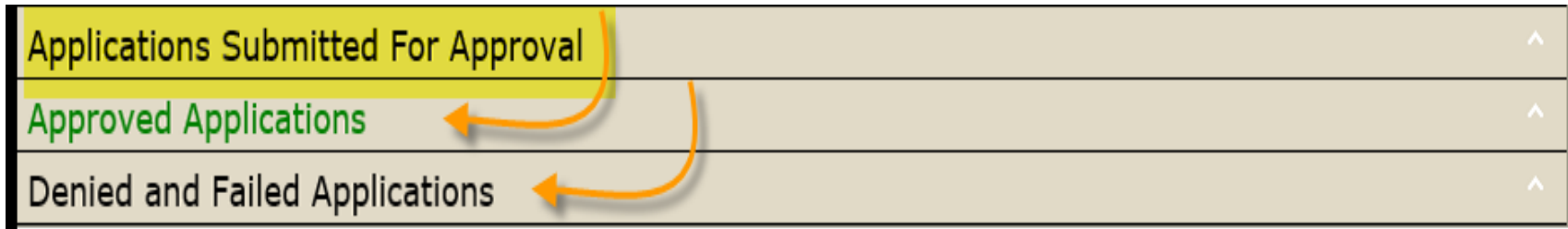
» <u>All applications "Submitted for Approval" will move to either the Approved Applications or the Denied and Failed Applications tab</u>

» Approved applications will show the application date submitted, the eQHealth decision date, and the application renewal date

» In a continued enrollment application, if the application is incomplete or not submitted the youth will be discharged from FSP.

» If a continued enrollment application is **denied**, the FSP Coordinator can request a reconsideration.

» If a continued enrollment application is **incomplete or not submitted** there is no reconsideration process and the youth will be discharged from FSP.

» Parent/Guardian may file a request for an informal hearing/appeal with HFS

FSP Resources and Contacts

eQHealth FSP Helpline

- Questions regarding FSP requests are answered Monday through Friday, 8:30 a.m. to 5:00 p.m., CST. Submit your questions to eQHealth:
  - By submitting your questions through the Online Helpline tab in eQSuite Web Portal
  - By phone at (866) 435-8778

Website http://il.eqhs.com

- Click <u>Family Support Program</u> tab from top menu bar
  - Then select <u>Log In – Providers Only</u>

Healthcare and Family (HFS)

<u>*Program questions?*</u> *Contact HFS by phone at 217-557-1000*

or email at HFS.FSP@illinos.gov.