**Section 132.145 General Provisions**

A provider shall comply with the following:

a) Informed Consent

1) Prior to the initiation of mental health services, the provider shall obtain written or oral consent for these services demonstrating that the client or guardian, as applicable, knows all of the risks and costs involved in the treatment, including the nature of the treatment, possible alternative treatments, and the potential risks and benefits of the treatment.

2) Consent must be given by the parent or guardian for a child under 12 years of age, except a child 12 through 17 years of age can consent to treatment for 5 outpatient sessions of no more than 45 minutes in duration.

3) If the client is determined to be in need of crisis intervention services, or if the assessment is court ordered for the client, consent is not required.

4) Legally competent adults who participate in treatment services are deemed to have consented.

5) Oral consent shall also be documented in the record.

b) An LPHA shall provide the clinical direction and recommend medically necessary services as documented by his or her dated original signature with credentials on the mental health assessment and ITP. In determining whether there is medical necessity for each service under this Part, the LPHA shall consider and document that consideration, among other factors, including:

1) The definition of medical necessity in this Part;

2) The type, severity and chronicity of the client's symptoms;

3) The severity of impairment in the client's role functioning;

4) The risks that a client's symptoms or level of role functioning pose to the safety of the client or to others with whom the client interacts;

5) The expected short-term and long-term outcome of each service needed by the client;

6) Progress made in response to treatment, if the client is currently receiving treatment; and

7) Criteria or guidance published by the public payer for the purposes of defining and evaluating the medical necessity of each service.

c) When discharging a client from services, the provider shall ensure the continuity and coordination of services as provided in the client's ITP. The provider shall:

1) Communicate, consistent with the requirements of Section 132.142, relevant treatment and service information prior to or at the time that the client is transferred to a receiving program of the provider or is terminated from service and referred to a program operated by another service provider, if the client, or parent or guardian, as appropriate, provides written authorization; and

2) Document in the client's record the referrals to other human service providers and follow-up efforts to link the clients to services.

(Source: Amended at 36 Ill. Reg. 18582, effective December 13, 2012)