**Section 139.305 Family Support Program Residential Treatment**

a) Prior authorization is necessary to access residential treatment consistent with Section 139.500(b) and (c).

b) Upon approval of prior authorization for residential treatment, the Department's designated provider of mobile crisis response services for children shall:

1) Discuss the potential facilities available for the FSP youth's placement with the parent or legal guardian;

2) Facilitate preparing and submitting referral packets and necessary consents to potential facilities; and

3) Upon admission of the FSP youth to a residential facility, update the youth's FSP Plan, in coordination with the residential facility (Section 139.145).

c) Admission and ongoing treatment of an FSP youth in a residential facility is based on the availability of treatment services and the availability of providers willing to meet the specific clinical needs of the FSP youth. The Department shall make every reasonable effort to find and retain an appropriate facility willing to serve the FSP youth.

d) The Department shall reimburse providers of family support program residential treatment services as follows:

1) For State-funded services, pay the program or facility at the rate established by the Purchased Care Review Board (PCRB) as detailed in 89 Ill. Adm. Code 900. All PCRB rates and rate changes shall be applied by HFS with a prospective effective date, following the receipt of the PCRB Rate Change Letter from the provider and confirmation of the rate from the PCRB;

2) For services that qualify for federal financial participation, the Department shall fund services consistent with the rate methodology established pursuant to section 1902(a)(13) of the Social Security Act (42 USC 1396a);

3) The Department may negotiate special services and rates, as necessary, to facilitate behavioral health treatment for individuals:

A) requiring residential treatment;

B) requiring specialized residential services; or

C) requiring supportive services upon transition home.

e) Bed Holds

1) The Department may reimburse a residential facility for bed hold days when the residential facility demonstrates that it is at or over 85% occupancy at the time of the bed hold and:

A) Planned bed hold requests that exceed 3 consecutive days are included in the FSP youth's treatment plan; or

B) Unplanned bed hold requests do not exceed 7 consecutive days.

2) All reimbursement to FSP residential treatment providers for bed holds is subject to prior authorization or concurrent review by the Department (see Section 139.500(e)).

3) An FSP youth's absence from a facility due to acute psychiatric hospitalization, involvement with the criminal justice system, or elopement from the facility for a full treatment day shall not qualify as an acceptable bed hold day and shall not be reimbursed.

f) Transition from Residential Treatment

1) The residential treatment facility shall begin the process of transition planning upon admission of the FSP youth, which includes coordination with the Department's designated provider of mobile crisis response services for children, the parent or legal guardian, and other providers and stakeholders, to ensure that all planning documents reflect a timely transition to least restrictive treatment settings.

A) Within 45 days after admission, the residential treatment facility shall establish and maintain a monthly case staffing meeting to coordinate treatment with the Department's designated provider of mobile crisis response services for children, the parent or legal guardian, and other providers and stakeholders.

B) Notification of monthly case staffing meetings shall be made to all participants 14 days in advance of the meeting date.

2) An FSP youth may remain enrolled in the FSP and transition to community-based services from a residential facility, so long as he or she continues to meet the FSP requirements in Section 139.115.

g) Discharge

FSP youth shall be discharged from a residential treatment facility in the following cases:

1) Successful completion of treatment in a residential facility;

2) Indication from the residential treatment facility that the facility is no longer willing or able to meet the clinical needs of the FSP youth;

3) Request from the parent or legal guardian to discontinue services at the residential treatment facility;

4) The FSP youth no longer meets the clinical criteria for residential treatment services (see Section 139.500(d)). Upon determination that the FSP youth no longer meets the clinical criteria for residential treatment services, the residential facility shall facilitate discharge to home within 14 days beyond the FSP youth's last approved treatment day; or

5) The FSP youth is discharged from the FSP pursuant to Section 139.150.

h) Notice of Discharge

The residential facility shall provide written notice of discharge to the Department, the FSP youth, and the parent or legal guardian, as appropriate, at least 14 days prior to the date of discharge. The notice shall include the right to appeal and instructions on how to pursue an appeal (see Section 139.600).

i) Prohibition on Discharge from an Acute Care Setting

1) The residential treatment provider shall not discharge any FSP youth while the FSP youth is receiving inpatient acute care services without the expressed written consent of the Department, if the FSP youth was receiving services at the residential treatment facility immediately preceding admission to an acute care hospital setting.

2) The residential treatment provider shall coordinate the FSP youth's return to the residential treatment setting following acute care hospitalization.