

Children's Health Screening, Assessment, and Support Services (SASS) Program



Barbara Flynn Currie
Majority Leader

Illinois House of Representatives
93rd General Assembly

July 2004

**Children's Mental Health Screening, Assessment, and
Support Services (SASS) Program**

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING, is entered into this 2nd day of July, 2004 by and between the Illinois Department of Public Aid, the Illinois Department of Human Services, the Illinois Department of Children and Family Services (hereinafter collectively known as "the Departments"), the Governor's Office of Management and Budget, Mattie Hunter, Vice-Chairperson of the Senate Health & Human Services Committee, Dale Righter, Republican Spokesperson for the Senate Health & Human Services Committee, Rosemary Mulligan, Republican Spokesperson for the House Special Committee on Fee-For-Service Initiatives and Barbara Flynn Currie, Chairperson of the House Special Committee on Fee-for-Service Initiatives, and hereinafter referred to as "the parties."

WITNESSETH

WHEREAS, the state of Illinois has an obligation to provide for the health, safety, and welfare of its citizens;

WHEREAS, the Children's Mental Health Act of 2003 was passed with the aim of improving mental health services for all children in Illinois by establishing a Children's Mental Health Partnership to develop a comprehensive, coordinated mental health prevention, early intervention, and treatment plan for children from birth through age 18 who are in need of such services;

WHEREAS, the Children's Mental Health Partnership directed the Department of Public Aid (DPA) to develop a screening and assessment system for children who are presenting for inpatient psychiatric services funded by Medicaid and requires the DPA to establish by rule methods and standards of payment for such screening, assessment, and necessary alternative support services;

WHEREAS with the passage of this Act, DPA joined with two other Illinois State departments that have been funding screening and assessment services (SASS) for children and adolescents since 1992 - the Department of Human Services (DHS) and Department of Children and Family Services (DCFS) - to create a coordinated single-point of entry for children and adolescents in need of mental health services;

WHEREAS, this new system builds on the solid foundation of experience built up over the last decade at DCFS and DHS with respect to both agencies' SASS programs;

WHEREAS, this new system is designed to be a family-friendly unified system that will reduce fragmentation in service delivery;

WHEREAS the new SASS program is not cost driven but is designed to provide greater service and positive outcomes for Illinois children;

WHEREAS, in Fiscal Year 2005 the Screening, Assessment and Support Services program (SASS Initiative) of crisis services for Illinois' children is expected to serve an additional 7000 children not currently accessing services;

WHEREAS, there are no limits on the number of children who may be served in this program;

WHEREAS, it is the agreement of the parties that this Memorandum of Understanding is entered into in order to make a smooth transition to the SASS system; but it is not intended to expand entitlement programs beyond those that already exist, or may in the future be enacted, under federal or state law;

WHEREAS, each provider's rights and obligations with respect to the Departments are set forth in its annual award agreement with the Department, and nothing in this Memorandum shall impose any contractual obligations upon the providers or grant to the providers any rights as a third-party beneficiary or any related rights with regard to the SASS initiative.

The Parties Agree to These Requirements:

1. The Departments will make periodic progress reports to the House Special Committee on Fee-For-Services (or its successor in the 94th General Assembly, if any), the Senate Health & Human Services Committee and the Governor specifically including reports in September, October, November, and December of 2004. These written reports will be prepared as a part of a collaborative effort on the part of the Departments;
2. The Departments will retain third-party evaluator(s) to analyze the program who will provide information to the Departments for a preliminary report within nine months of implementation of this new initiative and for a final report on the first year of implementation by September 30, 2005. This evaluation will be comprehensive and will present the strengths and enhancements needed to assure the program's success. This evaluation will include, but not be limited to:
 - A relative cost analysis.
 - An analysis of the quality of care provided to children in this program.
 - An analysis of continuity of care for children and families involved in ongoing treatment.
 - An analysis of the adequacy of providers, networks and referrals for clients.
 - An analysis of the accessibility of providers to clients in their home communities.
 - An analysis of whether this initiative meets the original intent of the law to ensure that children receive mental health treatment in a community based setting where appropriate. It will describe the number of children served and whether there is a reduction in hospitalization for Medicaid children served by this program. It will also address whether length of stays and recidivism in psychiatric hospitals are reduced.
 - An analysis of whether services to children are being provided in a timely fashion, and whether care is being appropriately coordinated.
 - Recommendations for change, based on all analyses, customer satisfaction and other stakeholders' input;

3. The third-party evaluator will survey a sample of program participants, caregivers and referents to assess their satisfaction with the program. The sample shall reflect differences in size, geographic location, level of Medicaid billing, and orientation to special populations or services;
4. The Departments will meet at a minimum every 6 weeks with SASS providers, hospitals, and the Crisis And Referral Entry Services (CARES) phone line provider and consumer representatives to address implementation issues and necessary program enhancements. These meetings will be open to legislators and legislative staff and minutes from the meetings will be available to the public. The final report will make recommendations based on all analyses, customer satisfaction, and other stakeholders' input;
5. The Departments will review provider performance. The Departments will establish a monitoring and quality assurance working group, which will review implementation of this program. This group will review both SASS and CARES provider performance and compliance with adherence to the contract both through onsite and offsite monitoring reviews. The Request For Proposals for CARES and the SASS providers outline the monitoring, sanctions and non-compliance remediation and consequences, including alternative vendor selection for non-compliance or non-performance. Details of the working group's activities in the area of monitoring and quality assurance will be included in the report to the House Committee (or its successor), the Senate Committee and the Governor;
6. The Departments will review provider submitted six-month cost reports so costs and revenues can be assessed early in implementation. The Departments will retain an independent third-party evaluator to review SASS rates and SASS provider costs and shall compare these rates to rates available in other publicly funded programs including other states' programs and if comparable, other private sector programs. The Departments will provide this independent analysis to the House Committee on Fee-for-Service Initiatives (or its successor in the 94th General Assembly, if any), the Senate Health & Human Services Committee and the Governor by March 31, 2005;
7. The Departments of Human Services and Children and Family Services will establish procedures to assist children being served by existing providers as the State transitions to this new unified system for SASS;
8. The Departments will utilize a safety net to ensure that access to services is not disrupted. This will include a detailed system for providing technical assistance to providers during implementation. The Departments will ensure that provider training and technical assistance is available, beginning in June 2004, including making technical assistance available on the project website. Additionally, four teleconferences each month will be held and technical assistance and training plans developed for the months of July, August, September and October, 2004. In addition, accommodation to the fiscal needs of providers will be made with the use of 3-month advance of payments and a \$42,000 per year minimum access payment;

9. The Departments will establish procedures so children enrolled in the SASS program receive services in the least restrictive setting possible and such services will include as medically appropriate:
- Crisis screening and assessment;
 - Psychotherapy;
 - Case Management;
 - Crisis Stabilization;
 - Intensive family-based services;
 - Psychological assessment;
 - Medication monitoring;
 - Hospitalization;
 - Psychotropic medication;
 - Medically required transportation for the child; and
 - Family resource developer activities;
10. The Departments will establish procedures so the SASS program will serve: (1) all children and adolescents under the age of 21 for whom DCFS is legally responsible; (2) children and adolescents under the age of 18 for whom DHS has been requested to pay for their hospitalization, which includes all undocumented children, all underinsured children and all uninsurable children requesting such service and who otherwise meet the eligibility requirements; and (3) children and adolescents under the age of 21 eligible for DPA's Medical Programs (including those covered by the Department of Public Aid's new presumptive eligibility policy);
11. The Departments will establish procedures so there is no limit on the number of children that may be served by this program;
12. Any written report agreed to be provided by any party to this Memorandum of Understanding must also be provided to the Speaker of the House, the House Minority Leader, the President of the Senate, and the Senate Minority Leader.

IN WITNESS WHEREOF, the Parties have caused this Memorandum of Understanding to be executed by their authorized representatives on the 2nd day of July, 2004.

For the Governor's Office of Management and Budget:



John Filan, Director

For the Department of Public Aid:



Barry S. Maram, Director

For the Department of Children and Family Services:



Bryan Samuels, Director

For the Department of Human Services:



Carol L. Adams, Secretary



Barbara Flynn Currie, Chairperson
House Special Committee on Fee-For-Service Initiatives



Rosemary Mulligan, Republican Spokesperson
House Special Committee on Fee-For-Service Initiatives



Mattie Hunter, Vice-Chairperson
Senate Health & Human Services Committee



Dale Righter, Republican Spokesperson
Senate Health & Human Services Committee