Online CFS – 431-a Submission Instructions

General information
The website that can be used to access the portal for DCFS consent submissions is: https://guardianconsent.dcfs.illinois.gov/. The site currently says under construction but will be live the morning of April 17, 2025.

When on the home page for the DCFS Guardian consent portal, click the link entitled **Submit a Request for Consent.**

On the Requests for Consent page, there are seven links for different DCFS forms. Above the links are general instructions, the hours when consents are processed, and some helpful numbers for assistance on completing the request forms.

To submit for psychotropic medications, you will click the link for **CFS 431 A: psychotropic medication**.

There are eight pages you will go through when imputing information for your request. On each of the pages, there will be instructions at the top of the page that can be referenced throughout the process. The instructions note that acronyms should not be used, a proper email and fax number is needed, and if the youth is new to care, an attached court order would be helpful. A BMI calculator is also provided.

Page 1: Requestor Information: Confirms who is submitting the form whether it is the provider's office, faculty/staff from a secondary institution, or from somewhere else like the caseworkers office. The **facility or agency name** is useful for our records but not required. Comprehensive information about the requestor helps CSP to pair consents from the same facility so they can be processed together and limit the number of times an office will need to be called for information. The **first name, last name, email**, and **phone number** of the submitter are required. Providing an extension is not required but allows the processor to reach the person with the necessary information more quickly. It's a good idea to put your preferred fax number in if you want to indicate where you want the consent sent.

Page 2: Youth Information: The **first name, last name, DOB, placement type,** and **name of placement** are required. Imputing the correct DOB is IMMENSELY important. It can make things difficult if there are multiple DCFS youths with the same names.

Page 3: Prescriber Information: The **first name, last name, specialty,** and **phone number** are required information in case we need to reach out with questions.

*If provider has never submitted a consent to DCFS before, adding an **NPI** number in the "Other" box would help us add the new provider to our system without needing a call. Always only add **ATTENDING physicians and FELLOWS** to the consent, never Residents.

Page 4 - Clinical Information: You are first asked for the **request type**. Indicate if the request is for a **one-time emergency medication** notification. For standing medication consent request, you would select "No".

For standing medication consent requests, a list of **psychiatric diagnosis** is required. ALL psychiatric diagnoses are needed, including those that are not associated with the medications currently being requested. The diagnosis dropdown list will have the ICD10 codes listed in the same field as the DSM-5TR diagnosis that is searchable by any word or code in that item. This is not a comprehensive list of diagnoses. If your diagnosis is not indicated, you can pick "Other", and a new box will appear where you can add that diagnosis.

Neither medical **diagnosis** nor **medical medication** fields are required, but the consultant asks that you please include medical diagnoses (if present) and any medications used to treat medical conditions. Medical conditions and medications used to treat medical conditions could affect the youth's well-being (e.g., by adverse medication interactions, or adverse interactions between a psychotropic medication and a medical problem). Please include over the counter medications for the same reason. Melatonin is to be treated as psychotropic and put in the psychotropic medication section.   Diphenhydramine (Benadryl), another over the counter medication (OTC) medication, should be put in the psychotropic medication section if it is being used to treat anxiety and/or a sleep disturbance.

Height, weight, and the **date** they were **taken** is required. Consultants typically require values within the last six months but always try to include the most recent height and weight. This is especially important when youth is taking a stimulant or antipsychotic medication, or is outside of the normal range for BMI. If the youth is under 10% or over 90% BMI, a weight related plan is required. The BMI calculator can be used to determine the youth's BMI and their percentile.

Page 5 - Current Medication: Indicate any **current medications** here. Please only include medications that the youth IS actively taking, not those being requested to be started. If the youth is not taking any current medications, you should mark "No".

To add a current medication, you would select the "Add" button. A new window will open requiring the **medication name**, the **dosages**, and the **times** each dosage is **given**. Four time slots are provided: **AM**, **Noon**, **PM**, and **HS**. If the dosage is administered at a time outside of the time slots, you can put it in the "**Other Dosage and Time Given**" box. This box should also be used for psychotropic medications given every other day or monthly.

At the bottom of the window, you can indicate whether this medication will be **discontinued**. If you select "Yes" more boxes will appear requesting more information. A **discontinuation reason** is required. You can select from the options provided and describe the reason further in the box below it.

If time is needed to wean the youth off the mediation, the **tapering schedule** can be included in the box below that. This schedule is forwarded to YouthCare and can make a difference in the

ability to continue to pick up medications after DCFS is informed the medication will be discontinued. It will also signal to DCFS that though there is no active consent, youth is still in compliance.

Once you have done all of this, click "Submit" and the medication information will be displayed on the form. Add each medication the youth is currently taking.

Page 6 – Requested Medication: The medication(s) being requested should be indicated in this section. Like the previous page, you will add medications by clicking the "Add" button. A new window will appear. You will select the type of request whether it is a brand-**new** medication, the **renewal** of a previous request, an **increase** of a previous request, or if the youth is **new to DCFS** care and needs active medications brought into compliance with Rule 325.

Below the type of request, you are asked to indicate if the **youth has been taking medication without consent** or has been on a higher dosage than the youth had been consent for. If you click "Yes", you will get a few more boxes asking for the **provider who started/increased the medication** and the **date the medication change was started**.

Next, the **medication name** is required. The **medication form** can be given if it is not the pill form. If you choose "Solution", you will be asked to provide the concentration of the solution. **All dosage values are assumed to be mg. If a different unit of measurement is being used, it must be converted to mg.**

Next, is the medication duration. The maximum amount of time a medication can be requested is 180 days. This is the standard amount of time a consent is approved for if not given a modified duration by the consultant. If you want a shortened duration, it must be indicated. The **desired start date** for the medication can also be indicated in the box below. Desired start date **must be in the future**. This section is only necessary if the start date is AFTER the date the consent is being submitted.

Like on the previous page, you will need to indicate at what **time** and **dosage** the med will be given. If outside of the provided time slots, you can put the time and dosage in the "**Other Dosage and Time Given**" box.

The max daily range is required. The range is the maximum daily dosage keeping potential increases in mind. If you have no range you would like to request, you can just put the dosage (or sum of all the dosages) in this box.

Next, the page asks for **symptoms** and related information. It's important to note that the symptom section is NOT for diagnosis. Instead of putting ADHD, put the symptom inattentive and hyperactive. Instead of PTSD, put the symptom hyperarousal and flashbacks.

You need to confirm if the youth's symptoms are **current or partially improved**. If you pick "Yes" you are required to put the current symptoms in the indicated "**current**" box. If you pick "No" you

are required to put the controlled symptoms in the indicated "**controlled with medication**" box. "Current" means that the symptoms are still prevalent or only partially improved while the youth is taking the medication. "Controlled with medication" means that the youth is functioning well, and symptoms are negligible while taking the medication.

The **additional rationale** section is for Provider's explanations for why they are prescribing the medication. This will not always be necessary, but when it is, it will save a lot of time for processing. This section exists for situations where two medications of the same class are being prescribed at once (e.g. Clonidine and Guanfacine, or Abilify and Seroquel), if a non- first line medication is being used (e.g. Bupropion or Atomoxetine for ADHD), or if there is any information the provider would like the consultant to know about med choice (e.g. if they want to contest a prior denial of medication).

The last section of this page is for lab work. **Labs** are required when a youth is taking an antipsychotic, a mood stabilizer, or if labs are requested by a consultant. If labs are not needed, you can select "N/A." If labs are needed but you do not have them available, you can select "No." If you do select "No" a new box appears that can be used for multiple purposes: 1. Providing the date of the most recent labs, 2. Providing the estimated date that labs will be submitted, or 3. Providing the date that the most recent labs were requested.

Once you have done all of this, click "Submit" and the medication information will be displayed on the form. Add as many medications as needed.

The bottom of the page allows you to attach any **test results**.

Page 7 - Additional Information: Requests any additional information that may be needed for the consent. You are asked to confirm if the **medications have been reviewed with the youth**. You are asked whether the **youth objects to the medication**. The third box asks if there is any additional information relevant to the request that has not been captured elsewhere.

At the bottom of this page, you can include any **attachments** that are not test results, like **progress notes, scales, court orders** etc.

Page 8 – Prompt: The last page requests a CAPTCHA prompt to prove you are human before allowing submission of the consent request.

A copy of the completed consent request form will be sent to the email you provided on page 1 for your records and as confirmation of your submission.

One-time Emergency Medication Notification

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There are eight pages you will go through when imputing information for your request. On each of the pages, there will be instructions at the top of the page that can be referenced throughout the process. The instructions note that acronyms should not be used, a proper email and fax number is needed, and if the youth is new to care, an attached court order would be helpful. **For Emergency medications**, there are a few different instructions we will review on those pages.

Page 1: Requestor Information: Confirms who is submitting the form whether it is the provider's office, faculty/staff from a secondary institution, or from somewhere else like the caseworker's office. The **facility or agency name** is useful for our records but not required. Comprehensive information about the requestor helps the CSP to pair consents from the same facility so they can be processed together and limit the number of times an office will need to be called for information. The **first name, last name, email**, and **phone number** of the submitter are required. Providing an extension is not required but allows the processor to reach the person with the necessary information more quickly.

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Page 3: Prescriber Information: The **first name, last name, specialty,** and **phone number** are required information in case we need to reach out with questions.

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Page 4 - Clinical Information: You are first asked for the **request type**. Indicate if the request is for a **one-time emergency medication** notification. You should indicate "Yes." When you click yes, the rest of the boxes on the page will disappear and you can go on to the next page.

Page 5 - Current Medication: Is the Youth currently on Psychotropic Medication? Please select 'No' if this request is for a one-time emergency medication. Selecting "No", allows you to move to the next page without listing current medications.

Page 6 – Requested Medication: Add medications by clicking the "Add" button. A new window will appear. Select the **type of request**, this time you would select, "**One time Emergency medication**."

Below the type of request, you are asked to indicate if youth is **taking the medication without consent**. Since this is an emergency medication, you will indicate "No."

Next, the **medication name** is required. The medication **form** must be selected for emergency medications. If you choose "Solution", you will be asked to provide the concentration of the solution.

Next is the medication **duration**. Since this is a one-time emergency med, just enter a '1'.

* Unlike the standard medication request, for one time emergency meds you must provide the administration **date** and **time given** of the emergency medication in the "**Other Dosage and Time Given**" box, putting '0' in the four time slots provided: **AM**, **Noon**, **PM**, and **HS**. Provide the **dose** administered in the '**Max Daily Range**' field.

THIS IS NOT A PROPER USE OF THE MEDICATION RANGE SECTION. THIS IS A COMPROMISE THAT HAS BEEN MADE TO ADDRESS LIMITATIONS IN THE ONLINE FORM. WE ARE HOPING TO RECTIFY THIS ISSUE IN THE FUTURE, BUT FOR NOW PLEASE REMEMBER THAT THE RANGE IS NORMALLY A PROPOSED MAXIMUM DOSAGE KEEPING POTENTIAL FUTURE INCREASES IN MIND.

For one time emergency meds the symptoms will ALWAYS be noted as current and placed in the **current symptoms** box. The symptom section should indicate the symptoms that led to the one-time emergency medication such as agitation and/or aggression.

The last section of this page request is for **lab work**. For emergency meds select "**N/A**."

Once everything is entered, click "**Submit**" and the medication information will be displayed in the table. Add as many emergency medications as needed if multiple emergency medications were given at the same time or at a different time or date. Administration **date** and **time given** is very important.

Page 7 - Additional Information: You are asked to confirm if the **medications have been reviewed with the youth** and whether the **youth objects to the medication**. The third box asks if there is any additional information relevant to the request that has not been captured elsewhere.

Page 8 – Prompt: The last page requests a CAPTCHA prompt be entered to prove you are human before allowing submission of the consent request.

A copy of the completed CFS 431-A form will be sent to the email you provided on page 1 for your records and as confirmation of your submission.