HFS Medical Providers

Provider Notice created 02/20/2019

Date: February 20, 2019

To: Supportive Living Program (SLP) providers

Re: An Overview of the Preadmission and Conversion Screenings Process for Potential Supportive Living Program Participants

This Notice provides additional clarification and guidance to the Informational Notice dated 06/22/11 entitled Preadmission and Conversion Screening. Please note that some processes have been updated or changed, while others remain the same.

The Supportive Living Program (SLP) operates under the authority of a 1915 (c) Home and Community Based Services (HCBS) waiver of the Social Security Act, rather than a State Plan service. The SLP waiver participants are individuals aged 65 years and over or individuals ages 22-64 years with physical disabilities. The SLP provides a combination of medical and non-medical services to individuals that are eligible for a Nursing Facility (NF) Level of Care (LOC) but are independent enough that their needs can be met within the community rather than in an institutional setting.

The purpose of this notice is to ensure Supportive Living Program (SLP) providers understand the general processes relating to preadmission and conversion screens. As the SLP is an HCBS waiver alternative to NF placement, this screening process also allows the opportunity for the individual to explore options for other HCBS.

Preadmission Screens

The preadmission screen is a required screen which will assess the Level of Care functional needs of an individual using the Determination of Need (DON), or successor, assessment tool and determine if placement in the SLP is appropriate. The SLP requires that an individual must meet the NF LOC to be eligible for Medicaid payment. DON scores below the currently established threshold, indicate the individual does not require the level of care provided in a SLP and Medicaid payment will not be approved.

The SLP must contact the appropriate screening agency when an individual plans to seek admission to the SLP to request the preadmission screen.
The Department on Aging (DoA) contracted Care Coordination Unit (CCU) screening agency completes the preadmission screen for individuals aged 60 years and older.

The Department of Human (DHS) Services Division of Rehabilitation (DRS) screening agency completes the preadmission screen for individuals aged 18-59 years entering a SLP from the community. DHS DRS has contracted with the DoA CCU’s to complete the preadmission screens for individuals aged 18-59 years when discharging from the hospital into the SLP.

The DoA CCU or DHS DRS screening agency will obtain information directly from the individual and other appropriate person(s) that is necessary to complete the preadmission screen. The screening agency will assess whether there is a suspicion of an intellectual/developmental disability or mental illness. The presence of a serious mental illness does not automatically preclude the individual’s admission to the SLP.

If the preadmission screen completed by the DoA CCU agency or the DHS DRS agency identifies a suspicion of an intellectual/developmental disability or mental illness, an additional evaluation must be completed by the appropriate DHS Division.

The DHS Division of Developmental Disability (DDD) Independent Service Coordination (ISC) agency completes the additional evaluation to determine whether there is an intellectual or developmental disability.

The DHS Division of Mental Health (DMH) designated Mental Health Prescreening and Resident Review (MH PASRR) agency completes the additional evaluation to determine the seriousness and persistence of risks and needs related to any serious mental illness and whether these exceed the capacity of the SLP.

If the evaluation determines the individual has an intellectual/developmental disability or a serious and persistent mental illness in which those needs of the individual are not able to be met by the SLP, the individual will be determined to not be appropriate for SLP admission.

Conversion Screens

An individual who enters the SLP as private pay and later converts to Medicaid while in the SLP, must complete the preadmission screening process at that point in time. The conversion screen will be performed by the Department of Healthcare and Family Services’ Bureau of Long Term Care (BLTC) field staff. The SLP should contact their BLTC regional office to schedule a conversion screen when the resident becomes Medicaid-eligible. As with the preadmission screen, a conversion screen requires the individual to meet the NF LOC using the DON, or successor, assessment tool to allow Medicaid payment.

Transferring From a NF to SLP or from SLP to SLP

A resident transferring from a NF to a SLP, from SLP to SLP or returning from a temporary absence of less than 60 days does not require another determination of eligibility through completion of a new DON. However, if the individual has a history of an intellectual/developmental disability or mental illness, as evidenced in
the medical history accompanying the individual that is transferring, the SLP
provider must complete a referral for the special SLP evaluation to be completed
by the appropriate DHS DDD or DHS DMH agency. The additional evaluation
must be completed prior to the individual’s transfer to the SLP. This is a change
from prior procedures, in which the special MH PASRR evaluation could be
requested and completed after transfer to SLP.

The SLP provider shall not complete an extensive investigation of the individual’s
intellectual/developmental disability or mental health history, including mental
health diagnoses, conditions, or medications until the results of the DDD ISC or
DMH PASRR evaluation have been received. The SLP provider shall reserve the
determination of whether it can meet the needs of the individual until after these
processes have been completed. SLP provider non-compliance with the
preamission or conversion screening processes detailed above may result in
findings and recovery of payments, if appropriate.

Right to Appeal

The results of the determination for a NF LOC eligibility completed by the DoA
CCU or the DHS DRS agent shall be made available upon request to potential
participants of the SLP. The individual has the right to appeal the results.

An individual screened by the DoA CCU may file an appeal pursuant
to 89 Ill. Adm. Code Section 240.

An individual screened by DHS DRS may file for reconsideration pursuant
to 89 Ill. Adm. Code Section 510.

The results of the MH PASRR shall be made available to all potential participants
of the SLP. If an additional evaluation was completed by the DHS DMH PASRR
or DHS DDD ISC agent, the individual may appeal the determination pursuant to
89 Ill. Adm. Code Section 104.

An individual screened by the DHS DMH PASRR agent may file an appeal of
the determination by sending a written request to the Coordinator of PASRR
Services, Division of Mental Health, 319 East Madison, Ste 3B, Springfield,
IL 62701.

An individual screened by the DHS DDD ISC agent may file an appeal of the
determination as outlined on Form IL462-1202 Notice of Individual’s Right to
Appeal Medicaid Waiver Determinations.pdf

Non-Discrimination Statement

No individual participating in the Supportive Living Program (SLP) shall be
discriminated against because of race, color, religious belief, political affiliation,
sex, national origin, or disability.

No person shall be improperly excluded from or denied participation in the SLP
based solely on the diagnosis of mental illness if the State’s designated screeners
find the individual otherwise eligible and appropriate for services within the
Program. Following completion of this screening, the SLP Providers shall
individually assess each eligible applicant in order to determine whether the SLP
Provider can meet the person’s needs. The SLP Providers remain subject to all
applicable State and Federal law, including the Americans with Disabilities Act and the Fair Housing Act.

Contact the Bureau of Long Term Care at 1-844-528-8444 toll free with questions regarding this notice.

Kelly Cunningham
Interim Administrator
Technical Assistance Guidance on Supportive Living Program Access for Individuals with Serious Mental Illness or Developmental Disability

The purpose of this Guidance is to clarify State policy and general procedures for appropriate access of persons with Serious Mental Illness (SMI) and Developmental Disability (DD) to the Supportive Living Program (SLP).

Supportive Living Program Description

The SLP provides an affordable assisted living model offering limited personal and health services integrated within apartment-style housing. The Program operates under the authority of a 1915 (c) Home and Community Based Services (HCBS) waiver of the Social Security Act. The SLP Waiver has two Target Populations, Elderly (65 and older) and Persons with Physical Disabilities (22–64), served in two respective types of SLP. The aim of the program is to preserve individual privacy and autonomy, while supporting health and wellness through a combination of medical and non-medical services. The SLP serves persons who would otherwise require Nursing Facility (NF) care, but whose individual needs can be met by the Program. The Department of Healthcare and Family Services (HFS) is the operating agency for the SLP Waiver and also has oversight and management responsibilities for the Program as the State Medicaid Authority.

An SLP provider must provide the following services and supports:

- intermittent nursing care
- social/recreational programming
- health promotion and exercise programs
- medication oversight
- ancillary services
- 24-hour response/security
- emergency call light
- daily wellbeing check
- personal care
- laundry
- housekeeping
- maintenance
- meals and snacks

Services in any other 1915 (c) HCBS Waivers are precluded while served in the SLP Waiver. However, SLP Waiver participants can receive medically necessary non-waiver Medicaid State Plan services for which they are eligible. Some Medicaid State Plan services will have utilization criteria that may preclude receipt while in a program of SLP level of service intensity (e.g. 24 hour on-site staffing). Individuals may also arrange for privately procured and funded services.
SLP providers are not only the landlords of the SLP apartment-style housing, but also are direct providers of Medicaid HCBS services and have substantial responsibilities for assuring the health and welfare of SLP Waiver recipients. The SLP rule prohibits providers from admission of individuals whose needs cannot be met and/or whose admission would seriously jeopardize the individual's health and welfare or those of other residents. The SLP Waiver and rule also require providers to report a range of critical incidents posing actual or potential harm to Medicaid beneficiaries in the program. HFS maintains oversight of the overall Waiver operation, as well as, SLP rule compliance, service provision, and quality assurance activities.

Further differentiating SLP from mainstream rental housing are several critical features of SLP, such as provider organization of social, recreational, and communal aspects of the program; residents' utilization of the more extensive common areas of the buildings; and the option of having meals in communal dining rooms. However, SLP providers also have a contractual landlord-tenant relationship with SLP Waiver recipients regarding their apartments and must comply with local landlord-tenant laws and applicable non-discrimination laws. The SLP providers must endeavor to fulfill obligations as both a Medicaid direct service provider and housing provider.

HCBS Waivers require the State to specify the Target Populations that will be served in the program. The SLP Waiver’s services, staffing, training, and program design address the needs of the specified Target Populations. The SLP model was not designed around the needs of the SMI or the DD populations, nor was included as a Target Population in Illinois’ federally approved SLP Waiver. It should also be noted that SLP is not a referral option to address needs related to SMI or DD within either the SMI or DD service systems. Nevertheless, there are individuals with SMI or Mild DD, and also physical disabilities or aged 65 and older who qualify for, need, prefer, would benefit from, and can be effectively served in the Program. The presence of SMI or DD does not automatically preclude SLP admission for an individual with the activities of daily living needs for which SLP was designed.

**Determination of Waiver Eligibility for SLP**

SLP Waiver applicants must meet Medicaid financial eligibility standards. In addition, SLP applicants must also meet criteria for a Nursing Facility Level of Care (NF LOC). In accordance with the approved SLP Waiver, the functional component of eligibility is determined either by Care Coordination Unit (CCU) agencies designated by the Department on Aging or by the DHS Division of Rehabilitation Services, using the Determination of Need (DON) assessment. Individuals residing in NFs are deemed as meeting NF LOC by their NF residence and do not require a new DON assessment to transfer to SLP.
Individuals with indications of SMI or DD must also be screened for confirmation of the SMI or DD and, if confirmed, receive a specialized SLP assessment as described in the next section. This must occur before transfer from the NF to the SLP, although the individual does not require determination of functional eligibility for the NF level of Care. In most cases, the CCU or DRS staff will identify the need for this screening and make the appropriate referral contact with the SMI or DD screening agent. In instances of individuals who will be transferring directly from the NF, either the discharging NF or the potential receiving SLP provider will have to request the SMI or DD screening. The request for the SMI and/or DD screening should be based on documentation or strong indications of SMI or DD from the NF medical record, medical history, or collateral sources. The SLP provider that is considering admission will already be engaged in its own direct assessment of the individual, since no new NF LOC determination is required for basic SLP Waiver eligibility. Requests for the SMI and DD screening should not involve excessively broad or deep exploration of records to find any small potential indication of SMI or DD diagnosis by the NF or SLP. Neither should a referral for the SMI or DD screening lead to conclusions about the appropriateness of the applicant’s admission by the SLP provider at the point of this screening request.

Screening and Special Assessment for Individuals with SMI or DD

Discrimination based on the presence or suspicion of SMI or DD diagnosis or disability is clearly prohibited in admissions to the SLP. However, significant needs and risks related to an individual SLP applicant’s SMI or DD are legitimately considered in the admission approval process, as is the case with significant needs and risks arising from medical/physical diagnoses and disabilities. The SLP rule includes procedures to protect individual rights when involuntary discharge of admitted individuals is sought by the provider, including discharges sought based on provider assertion of inability to meet the person’s current needs and risks. Contractual lease provisions protect the rights of admitted individuals as well. Admission decisions must be made with due attention to capacity to effectively address individual needs, as well as care to avoid all forms of discrimination. To ensure non-discriminatory and appropriate access to SLP, an independent specialized assessment is conducted by appropriate State-designated assessors for applicants with SMI or DD.

The state-designated assessors who carry out the federally mandated NF Pre-Admission Screening and Resident Review (PASRR) processes for the DHS Division of Mental Health (DMH) and for the Division of Developmental Disabilities (DDD) assess the suitability of the SLP setting and services in relation to individual needs and risks related to the SMI or the need for active DD treatment. For DMH, these entities are MH PASRR agents. For DDD, PASRR is part of the function of Independent Service Coordination (ISC) agencies. Referrals to these agencies will result in an initial screening to determine if SMI or DD is present. Not all screens will confirm
SMI or DD requiring the specialized assessment and will be returned to the SLP provider and applicant indicating that result.

The MH PASRR or DD ISC assessment results in a determination of the likely appropriateness of the SLP setting and services to meet the individual’s needs and, if appropriate, a MH PASRR or DD ISC approval. If the results indicate that SLP admission would not be appropriate, the negative determination is conveyed to the individual, as well as the SLP provider. Individuals have a right to appeal negative determinations through DMH or DDD respectively. It should be emphasized here that, if one SLP provider declines the admission, the MH PASRR or DD ISC determination can be utilized in application for admission with other SLP providers.

**SLP Admission Assessment and Decision**

The SLP provider community is expected to operate in compliance with this State policy and rules regarding non-discriminatory access in their admissions policies, processes, and communications. Going forward, SLP providers are required to delay admission decision-making and extensive exploration of an individual’s possible SMI or DD until the results of the MH PASRR or DD ISC assessment are received. Upon receipt of the determination, SLP providers will conduct their own more detailed assessment of capacity to meet individual needs. Based on all the information, the SLP will make a decision on admission.

For a three year period, SLP providers will be required to keep logs and record information about all SMI inquiries, all applications, accepted admissions, and declined admissions with rationale to resolve concerns specific to access for this population. HFS will periodically review these logs to support compliance efforts.

2/1/19