

**maximus**

**ILLINOIS:  
SUPPORTIVE LIVING  
PROGRAM**



## Purpose and Objectives



High-level overview of SLP

- Intentional screening



Outcomes



Q&A

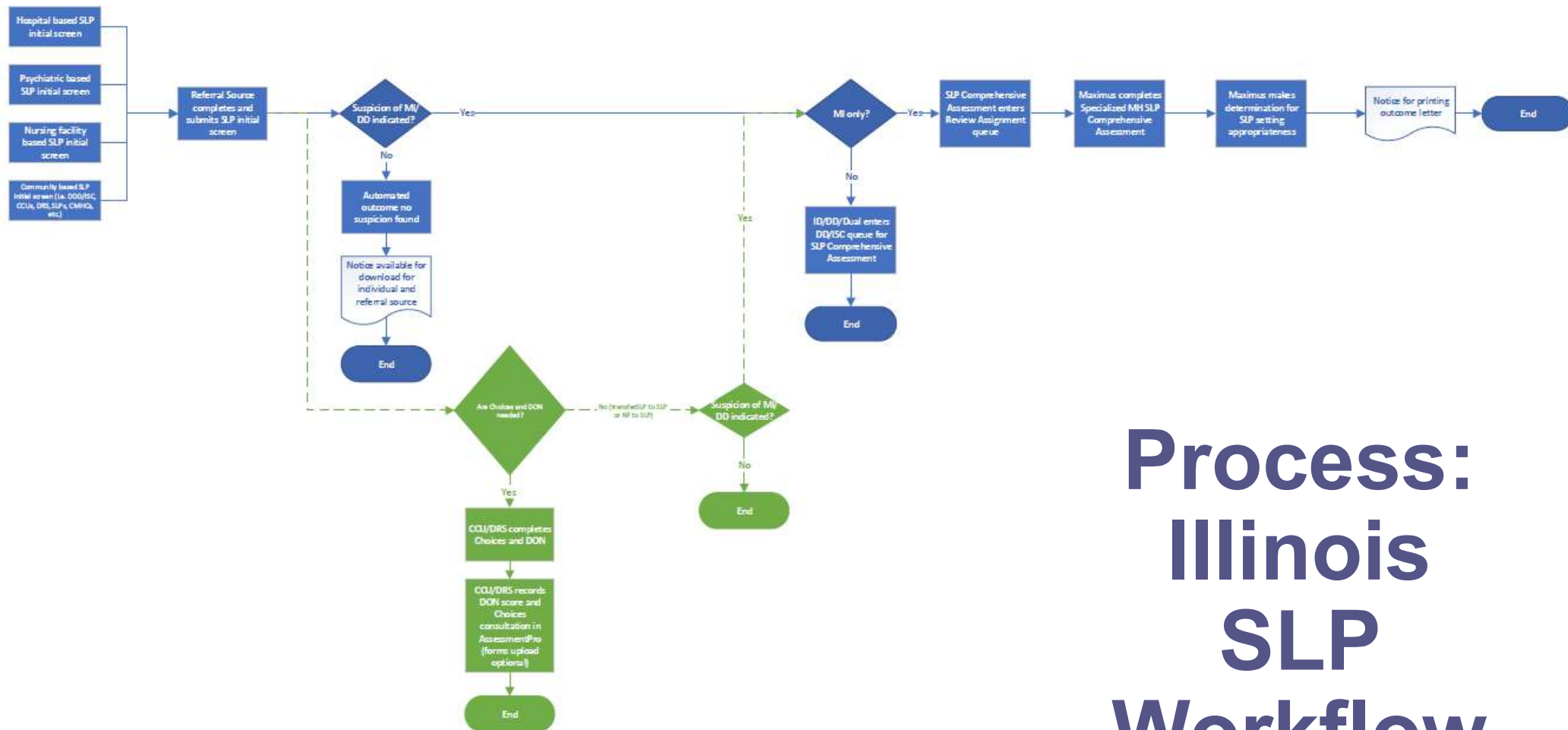
# Reason for the Change

- ✓ HOPE Settlement
- ✓ Streamline the process
- ✓ Transparency
- ✓ Records and reporting

# Supportive Living Programs

## Program Description and Intent

- ✓ Alternative to nursing facility care for low-income older persons and persons with physical disabilities under Medicaid
- ✓ Helps residents live independently and take part in decision-making.
- ✓ Personal choice, dignity, privacy, and individuality are emphasized.
- ✓ Waiver services that are not routinely covered by Medicaid.
  - Including: personal care, homemaking, laundry, medication assistance, social and health activities, recreation, and 24-hour staff to meet residents' needs.



# Process: Illinois SLP Workflow



# SLP INITIAL SCREENS



# SLP Initial Screen Part 1: Demographics

## Part I: Demographics

First Name		Middle Initial	Last Name		Suffix
Mailing Address					
City		State	Zip	County	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Phone Number	Unique Identifier <input type="checkbox"/> Social Security Number <input type="checkbox"/> Passport ID <input type="checkbox"/> Temporary Resident ID <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Medicaid ID <input type="checkbox"/> AssessmentPro IID <input type="checkbox"/> The individual doesn't have any of these IDs Identifier Number: _____				
Date of Birth	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced				
Payment Method <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Self-Pay <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid/Long-Term Care Pending Medicaid ID: _____ Medicare ID: _____			Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino/Spanish <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (specify): _____		
Current Location <input type="checkbox"/> Community Setting <input type="checkbox"/> Critical Access Hospital <input type="checkbox"/> Hospice Care Facility <input type="checkbox"/> Medical Facility Medical Unit <input type="checkbox"/> Medical Facility ER/ED <input type="checkbox"/> Medical Facility Psych Unit <input type="checkbox"/> Psychiatric Facility <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Shelter <input type="checkbox"/> PACE Facility <input type="checkbox"/> Home <input type="checkbox"/> SLP <input type="checkbox"/> SMHRF <input type="checkbox"/> Other (specify): _____			Current Location Address  Admission Date <input type="text"/> Current Location Phone Number <input type="text"/>		
What has been his/her typical living situation over the past year? <input type="checkbox"/> Home alone <input type="checkbox"/> Home w/natural supports <input type="checkbox"/> Home w/paid supports <input type="checkbox"/> Assisted living <input type="checkbox"/> Nursing facility <input type="checkbox"/> Shelter <input type="checkbox"/> Group home <input type="checkbox"/> Psychiatric facility <input type="checkbox"/> Correctional Facility <input type="checkbox"/> ICF/IID <input type="checkbox"/> SLP <input type="checkbox"/> SMHRF <input type="checkbox"/> Homelessness <input type="checkbox"/> Other (specify): _____					
Prospective SLP Name			Prospective SLP Address		

## **Part II: Reason for Screening**

- ☐ Preadmission Screen: Initial Screening for SLP setting participation
- ☐ Transfer: Nursing Facility to SLP Setting
- ☐ Transfer: SLP setting to SLP setting
- ☐ Expiration of prior SLP screen or assessment
- ☐ Conversion: Private pay SLP participant converting to Medicaid

SLP Initial Screen

Part 2: Reason for Screening



### Part III: Reasonable Basis To Suspect A Developmental Disability

The individual has been formally diagnosed with Intellectual Disability (ID), Developmental Disability (DD) such as Cerebral Palsy, Epilepsy, Autism, or any other condition ( <u>other than</u> mental illness) found to be closely related to ID/DD because this condition results in impairments of general intellectual functioning or adaptive behavior similar to that of individuals with Intellectual Disability and requires services similar to those required for such individuals <b>AND</b> the condition was manifested prior to the age of 22	<input type="checkbox"/> No <input type="checkbox"/> Yes. Indicate applicable condition: <input type="checkbox"/> Intellectual Disability (ID) <input type="checkbox"/> Developmental Disability (DD) <input type="checkbox"/> Other (specify):
The individual experienced seizures prior to the age of 22.	<input type="checkbox"/> No <input type="checkbox"/> Yes
The individual has received special education and/or day program services.	<input type="checkbox"/> No <input type="checkbox"/> Yes
The individual remained at home with family and did not go to school or work.	<input type="checkbox"/> No <input type="checkbox"/> Yes
There are other indicators of intellectual or developmental disability.	<input type="checkbox"/> No <input type="checkbox"/> Yes. Specify other indicator(s):

SLP Initial Screen

Part 3:

Reasonable Basis to Suspect a Developmental Disability

#### Part IV: Reasonable Basis To Suspect A Mental Illness

The individual has been formally diagnosed with a mental illness verified by a DSM-IV classification which substantially impairs the person's cognitive, emotional and/or behavioral functioning, <u>excluding</u> organic disorders/dementia, developmental disabilities, and alcohol/substance abuse.	<input type="checkbox"/> No <input type="checkbox"/> Yes
The individual has a history of psychiatric hospitalization.	<input type="checkbox"/> No <input type="checkbox"/> Yes
The individual has a history of outpatient mental health services.	<input type="checkbox"/> No <input type="checkbox"/> Yes
There are other indicators of mental illness.	<input type="checkbox"/> No <input type="checkbox"/> Yes. Specify other indicator(s):

SLP Initial Screen

Part 4:

Reasonable Basis to Suspect a Mental Illness

# SLP Initial Screen

## Part 5: Guardianship & Physician Information

### Guardianship & Physician Information

Does the individual have a legal guardian? ☐ No legal guardian. ☐ Yes, information is below:

Legal Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Referral Source Signature

I attest that the information submitted herein is true and accurate to the best of my knowledge. I understand that misrepresentation of the individual in the screen is considered Medicaid fraud.

Print Name:	Signature:	Date:     /     /
Agency/Facility:	Phone:	Fax:

# SLP Initial Screen

## Part 6: Referral Source Signature

## Who receives a SLP Screen?

**Anyone who is seeking potential admission to an SLP**

- + Aged 22-64 with a physical disability
- + Aged 65 or over
- + Has medical need for SLP level of care

# SLP Eligibility Criteria

- U.S. citizen or legal alien
- Resident of the State of Illinois
- Persons aged 22-64 who have a physical disability (as determined by the Social Security Administration), or persons aged 65 or over
- A completed screening, and comprehensive assessment when needed, with a DON score of 29
- Be checked against required sex offender websites
- Documentation of tuberculosis (TB) testing in accordance with the Control of TB Code showing absence of active TB
- Not a participant in other HCBS waiver programs
- Income equal to or greater than current maximum allowable amount of Supplemental Security Income (SSI), and must contribute all but \$90 each month toward lodging, meals, and services

# When to Submit the Initial Screen

Reason for Screening	What does this mean?
Preadmission screen	The individual not considered a SLP resident at this time but is seeking prospective residency and needs evaluated for any persistent needs and/or risks related to a suspicion of a SMI.
Transfer: Nursing facility to SLP setting	<p>This option would apply if the resident has not transferred from the nursing facility system (even if she/he is medically or psychiatrically hospitalized).</p> <p>Those seeking prospective SLP residency need evaluated for any persistent needs and/or risks related to a suspicion of a SMI.</p>
Transfer: SLP setting to SLP setting	<p>*This option would apply if a current SLP resident is seeking a transfer to a different/new SLP setting (even if she/he is medically or psychiatrically hospitalized).</p> <p>Those seeking prospective SLP residency need evaluated for any persistent needs and/or risks related to a suspicion of a SMI. This decision is up to the SLP setting if eligibility is approved.</p>
Expiration of prior SLP initial screen or assessment	<p>A previous SLP comprehensive assessment is expiring or has expired. The initial SLP screen is valid for 90 days</p> <p>Suspected or known SMI again requires an evaluation of persistent needs and/or risks.</p>
Conversion: Private Pay SLP participant converting to Medicaid	A current SLP participant who has been privately paying for the SLP setting is now eligible for Medicaid.



# Screening Determinations

- ✓ No SLP Comprehensive Assessment Required-No Reasonable Basis to Suspect SMI/ID/DD
- ✓ Refer for SLP Comprehensive Assessment (SMI)
- ✓ Refer for an SLP Comprehensive Assessment (ID/DD)

# After the Assessment

- ✓ Determination
- ✓ Findings report
- ✓ Consideration of placement options

# Comprehensive Assessment Outcomes

- ✓ SLP Setting Appropriate
- ✓ SLP Setting Not Appropriate
- ✓ SLP Setting Appropriateness Assessment has been Withdrawn
- ✓ SLP Setting Assessment has been Cancelled

**VERY  
IMPORTANT!**



# Project Timeline: SLP

## **March: Intro Webinars**

*Webinar series providing overview of changes and a quick look at system*

## **March – April: Training**

*Step-by-step instruction for all system users, providing what you need to know to complete your work*

## **April 18: Go-Live**

*The new referral process will go live on April 18, 2022*

Title	Date	Time	Subjects
SMHRF Process and intent	5-Apr	1:00pm	All about SMHRFs: who can go; process & timing
	6-Apr	11:00am	Understanding the intent of the SMHRF programs, who is eligible, and the process and timing for the referrals
	7-Apr	1:00pm	
AssessmentPro - SLP	12-Apr	1:00pm	Review: PASRR overview, process, APro
	13-Apr	11:00am	Review of AssessmentPro and the new process before go-live
	14-Apr	1:00pm	
AssessmentPro – SMHRF	12-Apr	9:00am	Review: PASRR overview, process, APro
	13-Apr	2:00pm	Review of AssessmentPro and the new process before go-live
	14-Apr	9:00am	
Q&A	18-Apr		Q&A
	19-Apr		A chance for you to pop in and ask your questions. No material will be presented.
	20-Apr		
	21-Apr		
	22-Apr		
	25-Apr		
	26-Apr		
	27-Apr		
	28-Apr		
	29-Apr		

# MAXIMUS CONTACT

**Maximus IL User Tools site:**

[https://maximusclinicalservices.com/svcs/illinois\\_pasrr](https://maximusclinicalservices.com/svcs/illinois_pasrr)

*Also accessible through the Resources link in AssessmentPro*

**Help Desk**

[ILSLP@maximus.com](mailto:ILSLP@maximus.com)

*Subject line: Add me to the email list!*

*Include your name, facility/agency/entity, and role*





# QUESTIONS & ANSWERS