

If you do not agree with the SMHRF assessment decision, you have options.

The Specialized Mental Health Rehabilitation Facility (SMHRF) decision made can be found in this packet on the page titled *Notice of SMHRF Evaluation Outcome*. A general explanation of that decision can be found in this packet on the page titled *SMHRF Outcome Explanation*. The specific reason for your determination can be found in the *SMHRF Determination Summary* that was also included in this packet.

- **You can ask Maximus to reconsider the SMHRF decision.**

This is not required. A reconsideration gives you (or someone you choose) a chance to explain your concerns or share information. Maximus will review your case again to see if the decision should be changed. If you are satisfied with our review, you might decide a fair hearing isn't needed. This may be the quickest way to resolve your concerns.

- **You can ask for a Fair Hearing.**

This is not required but is your State and Federal right. A fair hearing is a chance to tell a hearing officer why you disagree with the SMHRF decision. The hearing officer will hear all evidence and the arguments submitted during the appeal of your case. You must a fair hearing within 60-days from the *Date of Determination* found on the *Notice of SMHRF Evaluation Outcome*. Asking for a reconsideration (see previous paragraph) does not change the 60-day time frame for requesting a fair hearing. There is additional information about the fair hearing process on the next page.

- **You can ask for both a reconsideration and a Fair Hearing.**

A reconsideration may resolve your concerns more quickly. If you ask for both a reconsideration and a Fair Hearing and are satisfied by the outcome of the reconsideration, you can cancel the Fair Hearing at any time.

- **You can take no action.**

The SMHRF decision on the *Notice of SMHRF Evaluation Outcome* will stay the same.

To Request a SMHRF Reconsideration

You (the person this decision is about), your legal guardian, the facility/provider, or other authorized person must contact Maximus by phone, email or fax within five (5) calendar days of the *Date of Determination* found on the *Notice of SMHRF Evaluation Outcome*.

Maximus Phone: 833.727.7745

Maximus Email: [**ILSMHRF@maximus.com**](mailto:ILSMHRF@maximus.com)

Maximus Fax: 877.431.9568

Maximus is also available to help answer questions about the SMHRF decision, as well as your reconsideration and Fair Hearing options.

What to Expect Next

Once you have requested a reconsideration:

- Maximus will review your case and involve others as needed.
- Within five (5) calendar days of your request you will get a written notice showing the decision was reconsidered which may or may not change the original decision.

To Request a Fair Hearing

You have the right to ask for a fair hearing if you disagree with the SMHRF assessment decision and you make the request within 60 calendar days of the *Date of Determination* found on the *Notice of SMHRF Evaluation Outcome*.

A fair hearing is a chance for you to have the Illinois Department of Human Services (DHS) Bureau of Administrative Hearings (BAH) review the SMHRF assessment decision that you disagree with. This is sometimes called an *appeal*.

You (or someone you choose) have the right to request an expedited fair hearing if your life, health or ability to attain, maintain, or regain maximum function are in jeopardy.

You also have the right to examine the contents of your case file and electronic account and all documents and records to be used by the State, local agency, and skilled or non-skilled nursing facility at a reasonable time before the date of hearing and during the hearing.

During the hearing:

- An impartial hearing officer will listen to the facts of your case, consider the evidence that applies to your situation and then decide if the assessment decision was correct.
- You may bring may represent yourself or authorize someone else, such as a lawyer, relative, friend, or other spokesperson. You can also bring witnesses.
- You (or your authorized representative) will have an opportunity to present your argument without undue interference, question or refute evidence or testimony, including confronting or cross-examining witnesses (Code of Federal Regulations at 42 CFR § 431.242: Procedural rights)

To request a Fair Hearing complete the Fair Hearing Request Form (on the next page), within 60 days of the date on the *Date of Determination* found on the *Notice of SMHRF Evaluation Outcome* and send it to Maximus by fax, email, mail or phone:

Maximus Fax: 877.431.9568

Maximus Email: ILSMHRF@maximus.com

Maximus Mail:

Attn: Maximus Clinical Services: Illinois
2555 Meridian Blvd
Suite 250
Franklin, TN. 37067

You can also call Maximus at 833.727.7745 and we will help you submit the Fair Hearing form and give you a copy for your records. Maximus is available to answer questions about the SMHRF decision and your reconsideration and Fair Hearing options.

What to Expect Next

Once you have submitted a fair hearing request form:

- Maximus will give your fair hearing request form to the Department of Human Services

(DHS) *within one business day*.

- *Within ten business days of receiving the request*, the DHS will:
 - Conduct an informal review of your case and reverse, modify, or leave the decision unchanged and
 - Provide, in writing, the outcome of their informal review to you, your representative, your facility/provider, and the DHS.
- If the decision is unchanged after the informal review, the DHS will schedule a state fair hearing at the first available opportunity, and you will receive a Hearing Schedule Letter with the date and time of the hearing.
- A decision on the appeal will be given to interested parties with 60 days from the date the appeal was requested unless additional time is required for proper disposition.
- You will receive a Final Administrative Decision on your appeal and appropriate actions will be taken to implement that decision within 90 days from the time you requested the appeal unless you request a delay of your hearing.
- If the determination in this notice would suspend, terminate or reduce services or benefits *you are already receiving*, those benefits or services will continue until your appeal is decided.

This information is available in other formats/languages by contacting Maximus.

SMHRF Fair Hearing Request Form

Name:

Email:

Address:

Telephone No.

(____)_____

Date of Birth: ____/____/____

Individual ID Number:

**You can find the Individual ID number
on the page titled Notice of SMHRF
Evaluation Outcome*

I do not agree with the SMHRF decision taken on my case. I am requesting a fair hearing because:

Use the back of this form or attach additional pages if you need more room to write.

X _____

Signature

Date

Fax this request to:

Maximus Clinical
Services/Illinois
877.431.9568

Mail this form to:

Maximus Clinical
Services/Illinois
2555 Meridian Blvd
Suite 250
Franklin, TN. 37067

Call or email the

Maximus helpdesk:

833.727.7745
ILSMHRF@maximus.com

Illinois Community Resources

Illinois Department of Aging (IDOA)

Programs and services for persons 60 years of age and older and their caregivers (available Mon-Fri: 8:30am -5pm).

Senior Helpline: 1-800-252-8966 or 711 (for Telecommunications Relay Services for speech or hearing needs)

Division of Developmental Disabilities (DDD)

Service options and eligibility determinations for persons with qualifying developmental disabilities.

**1- 888-337-5267 [Voice] or
1-866-376-8446 [TTY]**

Division of Mental Health (DMH)

Mental health assessment and services for adults diagnosed with a mental illness or emotional disturbance and an impaired level of functioning.

1- 800-843-6154 [Voice] or 1-866-324-5553 [TTY]

Division of Substance Use Prevention & Recovery (SUPR)

Treatment services for alcoholism & addiction.

1- 866-213-0548 [Voice] or 1-866-843-7344 [TTY]

Division of Rehabilitation Services (DRS)

For those with disabilities and their families

1- 877-581-3690 [Voice] or 1-866-324-5553 [TTY]

Illinois Housing Search

Information about rental properties and help to find housing (available Mon-Fri, 8:00 am - 7:00pm CDT)

Call: 1-877-428-8844 or 711 (TTY)

Email: info@socialserve.com

Website: www.ILHousingSearch.org

Illinois Department of Human Services (IDHS) Helpline

Information about Illinois housing programs

1-800-843-6154 (Voice) or 1-866-324-5553 (TTY)

Experiencing or at Risk of Homelessness?

Information about homelessness resources:

<https://housingactionil.org/get-help/resources-homeless/>

Cook County: Comprehensive Class Member Program Information

Adults in Cook County SNFs or Illinois SMHRFs who can get Medicaid and who may be able to live in the community with the right supports and services.

IDHS Williams/Colbert hotline (312) 793-7205 or

Email: DHS.ColbertDecree@Illinois.gov or

DHS.WilliamsConsentDecree@Illinois.gov

Application for Benefits Eligibility (ABE)

Apply for cash, SNAP or medical assistance

ABE hotline: 1-800-843-6154

711 (Telecommunications Relay Services for speech or hearing needs)

Ombudsman Program

Advocacy to protect rights and improve the care of older persons and adults with disabilities who receive services in a variety of settings

**Senior Helpline at 1-800-252-8966 or
711 (Telecommunications Relay Services for speech or hearing needs)**

Illinois Warm Line

Phone based, pre-crisis, peer support for mental health and/or substance use challenges.

Call: 866-359-7953

Veterans' Crisis Line

For veterans in crisis or those concerned about a vet. Open to all service members, including the National Guard and Reserves. Enrollment in VA benefits is not required.

1-800-273-8255 or Text: 838255

211 (*dial 211 from any phone)

Health and human service assistance for non-emergency crisis and everyday needs (free, anonymous and confidential).

Illinois Call4Calm Text Line

Emotional support for you or a loved one who is dealing with stress related to the COVID-19 pandemic.

For English, text: TALK to 552020

For Spanish, text: HABLAR to 552020

Suicide and Crisis Lifeline

Suicide prevention network serving those in crisis or emotional distress (free, confidential, available 24/7).

Dial 988 or text 988 or chat with Lifeline here:

www.988lifeline.org