

maximus

**ILLINOIS:
SPECIALIZED MENTAL
HEALTH REHABILITATION
FACILITY PROGRAM**



Purpose and Objectives



High-level overview of SMHRF

- Intentional referrals
- Inclusionary and exclusionary criteria



Diversion

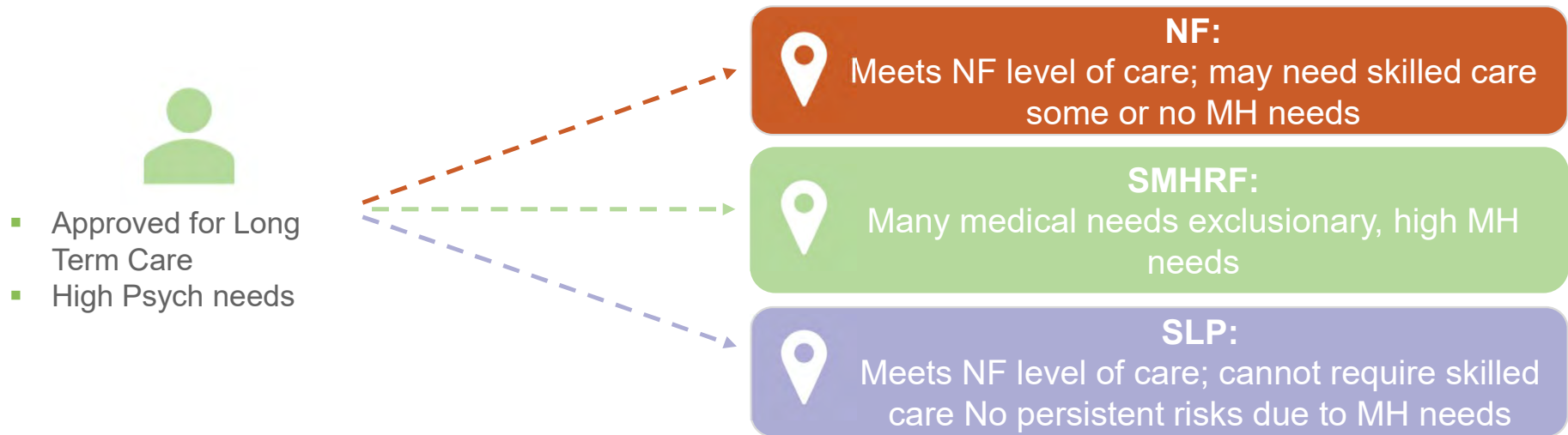


Q&A

A man with short dark hair, wearing a blue and white plaid button-down shirt, is shown from the chest up. He is looking slightly to his right with a thoughtful expression, holding a silver pen to his chin. In the foreground, the back of a woman with long brown hair is visible, slightly out of focus. The background is a blurred office setting with a whiteboard and some papers.

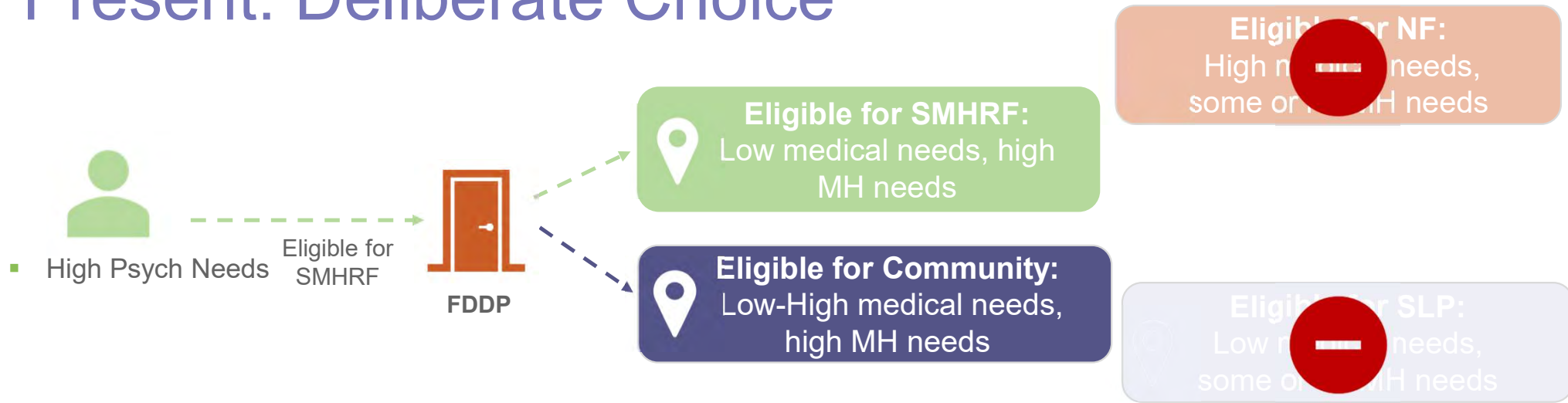
BACKGROUND: IL SMHRF

Past: Approval Gave 'Access' to All Facility Types



In the past, one approval could give access to all facility types, regardless of criteria/eligibility for the location

Present: Deliberate Choice



Despite the path, the individual may choose Community options, if available and **eligible**

Present: Deliberate Choice



Follow-up Visits identify barriers to discharge

Facility Options to Move to Community



Eligible for NF:
High medical needs,
some or no MH needs

Short-term approvals
Follow-up visits



Eligible for SMHRF:
Low medical needs, high
MH needs

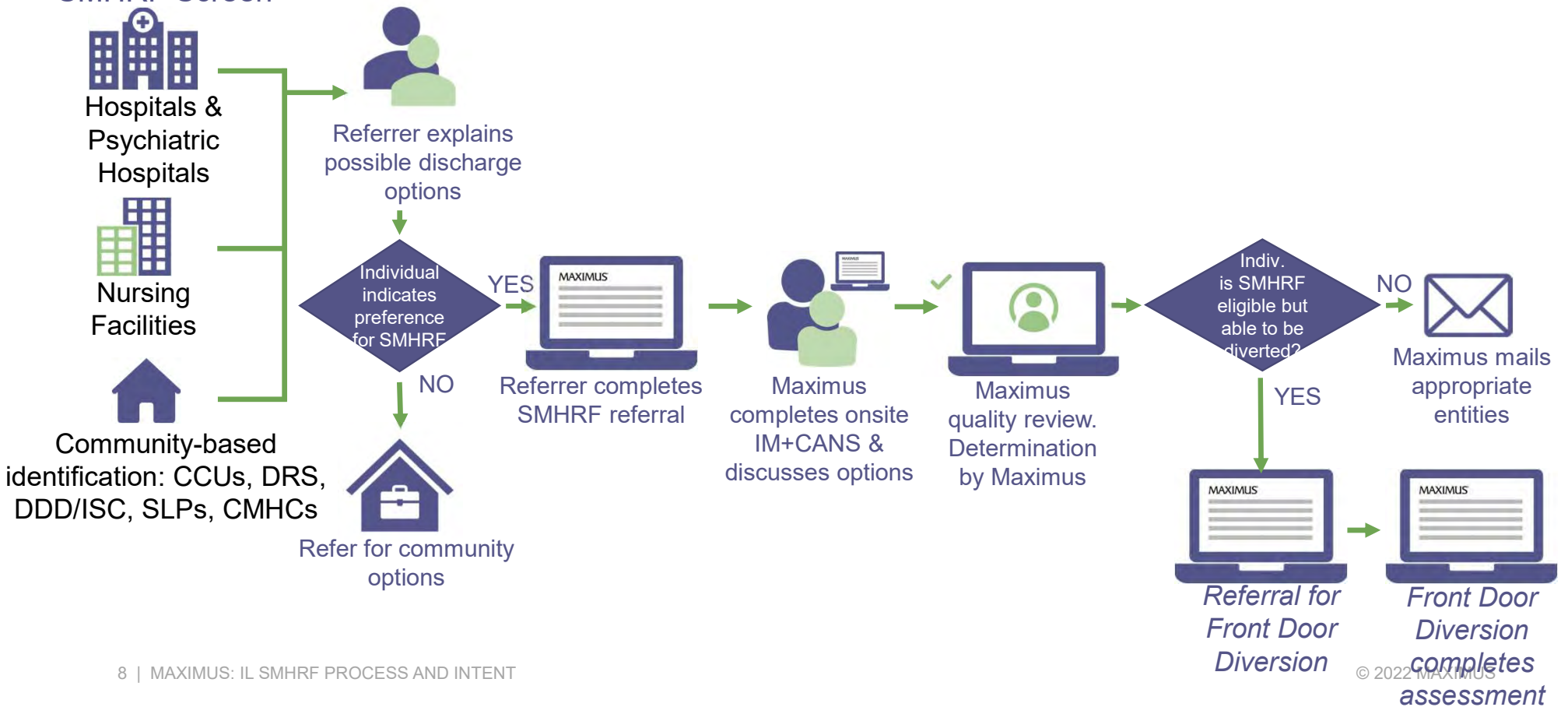
Short-term approvals
Short-term eligibility reassessments



Once admitted, individuals still have path to community though follow up visits and reassessment upon expiration of short-term approvals

SMHRF Workflow

Location-based SMHRF Screen



SMHRF

- SMHRF is a freestanding residential treatment facility for individuals living with a mental health condition
- Authorization is required for admission to SMHRF
- Designed to provide long-term mental health care including:
 - ✓ Individual therapy
 - ✓ Group therapy
 - ✓ Skills-building
 - ✓ Medication management
 - ✓ 24-hour supervision

WILLIAMS CONSENT DECREE IN ILLINOIS 2010

The lawsuit alleged that people with serious mental illness are unnecessarily confined in Institutes for the Mentally Diseased (IMDs), which are now classified as Specialized Mental Health Rehabilitation Facilities (SMHRF).

The Consent Decree mandates that “no individual with a serious mental illness (SMI) who is determined to be able to live in a community-based setting shall be admitted into a long-term care facility (LTC) before first being offered community-based services.”

The Front Door Diversion Program (FDDP) began as a pilot in 2017 with 3 community mental health providers to support the State’s efforts of offering community-based services in lieu of a SMHRF placement. FDDP expanded in 2019 and is a DHS grant-funded program.

Class Members have the rights to live in the most integrated settings possible, through concerted efforts to divert people from inappropriate placement into, and transition eligible people out of, Illinois’ 24 SMHRFs

- ✓ 18 years of age or older
- ✓ Need to develop self-sufficiency skills
- ✓ Must have diagnosis of SMI
 - E.g., schizophrenia, bipolar d/o, MDD, etc.
 - Moderate to severe functional impairment
 - Symptoms for at least 90 days

SMHRF INCLUSIONARY CRITERIA

- ✓ Can't be primary substance use disorder
- ✓ Can't be primary dementia
- ✓ Can't have moderate, severe, or profound IDD
- ✓ No significant medical needs
- ✓ Can't be non-ambulatory
 - Must be able to walk safely without supports

SMHRF EXCLUSIONARY CRITERIA

Clinical Exclusionary Criteria

- ✓ Substance use requiring detox or current risk of overdose and/or recent overdose (not intentional as attempt at self-harm)
- ✓ History of significant violent behavior that includes sexual offenses and fire setting with limited or lack of remorse that has occurred or is likely to occur across multiple domains (as opposed to being directed toward a specific person/circumstance)
- ✓ History of being found not guilty by reason of insanity (NGRI) based on committing a violent act, such as sexual assault, assault with a deadly weapon, arson, or murder

Clinical Exclusionary Criteria

- ✓ an individual requiring a locked setting;
- ✓ an individual requiring psychiatric hospitalization because of an acute psychiatric crisis;
- ✓ an individual who is actively suicidal or violent toward others;
- ✓ an individual who has been found unfit to stand trial;
- ✓ an individual transferred by the Department of Corrections pursuant to Section 3-8-5 of the Unified Code of Corrections. (Section 1-102 of the Act)

Medical Exclusions

Requires skilled nursing care	Electrocardiogram monitoring
Has limited feeding capacity	Conditions present that require urgent surgery
Swallowing problem is present with recurrent aspiration	Medically significant risk present for complications due to drug withdrawal
Catheter (including Foley, feeding tube, NG tube, central lines)	Medically significant bleeding
Medically significant complications due to recent major medical trauma	Communicable disease requiring isolation
Acute neurological symptoms	Delirium
Unstable seizure disorder	Methadone dependency
Ongoing nebulizer treatment	Toxic levels of medication or at risk to become toxic
Fall risk	

The IM+CANS-Building Upon the CANS/ANSA for IL

CANS and ANSA

- The CANS and the Adult Needs and Strengths Assessment (ANSA) are communimetric tools developed to support care planning, LOC decision-making, facilitate QI initiatives, and monitor outcomes
- Identifies strengths and needs with a 4-level rating scale (0 to 3), along with anchored definitions that translate into action levels
- Each item suggests different pathways for service planning

IM+CANS

- Collaborative effort between the Illinois Departments of Healthcare and Family Services (HFS), Human Services-Division of Mental Health (DHS-DMH, and Children and Family Services (DCFS)
- At the core of the IM+CANS is the CANS and ANSA, with additional data fields supporting a fully Integrated Assessment and Treatment Plan (IATP) approach
- Establishes a commonality of language between persons served, families, providers, and payer systems and reduces duplication collection of clinical data points
- Allows for a client-centered, data-driven approach

CANS Scoring



The majority of the CANS items are rated in the context of what is normative for the person's age and developmental stage

Item Rating: Action Levels

Rating Needs Domains

- | | |
|---|---|
| 0 | No evidence of need; no need for action. |
| 1 | History of or possible need; watchful waiting/prevention/additional assessment. |
| 2 | Need is interfering with functioning; action or intervention required. |
| 3 | Need is dangerous or disabling; immediate or intensive action required. |

Rating Strengths Domains

- | | |
|---|---|
| 0 | Centerpiece strength; central to planning. |
| 1 | Strength present; useful in planning. |
| 2 | Identified strength; consider strength building or development activities. |
| 3 | No strength identified; strength creation or identification may be indicated. |

Outcomes

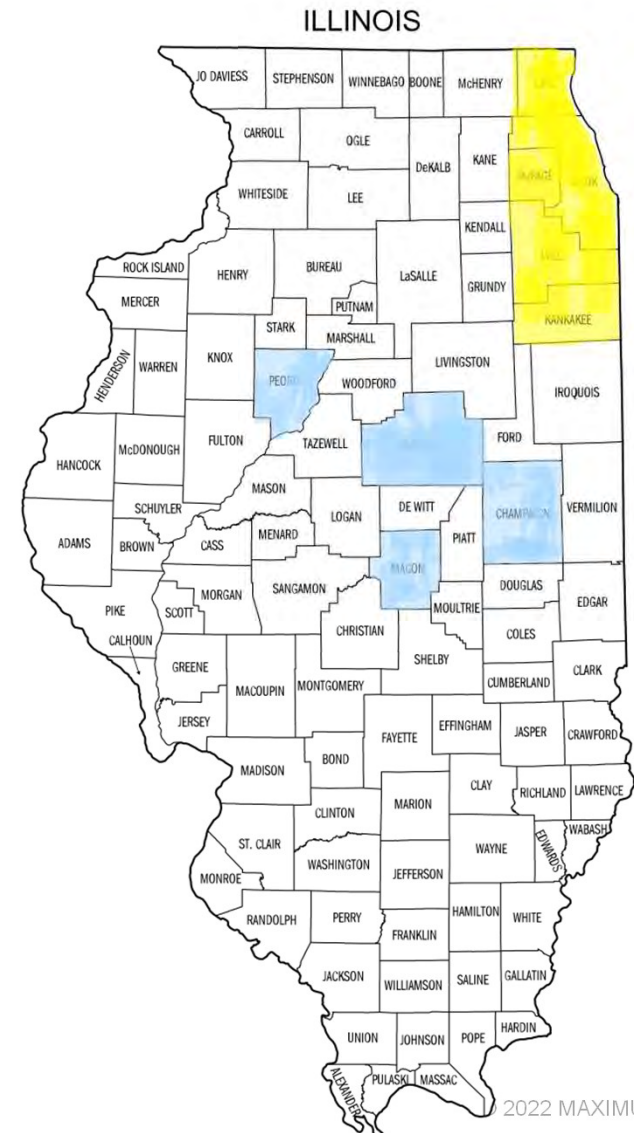
- ✓ SMHRF Ineligible—No SMI
- ✓ SMHRF Ineligible—Requires Inpatient Psychiatric Services
- ✓ SMHRF Ineligible—Primary Neurocognitive Disorder
- ✓ SMHRF Ineligible—Intellectual or Developmental Needs
- ✓ SMHRF Ineligible—Medical Needs
- ✓ SMHRF Ineligible—SMHRF Appropriateness
- ✓ SMHRF Eligible—Recommended for Front Door Diversion Referral
- ✓ SMHRF Eligible

A group of diverse people in a meeting. In the foreground, a woman with dark curly hair and a bright green top is looking towards the camera with a slight smile. Behind her, several other people are visible, including a man with short dark hair and a woman with long brown hair, all looking in various directions. The background is blurred, suggesting an indoor office or meeting space.

Front Door Diversion

Front Door Diversion

- **6 Front Door Providers:** Envision Unlimited, HRDI, Kenneth Young Center, National Youth Advocate Program, Thresholds, and Trilogy.
- **46 hospitals** work with the FDDP in Cook, DuPage, Lake, Kankakee, and Will county. FY23 expansion plans include adding 5 new hospitals in 4 counties.
- **Goal:** To offer community-based services and supports to individuals before being admitted into a SMHRF.



FRONT DOOR DIVERSION

FDDP provides community-based services and support to individuals who would otherwise likely be admitted to Specialized Mental Health Rehabilitation Facilities (SMHRFs), including:

- Temporary/Transitional and/or Permanent Supportive Housing;
- Community Outreach and Engagement;
- Linkage to Community Treatment; and
- Non-Traditional Support Services (such as emergency medications, food, clothing, cell phones, and transportation).

Service Overview

Eligibility for Front Door

- **Medicaid-Eligibility:** Individuals must either be enrolled in a Medicaid plan or be Medicaid eligible or dual-eligible.
- 18 years of age or older
- Eligible for **SMHRF** admission

*There are no severe mental or physical diagnoses or conditions that would exclude an individual from living in the community or being referred to the Front Door Diversion Program.

- Referrals are submitted via Maximus in *AssessmentPro* by either:

- 1) the participating FDDP hospital or
- 2) the FDDP provider



Front Door Referral Changes

1. All referrals for SMHRF determination submitted via Maximus in AssessmentPro.

2. Maximus Screeners will make contact for SMRHF evaluation within 48 hours.

3. The IM+CANS is the primary SMHRF evaluation tool to determine eligibility and make recommendations on level of care needs.

4. Goal is to make immediate referrals to Front Door Diversion Program (FDDP) to increase opportunities for community-based services for those eligible for SMHRF.

5. FDDP providers will screen individuals referred to FDDP within 24-hours receipt of referral from the Maximus screener.

6. Hospital discharge cannot take place until full assessment process is completed which includes FDDP provider engagement.

Rapid Reintegration

Opportunities for Diversion services are available within 59 days of SMHRF admission at 23 facilities in Illinois.

Our 6 FDDP providers receive admission census each week for the purposes of providing outreach to make determinations on Diversion services within 10 days of admission notice.

This process creates for opportunities to provide Diversion services for those discharging from FDDP non-participating hospital systems or perhaps when an individual requires short-term supports and services that exceeds the capabilities of a FDDP provider



PROCESS AND INTENT

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Recap on What's Changing

Today		Tomorrow (April 18 th !)
Today you have Level II approval from the PAS screener and use that for any facility type that may take the individual	▲	Tomorrow Maximus will complete SMHRF evaluations for all SMHRF-specific referrals and issue a determination about SMHRF eligibility
Today the PAS agent is responsible for referring to Front Door Diversion based on eligibility	▲	Tomorrow Maximus will refer electronically to Front Door Diversion directly based on assessment outcome (based on the person's location)
Today the PAS agent completes the initial screen (referral) and the assessment.	▲	Tomorrow the person's current location will be responsible for the referral
Today SMHRF referrals do not look at the SMHRF eligibility criteria	▲	Clinical alerts will tell you if the person is not eligible for SMHRF admission
Today PAS agents gather information on SMHRF admissions to inform Rapid Reintegration	▲	Tomorrow you'll enter census into AssessmentPro to inform Rapid Reintegration

**VERY
IMPORTANT!**



Project Timeline: SMHRF

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		<i>Registration times to be added</i>
	26-Apr		
	27-Apr		
	28-Apr		
	29-Apr		

MAXIMUS CONTACT

Maximus IL User Tools site:

https://maximusclinicalservices.com/svcs/illinois_pasrr

Also accessible through the Resources link in AssessmentPro

Help Desk

ILSMHRF@maximus.com

Subject line: Add me to the email list!

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



QUESTIONS & ANSWERS