



OTHER DAY PROGRAM REQUEST

Request for 30U Other day program (Non-Waiver Program)

This form is required as a supporting document when requesting approval for Other Day Program (30U) services. All people must be authorized by the Division of Developmental Disabilities for 30U Other Day Program Services. All people authorized for Other Day Program (30U) and Regular Work/Sheltered Workshop (38U) before July 1, 2019 MUST reapply for authorization for Other Day Program (30U) services. Service Providers and Independent Service Coordination Agencies have until December 31, 2019 to use this form to submit for individual's (30U) service authorization. Requests must include the Request for Alternative Day Program form (IL462-0285) and other required attachments listed in this form. The IL 462-0285 has a section "Reason for Request" which should not be checked for (30U). This document will serve as the supporting documentation to address the IL 462-0285 "Reason for Request". Authorization, if approved, will be communicated through a Program Authorization Rate Sheet. **(This request does not preclude a referral or movement to a Supported Employment Program or Competitive Employment.)**

1. Identifying Information (Complete all items)

Date of Request: _____

Name of Individual: _____ Date of Birth: _____

Last Four Digits of SSN: _____ Medicaid RIN: _____

Address of Residence: _____

City: _____ State: _____ Zip Code: _____

This Person's Primary Funding: CILA Adult HBS POS Day Program Only

Requesting Agency Name: _____

Requesting Agency I.D.#: _____ Requesting Agency FEIN: _____

Name of Person Completing Request: _____

Telephone: _____ Ext.: _____ Email Address: _____

2. Qualifying Criteria to Request 30U Other Day Program Services (Check One)

Criteria 1

The individual has a diagnosed mental illness which presents with severe maladaptive behaviors that prevent participation in a traditional day program. Attach a summary/description of the behavior frequency, duration, and severity and how it prevents the person from attending a community-based day program. In addition, provide a summary of behavior strategies which have been attempted to assist the individual to engage in a traditional day program setting. The provider should include in the Implementation Strategy the Psychosocial services that would be made available to the individual.

Criteria 2

The individual is over the age of 60 and wishes to retire and is unable to locate a traditional Senior Day Service program (35U) to meet his/her needs. Attach a list of providers that were contacted and the reason(s) for denial.

Criteria 3

The individual requires minimal supervision and presents with a level of functioning which can be supported through direction and on-the-job training to further the opportunity to participate in productive work. Individuals should possess basic work place skills. Documentation should be included which addresses needed program areas to increase participation in productive work and reflects the ability of the individual to maintain work expectations related to concentration, persistence and pace.



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3. 30U Other Day Program: Required Forms & Documents

- Alternative Day Program Request form (IL462-0285) - All Requests. Criteria 1, 2, & 3
- This Request Form for OTHER DAY PROGRAM (30U) - All Requests. Criteria 1, 2, & 3.
- Personal Plan - All Requests. Criteria 1, 2, & 3.
- Implementation Plan - All Requests. Criteria 1, 2, & 3.
- ISC Other Supporting Documentation if applicable - All Requests. Criteria 1, 2, & 3.
- Vocational Assessment -Criteria 3 only
- Physician Statement and/or Medical Documentation, including Diagnosis and Description of Need and Risks - Criteria 1 & 2.
- History of Behavior Strategies, Techniques and Outcomes - Criteria 1 only.

4. ISSA Recommendation for 30U OTHER DAY PROGRAM Service Request?

- Yes - Does Support Approval No - Does NOT Support Approval

ISSA Agency Name: _____

ISSA Representative Printed Name: _____ Telephone: _____

ISSA Representative Signature: _____ Date: _____

5. Region Staff Recommendation for 30U OTHER DAY PROGRAM Service Request?

- Yes - Does Support Approval No - Does NOT Support Approval

- DDD Region:** Chicago North Suburban South Suburban
- Central North Central Northwest Southern

Printed Name of Division Staff _____ Track-It Number _____

Signature of Division Staff _____ Date _____