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COMMUNICATION ALERT

Date: March 4, 2013
To: DMH Provider Agencies
From: Brenda Hampton, Deputy Director
Systems Rebalancing

Lindsay Huth
Permanent Supportive Housing Coordinator

Raul Lopez
Permanent Supportive Housing Coordinator

RE: Round VI– Permanent Supportive Housing (PSH) – Bridge Subsidy Initiative Implementation

The Division of Mental Health is pleased to announce the opening of Round VI of the Permanent Supportive Housing/Bridge Subsidy Initiative. **Please read this Communication Alert information entirely and carefully as there are changes and exclusions that are different from previous Rounds. Please distribute to all your agency staff members that work with Permanent Supportive Housing.**

The PSH Application is web-based as it was for the previous Round – accessing the web-based PSH application **must be preceded** with an Intake phone call to the Illinois Mental Health Collaborative for Access and Choice at **(866) 359-7953** to appropriately register the consumer you are working with for PSH. This Intake phone call will only be accepted at the Collaborative during the open round periods noted below. The Intake call will allow the Collaborative to verify agency vendor status as a DMH contracted mental health provider agency (FEIN Number of your agency), and acquire consumer information (RIN, and other demographics). Once the Intake call is completed the Collaborative will advise you as to when to submit Round VI PSH Application by accessing the web-based system at www.illinoismentalhealthcollaborative.com/provider/htm

2.

Round VI Open dates for “Downstate” REGIONS – 2, 3, 4, and 5:

Round VI open application period is staggered to target specific geographical areas of the state. Be advised that **ONLY** DMH Regions 2, 3, 4, and 5 – contracted mental health provider agencies will be able to access the Round V and make Intake calls to the Illinois Mental Health Collaborative for Access and Choice only during the period of : **March 20, 2013 through March 22, 2013.**

Round VI Open dates for Chicago REGIONS – 1 North, 1 Central, and 1 South:

Then **ONLY** DMH Regions 1– North, Central, and South contracted mental health provider agencies will be able to access the Round VI by making Intake calls to the Illinois Mental Health Collaborative for Access and Choice only during the period of: **March 27, 2013 through March 29, 2013.**

The Permanent Supportive Housing Application process in this Round VI requires an Intake call where you will be advised by the Collaborative when you can access the web-based application. TIP - since you will have only one business day to fax required documentation to the Collaborative after you application is completed – you should organize your material and have ALL documents readily available BEFORE you get on-line to complete the web-based PSH application. You will also have an opportunity to attach required documents electronically (PDF) at the time of submitting the PSH application or you will have an opportunity to fax the same documents. **THE SIGNATURE PAGE WITH CONSUMER AND CARE MANAGER SIGNATURES IS REQUIRED TO BE FAXED WITH EVERY PSH APPLICATION SUBMITTAL. This Signature Page MUST be faxed to the Collaborative at 866-928-7177 within one business day of the PSH Application submission via the web.** The signature page is enclosed as an attachment in this communication alert.

The required documents that are to either be attached electronically or faxed or any combination are: Mental Health Assessment, Locus Assessment, Treatment Plan, Household Income Chart w/ documentation (SSI Letter or pay stub), and if representing an “At Risk of Nursing Home Placement” consumer – documentation of the Determination Letter for the Pre-Admission Screening (PAS/MH). **Again – this material must be received by the Collaborative within one business day upon the submission of the web-based PSH Application. Non-compliance with any or all of the requirements set forth will result in a denial for the PSH application.** Please organize your workflow for this PSH application process so you can meet these requirements. For this Round VI you will find attached to this Communication Alert – 1) Application Attachment Checklist which will afford you the opportunity to ensure all required documents have been processed for your consumers Application. Please utilized this form – note that it is not required to be sent in with the Application but you are free to include it as part of your submitted documents; 2) list of diagnoses; 3) Signature Page; and 4) Income Verification Chart.

3.

- A. **Round VI implementation is only targeting the release of a total of fifty (50) PSH/Bridge Subsidies, targeting 30 approved PSH applicants for the Chicago area, and 20 for the downstate area. Due to the Round VI limitation - The Collaborative will accept no more than two (2) separate Intake requests from any one DMH provider agency, so it is critical that agency staff prioritize applicants for this Round in order to comply. Please note the following:**
- B. **Note For Round VI – 1) PSH Applications will not be open and available to consumers that do not have Medicaid eligibility funding in place at the time of the Intake call to the MH Collaborative. Due to FY2013 DMH budget constraints to Non-Medicaid funding at DMH provider agencies – DMH is restricting consumer applications to only those consumers with Medicaid funding as to not burden the DMH provider agency with regard to Non-Medicaid recipients increasing within their service community; 2) PSH Applications will not be open and available to consumers that currently reside within a Long-Term Care Facility (IMD or Nursing Home) as these consumers will be addressed through other means.**
- C. No hardcopy PSH Application forms can be used in Round VI, only the web-based PSH Application will be valid. If a consumer was denied in previous Rounds, the process must be restarted within this round. The Collaborative is tracking and logging all requests.
- D. As in previous Rounds, a consumer must meet eligibility for the PSH – Bridge Subsidy Initiative. He or she must (1) be engaged with a DMH contracted vendor (mental health provider agency), and (2) have an Axis I diagnosis of Serious Mental Illness, and (3) meet one of the seven eligibility categories as indicated on the application form (**excluding Long Term Care status for Round VI**), and (4) have a household income at or below 30% Area Median Income (AMI). For the Round VI web-based PSH application process, the “Household Income Chart” and the “Signature Page” are enclosed with this Communication as an attachment so you can complete it and either electronically submit it, or fax it to the Collaborative within the one business day time limit.
- E. **Again - the Collaborative will accept no more than two (2) separate Intake requests from any one DMH provider agency.**
- F. Through previous Rounds there have been a number of common reasons that Applications have been denied. DMH would like to share with you these reasons in an effort to help make your Application correct and complete. The common reasons for denials are: 1) Required documents do not have dates posted on them, 2) Treatment Plan goals do not match the Mental Health Assessment 3) Illegible documents submitted 4) Conflicting information between documents (Diagnosis, Financial, and/or Priority Population) 5) Missing signatures (Signature page requires 2 signatures each from care manager and consumer) 6) No Proof of Income 7) Submitting inappropriate documents in place of the required documents.
- G. Please read the COMMUNICATION ALERT completely and note the information therein – it will assist you in making approvable Applications.

4.

Please refer to the attached “Best Practice Tips – Procedures in Round VI” for additional information.

Through all DMH PSH – Bridge Subsidy Initiative Rounds, DMH has approved OVER 1,800 PSH/Bridge Subsidy applications statewide. Through all “Rounds” DMH is pleased to report that over 1,100 consumers, statewide, have now located and are residing in Permanent Supportive Housing units, while others are working with care managers and Subsidy Administrators or are in various stages of their housing search.

For general information about Permanent Supportive Housing, you can refer to the DHS website PSH Policy and Bridge Subsidy Initiative Description, <http://www.dhs.state.il.us/page.aspx?item=38631>.

If you have questions, contact Lindsay Huth at (312) 814-4822, or Raul Ivan Lopez at (312) 814-4966. .

Enc: Best Practice Tips – Procedures in Round VI
Application Attachment Checklist
Diagnosis Criteria
Signature Page
Income Verification Chart

BH/LH/RL:lwh

Cc: DMH Regional Executive Directors
DMH Regional Housing Support Facilitators
Mental Health Collaborative for Access and Choice
Subsidy Administrators

Permanent Supportive Housing – Bridge Subsidy Initiative
Best Practice Tips – Procedures in Round VI

We are offering these “Tips” to assist consumers and their care managers in submitting approvable PSH applications. It is the interest of DMH through the MH Collaborative to approve appropriate PSH applications submitted via the process set forth for Round VI at the Collaborative website. Be advised, the criteria for eligibility, Round VI timeframes, and all other directives will be strictly enforced in this process. Please review the points noted below as a guide in making appropriate and approvable web-based applications to the PSH – Bridge Subsidy Initiative for Round V.

1. **ROUND VI PSH applications will only be accessible via the** Illinois Mental Health Collaborative for Access and Choice website (www.illinoismentalhealthcollaborative.com/provider/htm) following an Intake call. The consumer’s care manager must call the Collaborative at **(866) 359-7953** to initiate this Intake and Application process. **Agency FEIN Number and Consumer’s RIN Number will be required for the phone intake.**
2. All fields requested on the PSH – Bridge Subsidy Initiative web-based application form (unless otherwise stated) must be completed, and the web-based system is designed to alert you of any missing “required fields” of entries. **Required attachments (ie. M.H. Assessment, Treatment Plan, Locus Evaluation, etc) will be able to be attached to your web-based application at the time of your PSH application submittal, or they can be faxed as indicated on the application (Fax# 866-928-7177) within one business day of the date of the submission of the PSH application. If the one business day requirement is not adhered to – it will result in the PSH application being denied. All faxed documents must be legible otherwise the illegible information will result in the application being denied.**
3. Both the consumer and his or her agency care manager **must sign and date** the PSH application Signature Page. **This Signature Page MUST be faxed to the Collaborative at 866-928-7177 within one business day of the PSH Application submission via the web.**
4. Should an application be denied, a denial letter will be sent from the Collaborative to the agency care manager that clearly indicates (lists) all reasons for the denial. Along with that denial letter will be attached material outlining the “Determination Review (Appeal Process)” (Document #10), and subsequent timelines for the determination review/appeal process. The agency care manager is advised to immediately utilize this appeal provision to address resolving the denial. DMH urges you to utilize this appeal provision to resolve a denied application, in previous rounds well over 40% of applications approved were garnered through this appeal process. Please adhere to the timeframes set forth in this appeal process – all appeals received after the established timeframe due date will not be accepted for review per Appeal Past Submission Deadline (Doc#19) that you will receive addressing these situations.

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5. The consumer must have a Serious Mental Illness (SMI) as defined by the Division of Mental Health.
6. The consumer's household income must be at or below 30% Area Median Income (AMI). There are no exceptions. **PLEASE NOTE** – that the attached “Household Income Chart” must be completed via the Round VI web-based PSH application process and submitted with verifying documentation (SSI Letter, pay stub, etc.) either electronically or faxed within the one business day requirement. No PSH application is complete without this “Household Income Chart” and documentation submission and will result in a denied PSH application.
7. The Mental Health Assessment will be accepted if it is within one year from its origination date. A one page addendum is required if there has been significant clinical changes during this time frame. Please title the document as Mental Health Assessment Addendum. The original MHA plus the Addendum must be sent as supporting documents, and clearly marked/noted as such.
8. The LOCUS must be current within **ninety (90) days** of the application. A LOCUS dated later than ninety days will not be accepted.
9. The LOCUS score must fall within a range of 22 or below. A LOCUS score of 23 may be considered only with supporting documentation detailed in the treatment plan explaining how the agency will assist the consumer with managing his/her stability.
10. The Treatment Plan must be current within six (6) months of the application.
11. If there is a significant risk factor identified in the application, the Treatment Plan must address how the agency will assist the consumer in managing the noted risk factors.
12. The LOCUS is the only evaluation tool accepted.
13. Any applications representing the “at risk of placement in a nursing facility” eligibility category will have to include a copy of the determination letter for the consumer's Pre-Admission Screening/Mental Health (PAS/MH) along with the application. The PAS/MH assessment must have been completed within 60 days of the application.

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14. DMH has made available the one time only Transition Funds for each Bridge applicant that is approved for Round VI to utilize in order to assist with security and utility deposits as well as the acquisition of household items. It is intent of DMH through this provision, to make each of the Initiative's approved applicant's new unit their "home. Please note all requirements set forth in Documents #5 and #6 (Transition Funds Requisition Form and Transition Fund Bank Card Checklist - respectively). These documents will be in the PSH Application approval packet.
15. With an approved PSH – Bridge Subsidy Initiative application, the consumer and his or her care manager will have **sixty (60) days** to conduct a housing search and locate a rental unit. The consumer may sign a lease **ONLY** after the **unit has passed the HQS inspection**. The Subsidy Administrator facilitates this HQS inspection. If there are unforeseen circumstances and an extension to this time frame is required, the care manager must execute the **Housing Search Extension on DMH On-Line Data System located at: www.ildmhpsbridge.com/bsi**
16. Once an applicant is approved in Round VI – and the care manager receives an approval letter and the accompanying approval documents, the care manager should contact their respective Subsidy Administrator as soon as possible to best facilitate the entire process of locating and securing a rental unit. Please refer to "The Checklist for Care Managers" (Doc# 7) for assistance with the steps through the entire process.
17. DMH strongly encourages care managers and consumers to use the new housing locator website to locate potential resources. The new website is: **ILhousingsearch.org**.
18. The Illinois Mental Health Collaborative for Access and Choice is an agent of DMH. The decision on criterion to approve or deny any and all PSH – Bridge Subsidy Initiative applications was developed and is monitored by the Division of Mental Health.
19. Permanent Supportive Housing, Frequently Asked Questions can be found at the DHS Website: **<http://www.dhs.state.il.us/page.aspx?item=38631>**.
20. Please note that anytime you become aware that your consumer's income has changed – you must make that information known to your respective Subsidy Administrator by faxing the Income Change Notification form (Doc#19).
21. When a care manager and consumer locate a prospective landlord and unit the **Housing Quality Standards (HQS) Inspection Request Form** (Doc # 15) must be executed as the form directs, with the care manager completing this

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22. form and faxing it to their respective Subsidy Administrator (as noted on the form per pre-populated information) in order to request an HQS inspection at a proposed rental unit site.
23. As the case with submitting Extension Requests on the DMH On-Line Data System, the same requirement holds true for submitting the Monthly Tracking information and Withdrawal/Exit information on the same DMH On-Line Data System. If a situation arises in which a consumer may need to exit the PSH – Bridge Subsidy Initiative, the **Bridge Subsidy Initiative Exit Notification** must be submitted on-line by the care manager. Please be reminded that only the Division of Mental Health can officially “exit” any consumer from the PSH – Bridge Subsidy Initiative. The Monthly Tracking information must be submitted by the care manager within 5 days of a consumer moving into their new unit, and then by the 5th day of every month thereafter. Again the website is:
www.ildmhpsbridge.com/bsi
This website is not affiliated with the Mental Health Collaborative for Access and Choice.

To assist you in preparing to make your web-based PSH Application; Once at the homepage, please select "For Providers", then select "Demo". Once in the initial demonstration page, you will see a User ID and Password already entered. Please select "Log In", and this will take you to the Provider Connect User Agreement. Please select "Yes", followed by "Enter a Special Program Application". You will then be able to walk through the on-line PSH application in order to familiarize yourself with the program prior to submitting your application to the Collaborative for review.

If you wish to just review a demonstration of the application process, and not actively participate in the demonstration, you may select "For Providers" followed by "Provider Information". Under the heading of Clinical Utilization Management, you will find additional PSH resources including a guide on "PSH Electronic Application Submission".

If you have any questions about this process, please contact the Collaborative at 1-866-359-7953.

Division of Mental Health Permanent Supportive Housing Bridge Subsidy Initiative

Application Attachment Checklist

The following checklist is designed to assist you in ensuring that your application is complete. Please verify that all of the required information is included before submitting your application.

- A copy of the Mental Health Assessment within one year from its origination date. A one page addendum is required if there have been significant clinical changes during this time frame. The document should be titled Mental Health Assessment Addendum.
- A copy of the LOCUS assessment completed within the last ninety (90) days. A LOCUS dated later than ninety days will not be accepted.
 - The LOCUS score must fall within a range of 22 or below. A LOCUS score of 23 may be considered only with supporting documentation detailed in the treatment plan explaining how the agency will assist the consumer with managing his/her stability.
- Copy of the Treatment Plan completed within six (6) months of the application.
 - If there is a significant risk factor identified in the application or MHA, the Treatment Plan must address how the agency will assist the consumer in managing the risk.
- If “at risk of nursing home placement” is selected as the priority population for this application, a Copy of the Determination Letter for the Pre-Admission Screening/Mental Health (PAS/MH) must be submitted. The PAS/MH must have been completed within 60 days of the application.
- Completed signature page printed out from online application.
 - Electronic signatures are acceptable on documents required for submission. Please note, however, that both the applicant and the care manager must sign this application.
- Completed Appendix 1: Household Income Chart
- Documentation of income such as a pay stub or social security letter

Date: ____/____/____

Name of Consumer: _____

Name of Care Manager: _____

Name of Mental Health Center: _____

Address of Care Manager: _____

Phone # for Care Manager: _____ **Fax # for Care Manager:** _____

Email Address for Care Manager: _____

DMH Permanent Supportive Housing – Bridge Subsidy Initiative Application Diagnosis Criteria

Clinical Diagnosis of Axis I SMI and a co-occurring diagnosis of borderline Developmental Disability (functional IQ 70 and above)

Acceptable Axis I Diagnoses:

- Ø Schizophrenia (295.XX)
- Ø Schizophreniform Disorder (295.4)
- Ø Schizo-affective Disorder (295.7)
- Ø Delusional Disorder (297.1)
- Ø Shared Psychotic Disorder (298.8)
- Ø Brief Psychotic Disorder (298.8)
- Ø Psychotic Disorder NOS (298.9)
- Ø Bipolar Disorders (296.0x, 296.4x, 296.5x, 296.6x, 296.7.,296.80, 296.89, 296.90)
- Ø Cyclothymic Disorder (301.13)
- Ø Major Depression (296.2, 296.3x)
- Ø Obsessive-Compulsive Disorder (300.30)
- Ø Anorexia Nervosa (307.1)
- Ø Bulimia Nervosa (307.51)

Summary of Household Income and Asset Sources

Income:

Please put the monthly amount of income for each household member in the boxes as appropriate. Please provide documentation for all income sources listed. (i.e. pay stubs, copy of SSI check, etc.)

	Applicant	Household Member	Household Member	Household Member	Household Member	Household Member
SSI						
SSDI						
Employment #1						
Employment #2						
Child Support						
Social Security						
Pension Income						
Public Assistance						
Self-Employment						
Other						
Other						

Assets:

Do you own any real estate? Yes No

If yes, please provide the address: _____

List below the assets of everyone who will live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc. **(Do not include clothing, furniture or cars.)**

	Head of Household	Household Member	Household Member	Household Member	Household Member	Household Member
Checking Account						
Savings Account						
Stocks, Bonds						
Trust						
IRA, Other Pension						
Other						

Division of Mental Health Permanent Supportive Housing Bridge Subsidy Initiative
Signature Page

SIGNATURES

I understand and affirm that if the applicant is approved for a Bridge Subsidy and is currently residing in a DMH contracted supervised or supported residential treatment setting (including MH-CILA) he or she will move out of this setting to execute the Bridge Subsidy.

Signature of Applicant

Date

Signature of Care Manager

Date

I authorize the Division of Mental Health and its contracted entities to utilize the information contained in this application to determine my eligibility for the DMH Bridge Subsidy Initiative and to contact my care manager with questions or information regarding this application. I agree to complete additional forms/documentation that may be required to finalize my application. I certify that all information contained in this form is true to the best of my knowledge.

Signature of Applicant

Date

I certify that I have reviewed all information contained in this referral with the Applicant and that all information is true to the best of my knowledge.

Signature of Care Manager

Date

Thank you for completing the Application for the Division of Mental Health Permanent Supportive Housing Bridge Subsidy Initiative. The information you have provided will be reviewed and a response will be emailed to you within 10 business days of the receipt of this Application.