



Life Choices Statewide Meeting

Meeting with PAS Agency, Service Providers and DD Staff
11/12/2014
10:00 AM to 3:00 PM

- Vision Statement: All children and adults with developmental disabilities living in Illinois receive high quality services guided by a Person-Centered Plan that maximizes individual choice and flexibility in the most integrated setting possible. All areas of the State have available a full array of services that meet the needs of children and adults with developmental disabilities living in their local communities regardless of intensity or severity of need. There is no waiting list for services.

Team 2: Intake and Eligibility

- Purpose: The Intake and DD Eligibility Team will develop strategies to help individuals and families better navigate our complex system.
- Tasks assigned:
 - Describe a process for Support Coordinators to use when describing supports available (first contact discussion with families)
 - Describe a new model to identify supports needed/requested by family (NOT offer a service menu that already exists - but focus on the results the person/family wants)
 - Steps to carry out the timely identification of DD eligibility
 - Families and Advocates Included
 - Consistency in determining eligibility
 - Train system wide - everyone, not just SSA's
 - Standard criteria set for eligibility
 - Consider combining work - much duplication between ISSA/PAS etc.
 - Create a central database that shares all common general information (so parents don't have to repeat info)

Team 2: Intake and Eligibility

- Membership:
- Facilitator: Mary Lou Bourne
- Chair Person:
- Communicator: Mary McGlauchlen (ISC Agency)
- Liaison: Joe Turner(DHS)
- Members: Dr. Geunyeong Pyo (DHS) Shelly Lawler (ISC), Ginny Jarrell (ISC), Alice Devany (ISC), Heather Houser (ISC), Queen Dickerson (ISC), Julie Hobson (ISC), Amy Kaiser (ISC), Sean Walsh (DHS), Shirley Perez (Family Support), Katherine Hamann (Family/The ARC), Vickie Kean (Don Moss), Wanda Thomas (Family), Kimberly Johnson-Evans (Parent)

Team 2: Intake and Eligibility

- Recommendations – High Impact/Do-ability Low
- I.3 - Create a statewide database to capture the intake information so it can be easily transferred if a person moves from one ISC in the state to a different ISC in the state.
- E.1 - Eligibility should be determined prior to being placed on the PUNS list.
- E.5 - HFS create a streamlined process within the local Public Aid offices for Medicaid eligibility determination for people with a confirmed DD eligibility. Inform ISC and Provider agencies of a specific person to process Medicaid applications to reduce the time it takes for the individuals we are working with to access Medicaid in each region.
- E.7 - Change the 24 hour nursing requirements so that the DDPAS 4 only be required if the person requests services of an SNF. It is not be necessary to determine that every person who applies for eligibility does not need 24 hour nursing services.

Team 2: Intake and Eligibility

- Recommendations – High Impact/Do-ability Low Continued:
- E.8 - Developmental Disability eligibility determination should not involve the need to prove a person would benefit from active treatment. It should include only the determination that a person has a developmental disability, including having deficits in three or more functional areas, and they are need services.
- E.10 - (deferred - need more info) If a person has never received services through the DD system, and requests an SNF, it will require a full determination of eligibility if the person has never received services from the DD system; if already in services and an SNF is requested, the Psychological is not in need of update, however the physical/medical exam must be completed with the past 30 days as noted above.
- E.13 - The current full collection of Pre-Admission Screening paperwork needs to be updated and edited to reflect the above recommendations with particular attention to language and making the information easily understood by families and people who are eligible for DD Services. A committee would need to be developed to make these changes.

Team 2: Intake and Eligibility

- **Recommendations High Impact/Do-ability High:**
- .1 - Development of a handout to educate individuals and their representatives about both the intake and the eligibility process, to ensure that consistent information is received by everyone across the state. Include the use of a flow chart to describe both intake and eligibility and also include a definition page and acronym explanation, written in language that is understandable to the individuals and their families.
- 1.2 - Develop a standard intake and referral form for all ISC agencies to utilize. At the end of the form, include a statement indicating a recommendation for further eligibility determination continue, or no further eligibility determination is recommended and the basis for that recommendation, including the appropriate external agency to whom the person is referred.

Team 2: Intake and Eligibility

- **Recommendations High Impact/Do-ability High Continued:**
- I.4 - Natural supports should be identified and emphasized during Intake. Services should not be discussed at intake, but should be discussed after eligibility has been determined.
- I.5 - Develop an outreach plan to educate families about PAS agencies, their roles and how to contact.
- I.6 - Each ISC agency receive funding dedicated to the transition of students from school age to adult services, beginning at minimum, within school year which begins two years prior to graduation.
- E.2 - If not eligible for DD Services, then information on alternative services available within the local community must be discussed and provided to each family or person who has applied

Team 2: Intake and Eligibility

- **Recommendations High Impact/Do-ability High Continued:**
- E.3 - Extend the allowable time since the physical/medical exam was completed from the current requirement of 30 days to physical/medical exam completed within one year of the eligibility application date. For those people requesting a Skilled Nursing Facility, the requirement for the physical exam would be within 30 days of the eligibility determination.
- E.4 - Change the timeframe for Psychological assessments from the current requirement to the following:
 - a. Any Psychological evaluation completed for a person with Severe or Profound Intellectual Disabilities will be accepted, regardless of timeframe, and
 - b. For people with Mild or Moderate Intellectual Disabilities a Psychological evaluation completed within the past 5 years will be accepted.
 - c. For those with no apparent Intellectual Disability, but are referred based on a related condition, the Psychological Evaluation must have been completed within the past 5 years and signed by a licensed psychologist and/or other appropriate professional (neurologist, Psychiatrist) depending on the related condition.

Team 2: Intake and Eligibility

- **Recommendations High Impact/Do-ability High Continued:**
- E.6 - Develop a Developmental Disability Eligibility process and procedure, and include a requirement that any evaluation instrument or assessment instrument used by Psychologist is meaningful and useful. (recommend removing the list of instruments currently named in the PAS Manual)
- E.9 - (Done) - Eligibility determination does not need to be repeated for any adult who is changing service funding from one HCBS Waiver program to another, or from an ICF/DD to an HCBS Waiver program.
- E.11 - Carry out a full analysis of the current number and cost of Psychological Evaluations completed, and the impact these changes will have. Particular attention to be paid to the impact of available Psychologists to perform the evaluations and the cost of the evaluations. (team 6).

Team 2: Intake and Eligibility

- **Recommendations High Impact/Do-ability High Continued:**
- E.12 - No single instrument, document or contribution is the sole determiner of eligibility /presence of a Developmental Disability; many situations will have a variety of documents used to identify the presence or absence of a Developmental Disability. Therefore, a form should be developed indicating a
- list of acceptable documentation including instruments or assessments and the appropriate professional expertise needed to complete them, for the different diagnoses, (similar to an I-9 employment verification is completed) - you **MUST** have one from column A and two or more from column B. Column A would be diagnostic.

Team 2: Intake and Eligibility

- **Recommendations Low Impact / Do-Ability Low**
- No recommendations in this quadrant.
- **Recommendations: Low Impact / Do-Ability High**
- No recommendations in this quadrant.
- **Recommendations: Other**
- Regular meetings (quarterly) between DHS-DDD and ISC agency staff as a group to assist with the exchange of information, issues and training to assure continuity across all agencies.

Team 2: Intake and Eligibility

- Next Steps:
- These recommendations are being returned to the Work Team for further action:
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- 1.1 – Development of a handout to educate individuals and their representatives about both the intake and the eligibility process, to ensure that consistent information is received by everyone across the state. Include the use of a flow chart to describe both intake and eligibility and also include a definition page and acronym explanation, written in language that is understandable to the individuals and their families.
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- **Steering Committee Comment:** Refer back to the Team for development.
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- 1.2 – Develop a standard intake and referral form for all ISC agencies to utilize. At the end of the form, include a statement indicating a recommendation for further eligibility determination continue, or no further eligibility determination is recommended and the basis for that recommendation, including the appropriate external agency to whom the person is referred.
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- **Steering Committee Comment:** Refer back to the Team for development.
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Team 2: Intake and Eligibility

- **Next Steps Continued:**
- I.4 – Natural supports should be identified and emphasized during Intake. Services should not be discussed at intake, but should be discussed after eligibility has been determined.
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- **Steering Committee Comment:** This should be incorporated into 1.2 above.
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- **Steering Committee Comment:** Refer this back to the Team to develop a draft form.